

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Susan S. Barden, T. Scott Beck and G. Bryan Lyndon, Commissioners

WCC File No. 1007936

Darren L. Pollack, Employee, ... Appellant,

v.

Southern Wine & Spirits of America, Employer, and Specialty Risk Services, Carrier, ...
..... Respondents.

RECORD ON APPEAL

Stephen B. Samuels
SAMUELS LAW FIRM, LLC
1527 Blanding Street
Post Office Box 50349
Columbia, SC 29250
(803) 779-4000
stephen@samuelslawfirm.net

ATTORNEY FOR APPELLANT

Cynthia C. Dooley
Carmelo B. Sammataro
TURNER PADGET GRAHAM & LANEY, P.A.
Post Office Box 1473
Columbia, SC 29202
(803) 254-2200
cdooley@TurnerPadget.com

ATTORNEYS FOR RESPONDENTS

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South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: unassigned

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Darren Lee Pollack

SSN: _____

Employer's Name: Southern Wine & Spirits

Address: _____

Address: 332 Bush DriveCity: Myrtle BeachState: SCZip: 29579City: Myrtle BeachState: SCZip: 29579

Home Phone: (843) 492-7269

Cell Phone: (843) 457-4678

Insurance Carrier: Hartford Ins. Co. of the MidwestPreparer's Name: Stephen B. SamuelsLaw Firm: Samuels Law Firm, LLC

Preparer's Phone #: (803) 779-4000

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 5/20/10☒ Injury ☐ Illness ☐ Repetitive Trauma1a. The claimant sustained an injury to back, right leg, groin (Part(s) of Body Injured) on 5/20/10 (Month/Day/Year) in Horry county, state of South Carolina.1b. Body part(s) affected are: back, right leg, groinBriefly describe how the accident occurred. Lifting full case of liquor.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on 5/20/10 (Month/Day/Year) in the following manner:Written notice to Joe Green.☒ 6. Due to injury, the claimant is in need of (check one):☐ (a) medical examination and treatment for:☒ (b) additional medical examination and treatment for: back, legs and groin☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:6/15/10 and continuing on running award.☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☒ (1) General Disability:☒ Total☒ (2) Specific Disability:☒ Total☒ (3) Wage Loss☐ Partial☐ Partial☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 needed, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None.

11a. Further grounds or unusual aspects of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See Attachment11c. To the best of your knowledge, did you have any prior permanent disability? No prior disability awards.
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.☐ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney at Law
Titlestephen@samuelslawfirm.net
Email

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07Division of Claims
Claims Administrator
Workers' Comp. Comm.

50

Employee's Notice of Claim and/or
Request for Hearing

ATTACHMENT

Claimant: Darren Lee Pollack
WCC File No.: Unassigned

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See Attachment

Doctors Care
200 Middleburg Drive
Myrtle Beach, SC 29579
(843) 903-6650

Carolina Forest Imaging Center
199 Village Center Blvd., Suite 110
Myrtle Beach, SC 29579
(843) 236-7878

Progressive Physical Therapy
1220 21st Ave. N.
Myrtle Beach, SC 29577
(843) 443-9368

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JUL 08 2010

Division of Claims
Claims Administration
S. C. Workers' Compensation

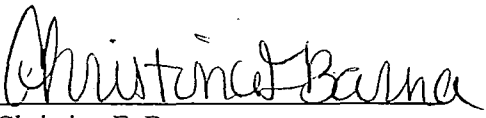
SAMUELS LAW FIRM, LLC
1527 BLANDING STREET
P.O. Box 50349
COLUMBIA, SC 29250
(803) 779-4000 ♦ Fax (803) 779-4004

CERTIFICATE OF SERVICE

This is to certify that I, Christina Barna, paralegal to attorney Stephen B. Samuels, have served a copy of the following described document by mailing a copy of same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

Document served: FORM 50 (FILING CLAIM)

Person served: Hartford Insurance Company of the Midwest
SE Workers' Compensation Claim Center
Post Office Box 14473
Lexington, Kentucky 40512


Christina F. Barna
Paralegal

Dated: 7/3/10

RECEIVED

JUL 06 2010

DEPT. OF
CHILDREN
& SOCIAL SERVICES

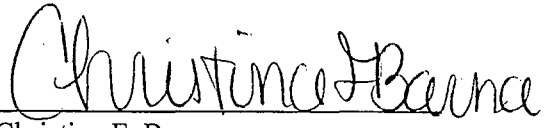
SAMUELS LAW FIRM, LLC
1527 BLANDING STREET
P.O. Box 50349
COLUMBIA, SC 29250
(803) 779-4000 ♦ FAX (803) 779-4004

CERTIFICATE OF SERVICE

This is to certify that I, Christina Barna, paralegal to attorney Stephen B. Samuels, have served a copy of the following described document by mailing a copy of same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

Document served: FORM 50 (FILING CLAIM)

Person served: Southern Wine & Spirits
332 Bush Drive
Myrtle Beach, SC 29579


Christina F. Barna
Paralegal

Dated: 7/3/10

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1007936
Car File #: YYC 32306C
Carrier Code #:
Employer FEIN #:

Claimant's Name: Darren L. Pollack
Address: [REDACTED]
City Myrtle Beach State: SC Zip: 29579
Home Phone: () - Work Phone:

Employer's Name: Southern Wine & Spirits of America
Address: PO Box 996
City Columbia State: SC Zip: 29202
Carrier: Specialty Risk Services Inc.

Preparer's Name: Cynthia C. Dooley, Esq. Law Firm: Turner, Padgett, Graham & Laney, P.A. Preparer's Phone #: (803) 227-4209

Date of Injury or Illness: 3/31/10

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier, in answer to the claim, respectfully shows:

1. It is **denied** that the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Pending further investigation.
2. It is **denied** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See number 1 hereinabove.
3. It is **denied** that the relationship of employer and employee existed at the time in question. The reasons for denial are:
See numbers 1 and 2 hereinabove.
4. It is **denied** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See numbers 1-3 hereinabove.
5. It is **denied** that the notice of injury was given the employer. The reasons for denial are:
See numbers 1-4 hereinabove.
6. It is **denied** that the employee needs/is entitled to additional medical care as a result of injury or illness. The reasons for denial are:
See numbers 1-5 hereinabove.
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of:
See numbers 1-6 hereinabove.
8. It is **denied** that the employee is permanently disabled. The reasons for denial are:
See numbers 1-7 hereinabove; moreover, the extent of permanent partial disability is to be determined by the Commission.
9. It is **denied** that the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ Pursuant to Form 20 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
The Form 50 states the claimant's date of loss is 5/20/10. This claim remains denied at this time pending further investigation, as it appears that the claimant had a prior back injury of March 31, 2010; defendants reserve the right to amend their Form 51 as additional information becomes available.
12. Estimated time needed for hearing: 1 hour

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Stephen B. Samuels, Esquire

Address: Samuels Law Firm, LLC, PO Box 50349, Columbia, SC 29250

on the 27th day of July, 2010 by ☒ first class mail ☐ personal service ☐ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

[Signature]
Preparer's Signature

Attorney for Defendants
Title

CDooley@TurnerPadgett.com
Email

July 27, 2010
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



PRE-HEARING BRIEF
WCC File No: 1007936

Claimant's Name: Darren L. Pollack Employer's Name: Southern Wine & Spirits of America
Address: [REDACTED] Address: PO Box 996
City Myrtle Beach State: SC Zip: 29579 City Columbia State: SC Zip: 29202
Home Phone: () - Work Phone: Carrier: Specialty Risk Services Inc.
Preparer's Name: Cynthia C. Dooley, Esq. Preparer's Phone #: (803) 227-4209

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$689.71 2. AWW: Max 2010 Date of Injury: 5/20/10
3. Type of injury and body part(s): Low back injury
4. Facts in controversy: Unknown; it appears that claimant is currently receiving medical treatment. Claimant was terminated for cause.
5. Legal issues involved: Unknown
6. Unusual aspects: None
7. Witnesses (designate if expert):* Patricia Phillips, Joe Green, Sonny Blocker, Michael Cole; defendants reserve the right to call other witnesses from Southern Wine & Spirits.
8. Exhibits: Priscilla Sumpter vs. C.R. Bard, Inc. and Kemper National Insurance Co., Unpublished Opinion No. 2002-UP-180 submitted December 19, 2002, filed March 11, 2002; employment file material
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. Brennan
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner:

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Date: 10/22/10
Cynthia C. Dooley, Esq.

Email: CDooley@TurnerPadget.com

Date of hearing: 11/3/10 @ 9:00 a.m.

Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Rev. 9/07

58

PRE-HEARING BRIEF

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1007936
Carrier File #: YYCC 32306
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Darren Pollack SSN: [REDACTED] Employer's Name: Southern Wine & Spirits - Day WA
Address: [REDACTED] Address: 332 Bush Drive
City: Myrtle Beach State: SC Zip: 29579 City: Myrtle Beach State: SC Zip: 29579
Home Phone: () - Work Phone: () - Insurance Carrier: Specialty Risk Services, Inc.
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm Preparer's Phone #: (803) 779-4000

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of injury: 03/31/10 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Please see Attachment to Form 30.

Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Cynthia C. Dooley, Esquire, Turner Padgett Graham &
Name

Laney P.A., Post Office Box 1473, Columbia, SC 29202

Address

on the 21st day of January, 2011 by ☒ first class mail ☐ personal service ☐ certified mail.

[Signature] Attorney for Claimant January 21, 2011
Preparer's Signature Title Date

Check this box if you are not represented by an attorney. ☐

the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the posing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are able to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

ATTACHMENT TO FORM 30

Darren L. Pollack v. Southern Wine & Spirits of America

WCC File No.: 1007936

Grounds of Appeal:

1. Did the Single Commissioner err as a matter of fact and law in denying Claimant's request for temporary total disability compensation?
2. Did the Single Commissioner err as a matter of fact and law in holding that an Employer can evade liability for temporary total disability compensation by terminating an employee who is under medical restrictions from an admitted work-related injury?
3. Did the Single Commissioner err as a matter of law by barring Claimant from receiving temporary total disability without any legal authority to make such a ruling?
4. Even if the Single Commissioner had legal authority to bar Claimant from receiving temporary total disability compensation, did he err as a matter of law by failing to make findings as to whether Claimant was still disabled and therefore unable to obtain employment suitable to his capacity?
5. Did the Single Commissioner err as a matter of law by issuing an Order with insufficiently detailed findings of fact and conclusions of law to support the ruling?
6. Did the Single Commissioner err as a matter of law by prospectively barring Claimant from receiving temporary total for an indefinite period?
7. Did the Single Commissioner err as a matter of law by overruling Claimant's hearsay objection to an unsworn written statement of an available witness on the grounds "that this statement is relevant and highly probative on the main issue at hand"?

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1007936

Darren L. Pollack,

Employee,

Claimant,

vs.

Southern Wine & Spirits of America,

Employer,

AND

Specialty Risk Services Inc.,

Carrier,

Defendants.

ORDER

Hearing:

Held in Myrtle Beach, South Carolina on November 22, 2010

Appearances:

Employee/Claimant represented by Stephen B. Samuels, Esquire, of Samuels Law Firm

Defendants represented by Cynthia C. Dooley, Esquire, of TURNER, PADGET, GRAHAM & LANEY, P.A.

Purpose of Hearing:

To determine issues set forth in Forms 50 and 51 and any other issues which may have timely come before the Commission

Decision and Order:

Derrick L. Williams, Commissioner

Filed:

January 7, 2011

STIPULATIONS

Counsel for the respective parties stipulate to the following issues:

- (1) The purpose of the hearing is to determine the issues as set forth in Forms 50 and 51 as well as any other issues which may have timely come before the Commission.
- (2) Notice of the hearing was timely and properly served upon all parties of interest.
- (3) The claimant's average weekly wage and compensation rate are \$1,083.84 and \$689.71 (2010 max), respectively.
- (4) Venue, set in Horry County, South Carolina, is proper as agreed upon by all parties.
- (5) The claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury to his back on March 31, 2010 while in the employ of the defendant/employer and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

CLAIMANT'S SUBMISSIONS

Doctor's Care	3/31/10 – 8/18/10	48 pages
Progressive PT	6/22/10 – 7/22/10	3 pages
Carolina Forest Imaging Center	6/21/10	2 pages
Florence Neurosurgery & Spine	8/9/10	7 pages

DEFENDANT'S SUBMISSIONS

Doctor's Care	3/31/10 – 6/14/10	4 pages
Progressive Therapy	6/22/10 – 8/24/10	6 pages

Florence Neurosurgical & Spine

8/9/10

1 page

EXHIBITS

Sumpter v. C.R. Bard

4 pages

Employment File Material

290 pages

STATEMENT OF THE CASE

It is the claimant's contention that the Act, specifically Section 42-9-260(a), requires employer to pay temporary total disability when an employee has been out of work due to a reported work-related injury for eight days, and so under 42-9-190, when the injured worker is under work restrictions, the employer must either offer suitable employment within the injured worker's capacity or pay temporary total disability compensation. The claimant contends that at the time of the claimant's termination, the employer withdrew the offer of suitable employment and that they are legally required to pay temporary total disability compensation. The claimant contends that as long as the employer is not providing suitable employment, they must pay temporary total disability compensation.

The Defendants were accommodating the claimant's restrictions. He had restrictions beginning on April 5, 2010 of 15 pounds lifting. The employer continued to accommodate these restrictions up until the incident that caused the claimant's termination. The defendants also contend that they would continue to be able to accommodate the claimant's restrictions, except for the fact that the claimant was terminated for cause.

Claimant's counsel objected to page 255 of the APA submissions, stating that it was hearsay. The Court made note that it was a handwritten statement written by Jessie Richardson. The decision was to leave it in the record at that point.

BIOGRAPHICAL

The claimant is 32 years old. The claimant has been employed with Southern Wine & Spirits since January 5, 2000. At the time of the claimant's termination he was a driver supervisor.

CLAIMANT'S TESTIMONY

The claimant testified that he was under restrictions given to him by Doctor's Care on June 11, 2010 when he was terminated. The restrictions included no lifting more than 10 pounds; no operation of hazardous fast-moving machinery; ground-level work only; no repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing; no continuous standing or sitting; minimal walking and climbing; limited use of back; and no overhead lifting. The claimant testified that he was reporting to another vehicle accident in a parking lot and, upon leaving the parking lot, he was backing up his vehicle and brushed the side of the vehicle against the bumper of another one of our company vehicles. He testified that at that time he got out and looked at the vehicle and it looked like there was a line on the vehicle. He pulled away from that vehicle and drove around the backside of the building and got out to look at that line. It looked like a line of dirt. Then he turned around and left the site. He went back to the company warehouse and started doing paperwork. All of this occurred on May 27, 2010.

It is his understanding that the company's definition of an accident was if a vehicle involved in an incident involved another piece of property, be it a vehicle or standing property that caused damage with a monetary value to it, then that would be considered an accident. He did not feel that the damage caused in his accident fit the description of a reportable accident. He testified that he had seen similar damage, perhaps even more extreme than that, to company vehicles that was not reported, which would include tree marks down the side of the vehicle,

sides that scratch into the boxes of the truck, numerous dents and dings on bumpers or on back doors, and door handles that have been dented.

The claimant testified that on the following Monday he received a phone call from his supervisor asking him where his accident report was from the incident in question. He told them that he was not involved in an accident. He told them that what he was involved in he did not feel was considered an accident. At that time, he was told that he was going to be suspended with pay pending an investigation. They would be in contact with him to let him know what was going on.

Following that, his supervisor, Joe Green, came down to Myrtle Beach and there was a meeting. Joe told him that after looking at the mark on the vehicle they were going to consider this an accident and that he needed to fill out an accident report. Therefore, under his supervisor's directions, he completed an accident report. The accident report that he completed is under APA Submissions No. 252, 253, and 254. It was completed on June 2, 2010.

Later on that afternoon he received a phone call from Sonny Blocker, who is Joe Green's supervisor. Mr. Blocker told him that, since it was considered an accident, to go ahead and take his drug test and breathalyzer test at Doctor's Care, which he did. Following that, he was reinstated.

On that Friday he went to see the doctor and told his supervisor, Joe, that he had restrictions and Joe told him that he could no longer keep him out of work. He did not feel it was necessary and let him come back to work that Friday. Eventually, though, he was terminated on June 15, 2010. That was after he had been back to work for 13 days, during which time he was working light duty under the doctor's restrictions.

Following his termination, he applied for unemployment compensation, but he was not eligible because of his work restrictions.

In spite of that, though, he has continued to look for work but has not been able to find any work. He is having a hard time finding work within his restrictions.

Upon questioning by the Court, the claimant admitted that he had some write-ups, even prior to the date that he was injured at work on March 31, 2010. In fact, he received a three-day suspension for making a poor judgment call, which caused the engine of a vehicle to be damaged. He admitted that he was on thin ice with this employer following that incident.

He also had an incident where there was an issue about submissions of absence forms. He contested this write-up, though, because he stated he was following the instructions of another employee in the Human Resource Department.

On cross-examination, the claimant admitted that he was called out on May 27, 2010 to do an accident investigation for one of his drivers. In fact, there was no damage to the company vehicle, but it did some property damage to the establishment. He testified that he was called upon by the company to follow company policy to make sure that a report was completed and filed with the company properly, which is according to company policy. Any time there is an accident, he testified, an accident report is to be completed anytime there is property damage whether or not there is damage to a company vehicle.

The claimant further testified that in the company policy there is no mention of any monetary damage. It just says that the incident was supposed to be reported. He also testified that he was aware that, according to company policy, he could be terminated for not following their policy. He further testified that he was not aware that he was reinstated during the time that

the investigation was being completed. He also has no idea of the cost of the damage to his vehicle following his accident.

Upon redirect examination, the claimant admitted that the incident which he was called out to investigate did cause some property damage to a sign, but he felt that the incident with his vehicle did not cause any property damage.

The claimant further testified that APA Submission No. 250 states that in the company policy all accidents and incidents with the vehicle must be reported, whether or not there is damage to the company vehicle, another vehicle, or other property. He testified that that statement was in the second policy manual and that the company had two policy manuals. He testified that the policy he was familiar with was that all accidents needed to be reported to the supervisor, but he did not report this to his supervisor because he did not feel that it was an accident.

The Court further questioned the claimant and he admitted that he was called out to the location to figure out what happened with his employee, Jessie Richardson, and he was backing out and hit Jessie Richardson's vehicle. Jessie obviously knew that he did not report that. Jessie was extremely irate and that Jessie informed Southern Wine & Spirits because the claimant did not inform them of his accident.

The claimant further testified that, according to the company policy, there are five steps at the time of an accident. One is to report the accident to the supervisor, notify the police, admit nothing, and the fifth statement is to adhere to all DOT regulations. Failure to comply would result in termination. It was his understanding that failure to comply with DOT regulations, which is taking a drug test and breath alcohol test, would lead to termination. He further testified that he felt like he had complied with everything asked of him by Southern Wine & Spirits.

On re-cross, the claimant admitted that he signed a statement that he had read the company handbook. He also admitted that there were safety meetings, at which time the reporting of accidents were reviewed and these meetings were held quarterly. He also testified that he remembered receiving emails from Sonny Blocker warning him as a supervisor to make sure that all his drivers followed the policies as far as reporting accidents.

Defendants called Lucius Benjamin Blocker, III (Sonny Blocker) as witness. He testified that he has been employed with Southern Wine & Spirits for 16 years as a plant manager. He also testified that he is familiar with Darren Pollack and that he was a drivers' supervisor in Myrtle Beach and that he had been working with Southern Wine & Spirits for approximately 10 years.

Mr. Blocker further testified that as driver supervisor it was part of his job to investigate accidents involving company vehicles. Mr. Blocker was called upon to make sure that company policy was adhered to. He further testified that the company policy involving accidents was that if there was any accident or incident, it is supposed to be reported to the supervisor immediately, regardless of the amount of damage. He further testified that quarterly safety meetings are held at branch locations and in Columbia and a lot of subjects are discussed. Safety, of course, is one of them and accidents is another. One reason they do this is because they have new people from time to time and they want to make sure that they all understand the policy.

He is also called upon from time to time to send out reminders to the drivers' supervisors. Mr. Blocker testified that from time to time, he will send out emails to the supervisors to remind them of company policies.

He further testified that from time to time, Mr. Pollack was called upon to investigate accidents involving his people or himself. He was well aware of the company policy involving reporting accidents.

Mr. Blocker further testified that, in fact, on May 27th he was called upon to investigate an accident that involved one of his drivers. It is his understanding that when Mr. Pollack's driver was making a delivery, he backed into a sign belonging to a customer and it did a small amount of damage to it. The sign had been hit several times but Mr. Pollack went out and investigated the accident and got the details so that he could complete an accident report. In the process of leaving, it was reported that Mr. Pollack's van touched the other driver's vehicle and scratched the side of it.

Mr. Pollack told him that it did not look like there was any damage and it could be rubbed out. Then he left. When he received the accident report, he only received the report on the truck damage to the sign and he did not receive any report regarding the damage to the van. Therefore, Joe Green and Mr. Blocker contacted Mr. Pollack and discussed it with him. Mr. Pollack admitted that he had actually rubbed the side of the van and he did not think there was any damage, so he did not report it. Eventually, he did complete a report. He went down to Myrtle Beach to speak with Mr. Pollack about it, and he was terminated for not reporting the accident. For a period of time, he was reinstated and continued to work until he was actually terminated.

Mr. Blocker testified that, as a supervisor, it is extremely important that he follow company policy so that he is able to lead the people that he is actually supervising. He testified that the supervisor cannot be held to a lower standard than the people that are working for them. They are expected to give a good example to be followed.

On cross-examination, Mr. Blocker testified that damages to the trucks, including side mirrors and scratches on trees, are supposed to be reported, but not all of them are. He testified that he has no idea of the actual cost to the van as far as the damage that was done in Mr. Pollack's accident. He actually saw the scratch himself and felt it.

Mr. Blocker also testified that other people have been terminated for not reporting an accident. He further testified that eventually Mr. Pollack did fill out an accident report and took a drug test. He further testified that Mr. Pollack was not terminated immediately following his failure to report the accident and that Mr. Pollack was terminated when he was on light duty work. He further testified that they were accommodating his restrictions.

Upon redirect examination, Mr. Blocker testified that they were able to accommodate Mr. Pollack's restrictions and, but for Mr. Pollack's failure to follow company policy, they would still be able to accommodate his restrictions.

Upon questioning by the Court, Mr. Blocker testified that the reason Mr. Pollack was terminated was because he had an accident, which he did not tell his supervisor about, and he heard about it from another employee. In fact, Mr. Pollack was investigating Mr. Richardson's accident and Mr. Richardson saw that Mr. Pollack never told the company about his accident and so Mr. Richardson told the company. As a supervisor, when one of his employees reports that the supervisor has not followed company policy, it definitely would rise to the level of termination.

FINDINGS OF FACT

1. Claimant violated company policy while on light duty status, which was for cause. Moreover, I find that, even before his compensable work-related accident, he was essentially close to being terminated for violating other company policies.

2. Even on light duty, a claimant must comply with company policy. Claimant does not have the right to hide behind restrictions from a physical standpoint, while not following set company policy. In this case, claimant blatantly decided not to report his own accident, even when he was onsite to investigate and make a report of a fellow employee's accident.

3. I find Mr. Blocker's testimony to be very credible.

4. Claimant's objection to APA page 255 is overruled. I find that this statement is relevant and highly probative on the main issue at hand, specifically, claimant's reason for not reporting his incident.

5. As a result of the preceding Findings of Fact, claimant's request for temporary total disability benefits are denied.

6. All issues held in abeyance pending further hearings.

CONCLUSION OF LAW

Accordingly, as provided in Section 42-17-40 of the S.C. Code Ann., it is the determination of this Commissioner that:

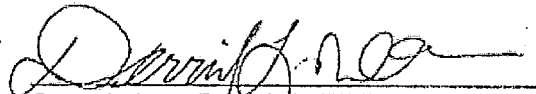
1. Claimant failed to prove that he is entitled to temporary disability benefits. *See* Findings of Fact Nos. 1 through 5.

ORDER

IT IS, THEREFORE, ORDERED that the claimant's request for temporary total disability benefits is denied. No hearing costs are assessed in this matter.

IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


Commissioner Derrick L. Williams

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

January 7, 2011

By: Renee Smith, Administrative Assistant to Commissioner Williams

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1007936**

DARREN L. POLLACK EMPLOYEE
CLAIMANT/APPELLANT,

-V-

SOUTHERN WINE & SPIRITS OF AMERICA EMPLOYER
DEFENDANT/RESPONDENT

AND

SPECIALTY RISK SERVICES, INC. CARRIER
DEFENDANT/RESPONDENT

Appellate Panel Review held in Columbia,
South Carolina, on July 18, 2011, per notices
timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed
9/19, 2011

APPEARANCES:

Claimant/Appellant represented by Stephen B. Samuels, Esquire, of
Samuels Law Firm, LLC, of Columbia, South Carolina

Defendants/Respondents represented by Cynthia C. Dooley, Esquire, of
Turner Padgett Graham & Laney, P.A., of Columbia, South Carolina

STATEMENT OF THE CASE

The parties were heard by Commissioner Derrick L. Williams November 22, 1010. On January 7, 2011, he issued the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Claimant violated company policy while on light duty status, which was for cause. Moreover, I find that, even before his compensable work-related accident, he was essentially close to being terminated for violating other company policies.
2. Even on light duty, a claimant must comply with company policy. Claimant does not have the right to hide behind restrictions from a physical standpoint, while not following set company policy. In this case, claimant blatantly decided not to report his own accident, even when he was onsite to investigate and make a report of a fellow employee's accident.
3. I find Mr. Blocker's testimony to be very credible.
4. Claimant's objection to APA page 255 is overruled. I find that this statement is relevant and highly probative on the main issue at hand, specifically, claimant's reason for not reporting his incident.
5. As a result of the preceding Findings of Fact, claimant's request for temporary total disability benefits is denied.
6. All issues held in abeyance pending further hearings.

CONCLUSIONS OF LAW

1. Claimant failed to prove that he is entitled to temporary disability benefits. *See* Findings of Fact Nos. 1 through 5.

ORDER

IT IS, THEREFORE, ORDERED that the claimant's request for temporary total disability benefits is denied. No hearing costs are assessed in this matter.

Within the statutory period, counsel for Claimant filed a Form 30, Request for Commission Review, setting forth seven grounds for review, copies of which were furnished to all interested parties prior to oral argument presented to the Appellate Panel July 18, 2011. All proffered testimony has been taken, and, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel of the Full Commission and has since been under study and consideration.

By appeal, it is respectfully submitted that the Hearing Commissioner erred in the following:

1. In denying claimant's request for temporary total disability compensation.
2. In finding that an employer can evade temporary total disability compensation by terminating an employee under a medical restriction.
3. In barring claimant from receiving temporary total disability without any legal authority for his ruling.
4. In failing to make findings as to whether Claimant was still disabled and therefore unable to obtain employment suitable to his capacity.
5. In issuing an order with insufficiently detailed findings of fact and conclusions of law to support the ruling.
6. In prospectively barring Claimant from receiving temporary total disability for an indefinite period.

7. In overruling Claimant's hearsay objection to an unsworn statement of an available witness on the grounds that the statement was relevant and highly probative to the main issue.

In conducting its review, the Appellate Panel must weigh the evidence presented at the initial hearing and, if good grounds be shown therefore, make its own findings of fact and reach its own conclusions of law consistent with or inconsistent with those of the hearing commissioner. *See* S.C. Code Ann. § 42-17-50. Based upon its review of the record evidence, and consistent with applicable statutory and common law precedent, the Appellate Panel hereby affirms the hearing commissioner's Order dated January 7, 2011, in its entirety.

Based upon a review of the foregoing, we hereby enter the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended.
2. The hearing commissioner's order sets forth sufficient findings of fact that are supported by the substantial record evidence in this matter. We are not persuaded that additional findings of fact are necessary regarding Claimant's alleged on-going disability as that issue is neither relevant to nor necessary for a determination of the question presented in this appeal.
3. Claimant was employed by Southern Wine & Spirits for approximately ten years and was a Driver Supervisor at the time of his termination. [July 18, 2011 Hr'g. Trans. p. 22, lines 18-23].

4. On March 31, 2010, Claimant suffered an admitted injury to his back. Claimant had lifting restrictions of 15 pounds beginning April 5, 2010, and Defendants accommodated Claimant's restrictions at all times beginning April 5, 2010, until he was terminated for cause on June 15, 2010. [*Id.* p. 6, lines 8-15].
5. Prior to his work-related injury, Claimant had various disciplinary write-ups at work, including a disciplinary issue relating to the failure to submit absence forms and another issue relating to Claimant's failure to follow protocol for servicing a company vehicle, which lead to engine damage. [*Id.*, p. 13, lines 10-23; APA p. 256].
6. Claimant conceded he was on thin ice with his employer. [July 18, 2011 Hr'g. Trans. p. 13, lines 17-21].
7. On May 27, 2010, Claimant responded to an accident in a parking lot involving a company vehicle assigned to driver Jessie Richardson that occurred when Claimant went to leave the lot and his vehicle brushed the side of Mr. Richardson's vehicle. [*Id.*, p. 7, lines 15-19].
8. Southern Wine's employer statement reads "all accidents and incidents with the vehicle must be reported whether or not there is damage to the company vehicle, another vehicle, or other property. . . . All accidents in a Company vehicle, at fault or not, must be immediately reported to the Driver Supervisor. Failure to report an accident will result in immediate termination." [*Id.*, p. 17, lines 14-18; APA p. 250].
9. Southern Wine's policy is that if there is any accident or incident, it must be immediately reported to a supervisor. [July 18, 2011 Hr'g Trans., p. 23, lines 5-8].
10. Claimant was called to investigate accidents, and he was aware of the company's policy. [*Id.*, p. 26 line 19-p. 20 line 1].

11. Mr. Richardson informed Southern Wine & Spirits of the accident because while his supervisor, Claimant herein, was required to do so, he did not. [*Id.*, p. 18, lines 13-17].
12. Sonny Blocker, Plant Manager for Southern Wine & Spirits, testified it is important for a supervisor to follow company policy, and an employee reporting his supervisor's violation of company policy is grounds for termination. Claimant was terminated for failing to report the accident as required by company policy. [*Id.*, p. 28, lines 21-29; p. 37, lines 7-12].
13. The single commissioner found Mr. Blocker's testimony very credible, and we discern no basis in the record to disagree with the single commissioner's conclusion.
14. Claimant was terminated for cause stemming from multiple violations of company policies/procedures and violation of safety rules. [APA p. 250].
15. Mr. Blocker also testified that other employees have been terminated for not reporting an accident. [July 18, 2011 Hr'g Trans. p. 31, lines 7-8].
16. Claimant conceded he understood Southern Wine & Spirits' policy stating that failure to comply with the policy would result in termination. [*Id.*, p.18 line 23 - p. 19, line 9].
17. Pursuant to S.C. Code Reg. 67-505(C)(2), employers are not required to pay temporary total disability benefits when the claimant is able to return to work at limited duty and the employer provides limited duty work consistent with claimant's restrictions. Nothing in this regulation can be read for the proposition that an employer may never terminate for cause an employee who is otherwise entitled to received temporary total disability payments.
18. Southern Wine & Spirits accommodated Claimant's restrictions from April 5, 2011, until his termination for cause on July 11, 2011. Substantial record evidence supports the

hearing commissioner's determination that, but for Claimant's termination for reasons unrelated to his previous work-related injury, Southern Wine & Spirits would have continued to accommodate Claimant's restrictions. [*Id.*, p. 35, lines 12-22].

19. Pursuant to S.C. Code § 42-9-260, an employer is required to pay temporary total disability benefits when the employee is out of work due to a reported work-related injury. Nothing in this statute can be read for the proposition that an employer may never terminate for cause an employee who is otherwise entitled to receive temporary total disability payments.
20. Claimant was not out of work due to his accepted injury or for the employer's failure to accommodate the work restrictions necessitated thereby. Rather, Claimant was out of work for violating multiple company policies that lead to his termination for cause.
21. The decision of the single commissioner is supported by sufficient legal authority inasmuch as South Carolina law is clear that Claimant is not entitled to temporary total disability payments in light of Southern Wine & Spirit's accommodation of light duty restrictions and his subsequent termination for cause. See S.C. Code § 42-9-260. However, even under the North Carolina law addressed by Claimant's counsel at oral argument, Claimant is barred from receiving benefits because (1) Claimant was terminated for cause stemming from his own misconduct, (2) the same misconduct would have resulted in termination even if Claimant was not on work restrictions, and (3) the termination was unrelated to his accepted workers' compensation injury.

CONCLUSIONS OF LAW

1. We reject Claimant's contention that the admission and consideration by the single commissioner of the unsworn statement of Mr. Jessie Richardson (APA p. 255)

constitutes reversible error. To the contrary, it is clear that the South Carolina Rules of Evidence do not apply in workers' compensation proceedings. See S.C. Code Ann. § 1-23-330(1). Moreover, great liberality is afforded to the hearing commissioner in accepting or rejecting the introduction of evidence in proceedings such as this. *Hamilton v. Bob Bennett Ford*, 339 S.C. 68, 70, 528 S.E.2d 667 (2000) (citation omitted). Because Mr. Richardson's statement is probative of the question presented, and because it is supported and corroborated by additional record evidence, we decline to reverse the decision admitting into evidence.

2. We conclude that Claimant's termination was for cause and not for purposes of evading payment of temporary total disability benefits and, therefore, affirm the decision of the single commissioner denying benefits. Claimant is not entitled to temporary total disability benefits pursuant to § 42-9-60 because Claimant is not out of work due to a work-related injury. Rather, he is out of work for violating company policy that lead to a lawful termination. See Findings of Fact numbers 2-21. To hold differently would lead to the absurd result that an employer may never terminate an employee for cause when that employee has a pre-existing work related injury.

ORDER

IT IS THEREFORE ORDERED that the Order of the hearing commissioner denying Claimant's request for temporary total disability benefits is hereby affirmed in its entirety.

AND IT IS SO ORDERED.

Full Affirmation

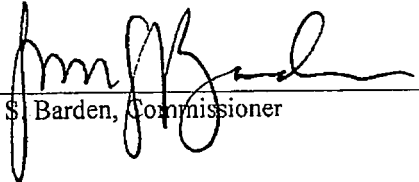
Concur:



T. Scott Beck, Commissioner



G. Bryan Lyndon, Commissioner


Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties.

This 19 day of September, 2001
By Valerie D. Deller

Administrative Assistant to the Commissioner

Cynthia C. Dudley
Stephen B. Samuels

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
CASE NUMBER - 1007936

DARREN POLLACK,	)	
	)	
CLAIMANT,	)	HEARING
	)	
VS.	)	BEFORE
	)	
SOUTHERN WINE & SPIRITS,	)	COMMISSIONER WILLIAMS
	)	
EMPLOYER,	)	
	)	
HARTFORD INSURANCE	)	
COMPANY OF THE MIDWEST,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	
_____	)	

COPY

WORKERS' COMPENSATION COMMISSION HEARING TAKEN
BEFORE NADINE A. GARRETT, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
12:30 PM ON NOVEMBER 22, 2010, AT SOUTH STRAND
GOVERNMENT COMPLEX, 9630 SCIPIO LANE, MYRTLE BEACH,
SOUTH CAROLINA.

NADINE A. GARRETT
COURT REPORTER
POST OFFICE BOX 1205
IRMO, SOUTH CAROLINA 29063
803-834-3410

APPEARANCES

FOR THE CLAIMANT

STEPHEN B. SAMUELS, ESQUIRE
 SAMUELS LAW FIRM, LLC
 POST OFFICE BOX 50349
 COLUMBIA, SOUTH CAROLINA 29250
 803-779-4000

FOR THE CARRIER

CYNTHIA C. DOOLEY, ESQUIRE
 TURNER PADGET GRAHAM & LANEY, PA
 POST OFFICE BOX 1473
 COLUMBIA, SOUTH CAROLINA 29202
 (803) 227-4209

NADINE A. GARRETT
 COURT REPORTER
 POST OFFICE BOX 1205
 IRMO, SOUTH CAROLINA 29063
 803-834-3410

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NADINE A. GARRETT
 COURT REPORTER
 803-834-3410

1 THE COURT: Today's date is November 22, 2010.
2 We're here on the case of Darren Pollack versus
3 Southern Wine & Spirits. Hartford Insurance is the
4 Carrier. WCC File No. 1007936. The date of accident,
5 March 31, 2010.

6 Present for the Claimant is Attorney Stephen
7 Samuels. Present for the Employer and Carrier is
8 Attorney Cindy Dooley.

9 We're here on the Forms 50 and 51.

10 I have APA submissions handed up. Any objections
11 to jurisdiction, venue, or the APA submissions?
12 Mr. Samuels?

13 MR. SAMUELS: Your Honor, I have an objection to
14 page 255. It's a handwritten statement from an
15 employee. So, I would object it on hearsay ground.

16 THE COURT: I don't even think I have it handed
17 up yet. Is that in that stack?

18 MS. DOOLEY: 255?

19 MR. SAMUELS: It should be in that huge stack
20 you've got right there, I think.

21 THE COURT: I have 249.

22 MS. DOOLEY: 249?

23 THE COURT: No. He says it's 255. Were you
24 right on the number? I don't see a 255. Does yours
25 just go to 249, Cindy?

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1 MS. DOOLEY: Well, that's a very good question.
2 You're exactly right. Let's see. And it could be,
3 this is -

4 MR. SAMUEL: Did you do a second one?

5 MS. DOOLEY: It is. There's another second part.
6 I'm sorry. I apologize.

7 THE COURT: It's handwritten. It looks like it's
8 under Jessie Richardson. Let's leave it in for now.
9 I'm not - I mean, I hadn't read it yet, so I'll note
10 that.

11 Any other objection, Mr. Samuels?

12 MS. SAMUELS: None from the Claimant's, Your
13 Honor.

14 THE COURT: Ms. Dooley?

15 MS. DOOLEY: None, Your Honor.

16 THE COURT: Then the Commission file is part of
17 the record as well with the exception of any
18 self-serving declarations or any unstipulated medical
19 reports.

20 This claim is admitted. I believe the Claimant
21 is receiving authorized treatment.

22 Sole issue today would be whether or not he's
23 entitled to temporary total from June 15, 2010 to the
24 present. Issue being the Employer/Carrier would
25 allege he was terminated for cause. The Claimant

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1 would take issue with that and allege he's entitled to
2 the temporary total.

3 With that being stated, do the parties want to
4 state anything else for the record? Mr. Samuels?

5 MR. SAMUELS: Your Honor, it is our contention
6 that the Act, specifically Section 42-9-260(A),
7 requires employers to pay temporary total disability
8 when an employee has been out of work due to reported
9 work related injury for eight days. And so, under
10 42-9-190, when the injured worker is under work
11 restrictions, the employer must either offer suitable
12 employment within the injured workers capacity or pay
13 temporary total disability compensation. We contend
14 in this case that part of the termination, they
15 withdrew the offer of suitable employment. And at
16 that point, they're legally required to pay temporary
17 total. And would contend that that law - that duty in
18 South Carolina is absolute. As long as they're not
19 providing suitable employment, they must pay temporary
20 total. That is different than the law in North
21 Carolina. No Court in South Carolina has adopted the
22 North Carolina rule. However, even under the North
23 Carolina rule, Mr. Pollack would still be entitled to
24 temporary total because he's under very extreme work
25 restrictions that would prevent him from getting any

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1 kind of work outside of the accommodations this
2 employer was providing for him. And for Your Honor's
3 reference, those restrictions are at page 32 of the
4 Claimant's APA submissions.

5 THE COURT: Ms. Dooley, anything else for the
6 record?

7 MS. DOOLEY: Yes, Your Honor. The Defendants'
8 contention is that this is an admitted accident. They
9 actually were accommodating Mr. Pollack's
10 restrictions. He had restrictions beginning on April
11 5, 2010 of 15 pounds lifting. And they continued to
12 accommodate those restrictions up until the incident
13 which caused his termination. They would still be
14 able to accommodate those restrictions, except for the
15 fact that he was terminated for cause.

16 THE COURT: We're going to swear Mr. Pollack in.
17 I'm going to ask you the lawyers if we can streamline
18 this, just get right to the issue of the temporary
19 total. I don't need - it's an admitted claim. He's
20 undergoing treatment. I don't need all the background
21 stuff. So, we can get right into the sole issue.

22 Let's swear the Claimant in, please.

23 DARREN POLLACK,

24 having been first duly sworn, testified as follows:

25 THE COURT: Mr. Samuels.

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Darren Pollack - Direct Examination by Mr. Samuels

7

1 MR. SAMUELS: Thank you, Your Honor.

2 DIRECT EXAMINATION

3 BY MR. SAMUELS:

4 Q Darren, let me show you page 32. Are these the
5 restrictions that you were under at the time that you
6 were terminated?

7 A Yes.

8 Q And were these restrictions from an authorized company
9 doctor?

10 A Yes, they were.

11 Q Were you surprised that you got terminated?

12 A Yes, I was.

13 Q Would you describe the incident that lead to your
14 termination?

15 A I was reporting to another vehicle accident in a
16 parking lot. Upon leaving the parking lot, I was
17 backing my vehicle up and brushed the side of the
18 vehicle up against the bumper of another one of our
19 company vehicles. At that time I got out, looked at
20 the vehicle. It looked like there was a line on the
21 vehicle. Pulled away from that vehicle, drove around
22 the backside of the building, got out to look at that
23 line. It looked like a line of dirt. Turned around
24 and left the site. Went back to our company warehouse
25 and started doing paperwork. Can you repeat the

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1 question?

2 Q What was the date of this incident that you're
3 describing?

4 A I believe the date was May 27th.

5 Q May 27, 2010?

6 A 2010.

7 Q And what was your understating of what constituted an
8 accident?

9 A My understanding of an accident was if a vehicle's
10 involved in an incident involving another piece of
11 property, be it a vehicle or standing property, that
12 caused damage with a monetary value to it, would be
13 considered an accident.

14 Q From your inspection, did you see any damage that fit
15 that description to the company vehicle in this case?

16 A No.

17 Q What would it take to make that mark go away?

18 A I'm sure if they washed that vehicle, that mark would
19 have gone away.

20 Q And how often were the vehicles washed?

21 A Typically once a month.

22 Q Do you ever seen similar damage, perhaps more extreme
23 than that, to company vehicles that would not be
24 reported?

25 A Yes, I have.

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1 Q And for example, what might that be?

2 A For example, tree marks down the side of the vehicle
3 sides that scratch into the boxes of the truck.
4 Numerous dings and dents on bumpers, on back doors,
5 door handles that have been - on the rear side of the
6 truck, maybe bent a little.

7 Q And are those ordinarily reported?

8 A No.

9 Q Now, when did you learn that Southern Wine & Spirits
10 had an issue with your conduct that day?

11 A I believe it was that following Monday, that later on
12 in the evening I received a phone call from my
13 supervisor and his supervisor, was either Monday or
14 Tuesday, asking me where my accident report was for
15 the incident in question.

16 Q What did you do in response to that?

17 A I told them that I wasn't in an accident. I believe
18 what occurred was not considered an accident.

19 Q What did they ask you to do at that point?

20 A At that point, they told me that I was going to be
21 suspended pending an investigation, suspended with
22 pay, and that they'd be in contact with me to let me
23 know what was going on.

24 Q And did they at some point have you do an accident
25 report?

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1 A Yes. My supervisor, direct supervisor, Joe Green
2 came down to Myrtle Beach. I asked if I could meet
3 with him while he was there, since I was still on
4 suspension, and I did. And at that time, Joe said,
5 you know, "Well, by looking at the mark on the
6 vehicle, I think we're going to consider this an
7 accident. I need you to fill out an accident report."
8 So, under Joe's directions, I filled out that accident
9 report.

10 Q And let me show you page 252, 253, and 254 of the
11 Defense APA submission. Is this the accident report
12 you filled out?

13 A Yes, it is.

14 Q And is that - was it filled out as dated here, June 2,
15 2010?

16 A Yes, it was.

17 Q When you filled out the accident report, did you have
18 to do anything else?

19 A Later on that afternoon I received a phone call from
20 Sonny Blocker, who is Joe Green's supervisor. And he
21 told me since it was considered an accident, to go
22 ahead and take your drug test and breath alcoholizer
23 (sic) test at Doctors Care.

24 Q Did you take the drug test?

25 A Yes, I did. Immediately.

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- 1 Q Did Southern Wine & Spirits reinstate you?
- 2 A Yes, they did. On that Friday I went and saw the
3 doctor, told Joe what my restrictions were. And Joe
4 told me that he could no longer keep me out of work.
5 He didn't feel it was necessary. And let me come back
6 to work that Friday.
- 7 Q And did you believe that was the end of things?
- 8 A Yes.
- 9 Q Did they ultimately terminate you?
- 10 A Yes, they did.
- 11 Q Did they do it immediately upon the learning of the
12 incident of allegedly not reporting an accident?
- 13 A No, they did not.
- 14 Q When were you actually terminated?
- 15 A June 15, 2010.
- 16 Q And this was after you had been back working for 13
17 days?
- 18 A Yes.
- 19 Q Were you working light duty under your doctor's
20 restrictions at the time?
- 21 A Yes, I was.
- 22 Q After you were terminated, did you apply for
23 unemployment compensation?
- 24 A Yes, I did.
- 25 Q Were you able to get unemployment compensation?

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1 A No, I am not.

2 Q And why are you not eligible for unemployment
3 compensation?

4 A I'm not eligible because of the work restrictions put
5 forth by my doctor. The employment office told me
6 that my benefits can be reinstated once I'm cleared to
7 work at regular status.

8 Q In spite of this, have you looked for work?

9 A Yes, I have.

10 Q Have you found any work?

11 A No, I have not.

12 Q Are you having a hard time finding any work within
13 your restrictions?

14 A Yes.

15 Q Did you quit your job?

16 A No, I did not.

17 Q Did you try to get fired?

18 A No, I did not.

19 Q Did you expect to get fired?

20 A No, I did not.

21 Q Did you refuse any work offered to you within your
22 employment restrictions?

23 A No, I did not.

24 MR. SAMUELS: I have no further questions.

25 Please answer any questions Ms. Dooley has for you.

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Darren Pollack - Examination by the Court

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1 THE COURT: Hang on a second.

2 EXAMINATION

3 BY THE COURT:

4 Q Mr. Pollack, just so I'm clear on this before
5 Ms. Dooley starts asking any questions. Were you
6 having some problems at work even before this
7 accident? I know you got injured March 31st. But you
8 had had some write ups even prior to your accident,
9 right?

10 A The most recent write up, I believe, before that was
11 from me making a poor judgment call, which caused an
12 engine of a vehicle to be damaged, which I took full
13 responsibility for. Told my supervisor that, yes, I
14 made a bad call. Excepted my suspension.

15 Q And that was three days suspension?

16 A Yes.

17 Q And you were kind of on thin ice following that.
18 Would that be fair to say? Say is that the
19 consequences, should the incident happen again, would
20 be termination; is that correct?

21 A Yes.

22 Q And then before that incident, was there some issue
23 about submissions of absence forms or something?

24 A There was, which I contested. I was following the
25 instruction of another employee in the human resource

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Darren Pollack - Cross Examination by Ms. Dooley

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1 department that was in control of payroll. And I
2 asked Ms. Phillips to send that paperwork to Florida
3 to be reviewed, because I did not agree with her
4 decision. And her response was that, no, the decision
5 is what it was, it will not be sent to Florida. And
6 that was that.

7 THE COURT: Answer any question Ms. Dooley has
8 for you.

9 Ms. Dooley.

10 CROSS EXAMINATION

11 BY MS. DOOLEY:

12 Q Mr. Pollack, is it not true that on June 15, 2010 you
13 were actually called out to do an accident
14 investigation for one of your drivers?

15 A On June 15th?

16 Q On June 15th or - excuse me, on May 27, 2010.

17 A Yes, ma'am.

18 Q And is it not true that the accident that you were
19 actually investigating did not cause any damage to the
20 company vehicle, correct?

21 A Not to the company vehicle, but it did to property of
22 the establishment.

23 Q But you were called upon by the company to follow
24 company policy inasmuch as making sure that this
25 report was completed and filed with the company

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1 properly; is that correct?

2 A Yes.

3 Q Which is company policy; is that correct?

4 A To?

5 Q To complete a report whenever there's an incident; is
6 that correct?

7 A If there is property damage, yes.

8 Q Regardless of whether or not there is damage to any of
9 the vehicles, you still have to complete an incident
10 report; is that correct?

11 A As long as there's property damage, yes, ma'am.

12 Q And in the company policy, is it true that there's not
13 any mention of monetary damage, it just says that the
14 incident was supposed to be reported; is that correct?

15 A Yes, ma'am.

16 Q And you were aware that it was also company policy
17 that you could be terminated for not following company
18 policy; is that correct?

19 A Yes, ma'am.

20 Q And is it not true that the reason why you were
21 reinstated was because they were actually completing
22 the investigation during that period of time?

23 A That was never given - that information was never
24 given to me, ma'am.

25 Q And you have no idea what the cost of the damage to

Darren Pollack - Redirect Examination by Mr. Samuels

16

1 the vehicle was?

2 A No, I do not.

3 MS. DOOLEY: That's all I have, Your Honor.

4 THE COURT: Any redirect?

5 MR. SAMUELS: Yes, Your Honor.

6 REDIRECT EXAMINATION

7 BY MR. SAMUELS:

8 Q Let's be clear. The incident that you were called out
9 to investigate, the other driver did cause some damage
10 to some property; is that correct?

11 A Yes.

12 Q Even if it didn't damage his truck, did it damage
13 something else?

14 A It damaged a sign. It peeled back the metal on a
15 sign, causing property damage to one of our customers.

16 Q Was that something that Southern Wine & Spirits would
17 have been responsible for?

18 A Yes, it is.

19 Q Now, the second incident, I guess, where you bumped
20 this other vehicle, did that cause any property damage
21 as you understood property damage?

22 A No. Not as I understood it.

23 Q Now, you were asked by Ms. Dooley that you understood
24 there was a policy where you could be terminated for
25 not following company policy.

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1 A Yes.

2 Q Did you learn something more about what the company
3 policy was after this incident?

4 A Yes, I did.

5 Q How did you learn that?

6 A The day that I was terminated, on the termination
7 paperwork there's a long clause of - that states - may
8 I?

9 Q Sure.

10 A That all -

11 Q Just to be clear, you're referring to page 250? Down
12 here it says 250.

13 A Page 250, last paragraph in the employer statement.
14 Southern Wine & Spirits of South Carolina delivery
15 policy states that all accidents and incidents with
16 the vehicle must be reported whether or not there's
17 damage to the company vehicle, another vehicle, or
18 other property. That statement was in a second policy
19 manual. The company has two policy manuals. The
20 policy that I was familiar with was all accidents need
21 to be reported to the supervisor.

22 THE COURT: Did you report this accident to the
23 supervisor.

24 THE WITNESS: I did not report it to the
25 supervisor because I did not feel it was an accident.

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1 THE COURT: Part of the problem, I believe, you
2 were at the location to figure out what happened with
3 Jessie Richardson.

4 THE WITNESS: Yes, sir.

5 THE COURT: And you actually, backing out, you
6 hit the truck Jessie Richardson had.

7 THE WITNESS: It brushed up -

8 THE COURT: And Jessie obviously knew that and
9 you didn't report that, though. And Jessie would have
10 told them; is that correct?

11 THE WITNESS: Jessie was extremely irate would be
12 -

13 THE COURT: Jessie would have informed them
14 because you, obviously, didn't tell Southern Wine &
15 Spirits. But Jessie was that one that actually told
16 them?

17 THE WITNESS: Yes, sir.

18 THE COURT: Mr. Samuels, you can go ahead.

19 BY MR. SAMUELS:

20 Q What was the actual policy violation that you got from
21 the employee handbook after you had been terminated
22 that would lead to termination?

23 A What I stated off of example 250 was the start of the
24 policy. Below that the policy breaks down into five
25 steps. Off the top of my head, I'm not a hundred

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1 percent familiar with them. But one is report to
2 your supervisor, notify the police, admit nothing.
3 And the fifth statement is to adhere to all DOT
4 regulations. Failure to comply will result in
5 termination.

6 Q What was your understanding of what would actually
7 lead to termination?

8 A Failure to comply with DOT regulations, which is
9 taking your drug test and your breath alcohol test.

10 Q And when Southern Wine & Spirits brought you back in
11 and advised you that there was a problem, did you
12 comply with everything they asked you to do?

13 A Yes, I did.

14 Q Commissioner Williams asked you if you knew you were
15 on thin ice. Did you want to lose this job?

16 A No.

17 Q Were you better off working?

18 A Yes, I was.

19 Q And knowing that you were on thin ice, would you do
20 everything you could, from what you knew, to comply
21 with company policy?

22 A Absolutely.

23 Q Did you want to lose your job?

24 A No.

25 MR. SAMUELS: No further questions.

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Darren Pollack - Examination by the Court Re-Cross Examination by Ms. Dooley

1

EXAMINATION

2 BY THE COURT:

3 Q What would happen if Jessie Richardson had not
4 informed the company that he had had this accident?
5 Even though it didn't cause any damage to the truck,
6 what would happen to Jessie?

7 A Since there was property damage to -

8 Q What would have happened to him if he did not report
9 the accident?

10 A If he did not report the accident, most likely would
11 have got on the scene and nothing would have been
12 done.

13 THE COURT: Any other questions for him?

14 RE-CROSS EXAMINATION

15 BY MS. DOOLEY:

16 Q You signed that you had read the handbook; is that
17 correct?

18 A Yes, ma'am.

19 Q And so, what you were quoting from was from the
20 handbook?

21 A It was from a handbook that was administered at a
22 meeting to all employees. We were told to read it and
23 sign it. At that point in time, everybody just signs
24 it and turned it in.

25 Q You signed saying that you read it?

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1 A That I received it.

2 Q And you also had safety meetings to go over the
3 reporting of accidents how often?

4 A We had meetings quarterly. But I couldn't tell you
5 how many times we actually discussed going over
6 policies like this. When I was given this termination
7 paperwork, that's the first time I've ever seen that
8 policy in that much detail.

9 Q Do remember getting emails from Sonny Blocker warning
10 you, as a supervisor, to make sure that your drivers
11 followed the policies as far as reporting accidents?

12 A Do I remember off the top of my head, no. But I'm
13 sure there are emails.

14 MS. DOOLEY: That's all I have, Your Honor.

15 THE COURT: Mr. Samuels, any other questions for
16 him?

17 MR. SAMUELS: No, Your Honor.

18 THE COURT: Any other witnesses from the
19 Claimant?

20 MR. SAMUELS: None from the Claimant, Your Honor.

21 THE COURT: Any witnesses, Ms. Dooley?

22 MS. DOOLEY: Yes, sir. We'd like to call Sonny
23 Blocker.

24 THE COURT: Sure. We can swear Mr. Blocker in.

25 ///

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Sonny Blocker - Direct Examination by Ms. Dooley

22

1 SONNY BLOCKER,

2 having been first duly sworn, testified as follows:

3 DIRECT EXAMINATION

4 BY MS. DOOLEY:

5 Q Mr. Blocker, would you state your full name for me for
6 the record?

7 A Lucius (phonetic) Benjamin Blocker, III.

8 Q And where are you employed?

9 A Southern Wine & Spirits in Columbia.

10 Q And how long have you been employed with Southern Wine
11 & Spirits?

12 A Sixteen years.

13 Q And what is your position?

14 A Plant manager.

15 Q And are you familiar with an employee by the name of
16 Darren Pollack?

17 A Yes, ma'am.

18 Q And what position did he hold there at Southern Wine &
19 Spirits?

20 A He was drivers' supervisor in Myrtle Beach.

21 Q And how long had he been working for Southern Wine &
22 Spirits?

23 A I think it's been about ten years.

24 Q And as a drivers' supervisor, was it part of his job
25 to investigate accidents with company vehicles?

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1 A Yes, ma'am.

2 Q And were you also called upon to make sure that
3 company policy was adhered to?

4 A I am.

5 Q And what is the company policy as far as accidents?

6 A The policy is that if there is any accident or
7 incident, it's supposed to be reported to your
8 supervisor immediately.

9 Q And in that policy, does it call out if it's over a
10 certain amount of damage or is it any or how does it
11 read?

12 MR. SAMUEL: Your Honor, I object to hearsay.
13 She's asked him how does it read.

14 THE COURT: Can you rephrase your question?

15 BY MS. DOOLEY:

16 Q What is your understanding of the policy?

17 A Any incident or accident.

18 Q Regardless of the amount?

19 A Yes, ma'am.

20 Q And are there also safety meetings that you have or
21 the company has?

22 A We do quarterly safety meetings at all our branch
23 locations and in Columbia.

24 Q And is that part of what is called out during the
25 safety meetings?

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1 A We discuss a lot of subjects, safety of course is one
2 of them, and accidents is the other, and anything that
3 might be of interest to the drivers themselves, any
4 problems they may have. But that certainly is
5 included. One reason we do that is because we do have
6 new people from time to time and we want to make sure
7 that they understand the policy, as well. Even though
8 they should, but we want to make sure.

9 Q As part of your job, do you send out reminders to the
10 drivers' supervisors from time to time?

11 A I have. I've done that on several occasions over the
12 years. You know, if there were - it doesn't have to
13 do with accidents. Anything really. We just remind
14 them to make sure that they're up to speed. And I
15 have a memo here that was sent out, if you want to
16 look at it.

17 MR. SAMUELS: Cindy, was this provided to me in
18 response to my subpoena?

19 MS. DOOLEY: That was not covered in your
20 subpoena. You asked for his employment file material.
21 That would not have been in his employment file
22 material.

23 MR. SAMUELS: Beg Your Honor's indulgence.

24 THE COURT: All right.

25 MR. SAMUELS: You don't happen to have a copy in

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1 your file, do you, quicker than I can find it? I'm
2 sorry. I got it. Your Honor, I would object that
3 this document was not provided to me. And the
4 subpoena specifically states all letters, memorandums,
5 emails, notes, text messages, audio recording, video
6 recordings made, created, recorded, written document
7 read by the employer or any of its individual
8 employees, outside venders such as nurse case
9 managers, private investigators of the Carrier
10 concerning the Claimant. So, I would contend that
11 this is a very expansive subpoena and this document
12 was not provided to and I would object to it on
13 grounds of unfair surprise.

14 THE COURT: Ms. Dooley, let me hear you on that.

15 MS. DOOLEY: Your Honor, this does not pertain to
16 the Claimant. This is in the ordinary course of
17 business that he would have had that document. And it
18 didn't pertain - I mean, he sent this out to all
19 supervisors. If they're going to do that, I can't
20 even imagine how we would even begin to trail or
21 figure out what documents need to be responsive.

22 THE COURT: Let me see it. I haven't even seen
23 it.

24 MR. SAMUELS: The subpoena?

25 THE COURT: No. The document.

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1 MR. SAMUELS: It does report to say that it was
2 sent to my client, if that's your question, Your
3 Honor. He's on that list.

4 MS. DOOLEY: In a supervisory capacity. I gave
5 you everything in his employment capacity.

6 THE COURT: Why was this not in his employment
7 file? I know it has several people listed.

8 MS. DOOLEY: It's my understanding that his was
9 kept by Mr. Blocker as part of his job duties and all.
10 So, it wouldn't have been in his personnel file.

11 THE COURT: I think everyone can stipulate to
12 what the company - I'll let him testify to it, but I
13 don't need the document. The policy is what it is.

14 BY MS. DOOLEY:

15 Q And the email that you would have sent out as a
16 reminder to the supervisors, does that just go over
17 reminding everybody of the company policies?

18 A Yes.

19 Q And from time to time was Mr. Pollack called upon to
20 investigate accidents?

21 A Yes, ma'am. He would, has on several occasions,
22 investigated accidents, you know, that his people or
23 himself may have had, yes, ma'am.

24 Q So, he would have been well aware of what the company
25 policy was regarding reporting incidents?

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1 A Yes, ma'am. I would think so.

2 Q And as a matter of fact, on May 27th he was called upon
3 to investigate an accident; is that correct?

4 A This is the accident - which accident is this?

5 Q The accident which caused his termination.

6 A Yes.

7 Q And that involved one of his drivers?

8 A That's correct.

9 Q And what was your understanding of what happened in
10 that accident?

11 A Well, from what I understand is that when the driver
12 was to make his delivery, he backed into a sign
13 belonging to the customer and did a small amount of
14 damage to it. That sign had been hit several times.
15 But Mr. Pollack went out and investigated the accident
16 and got the details to where he could do an accident
17 report. And in the process of leaving, it was
18 reported that his van touched our vehicle and
19 scratched the side of it. And that was it, basically.
20 I know - my understanding, I wasn't there, that he
21 conversation with his driver about it. And
22 Mr. Pollack states that it didn't look like it was any
23 damage, could be rubbed out and then he left. Well,
24 when we received our accident reports, we only
25 received the report on the truck damage to the sign.

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1 We didn't receive any about damage to the van. So,
2 Joe Green and I called Mr. Pollack and discussed it
3 with him. And he admitted that he had actually rubbed
4 the side of the van, he didn't think there was any
5 damage and he didn't report it. That's it basically.
6 But we didn't get a report on that.

7 Q Eventually did he complete a report?

8 A Yes, ma'am.

9 Q And eventually did you have a conversation with him
10 regarding his termination?

11 A I went down and spoke with him about that, yes, ma'am.

12 Q And what was the reason for his termination?

13 A Not reporting an accident.

14 Q And for a period of time, though, was he reinstated,
15 that he continued to work for a little bit of time
16 until he was actually terminated?

17 A Yes, ma'am, he did. We sent that, as our normal
18 policy, to human resources. And human resources sent
19 it to Miami, who then reviewed that and then made a
20 decision.

21 Q As a supervisor, is it important that a supervisor in
22 particular follow company policy so that they're able
23 to lead the people that they are supervising?

24 A It's very important. I mean, you know, they can't be
25 held to a lower standard than the people that work for

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Sonny Blocker - Cross Examination by Mr. Samuels

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1 them. In fact, we expect them to give them a good
2 example and to be followed rather than - we expect
3 that of him, yes, ma'am.

4 MS. DOOLEY: That's all I have at this time, Your
5 Honor.

6 THE COURT: Mr. Samuels..

7 CROSS EXAMINATION

8 BY MR. SAMUELS:

9 Q Mr. Blocker, Mr. Pollack has been employed with
10 Southern Wine & Spirits for about ten years; is that
11 right?

12 A That's correct.

13 Q You have lots of little incidents with the trucks
14 where side view mirrors hit things, they get scratched
15 by trees and so on, correct?

16 A That's correct.

17 Q And those are routinely not reported, are they?

18 A Well, they are supposed to be reported. But I can
19 assure you that all of them are not.

20 Q How many people have you terminated this year for not
21 reporting accidents that cause no property damage?

22 A What do you mean by no property damage. There was
23 property damage.

24 Q Well, how much did the body shop charge to repair the
25 truck?

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1 A I don't have any idea what it would cost to repair
2 it.

3 Q Well, how much did it cost to - did you actually
4 repair it?

5 A The truck has been repaired, but -

6 Q By a body shop?

7 A Yeah. But that was in -

8 Q Do you have any evidence to prove that, any receipts,
9 any checks?

10 A I do, but it's not - I mean, it's not just that
11 scratch or whatever it was. There were several things
12 that were on that truck and there was some paint work
13 that was done to it on other parts of the vehicle. I
14 mean, it's not just that one thing. I have no idea
15 what the cost -

16 Q Because in fact, your company never paid to repair
17 anything because there wasn't enough damage to repair
18 it, was there?

19 A Oh, yes. There was damage. I saw it myself. I could
20 feel that scratch on the side of the truck.

21 Q It was not done to actually send to a body shop and
22 repair it, was there?

23 A Not for that one thing, no, sir, there was not.

24 Q Now, according to page 250 of the employer statement,
25 the policy states failure to report an accident will

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1 result in immediate termination, is that correct,
2 that's the policy?

3 A That's correct.

4 Q But the only person that you're aware of that's been
5 terminate for violating that policy is Mr. Pollack,
6 correct?

7 A I don't have names and dates, but we've terminated
8 other people for not reporting an accident.

9 Q You have not reporting anybody for causing something
10 that didn't even need to be repaired, correct?

11 A No. It would have eventually been repaired.

12 Q But you haven't terminated anybody for failing to
13 report a similar incident, such as this, correct?

14 A I don't remember nothing exactly like that.

15 Q Now, when you did your investigation, it was on June
16 2, 2010, correct?

17 A I'm not sure of the date.

18 Q Well, you had Mr. Pollack fill out an accident report
19 on that date, correct?

20 A (No verbal response.)

21 Q And he complied, correct?

22 A Right.

23 Q And he took a drug test, correct?

24 A Yes.

25 Q So, once you had explained to him that he violated the

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1 policy, he completely complied with it at that point
2 in time, didn't he?

3 A Did what he was told to do, that's correct.

4 Q But at that time, you determined that he had failed to
5 report an accident, correct?

6 A (No verbal response.)

7 Q So, in accordance with the company policy, you
8 terminated him immediately on that day, June 2, 2010,
9 correct?

10 A (No verbal response.)

11 Q You didn't?

12 A I didn't.

13 Q Well, did Southern Wine & Spirits, anybody?

14 A No.

15 Q Didn't the policy require that you terminate somebody
16 immediately?

17 A It says it calls for termination. I don't think it
18 says - does it say immediately in there?

19 Q I don't know because I haven't seen the actual policy,
20 but I have seen this. Somebody has written on here -
21 and I'll show it to you. This is page 250 of the
22 Defendants' APA submissions. And it says failure to
23 report an accident will result in immediate
24 termination.

25 A Okay.

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1 Q Well, did Southern Wine & Spirits comply with that
2 policy and immediately terminate him?

3 A I don't know whether - it wasn't immediately, it
4 wasn't on that day. I'll have to answer that to me
5 true.

6 Q Now, you're aware that Mr. Pollack was on light duty
7 when he was terminated, correct?

8 A Yes, sir.

9 Q That was light duty with a company doctor.

10 A Correct.

11 Q Do you know what his actual restrictions were?

12 A No, sir.

13 Q I'll show them to you. This is page 32 of the APA
14 submissions. And if you can take a look at that and
15 just verify for me that those are medical
16 restrictions.

17 A Okay.

18 Q Would you agree that it is outside of the job
19 description of a driver's supervisor - let me rephrase
20 that. That the job description of a driver's
21 supervisor requires doing a lot more than what is on
22 this list?

23 A If you're asking - are you asking me was he in
24 position to do his job? Is that what you're asking
25 me?

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1 Q Yes, sir. His regular job.

2 A Yeah. I mean, I think he could supervise his people
3 without doing any lifting.

4 Q That was the accommodation what was made for him,
5 correct?

6 A Yeah.

7 Q But normally he would be required to do some lifting,
8 wouldn't he?

9 A He would, if he drove a truck. That's correct.

10 Q And he would also be required to do repetitive
11 bending, stooping, squatting, pushing, jerking,
12 twisting, and bouncing.

13 A He could.

14 Q He'd have to do a good bit of walking. He'd have to
15 do overhead lifting.

16 A Sure. Some.

17 Q My point is, if somebody came to you and applied for a
18 job as a driver or a driver's supervisor with these
19 restrictions, you couldn't hire that person, could
20 you?

21 A I don't know that I would know that.

22 Q If you were informed of those restrictions, you
23 wouldn't be able to hire that person for that job,
24 would you?

25 A Like I said, I don't - it's not on an application and

Sonny Blocker - Redirect Examination by Ms. Dooley

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1 we send them for a physical. So, it's not that I
2 would know that.

3 Q And if a physical came back with these restrictions
4 shown here, you would not be able to hire that person,
5 correct?

6 A Not for that position, no, sir.

7 MR. SAMUELS: Thank you. I have no further
8 questions.

9 THE COURT: Any redirect?

10 REDIRECT EXAMINATION

11 BY MS. DOOLEY:

12 Q While Mr. Pollack was there following his original
13 accident on March 31st, you were able to accommodate
14 his restrictions?

15 A Oh, yes. We always try to do that.

16 Q And everything was running along okay as far being
17 able to accommodate those restrictions?

18 A As far as I know, nothing was amiss. He was doing
19 what he was able to do. And that was fine with us.

20 Q And but for his termination, you would have continued
21 to be able to accommodate his restrictions?

22 A Absolutely.

23 MS. DOOLEY: Nothing further.

24 MR. SAMUELS: I have a -

25 THE COURT: Go ahead.

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Jonny Blocker - Re-Cross Examination by Mr. Samuels

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1 RE-CROSS EXAMINATION

2 BY MR. SAMUELS:

3 Q You would agree that he was attempting to work within
4 his restrictions?

5 A I would think so.

6 Q And he never refused any employment that was offered?

7 A I'm not aware of it. I think he did what he was asked
8 to do within his restrictions.

9 Q You don't think he intentionally got himself fired to
10 get out of work, do you?

11 A I'm not sure why he did it. I know he didn't report
12 an accident's what got him fired.

13 Q You don't think he got - he tried to get himself
14 fired, do you?

15 A I have no idea.

16 MR. SAMUELS: Thank you.

17 EXAMINATION

18 BY THE COURT:

19 Q Mr. Blocker, let me ask this: You've been asked a lot
20 of very good questions by very good lawyers. But to
21 break this issue down, the reason he was terminated
22 was because he had an accident, which he didn't tell
23 you all about and you heard about it from another
24 employee?

25 A That's correct, sir.

NADINE A. GARRETT
COURT REPORTER
803-834-3410

1 Q And had that - the accident that he was going to go
2 and check on to see that Mr. Richardson had,
3 Mr. Richardson saw what actually happened and
4 Mr. Pollack here never told the company about that and
5 that's how the company found out.

6 A Right.

7 Q And even though the company probably has several of
8 these accidents, when another employee comes and tells
9 you about an accident that a supervisor, nonetheless,
10 doesn't tell you, that would fall within the company
11 policy for termination?

12 A That's correct.

13 THE COURT: Any other questions for this witness?
14 Any other witnesses for the Employer and Carrier?

15 MS. DOOLEY: I think we're done.

16 THE COURT: Anything else from the Claimant?

17 MR. SAMUELS: None as far as witnesses, Your
18 Honor. I simply want to just state, if I may, that
19 we're not contesting the fact of the termination and
20 for purposes of this hearing we're not contesting
21 they're stated reasons for it. We're simply saying
22 that does not justify the -

23 THE COURT: So, you stipulate that he knew what
24 the company policy was and he violated the -

25 MR. SAMUELS: No, Your Honor, I'm not. His

NADINE A. GARRETT
COURT REPORTER
803-834-3410

1 understanding of the policy is what he testified to,
2 if there's no property damage, he doesn't have to
3 report it. It's a misunderstanding between the two
4 people.

5 THE COURT: Are you saying that he reported the
6 accident then? Because that's what the company policy
7 says. If you're saying that, then that's something
8 different.

9 MR. SAMUELS: When it was brought to his
10 attention that the company considered this a
11 reportable accident, he immediately reported it, took
12 the drug test and filled out the accident report.

13 THE COURT: Did he report it on the date that the
14 accident happened or did the other employee report it
15 to the company? That's the question I was asking. I
16 think I got - you don't have to tell me. I got that
17 from -

18 That being the case, that'll conclude this
19 hearing.

20 (THE HEARING CONCLUDED AT 1:56 PM.)

NADINE A. GARRETT
COURT REPORTER
803-834-3410

STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

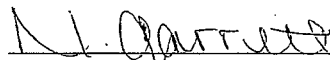
BE IT KNOWN THAT I TOOK THE FOREGOING
WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN
AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT REPRESENTS A TRUE,
ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO
GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY
SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF
ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO,
NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 6th DAY OF DECEMBER,
2010.



NADINE A. GARRETT
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES AUGUST 11, 2016

NADINE A. GARRETT
COURT REPORTER
803-834-3410

P69



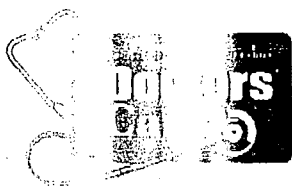
X-Ray Interpretation and Review



(MED 5004 14 051)

1286

P71



RETURN TO WORK FORM

GRAND STRAND AREA

☐ CAROLINA FOREST
200 Middleburg Drive
Myrtle Beach, S.C. 29578
903-8850

☐ CONWAY MAIN STREET
1400 Main Street
Conway, S.C. 29526
381-8206

☐ NORTH MYRTLE BEACH
1714 Highway 17 South
North Myrtle Beach, S.C. 29582
381-0705

☐ SURFSIDE MEDICAL CENTER
1600 Hwy. 17 North
Surfside Beach, S.C. 29575
238-1461

☐ CONWAY 501
1113 Church Street
Conway, S.C. 29526
248-6200

☐ GEORGETOWN
1088 North Fraser Street
Georgetown, S.C. 29440
545-7200

☐ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach, S.C. 29577
626-9379

NAME: DavidDATE: 8/31/19ARRIVE: 12:25DISCHARGE TIME: 12:50

COMPANY NAME: _____

WORK STATUS: ☐ appropriate boxes)☐ Duty work as of _____ without accommodations.☐ Work-related condition.☐ To work date modified duty: _____☐ To work date full duty: _____☐ Evaluation at this office on 4/6/19 Time: _____☐ The following accommodations as of: _____☐ than 15 lbs.☐ Hazardous or fast-moving machinery; no driving, company vehicle.☐ Work only; no ladder or heights.☐ Lifting, bending, squatting, pushing, jerking, twisting or bouncing.☐ Standing and/or sitting.☐ Lifting, climbing (includes stairs).☐ _____

Main Medical Improvement (MMI).

Evaluation at this office on Wed 4/14/19 Time: 8:00 AM

INSTRUCTIONS:

☐ ed _____☐ et _____☐ Do not remove dressing☐ Apply ice every _____☐ Apply heat every _____☐ Port/insert catheter/keep taped☐ Home exercise instructions given☐ Follow instruction sheet given☐ Bed rest for _____

If managed by Therapy, or another Physician, please complete this section)

Date: _____

Time: _____

Instructions and what to do for my follow-up care. I have received a copy of these instructions for _____

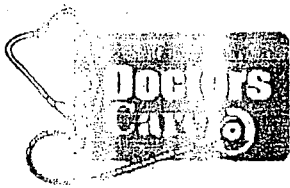
☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____

Date: _____

Date: 4/10/19

CHECKOUT TIME. 1:45

P73



RETURN TO WORK FORM

GRAND STRAND AREA

□ CAROLINA FOREST
200 Middleburg Drive
Myrtle Beach, S.C. 29579
903-6650

□ CONWAY MAIN STREET
1400 Main Street
Conway, S.C. 29528
381-8208

□ NORTH MYRTLE BEACH
1714 Highway 17 South
North Myrtle Beach, S.C. 29587
351-0705

□ SURFSIDE MEDICAL CENTER
1000 Hwy. 17 North
Surfside Beach, S.C. 29575
238-1461

□ CONWAY 501
1113 Church Street
Conway, S.C. 29526
248-6269

□ GEORGETOWN
1058 North Fraser Street
Georgetown, S.C. 29440
543-7200

□ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach, S.C. 29577
626-9379

□ _____

NAME Darrell Dorem

DATE 4/14/10

AREA _____

DISCHARGE TIME: 11:40

COMPANY NAME: _____

WORK AT US (check appropriate boxes)

☐ I am able to perform my regular work as of _____ without accommodations.

☐ I am able to perform my regular work in a restricted condition.

☐ I am unable to perform my regular work. My work date modified duty: _____

☐ I am unable to perform my regular work. My return to work date full duty: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☒ I am unable to perform my regular work. My return for re-evaluation at this office on 4/14/10 Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

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☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

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☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

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☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

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☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

☐ I am unable to perform my regular work. My return for re-evaluation at this office on _____ Time: _____

I understand the instructions and what to do for my follow-up care. I have received a copy of these instructions for my records.

Physician Signature: _____ Date: _____

Physician Signature: _____ Date: 4/14/10

Apr. 30. 2010 6:12PM

No. 2007 P. 2

InMeda

Diagnostic Services of S.C., LLC

PATIENT NAME:

DARREN POLLACK

DOB:

██████████

MR#

415909

DATE OF STUDY

4-20-2010

REFERRING PHYSICIAN:

B. SCOTT

ULTRASOUND SCROTUM

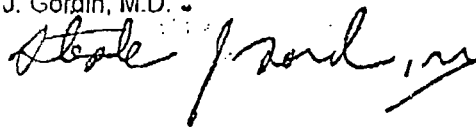
HISTORY: Right testicular pain.

TECHNIQUE: Handheld sonographic evaluation of the

FINDINGS: The right testicle measures 2.7 x 1.6 x 2.8 cm in size and the left 4.1 x 1.7 x 2.8 cm. The right testicle has a vague area of hyperechoicity within its mid portion, noted only on the transverse images, but not confirmed elsewhere and presumably plane of sectioning accounts for this. Blood flow to each testicle is confirmed with color and pulse Doppler. The left testicle is unremarkable in its appearance. The right epididymis measures 9 mm and the left 15 mm. There is no intra or extra testicular mass.

IMPRESSION: Essentially unremarkable exam.

Stephen J. Gordin, M.D.



SJG/skd

WHL



4/30/10

4701-C Oleander Dr.
Myrtle Beach, S.C. 29577
T: (843) 692-0040 F: (843) 692-0046

UCR medical affiliates

Laboratory Report

- ☐ STAT
☐ WAITING
☐ NOT WAITING



Pollack	Darren	4/28/10	1105	Scott
Last Name	First Name	Date	Time	Provider

53036	[REDACTED]	32	M	Rev Lumbor strain
Medical Record #	D-O-B	Age	Sex	Clinical Information

URINALYSIS

ROUTINE	MICROSCOPIC
Color <u>Amber</u>	WBC (0-3/hpf)
Appearance <u>Clear</u>	RBC (0-3/hpf)
Glucose (neg)	Epith.
Bilirubin (neg)	Casts (neg)
Ketones (neg)	Crystals
Sp. Gr. (1.003-1.030) <u>1.030</u>	Bacteria
Blood (neg)	Amorphous
pH (5.0-7.0) <u>5.0</u>	Mucous
Protein (neg)	
Urobilin (neg)	
Nitrite (neg)	
Leukocytes (neg)	

Doctor's Care Carolina Forest
 200 Myrtle Beach Blvd
 Myrtle Beach, SC 29579
 CLIA #42D1075131

CHEMISTRY

Glucose mg/dl	
70 - 115 mg/dl	
☐ Fasting	☐ Random
☐ Venous	☐ Finger stick

WET PREP KOH

Trichomonas (neg)
Yeast (neg)
Clue Cells (neg)
WBC (0 to 3)
Epithelial (0 to 3)
Bacteria (trace)

MISCELLANEOUS

Mono Test (neg)
Urine HCG
Hemoccult (neg)
☐ 1 slide ☐ 2 Slides ☐ Home kit
H. Pylori (neg)
Microalbumin (neg)
HGBA1C (3.9-6.5)
Rapid Strep A (neg)

OTHER LABS

1105	1107
Collected By	Time Performed By

Planned To	Time	Reviewed By	Date
------------	------	-------------	------

[LAB-F001-(7-07)]



RETURN TO WORK FORM

GRAND STRAND AREA

□ CAROLINA FOREST
200 Middleburg Drive
Myrtle Beach, S.C. 29579
903-6650

□ CONWAY MAIN STREET
1400 Main Street
Conway, S.C. 29526
381-8208

□ NORTH MYRTLE BEACH
1714 Highway 17 South
North Myrtle Beach, S.C. 29582
361-0705

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1600 Hwy. 17 North
Surfside Beach, S.C. 29575
238-1461

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Conway, S.C. 29526
248-4269

□ GEORGETOWN
1068 North Fraser Street
Georgetown, S.C. 29440
545-7200

□ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach, S.C. 29577
628-8379

NAME: POLLACK, DARREN.DATE: 4/28/10

ARRIVAL TIME: _____

DISCHARGE TIME: _____

COMPANY NAME: _____

WORK STATUS: (Check appropriate boxes)

- ☐ 1. May perform Full Duty work as of _____ without accommodations.
- ☐ 2. Off Duty due to work-related condition.
Estimated return to work date modified duty: _____
Estimated return to work date full duty: _____
Return for re-evaluation at this office on _____ Time: _____
- ☒ 3. May work with the following accommodations as of: 4/28/10
☒ No lifting more than 25 lbs.
☐ No operation of hazardous or fast-moving machinery; no driving.
☐ Ground level work only, no ladder or heights.
☐ No repeated bending, stooping, squatting, pushing, jerking, twisting or bouncing.
☐ No continuous standing and/or sitting.
☐ Minimum walking, climbing (includes stairs).
☐ Limited use of _____
☐ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI).
- ☒ 5. Return for re-evaluation at this office on 5/5/10 Wed Time 8A-AP

COMMENTS: _____

PATIENT DISCHARGE INSTRUCTIONS:

Medications: ☐ as directed ☐ as needed

Wound Care or Injury Care:

- ☒ keep dry & clean ☐ do not remove dressing ☐ Home exercise instructions given
- ☐ elevate extremity ☐ apply ice every _____ ☐ Follow instruction sheet given
- ☐ warm soaks ☐ apply heat every _____ ☐ Bed rest for _____
- ☐ wear elastic support/immobilizer/keep taped

Diagnosis: Bank pain @ Scapular girdle

REFERRAL: (If a referral is made to Therapy, or another Physician, please complete this section)

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my Employer.

EMPLOYEE SIGNATURE: Darren Date: _____

PHYSICIAN SIGNATURE: _____ Date: _____

Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: Pollack, Darren Date: _____
DOB: _____ Home Phone: _____ Cell Phone: _____
Insurance: _____ Ins. Number: _____
Doctors Care Provider: _____

Routine (7-14 days)

ASAP (48-96 Hours)STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology
Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology
Surgery Urology Podiatry Other: _____

Preferred Provider or Office: _____

Preferred Date & Time: _____

Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammogram DEXA Nuclear Medicine

Head Scan C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB

Liver Pancreas Kidney Kidney Stone Protocol Sleep Study

Other: ScrotumDiagnosis: R Testicle / groin pain several daysProvider Signature: [Signature]

Appointment Info

Date: 4/28/10 Time: 1:00 pmProvider/Practice: Th Med

Address: _____

Phone: _____ Fax: _____

Chart Fax: _____ Patient Notified: _____

Special Instructions: _____

* Pt choose to
wait 2 weeks!
Wait for pt to
call us HC

Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: Darren PollackDate: 5-3-10DOB: 4/6/78Home Phone: (843) 492-7269Cell Phone: Cell - 457-4678Insurance: BCBS

Ins. Number: _____

Doctors Care Provider: Brian Scott MDRoutine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology
Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology
Surgery Urology Podiatry Other: _____

Preferred Provider or Office: Dr. L. Dickinson

Preferred Date & Time: _____

Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammon DEXA Nuclear Medicine

Head Sinus C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other: _____

Diagnosis: ② groin pain - S/P ① hernia repairProvider Signature: [Signature]Appointment Info

Date: _____

Time: _____

Provider/Practice: _____

Address: _____

Phone: _____

Fax: _____

Chart Faxed: _____

Patient Notified: _____

Special Instructions: _____

DOCTORS CARE

1210

TICKET NO.

ACCOUNT NUMBER 53036	DATE 05/03/10	TIME 10:44am	DC CAROLINA FOREST	710903	
NAME & ADDRESS WEDNESDAY POLLACK, DARREN MYRTLE BEACH, SC 29577 843-492-7299 WRIG INSURED: POLLACK, DARREN INS: BLS/BOAS ITS OUT OF STATE REASON: EVAL PROG NICKNAME:			DOB: [REDACTED] GENDER: M RELATION: SELF COPAY: 20.00 INSURANCE BALANCE: 132.00 ACCOUNT BALANCE: 132.00 CURRENT CHARGES AMOUNT PAID: 20 NEW BALANCE CASH CHECK M.O. C.C.		
HISTORY: (- or +, or details) Personal Hx Family Hx Social Hx DM HTN CV CA Surg Prev. chart rev., no sig. change Above Hx reviewed		ROS (I or O) Fever, Chills N, V, D Constip. SOB, CP Headache, Fatigue UTI Sx. & Compl.		PREVENTIVE (year of last) Circle recommendations Tetanus Cholesterol Colonoscopy Flu Shot Pneumovax Women LMP PAP Mamm BMD DEXA Men PSA Rectal	
WGT 134.86 BP 134/86 Pulse 76 Resp 16 Temp 97.9		Chief Complaint: Re-renal - Back still a little stiff - ? surgical eval needed.		Allergies: NKA Medications: X	
PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnml., & give details) General (100) Doing ok - intermittent numbness lateral @ toes. weakness/ment. Reprints full duty. HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts Tests/Labs: (in-house) CBC Strep Mono U/A Labs - sent out H-Pylori FBS U Preg Heme Microalbumin HbA1c KOH IV Wet Prep EKG X-Ray Inject / Rx PE 5th 5+ RLE Loss @ AT 1-2+ a @. Pt again declining MRI L-spine - advised would like to see it on Day 1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100 permanent damage deep & decline MRI for now					
ASSESSMENT / DIAGNOSIS/ES: Lumber Radiculopathy 724.4					
Patient Care Instructions Discussed: Lifestyle Modification Date to Return: ASAP If worse: 2 weeks If not better: Full duty For Follow-Up: Full duty Go to ER if: Off Work / School Restrictions: Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.		Referrals, Tests, Treatments Referred to Surgeon re. groin discomfort		Prescriptions / OTC Mods Side Effects Discussed PSR Notes: ESTAB 99214 -132 604	
Staff: [Signature] M.D., D.O., P.A., F.N.P. 1. I voluntarily consent to my care and all health care services and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not without risk and that I understand that no guarantee can be made as to the results of the treatments or examinations at Doctor's Care. 2. I consent to the use and disclosure of my patient's protected health information for purposes of obtaining payment for services rendered to me by the patient, treatment and health care; operations consistent with the Doctor's Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctor's Care physicians or their designees for services rendered. Patient or Authorized Person's Signature: [Signature] Date: 5-5-10 4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive. Patient or Authorized Person's Signature: [Signature] Date:					



RETURN TO WORK FORM

GRAND STRAND AREA

□ CAROLINA FOREST
200 Middleburg Drive
Myrtle Beach, S.C. 29578
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1068 North Fraser Street
Georgetown, S.C. 29440
545-7200

□ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach, S.C. 29577
626-9379

NAME: Pollack, Darren

DATE: 5/5/10

ARRIVAL TIME: 10:44

DISCHARGE TIME: 12:15

COMPANY NAME: _____

WORK STATUS: (Check appropriate boxes)

☒ 1. May perform Full Duty work as of 5/5/10 without accommodations.

☐ 2. Off Duty due to work-related condition.

Estimated return to work date modified duty: _____

Estimated return to work date full duty: _____

Return for re-evaluation at this office on _____

Time: _____

☐ 3. May work with the following accommodations as of: _____

☐ No lifting more than _____ lbs.

☐ No operation of hazardous or fast-moving machinery; no driving.

☐ Ground level work only, no ladder or heights.

☐ No repeated bending, stooping, squatting, pushing, jerking, twisting or bouncing.

☐ No continuous standing and/or sitting.

☐ Minimum walking, climbing (includes stairs).

☐ Limited use of _____

☐ No overhead lifting.

☐ No high repetitive hand activities for extended periods of time.

☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI).

☐ 5. Return for re-evaluation at this office on _____

Time: _____

COMMENTS: _____

PATIENT DISCHARGE INSTRUCTIONS:

Medications: ☐ as directed ☐ as needed

Wound Care or Injury Care:

☐ keep dry & clean

☐ do not remove dressing

☐ Home exercise instructions given

☐ elevate extremity

☐ apply ice every _____

☐ Follow instruction sheet given

☐ warm soaks

☐ apply heat every _____

☐ Bed rest for _____

☐ wear elastic support/immobilizer/keep taped

☒ Diagnosis: Back pain, (R) groin pain

REFERRAL: (If a referral is made to Therapy, or another Physician, please complete this section)

To: _____

Date: _____

Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my Employer.

EMPLOYEE SIGNATURE: [Signature]

Date: _____

PHYSICIAN SIGNATURE: [Signature]

Date: 5/5/10



Southern Wine & Spirits of South Carolina
7600 Richard Street, P.O. Box 996
Columbia, SC 29202

Primary Point of Contact (DER): Tricia Phillips, Human Resources
Phone/Secure Voice Mail: (803) 695-1630, ext. 153
Direct Line/Secure Fax: (803) 695-4436
Alternate Contact: Angela Fleming, ext. 135

Southern Wine & Spirits is requesting that your facility provide the following services for the employee listed below. Send all DOT Physical cards and Employer copies via USPS to Tricia Phillips at the address above. Please do not send with the employee.

Employee Name:

DARREN POLLACK

Date:

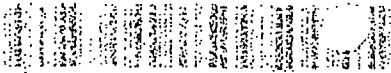
5/20/10

Pre-Employment ☐ DOT DOT Physical NIDA Drug Screen Breath Alcohol ☐ Non-DOT Non-DOT Physical Non-NIDA Drug Screen Breath Alcohol	Post Accident Drug Screen ☐ DOT NIDA Drug Screen Breath Alcohol ☐ Non-DOT Non-NIDA Drug Screen Breath Alcohol	Random Drug Screen ☐ DOT NIDA Drug Screen Breath Alcohol ☐ Non-DOT Non-NIDA Drug Screen Breath Alcohol
Reasonable Cause ☐ DOT NIDA Drug Screen Breath Alcohol ☐ Non-DOT Non-NIDA Drug Screen Breath Alcohol	Return to Duty ☐ DOT DOT Physical NIDA Drug Screen Breath Alcohol ☐ Non-DOT Non-DOT Physical Non-NIDA Drug Screen Breath Alcohol	Other ☐ DOT Recertification DOT Physical NIDA Drug Screen Breath Alcohol ☒ Workers' Comp Medical Evaluation Post Accident Drug Screen (See above)

Please call all test results to Tricia Phillips at the above number and mail hard copies CONFIDENTIAL to the main address.

Tricia Phillips
Authorizing Signature

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. QUEST DIAGNOSTICS 200 MIDWAY DR COLUMBIA, SC 29904 PHONE: 800-877-7484		B. MRO Name, Address, Phone and Fax No. QUEST DIAGNOSTICS 200 MIDWAY DR COLUMBIA, SC 29904 PHONE: 800-877-7484	
C. Donor SSN or Employee I.D. No. <u>150762045</u>			
D. Donor Name: Last: <u>POLLACK, DARREN</u> First: _____			
E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.			
F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)			
G. Drug Tests to be Performed: ☒ Urine ☐ Saliva ☐ Hair			
H. Collection Site Name: <u>QUEST CARE</u> Collection Site Code: <u>56624</u>		Collector Phone No. <u>843-903-6653</u>	
Address: <u>200 MIDWAY DR</u> City, State and Zip: <u>COLUMBIA SC 29904</u>		Collector Fax No. <u>843-903-0758</u>	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark	Specimen Collection: ☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)
REMARKS	

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor, described in the certification section on Copy 2 of this form, was collected, labeled, sealed, and released to the Delivery Service in accordance with applicable requirements.		SPECIMEN BOTTLE(S) RELEASED TO: ☒ Quest Diagnostics Courier ☐ FedEx ☐ Other _____	
X <u>Paul Hinchey</u> Signature of Collector <u>PAUL HINCHEY</u> (Print) Collector's Name (First, MI, Last)	<u>6:00</u> Time of Collection <u>5/20/10</u> Date (Mo./Day/Yr.)	Name of Delivery Service Transferring Specimen to Lab	
RECEIVED AT LAB: X	Signature of Accessioner <u>1/1</u> Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: Primary Specimen Bottle Seal Intact ☐ Yes ☒ No, Enter Remark Below	

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.			
X <u>Darren Pollack</u> Signature of Donor <u>DARREN POLLACK</u> (PRINT) Donor's Name (First, MI, Last)	<u>5/20/10</u> Date (Mo./Day/Yr.)		
Daytime Phone No. <u>(843) 457-4678</u>	Evening Phone No. <u>(843) 457-4678</u>	Date of Birth <u>4/6/78</u> Mo. Day Yr.	

COPY 3 - COLLECTOR COPY

05/20/2010 THU 16:02 FAX 843 903 8 DR CARE CAROLINA FOREST

May 20 2010 06:00pm P001/001

001/001

Return paperwork Drs Care - Caroline Forest
to 843-903-0758

**Workers' Compensation
Authorization Form**

UCI medical affiliates



Patient Information	
X Patient Name	Darren Pollack
Date of Injury	Unknown 5/20/10
X Type of Injury	Unknown lifting box - strained back
Employer Information	
X Company Name	Southern Wine & Spirits of SC Trice Phillips
Contact Person	
X Company Address	New Richard St
City/State/Zip	Columbia SC 29209
Phone #	803 695 1630
X WKC Carrier Name	SRS
WKC Contact Person	Unknown
Phone #	803-695-4436
WKC Carrier Address	
Name of Temporary Agency	
Temporary Agency Contact Person	
Temporary Agency Address	
Phone #	
Temporary Agency's WKC Carrier Name	
Temporary Agency's WKC Contact Person	
Temporary Agency's WKC Carrier Address	
Phone #	
Additional Information	
X Is a drug screen required?	☒ Yes ☐ No
If Yes, What Type?	Spinal
X Has the employer filled out a 1 st Report of Injury?	☐ Yes ☒ No
	non-Nick
This certifies that the above information is correct.	
I authorize the medical provider to provide medical treatment to the employee named above.	
X Signature of Company Authorization Number	
Date	5/20/10
X Printed Name	Trice Phillips
Position Title	HR
Doctor's Information	
Form Completed By	
Initials	
Center	
Date	

[WKC-F002-14-081]

EXOM ROOM TIME 5:00

CHECKOUT TIME 7:00

TICKET NO.

P85



Return To Work Form

☐ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Darren Pollock Arrival Time: 3:55 Discharge Time: 7:00

Date: 5/20/10 Company Name: SOUTHERN WINE & SPIRITS

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 5/20/10
☒ No lifting more than zero lbs.
☒ No operation of hazardous or fast-moving machinery no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting. → but may do paperwork/light office work with frequent stretch breaks
☒ Minimum walking or climbing (including stairs)
☒ Limited use of back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of back

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on 5/28/10 Time: _____

Additional Comments:

must have frequent position change / walk or stretch breaks

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Neck strain w/ radiculopathy and possible disturbance of @ hemispheric site
 Medications: ☒ as directed ☒ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☒ warm soaks
☒ ice every PRN ☒ apply heat every 1/10 ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Darren Pollock Date: _____

Provider Signature: Penelope A. Campbell, MD Date: 5/20/10

(MED-F016-(8-09))

DOCTORS CARE

EXAM ROOM TIME 1:00		CHECKOUT TIME		TICKET NO.
ACCOUNT NUMBER	DATE	TIME		
53036	05/28/10	12:22pm	DC CAROLINA FOREST,	731846
NAME & ADDRESS POLLACK, DARREN FRIDAY		DOB: [REDACTED] GENDER: M		INSURANCE BALANCE \$184.00
MYRTLE BEACH, SC 29578 843-492-7269		IBG: CELL: 457-4678		ACCOUNT BALANCE \$184.00
WRK: INSURED: POLLACK, DARREN INS: WC/SOUTHERN WINES AND SPIRITS REASON: WKC EVAL PROG NICKNAME:		RELATION: OTHER COPAY: WKC		CURRENT CHARGES
				AMOUNT PAID
				NEW BALANCE
				CASH CHECK M.O. C.C.
HISTORY: (- or +, or details)		ROS (I or O)		PREVENTIVE (year of last)
Personal Hx Family Hx Social Hx		Circle recommendations		Allergies:
DM HTN CV CA Surg		Fever, Chills N, V, D Constip. SOB, CP Headache, Fatigue UTI Sx? Compl.		NKDA
Alcohol DM HTN MI CVA CA		Tetanus Cholesterol Colonoscopy Flu Shot Pneumovax		Medications:
Social Hx Alcohol DM HTN MI CVA CA		Women LMP PAP Mamm BMD DEXA		DEXPAK
Prev. chart rev., no sig chg		Chief Complaint:		WKC FLU
WGT 110	Pulse 88	Resp 16	Temp 98.3	Colocep. 100
PHYSICAL: (see reverse) Omit if N/A		HPI (4 items):		
General HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts Tests/Labs: (in-house)		Labs sent out: H-Pylori FBS U Preg Heme		
FLU TEST		Microalbumin EKG HbA1c X-Ray KOH IV Wet Prep Inject / Rx		
ASSESSMENT / DIAGNOSIS/ES:		724.4 E849.3		
Patient Care Instructions Discussed:		Referrals, Tests, Treatments		PSR Notes: ESTAB
Lifestyle Modification		Prescriptions / OTC Meds		9944-
Date to Return:		Side Effects Discussed		113.00
If worse:		Rx Naproxen 500		
If not better:		Ref to Dr. Dickson		
For Follow-Up:				
Go to ER if:				
Off Work / School				
Restrictions:				
Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.				
1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care. 2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctor's Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctor's Care physicians or other designated service providers. Patient or Authorized Person's Signature: <u>D. Pollack</u> Date: <u>05/28/10</u> 4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my case for the purpose of my medical records and the treatment I have received or will receive. Patient or Authorized Person's Signature: _____ Date: _____ WKC packet scanned to Linda J. Phillips RWS faxed to Linda J. Phillips 803-695-486				



Return To Work Form

☒ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☒ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Dan Pollock Arrival Time: 12:00 Discharge Time: 2:00

Date: 5/28/10 Company Name: Southern Wine + Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____

- ☐ 3. May work with the following accommodations as of: _____ Time: _____
☒ No lifting more than 10 lbs.
☒ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☒ Limited use of back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time:
☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on Friday 6/4/10 Time: 8A-8P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar Radiculopathy Medications: ☒ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☒ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Dan Pollock Date: _____

Provider Signature: [Signature] Date: 5/28/10

Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: Pollack, Darren Date: 8/28/10
DOB: _____ Home Phone: _____ Cell Phone: _____
Insurance: _____ Ins. Number: _____
Doctors Care Provider: _____

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery

Urology

Podiatry

Other: _____

Preferred Provider or Office: Dr. L. Dickinson

497-6348

Preferred Date & Time: _____

Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammogram DEXA Nuclear Medicine

Head Sinus C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other: _____

Diagnosis: Recurrent epigastric pain s/p h.p.p. hemorrhaphyProvider Signature: [Signature]

Appointment Info

Date: _____

Time: _____

Provider/Practice: Dr. Dickinson - GI SpecialistAddress: 849 - 82nd Hwy MB. 29572Phone: 497-6348Fax: 497-6351Chart Faxed: 6/1/10

Patient Notified: _____

Special Instructions: _____

Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: Pollack, Darren Date: 5/28/10
DOB: 4/6/78 Home Phone: (813) 492-7269 Cell Phone: _____
Insurance: WCC Ins. Number: _____
Doctors Care Provider: Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery Urology Podiatry Other: _____

Preferred Provider or Office: Carolina Forest Imaging

Preferred Date & Time: _____

Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammogram DEXA Nuclear MedicineHead Sinus C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other: _____

Diagnosis: Lumbar RadiculopathyProvider Signature: [Signature]

Appointment Info

Date: 6/17/10Time: 10³⁰ AProvider/Practice: CF Imaging

Address: _____

Phone: 236-7878Fax: 903 8637Chart Faxed: 6/15/10Patient Notified: yesSpecial Instructions: 6/2/10 @ 11:30 AMAny bill try to send "cell report" - (C)

1030#2

1120

4

EXAM ROOM TIME

DOCTORS CARE

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
53036	08/04/10	10:11am	DO CAROLINA FOREST,	735208
NAME & ADDRESS POLLACK, DARREN FRIDAY MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN INS: WC/SOUTHERN WINES AND SPIRIT REASON: WKC EVAL PROG NICKNAME:			DOB: [REDACTED] GENDER: M IBG: CELL: 457-4678 RELATION: OTHER COPAY: WKC	
HISTORY: (- or +, or details) Personal Hx: DM, HTN, CV, CA, Surg Family Hx: DM, HTN, MI-50, CVA Social Hx: Alcohol, Tobacco, Drugs, Reg. Exg, Occup ROS (V or O): Fever, Chills, N, V, D Constip, SOB, CP, Headache, Fatigue, UTI Sx, & Compl.			PREVENTIVE (year of last) Circle recommendations: Tetanus, Cholesterol, Colonoscopy, Flu Shot, Pneumovax, Women, LMP, PAP, Mamm, BMD DEXA, Men, PSA, Rectal Allergies: NKA Medications:	
Prev. chart rev., no sig chg Above Hx reviewed			Chief Complaint: [REDACTED] Follow up on Back. Workman's Comp.	
WGT: 207	BP: 134/99	Pulse: 99	Resp: 16	Temp: 99.7
PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnrm. & give details) General, HEENT, Neck, Nodes, Lungs, CV, Abd, Back, Ext, GU, Neuro, Skin/Breasts, Tests/Labs: (in-house) CBC, Strap, Mono, U/A, Labs - sent out: H-Pylori, FBS, U U Preg, Heme, Microalbumin, EKG, HbA1c, X-Ray, KOH IV, Wet Prep, Inject / Rx FLU TEST				
ASSESSMENT / DIAGNOSIS/ES: Lumber Radiculopathy, [REDACTED]				
Patient Care Instructions Discussed: Lifestyle Modification Date to Return: If worse: If not better: For Follow-Up: Go to ER if: Off Work / School Restrictions:		Referrals, Tests, Treatments Prescriptions / OTC Meds Side Effects Discussed PSR Notes: ESTAB 99213 \$ 2W		
Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.				
Patient or Authorized Person's Signature: [REDACTED] Date: 6/4/10				



Return To Work Form

☒ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 543-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Damon Pollack Arrival Time: 10:10 Discharge Time: 11:20
 Date: 6/4/10 Company Name: Southern Wine + Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
☐ RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____
☒ 3. May work with the following accommodations as of: _____
 ☒ No lifting more than 10 lbs.
 ☒ No operation of hazardous or fast-moving machinery, no driving.
 ☒ Ground level work only, no ladders or heights.
 ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 ☒ No continuous standing and/or sitting.
 ☒ Minimum walking or climbing (including stairs)
 ☒ Limited use of Back
 ☒ No overhead lifting.
 ☐ No high repetitive hand activities for extended periods of time.
 ☐ No use of _____
☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on Friday 6/11/10 Time: 8A 8P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar Radiculopathy Medications: ☒ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: 6/4/10

Provider Signature: [Signature] Date: 6/4/10

[MED-F016-(8-09)]



Southern Wine & Spirits
Dedicated to Sales & Service

FAX

DATE: 6/10/2010

Number of pages including cover sheet: 1

TO: Heidi - Doctor's Care

FAX: 843-903-0758

RE: Darren Pollack

FROM: Carole Thompson, RN, OCN
Nurse Case Manager

PHONE: 954-883-2927

FAX: 954-517-7427

Hello.

I am the nurse case manager for Southern Wine and Spirits located at the Corporate offices in Florida. I have oversight of all workers compensation claims for the company.

Our employee Darren Pollack was treated at Doctor's Care beginning on 4/5/2010, released from care of 5/5/2010 and returned for treatment again on 5/20/2010, after reinjuring his back. Please forward to me a copy of all medical notes up to 5/20/2010. I am in receipt of the evaluation of 5/20/2010 requesting an MRI. Once I receive the other notes, I will be able to authorize the MRI. Please fax them to me at 954-517-7427.

Thank you for your assistance in this matter. Please let me know if you have any questions.

1035/3

DOCTORS CARE

CHECKOUT TIME 11:51

TICKET NO.

ACCOUNT NUMBER		DATE	TIME	EXAM ROOM TIME		TICKET NO.		
53036		06/11/10	09:43am	DO CAROLINA FOREST,		738702		
NAME & ADDRESS POLLACK, DARREN FRIDAY				DOB: [REDACTED] GENDER: M		INSURANCE BALANCE 369.00		
MYRTLE BEACH, SC 29579 843-492-7269				CELL: 457-4678		ACCOUNT BALANCE \$369.00		
WRK: INSURED: POLLACK, DARREN INS: WC/HARTFORD REASON: WKC EVAL PROG NICKNAME:				RELATION: OTHER COPAY: WKC		CURRENT CHARGES		
						AMOUNT PAID		
						NEW BALANCE		
						CASH CHECK M.O. C.C.		
HISTORY: (- or +, or details)			ROS (/ or O)		PREVENTIVE (year of last)		Allergies: NEDA	
Personal Hx Family Hx Social Hx			Fever, Chills		Circle recommendations		Medications:	
DM HTN CV CA Surg			N, V, D Constip. SOB, CP Headache, Fatigue UTI Sx. & Compl.		Tetanus Cholesterol Colonoscopy Flu Shot Pneumovax		[REDACTED]	
Prev. chart rev., no sig chg			Above Hx reviewed		Women LMP Mamm BMD DEXA		Men PSA Rectal	
WGT 212.2 BP		Pulse	Resp	Temp 98.0	Chief Complaint: Flu -			
PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnml. - give details)					HPI (4 items):			
General HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts					Pain @ hip - not going down Erections better - no complements 98% 5th toe @ foot numb. & urinary meat/retention.			
Tests/Labs: (in-house)					Labs - sent out			
CBC Strep Mono U/A					H-Pylori FBS U Preg Heme			
FLU TEST					Microalbumin EKG HbA1c X-Ray KOHQ IV Wat Prep Inject / Rx			
ASSESSMENT / DIAGNOSIS/ES:					Lumbar Radiculopathy. The WKC (113.00)			
Patient Care Instructions Discussed:					Referrals, Tests, Treatments			
Lifestyle Modification					Prescriptions / OTC Meds			
Date to Return:					Side Effects Discussed			
If worse:					PSR Notes: ESTAB			
If not better:					9924			
For Follow-Up:					113.00			
Go to ER If:								
Off Work / School								
Restrictions:								
Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.								
Staff: [REDACTED]					M.D., D.O., P.A., F.N.P.			
1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians, and other personnel. I understand that the practice of medicine is an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatment or examinations at Doctor's Care.					WKC packet scanned			
2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations, consistent with the Doctor's Care Notice of Privacy Practices.					to Andy Bell			
3. I authorize payment of medical benefits to Doctor's Care physicians or their designee for services rendered.								
Patient or Authorized Person's Signature: [REDACTED]					Date: 6-11-10			
4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.					RTWS faxed to [REDACTED]			
Patient or Authorized Person's Signature: [REDACTED]					Date: 6-11-10			
					S, W, J & 803-695-4436			

06/11/2010 FRI 12:11 FAX 843 903

SWS HUMAN RESOURCES Fax: 803-695-4436
DR CARE CAROLINA FOREST

Jun 11 2010 03:22pm P002/003

002/002



Return To Work Form

200 Middleburg Drive, Myrtle Beach, SC 29577 (843) 923-4650 1600 Hwy. 17, Myrtle Beach, SC 29575 (843) 238-1461
 1400 Main Street, Conway, SC 29115 (843) 381-4234
 1113 Church Street, Conway, SC 29126 (843) 244-4559
 1068 North Fraser Street, Georgetown, SC 29440 (843) 543-7200
 1714 Hwy 17, Myrtle Beach, SC 29577 (843) 561-0705
 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9779

Name: Danesh Pollock Arrival Time: 9:42 Discharge Time: 11:51
 Date: 6/11/10 Company Name: Southern Wine & Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____
☒ 3. May work with the following accommodations as of: _____
☒ No lifting more than 10 lbs.
☒ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☒ Limited use of Back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on Friday 6/18/10 Time: 5A-5P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar Radiculopathy Medications: ☒ as directed ☒ as needed
 Wound or Injury Care: ☐ keep dry and clean ☒ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☒ apply heat every 8-12 hrs ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____
 I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.Employee Signature: [Signature] Date: 6-11-10Provider Signature: [Signature] Date: 6/11/10

(MED-F016 (9-09))

FACSIMILE COVER SHEET

TO: Wlc

COMPANY: Doctors Care

PHONE: _____

FAX: 843 903 0758

DATE: 6-11-10

FROM: Tricia Phillips
SOUTHERN WINE & SPIRITS
HUMAN RESOURCES

PHONE: (803) 695-1630

FAX: (803) 695-4436

PAGES INCLUDING COVER: 3

COMMENTS: Please clarify the driving restrictions for
Daniel Pollack. Currently he is not driving a commercial
vehicle but has been driving a van based
on the instructions of Skolio.

Thank!

^{YAN}
ok for van driving
must be able to get out
& stretch every 1 hour.

Tricia Phillips 6/11/10



Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: POLLACK, DARREN Date: 6/6/10
DOB: [REDACTED] Home Phone: (843) 492-7269 Cell Phone: _____
Insurance: WKC Ins. Number: _____
Doctors Care Provider: Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery Urology Podiatry Other: Physical TherapyPreferred Provider or Office: Progressive Physical Therapy
Preferred Date & Time: _____Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammogram DEXA Nuclear Medicine

Head Sinus C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other: _____

Diagnosis: Lumbar RadiculopathyProvider Signature: [Signature]Appointment Info

Date: _____ Time: _____

Provider/Practice: _____

Address: _____

Phone: _____ Fax: _____

Chart Faxed: _____ Patient Notified: _____

Special Instructions: _____



Return to Work Form

☒ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Finser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Danesh Pollock Arrival Time: 9:42 Discharge Time: 11:51

Date: 6/11/10 Company Name: Southern Wine & Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____
☒ 3. May work with the following accommodations as of: _____
☒ No lifting more than 10 lbs.
☒ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☒ Limited use of Back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on Friday 6/18/10 Time: 5A-5P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar Radiculopathy Medications: ☒ as directed ☒ as needed
 Wound or Injury Care: ☐ keep dry and clean ☒ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☒ apply heat every 8-12 ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Physical Therapy Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: 6-11-10

Provider Signature: [Signature] Date: 6/11/10

[MED-F016-(8-09)]

Jun 14 2010 16:48:28 Via Fax

->

843 903 0758 The Hartford Fax

Page 001 Of 001



Specialty Risk Services Fax Cover Sheet

To:
From: "Richardson, Rodney Linn (SRS)" <Rodney.Richardson@srsconnect.com>
Date: 06/14/10 04:47:47 PM

Re: Darren Pollack [REDACTED]
Pages: 1 (Including the Cover Page)

PRIVILEGED AND CONFIDENTIAL: This electronic communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential and/or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is strictly prohibited. If you are not the intended recipient, please notify sender immediately by phone, destroy this communication and all copies.

The Hartford Financial Services Group

Comments:

Nicci,

This fax will authorize the lumbar MRI and physical therapy ordered for Mr. Pollack.

Thanks, Rodney

Rodney Richardson
Account Consultant
Specialty Risk Services
P.O. Box 305104
Nashville, TN 37230-5104
Phone 615-493-5751
Toll Free 800-541-0139 ext 35751
Fax 860-392-5333

08/15/2010 09:53 FAX

0001/0001

UCI medical affiliates

Fax Cover Sheet

Provider Fax Form

Progressive
Physical Therapy

TO: Doctors Care - Carolina Forest

DATE: 06/15/2010

FROM: Coreen Froese

TIME: 9:43am

ATTN: Dr. Scott

PAGES (including cover): 1

RE: Darren Pollack

CENTER NAME: PT Strand

DESTINATION FAX #: (843) 903-0758

ADDRESS(optional): 1220 21st Avenue North
Myrtle Beach, SC 29577

CLAIM # or DOB: [REDACTED]

SENDER'S FAX #: (843) 916-2348

SENDER'S PHONE #: (843) 443-9368

☐ URGENT

☐ REPLY REQUESTED

☐ PLEASE POST TO STAFF

☒ FYI

☐ REVIEW/ADVISE

☐ OTHER

☐ APPROVE

☐ PER YOUR REQUEST

COMMENTS:

☐ Please see the following Initial Evaluation regarding the above patient.
Please review, sign and fax back to _____

☐ Please see the following Progress Summary/Discharge Summary on the above patient.
Please review, sign and fax back to _____

☐ Please see the following Functional Capacity Evaluation regarding the above patient.
Please contact us if you have any questions.

☒ Other: The patient is scheduled for Friday, 06/18/10.
Please contact us if you have any questions.

ADDITIONAL COMMENTS:

Thank you for the referral!

SIGNED/STAMPED:

Coreen Froese

The information contained in this fax message is privileged and confidential information. Intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copies of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and destroy this fax, thank you.

[PPT-F001-(9-07)]



CAROLINA FOREST IMAGING CENTER

199 Village Center Blvd, Suite 110

Phone: 843.236.7878 Fax: 843.903.8637

Patient Name: Pollack, DarrenPatient Phone: 492-7269 DOB: [REDACTED]Physician Name (print) DR BRIAN SCOTTDate: 6/5/10 Appt. Date/Time: 6/7/10 10:00 AMPhysician Signature / Credentials: B. ScottDiagnosis: LUMBAR RADICULOPATHYOffice Contact: 903-6650

Comments: _____

RADIOLOGY

- ☐ Abdomen, flat and upright
☐ Abdomen Flat Plate/KUB
☐ Ankle
☐ Bone Age
☐ Bone Densitometry/DEXA
☐ Calcaneus/Heel
☐ Chest PA/Lateral
☐ Chest, single view
☐ Clavicle
☐ Elbow
☐ Facial Bones
☐ Femur
☐ Finger _____
☐ Foot
☐ Forearm
☐ Foreign Body-Nose to Rectum
☐ Hand
☐ Hip
☐ Humerus
☐ Infant lower extremity
☐ Infant upper extremity
☐ Knee, Complete
☐ Knee, standing
☐ Patella
☐ Long Bone Measurement
☐ Mandible
☐ Mastoids
☐ Metastatic Bone Survey
☐ Nasal Bones
☐ Orbits
☐ Pelvis, AP
☐ Ribs, bilateral
☐ Ribs, unilateral
☐ Sacroiliac joints
☐ Sacrum/Coccyx
☐ Scapula
☐ Shoulder
☐ Sinuses Ltd
☐ Sinuses, complete
☐ Skull
☐ Soft Tissue Neck
☐ Spine, Cervical, complete
☐ Spine, Cervical, AP/Lat
☐ Spine, Cervical, flex/ext
☐ Spine, Lumbar
☐ Spine, single view
☐ Spine, Thoracic
☐ Sternoclavicular Joints
☐ Sternum
☐ TM Joints
☐ Tibia-Fibula
☐ Wrist
☐ Zygoma
☐ Toe _____
☐ Other _____

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ULTRASOUND

- ☐ Aorta
☐ Abdomen, complete
☐ Gallbladder/RUQ
☐ Breast
☐ Carotid
☐ Pelvic
☐ Renal
☐ Pelvic with transvaginal, not pregnant
☐ Testicular
☐ Thyroid
☐ Venous Doppler
☐ Venous Mapping
☐ OB, limited, follow up
☐ OB, 1st trimester
☐ OB, greater than 14 weeks
☐ OB, 15-18 wk, nonfetal eval
☐ OB, fetal survey
☐ OB, 3rd trimester
☐ Other _____

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CT SCAN

- ☐ Contrast as needed
☐ Chest
☐ Abdomen
☐ Abdomen - renal stone
☐ Pelvis - renal stone
☐ Pelvis
☐ Extremity - upper
☐ Extremity - lower
☐ Head
☐ Orbits
☐ Sinuses Ltd
☐ Sinuses Complete
☐ Facial Bones
☐ Temporal Bones
☐ Soft tissue neck
☐ Spine, cervical
☐ Spine, thoracic
☐ Spine, lumbar
☐ CTA chest
☐ CTA aorta w/ bil lower ext.
☐ CTA abdominal aorta
☐ CTA head/circle of Willis
☐ CTA carotid
☐ Other _____

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MAMMOGRAPHY

- ☐ Bilateral Screening
☐ Unilateral Screening
☐ Bilateral Diagnostic
☐ Unilateral Diagnostic

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MRI

- ☐ Contrast as needed

- ☐ Chest/mediastinum
☐ Abdomen
☐ MRCP
☐ Pelvis
☐ Brain
☐ Brain Pituitary
☐ Brain - IAC
☐ Breast Unil
☐ Breast Bil
☐ TMJ
☐ Orbits/face/neck
☐ Soft tissue neck
☐ Hip
☐ Lower extremity
☐ Lower joint
☐ Upper extremity
☐ Spine, cervical
☐ Spine, thoracic
☐ Spine, lumbar
☐ MRA aorta with AAA protocol
☐ MRA chest
☐ MRA carotid
☐ MRA brain/Circle of Willis
☐ MRA renal
☐ MRA lower ext with PVD protocol
☐ Other _____

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Creatinine _____

BUN _____

Date of Labs _____

Physician Signature: B. Scott

MD

DO

FNP

PA

DC

*Fax insurance information and labs when Scheduling Appointment.

4#1 1520
EXAM ROOM TIME

DOCTORS CARE

SKOUT TIME

1640

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	LOCATION	TICKET NO.
53036	06/21/10 MONDAY	10:30am	DR CAROLINA FOREST,	745594
NAME & ADDRESS: DARREN [REDACTED] MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN INS: WC/HARTFORD REASON: WKC EVAL PROG NICKNAME:			DOB: [REDACTED] GENDER: M IBG: [REDACTED] CELL: 457-4678 RELATION: OTHER COPAY: WKC	
HISTORY: (- or +, or details) Personal Hx Family Hx Social Hx DM DM DM Alcohol [REDACTED] HTN HTN HTN Tobacco [REDACTED] CV MI <50 F Drugs [REDACTED] CA CVA [REDACTED] Reg. Eyer [REDACTED] Surg [REDACTED] Occur [REDACTED]			ROS (I or O) Fever, Chills N, V, D Constip. SOB, CP Headache, Fatigue UTI Sx, & Compl.	
PREVENTIVE (year of last) Circle recommendations Tetanus [REDACTED] Cholesterol [REDACTED] Colonoscopy [REDACTED] Flu Shot [REDACTED] Pneumovax [REDACTED]			Allergies: NKOA Medications: [REDACTED]	
Prev. chart rev., no sig chg. Above Hx reviewed [REDACTED]			Chief Complaint: DOZ 06/20/10 LBP - @ (Mrs. Repton chav. 1000)	
WGT 211.6 BP 101/88 PULSE 68 Resp 16 Temp 97.4			HPI (4 items): Starting PT [REDACTED]	
PHYSICAL: (see remarks) Omit if N/A (✓ if nml., O if abnml., & give details) General 1628 Waiting on MRI report. HEENT No Δ in sxs. Neck MRI reviewed & pt. Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts Tests/Labs: (in-house) CBC Strep Mono U/A FLU TEST Labs - sent out H-Pylori FBS U Preg Heme Microalbumin EKG HbA1c X-Ray KOHQ IV Wet Prep Inject / Rx				
ASSESSMENT / DIAGNOSIS/ES: Lumbar Radiculopathy				
Patient Care Instructions Discussed: Lifestyle Modification Date to Return: If worse: If not better: For Follow-Up: Go to ER if: Off Work / School Restrictions:		Referrals, Tests, Treatments Prescriptions / OTC Meds Side Effects Discussed PSR Notes: ESTAB 99213 720		
Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.				
Staff: 1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians, and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care. 2. I consent to the use and disclosure of my/patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctor's Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctor's Care physicians or their designees for services rendered. Patient or Authorized Person's Signature: [REDACTED] Date: 06/21/10 4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive. Patient or Authorized Person's Signature: [REDACTED] Date: 06/21/10				



Return To Work Form

200 Middleburg Drive, Myrtle Beach, SC 29577 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 234-1461
 1400 Main Street, Conway, SC 29526 (843) 381-8206
 1113 Church Street, Conway, SC 29526 (843) 248-6209
 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
 1220 7th Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Dan Pollack Arrival Time: 3:10 Discharge Time: 1640
 Date: 6/21/10 Company Name: Southern Wine & Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
- ☒ RETURN FOR RE-EVALUATION AT THIS LOCATION ON 6/21/10 Time: _____
- ☒ 3. May work with the following accommodations as of: 6/21/10
- ☒ No lifting more than 10 lbs.
 - ☒ No operation of hazardous or fast-moving machinery, no driving.
 - ☒ Ground level work only, no ladders or heights.
 - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - ☒ No continuous standing and/or sitting.
 - ☒ Minimum walking or climbing (including stairs)
 - ☒ Limited use of Back
 - ☒ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☒ 5. Return for re-evaluation at this office on 6/28/10 Time: 8A-8P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: _____ Medications: ☐ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____
 I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Dan Pollack Date: 6/21/10Provider Signature: [Signature] Date: 6/21/10

[MED-F016-(8-09)]

DIAGNOSTIC IMAGING REPORT

Carolina Forest Imaging - 199 Village Center Blv - Myrtle Beach, SC 295
PHONE #: 843-236-7878 FAX #: 843-236-6406

Name: POLLACK, DARREN Loc: G.MRI Radiology No:
DOB: [REDACTED] Sex: M Status: REG CLI Unit No: G000015360
Phys: SCOER - SCOTT, BRIAN S Acct: G00000264337
Reason For Exam: Exam Date: 06/21/2010

EXAMS:

000028910 MRI SPINE-LUMBAR WO CONTRAST

HISTORY:

Low back pain.

Technique: Sagittal and axial T1 spin-echo and T2 fast spin-echo as well as sagittal STIR imaging of the lumbar spine was performed in a 1.5 Tesla magnet without contrast.

Findings:

The lumbar vertebrae are normal in height, alignment, and signal intensity for age.

The conus medullaris is normal in position and signal intensity.

Axial images at the T12/L1 level demonstrate a moderate focal right foraminal disc protrusion resulting in moderate subarticular recess and mild foraminal stenosis.

Axial images at the L1/L2 level demonstrate mild circumferential annular bulge with minimal endplate spondylosis resulting in minimal subarticular recess and central canal narrowing.

Axial images at the L2/L3 level show a slight annular bulge with no stenosis.

Axial images at the L3/L4 level demonstrate a slight annular bulge with minimal facet arthropathy and no significant stenosis.

Axial images at the L4/L5 level demonstrate an annular fissure with broad-based central disc extrusion. Subligamentous disc fragment measures roughly 11 x 7 mm in size. There is mild facet arthropathy at this level. These changes result in moderate to advanced bilateral subarticular recess stenosis with encroachment on the left and apparent impingement on the right traversing L5 nerve roots. Foraminal stenosis at this level is mild.

Axial images at the L5/S1 level show a hypoplastic disc with minimal

PAGE 1

Radiology Report

(CONTINUED)

[Handwritten signature] 6/30/10

DIAGNOSTIC IMAGING REPORT

Carolina Forest Imaging - 199 Village Center Blv - Myrtle Beach, SC 295
PHONE #: 843-236-7878 FAX #: 843-236-6406

Name: POLLACK, DARREN Loc: G.MRI Radiology No:
DOB: [REDACTED] Sex: M Status: REG CLI Unit No: G000015360
Phys: SCOB - SCOTT, BRIAN S Acct: G00000264337
Reason For Exam: Exam Date: 06/21/2010

EXAMS:

000028910 MRI SPINE-LUMBAR WO CONTRAST
<Continued>

facet arthropathy and no significant stenosis.

Impression:

There is posterior central subligamentous L4/L5 disc herniation resulting in subarticular recess stenosis and apparent traversing right L5 nerve root impingement as described.

T12/L1 right foraminal disc protrusion producing mild right-sided subarticular recess stenosis.

** Electronically Signed by BRAIN FORTMAN MD on 06/21/2010 at 1613 **
Reported and signed by: FORTMAN, BRAIN MD

CC: BRIAN S SCOTT

Technologist: LINDNER, DIANE M; MILLS, KIM M.
Transcribed Date/Time: 06/21/2010 (1613)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 06/21/2010 (1613)
Printed Date/Time: 06/21/2010 (1618) BATCH NO: N/A

PAGE 2

Radiology Report

AM 8 1215



1:12

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
53036	06/28/10	11:35am	DC CAROLINA FOREST,	748893
NAME & ADDRESS POLLACK, DARREN MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN INS: WC/HARTFORD REASON: WKC EVAL PROG NICKNAME:			DOB: GENDER: M IBG: CELL: 457-4678 RELATION: OTHER COPAY: WKC	
Personal Hx Family Hx Social Hx DM HTN NO CHANGE Prev. chart rev. no sig chg Above Hx reviewed			ROS (I or O): Fatigue, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Sore Throat, CP, SOB, Cough, Sputum, Wheezing, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash Allergies: NKDA Medications: Med List Reviewed	
WGT 113 BP 120/82 Pulse 74 Resp 12 Temp 98.4 PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnml. & give details) General HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts I.V. Injection Nebulizer Procedure Labs - Send Out			Chief Complaint: F/U LBP. HPI: (1200) Some soreness low back p. Pti. No dx other Sp - still d. number @ 5/2/10 No word from WKC re: NS referral Moment. PE - p States no longer works for company CBC EKG FBS Flu Heme Hgb A1C H. Pylori KOH Microalb Mono Strep U/A U Preg Wet Prep X-Ray	
ASSESSMENT / DIAGNOSIS: Lumber Radiculopathy 724.4 Full WKC (18)				
Patient Care Instructions Discussed: Lifestyle Modification Preventative Recommendation(s) Prescriptions / OTC Meds Side Effects Discussed Date to Return: If worse: If not better: For Follow-Up Go to ER if: 1 week Lt duty.			Referrals, Tests, Treatments: Please call WKC re: neurosurgery referral PSR Notes: ESTAB 99214 99213 -72	
Staff: 1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. 2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctors Care physicians or their designees for services rendered. Patient or Authorized Person's Signature: [Signature] Date: 4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive. Patient or Authorized Person's Signature: [Signature] Date:				



Return To Work Form

☒ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1230 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Damon Pollock Arrival Time: 11:35 Discharge Time: 1:12
 Date: 6/28/10 Company Name: Southern Wine + Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 6/28/10
☒ No lifting more than 20 lbs.
☐ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☐ Limited use of _____
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI) Wed 7/6/10
☒ 5. Return for re-evaluation at this office on Friday Monday Time: 8A-8P
 Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: _____ Medications: ☐ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Neurosurgeon Date: _____ Time: _____
 For: _____

Address: _____
 I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: _____
 Provider Signature: [Signature] Date: 6/28/10

[MED-F016-(8-09)]



1005

FROM ROOM TIME		CHECKOUT TIME		TICKET NO.
ACCOUNT NUMBER	DATE	TIME		
53036	07/07/10	09:21am	SCOTT, BRIAN S 753853	
NAME & ADDRESS		DOB:	INSURANCE	
POLLACK, DARREN			BALANCE \$329.00	
		GENDER: M	ACCOUNT	
MYRTLE BEACH, SC 29579		IBG:	BALANCE \$329.00	
843-492-7269		CELL: 457-4678	CURRENT	
WRK:		RELATION: OTHER	CHARGES	
INSURED: POLLACK, DARREN			AMOUNT	
INS: WC/HARTFORD			PAID	
REASON: WCK RE CHECK			NEW	
NICKNAME:		COPAY: WKC	BALANCE	
			CASH	CHECK
			M.O.	C.C.
Personal Hx		Social Hx		ROS (/ or O): Fatigue, Wt. Loss, Fever,
DM	Family Hx	Alcohol		Chills, Nasal Congestion, Sinus Pain, Sore
HTN	DM	Tobacco		Throat, CP, SOB, Cough, Sputum, Wheez-
				ing, ABD Pain, N, V, D, Constip., Dysuria,
				Freq., Urgency, Back Pain, Pelvic Pain, Vag.
				D/C, Headache, Syncope, Rash
Prev. chart rev., no sig chg		Above Hx reviewed		All others negative
WGT	Pulse	Resp	Temp	
216	76	16	97.1	
PHYSICAL: (see reverse) Omit if N/A		Chief Complaint:		
(✓) L.A.M., O if abnml. & give details		HPI L/L W/L rev		
☐ Genral ☐ HEENT ☐ Neck ☐ Nodes ☐ Lungs ☐ CV ☐ Abd ☐ Back ☐ Ext ☐ GU ☒ Neuro ☐ Skin/Breasts		☐ Pulse Ox ☐ LMP ☐ Chaperone ☐ Tetanus ☐ Med List Reviewed		☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Heme ☐ HgbA1C ☐ H. Pylori ☐ KOH ☐ Microalb ☐ Mono ☐ Strep ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X-Ray
0950 Approved to see Florence Neurology - Occ. LBP - no meds. Spill number for Says carrying 30 lbs yesterday C.P.T. both hands - declines advancement of restrictions - does not want to get hurt worse. Stypr 57/5+ V.A.T.R.				
ASSESSMENT / DIAGNOSIS: Lumbosacral Radiculopathy				
Patient Care Instructions Discussed:		Referrals, Tests, Treatments		PSA Notes:
☐ Lifestyle Modification ☐ Preventative Recommendation(s) ☐ Prescriptions / OTC Meds ☐ Side Effects Discussed Date to Return: ☐ If worse: ☐ If not better: ☐ For Follow-Up: Go to ER if:		2 weeks (unless home) C.A.T. P.T. refer Ho. NS. Take Xray/MRI P.T. failed to @ you to appt.		99214 ESTAB 10/10 J. Phillips
Off Work / School Date: 07/07/10				
I, [Signature], M.D., D.O., PA, FNP, do hereby certify that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. I consent in the use and disclosure of my patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices. I authorize payment of medical benefits to Doctors Care physicians or their presence for services rendered.				
Patient or Authorized Person's Signature: [Signature]		Date: 07/07/10		
4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.				
Patient or Authorized Person's Signature: [Signature]		Date:		



Return to Work Form

- ☐ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 331-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0702
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: POLLACK, Darren Arrival Time: 9:21 Discharge Time: 10:12

Date: 07/07/10 Company Name: Southern Wine & Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 7-7-10
☒ No lifting more than 10 lbs.
☐ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☐ No continuous standing and/or sitting.
☐ Minimum walking or climbing (including stairs)
☐ Limited use of _____
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on 7/21/10 (unless seeing neurosurgery) Time: _____

Additional Comments: Continue PT.

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: Lumbar Radiculopathy Medications: ☐ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: _____

Provider Signature: [Signature] Date: 7/7/10

Doctors Care - Carolina Forest
200 Middleburg Drive, Myrtle Beach, SC 29579
Phone 843-903-6650 / Fax 843-903-0758

Diagnostic & Referral Prescription Form

Patient Name: Darren Pollack Date: 7/8/10
DOB: [REDACTED] Home Phone: (843) 492 Cell Phone: (843) 457-4678
Insurance: WCC Hartford-Pedney Richardson Ins. Number: (800) 541-0139 Ext 35751
Doctors Care Provider: Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine ENT GI OB/GYN Heme/Oncology Nephrology
Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology
Surgery Urology Podiatry Other: _____

Preferred Provider or Office: Florence Neurosurgery

Preferred Date & Time: _____

Diagnostic Procedures

CT CTA MRI MRA US Doppler (Arterial/Venous) Mammogram DEXA Nuclear Medicine
Head Sinus C-Spine T-Spine L-Spine Neck Carotids Thyroid Chest Abdomen GB
Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other: _____

Diagnosis: (R) L5 RadiculopathyProvider Signature: Brian Scott MD | Hamdani

Appointment Info

Date: Aug 9 Time: 0830Provider/Practice: Florence Neurosurgery - Dr. Brennand

Address: _____

Phone: (843) 673-0122Fax: (843) 673-0227Chart Faxed: 7/8/10Patient Notified: 7/7/10Special Instructions: Pt notified - needs to take MRI disk -
x-rays

0950



10:55

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
53036	07/27/10	09:30am	DC CAROLINA FOREST,	769463
NAME & ADDRESS POLLACK, DARREN MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN INS: WC/HARTFORD REASON: WKC EVAL PROG NICKNAME:			DOB: GENDER: M IBG: CELL: 457-4678 RELATION: OTHER COFAY:	
Personal Hx DM HTN Family Hx DM HTN Social Hx Alcohol Tobacco			ROS (I or O): Fatigue, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Sore Throat, CP, SOB, Cough, Sputum, Wheezing, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash Allergies: N/A Medications: Coxib, Flexril - naproxen	
Prev. chart rev., no sig chg Above Hx reviewed			☒ All others negative	
WGT	BP	Pulse	Resp	Temp
	138/90	74	16	98.6
☒ Pulse Ox ☐ LMP ☐ Chaperone ☐ Tetanus ☐ Med List Reviewed			☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Heme ☐ Hgb A1C ☐ H. Pylori ☐ KOH ☐ Microalb ☐ Mono ☐ Strep ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X-Ray	
PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnml. & give details) General: ☐ HEENT ☐ Neck ☐ Nodes ☐ Lungs ☐ CV ☐ Abd ☐ Back ☐ Ext ☐ GU ☐ Neuro ☐ Skin/Breasts ☐ I.V. ☐ Injection ☐ Nebulizer ☐ Procedure ☐ Labs - Send Out				
Chief Complaint: HPI: P.T. was helping w/ Rom + strength, out of order in P.T. machine has not met all goals per P.T. back is n. more sore (low back) - no new activities or trauma still w/ "numbness" 4th & 5th @ toes (tingling) (out of all)				
ASSESSMENT / DIAGNOSIS: Multiple cervical disk bulge/protrusion w/ associated radiculopathy.				
☐ Patient Care Instructions Discussed ☐ Lifestyle Modification ☐ Preventative Recommendation(s) ☐ Prescriptions / OTC Meds ☐ Side Effects Discussed Date to Return: ☐ If worse: ☐ If not better: ☐ For Follow-Up: Go to ER if:			Referrals, Tests, Treatments: Continue P.T. 3x/week cont. heat, massage, Rom Flexril 5mg 1-2 & 4-6 pm (med w/ naproxen) Naproxen 500 7 po BID Antic 5/325 1-2 & 4-6 pm Off Work/School	
Staff: 1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. 2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctors Care physicians or other designated for services rendered.			PSR Notes: ESTAB 9/2/14 141 (B)	
Patient or Authorized Person's Signature: Date: 07/27/10			Patient or Authorized Person's Signature: Date:	



Return To Work Form

☒ 2100 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
☒ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Darren Pollack Arrival Time: 9:30 Discharge Time: 10:55

Date: 7/27/10 Company Name: Southern Wine + Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 7/27/10
☒ No lifting more than 10 lbs.
☒ No operation of hazardous or fast-moving machinery, ~~no driving~~.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☒ Limited use of back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☒ No use of back

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
☒ 5. Return for re-evaluation at this office on 3 wks Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar disk slippage w/ radiculopathy + paraspinal pain Medications: ☒ as directed ☒ as needed
 Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☒ apply heat every PM ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Neurosurgeon Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Darren Pollack Date: _____

Provider Signature: Rudolph A. Cyran Date: 7/27/10

[MED-F016-(8-09)]

Pmd

DOCTORS CARE

10:48

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
53036	08/18/10	10:00am	DO CAROLINA FOREST,	781408
NAME & ADDRESS POLLACK, DARREN MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN INS: WC/HARTFORD REASON: WKC BACK DOI 05/20/10 EVAL NICKNAME:			DOB: [REDACTED] GENDER: M IBG: CELL: 457-4678 RELATION: OTHER COPAY: WKC	
HISTORY: (- or +, or details) Personal Hx Family Hx Social Hx DM DM Alcohol HTN HTN Tobacco CV MI-50 Drugs CA OVA Reg. Exer. Surg Occup.			ROS (V or O) Fever, Chills N, V, D Constip. SOB, CP Headache, Fatigue UTI Sx. ? Compl.	
PREVENTIVE (year of last) Circle recommendations Tetanus Women Men Cholesterol LMP PSA Colonoscopy PAP Rectal Flu Shot Mamm Pneumovax BMD DEXA			Allergies: NKDA Medications: No Prosyn Abacavir	
Prev. chart rev., no sig chg Above Hx reviewed			Chief Complaint: WKC At Back	
WGT	BPI	Pulse	Resp	Temp
216	130/80	76	16	98.1
PHYSICAL: (see reverse) Omit if N/A (✓ if nml., O if abnml. & give details) U General U HEENT U Neck U Nodes U Lungs U CV U Abd U Back U Ext U GU U Neuro U Skin/Breasts Tests/Labs: (in-house) U CBC U Strep U Mono U U/A U Labs - sent out U H-Pylori U FBS U U Preg U Heme U Microalbumin U EKG U HbA1c U X-Ray U KOHLU IV U Wet Prep U Inject / Rx				
ASSESSMENT / DIAGNOSIS/ES: Lumbar Radiculopathy				
Patient Care Instructions Discussed: Referrals, Tests, Treatments Prescriptions / OTC Meds PSR Notes: ESTAB Lifestyle Modification Side Effects Discussed Date to Return: 9/2/10 If worse: 9/5 If not better: 9/5 For Follow-Up: 9/5 Go to ER if: 9/5 Off Work / School: 9/5 Restrictions: 9/5 Note: If out-of-office tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.				
1. I voluntarily consent to any and all healthcare treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel who work at the practice on this date and for future care. 2. I consent to the use and disclosure of my patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and healthcare operations consistent with the Doctor's Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctor's Care physicians or individuals signed for as services rendered. Patient or Authorized Person's Signature: [Signature] Date: [Date] 4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive. Patient or Authorized Person's Signature: [Signature] Date: [Date]				



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29801 (803) 648-1464
☐ 511 Bellline Blvd., Columbia, SC 29205 (803) 782-4051
☐ 1060 Highway I, South Lugoff, SC 29078 (803) 438-9759
☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 441 St. Drive, Suite A, Columbia, SC 29206 (803) 738-0522
☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5543
☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
☐ 110 Atrium Way, Columbia, SC 29223 (803) 788-1153
☐ 4214 Hardscabble Road, Columbia, SC 29223 (803) 736-8955
☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0345
☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Darren Pollack Arrival Time: 9:59 Discharge Time: 10:45
 Date: 8-18-10 Company Name: Southern Wine and Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____
☒ 3. May work with the following accommodations as of: 8/18/10
☒ No lifting more than 10 lbs.
☒ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimal walking or climbing (including stairs)
☒ Limited use of Back
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____
☐ 4. Has reached Maximum Medical Improvement (MMI)
☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS

Diagnosis: Lumbosacral Radiculopathy Medications: ☒ as directed ☐ as needed
 Wound or Injury Care: ☐ keep dry and clean ☒ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____
 For: _____

Address:

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: _____

Provider Signature: [Signature] Date: 8/18/10

06/25/2010 FRI 20:51 FAX Carolina Forest

002/002

06/24/2010 08:01 FAX

0002/0002

**Progressive Physical Therapy - PT Strand**

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

To M.D.:

☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Physical Therapy Summary

Patient: Darren Pollack

Date of Onset: 05/20/2010

DX/ICD9: Lumbar Strain/Radiculopathy

Mechanism of Injury: repetitive heavy lifting

Date: 06/22/2010

Physician: Dr. Brian Scott

Therapist: Kristin Courtney, DPT

When Worse: Laying on side, bending, lifting > 10 pounds

When Better: Rest

Pain Rating: Current = 2/10; Worse = 7/10; pain is occasional and aching and shooting into right LE

Summary of Significant Findings:

1. Range of Motion: Decreased trunk range of motion as below, WNL with c/o "tightness" in right low back and buttock right hip flexion, IR and ER, decreased hamstring length with popliteal angle of 170° on left and 150° on right

Key: with

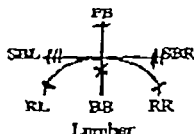
Range of motion I

Location of block II

Limited by muscle ///

Limited by pain X

Radiculopathy Sx →



2. Strength: 5/5 in bilateral LE except left hip flexion 4/5 with c/o "weakness" in right low back. Patient is able to heel walk and raise up on toes.
3. Posture: Pelvis/LS: WNL
4. Radicular Symptoms: (+) numbness in right LE in toes 4 and 5.
5. Special Tests: (-) SLR and (-) slump
6. Tenderness: gross lumbar spine tenderness with point tenderness at central L4/L5 disc space.
7. Swelling/Appearance: WNL
8. Joint Play: hypermobile lumbar C-PAs with c/o pain
9. Gait: non-antalgic.

Assessment: Patient presents with S & S of probable disc pathology. He will benefit from skilled PT to increase ROM, increase lumbar stabilization and restore function. He will also benefit from education on proper lifting mechanics. He is currently awaiting authorization for evaluation by specialist.

Goals:

1. Decrease current pain to < 1/10 at rest and 3/10 at worse to allow greater functional mobility.
2. Increase Trunk ROM > 75% all motions without increased pain.
3. Increase core strength and lumbar stabilization as demonstrated by left hip flexion > 4+/5 without c/o pain in lumbar spine.
4. Patient will be independent and compliant with home exercise program.
5. Patient will demonstrate/understand correct posture and body mechanics to promote healing and function, and prevent re-injury.
6. Patient will demonstrate proper technique and posture with the following activities: Patient able to lift and carry 40# x 100 feet for 10 reps with proper mechanics and no increased pain. Patient able to lift 75 pounds from floor to waist 2 times without increased pain.

Recommended Plan of Care: Physical Therapy 3 times/week for 2 weeks for ROM & stretches, manual therapy, therapeutic exercise, education, posture awareness/correction, functional activities, and modalities may include MENS/IFC/HVPC with moist heat/ice, ultrasound and shockwave therapy as indicated.

Rehab Potential: Good**Comments:** Thank you for this referral

Please sign and return the original to the therapist as soon as possible. Thank You!

Brian Scott 6/28/10
Physician Date

K. Courtney, DPT 6/22/10
Therapist Date

08/30/2010 13:02 FAX

0002/0002



Progressive Physical Therapy - PT Strand

Case Manager: Rodney Richardson1220 21st Avenue North
Myrtle Beach, SC 29577Claim Number: YYCC32306

Phone: (843) 443-9368

Current Level: Visit 4 of 4

Fax: (843) 916-2348

To M.D.:

- ☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Physical Therapy Summary - Spine

Patient: Darryn PollockDate: 6/30/10DX/ICD9: Lumbar strain radiculopathyPhysician: Dr. Brian ScottDOB: [REDACTED] SSN: [REDACTED]Therapist: Kristin Courtney, DPTDate of Onset: 05/20/2010Mechanism of Injury: rep. heavy lifting**FAXED**

Treatments:

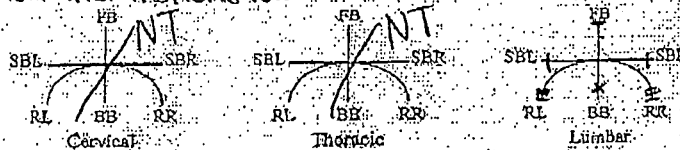
- ☒ Functional-Activities Training ☐ Stretching Program ☐ Scapulothoracic Stabilization ☐ Home Exercise Program
☒ Lumbosacral Stabilization ☐ Postural Training ☐ Work Rehab ☐ Back School
☐ Cervicothoracic Stabilization ☐ Self-Care Training ☐ Modalities/Physical Agents ☐ Other _____

Date of initial evaluation: 6/22/10; of last treatment: 6/30/10 No. of treatments attended: 4 No. of treatments missed: 0Impression of patient attitude toward regaining function: Good E Fair _____ Poor _____Impression of patient compliance with Home Exercise Program: Good E Fair _____ Poor _____

Current Status: Pain = 4/10, 0% improvement since onset. Pt. reports having ↑ pain when waking up in the AM. Pt. reports an aching pain in low back p sitting ~ 2 hours.

AROM Key: MAT-0 hip v415 all other motions WNL

- Range of motion I
 Location of block II
 Limited by muscle ///
 Limited by pain X
 Radicular Sx →



Progress Towards Work Related Goals: Pt. able to lift & carry 40# x 5 reps. & lift 50# from floor to waist while using proper body mechanics
3 c/o ↑ pain.

Established Goals Include: ✓ met x=not met, working toward Increase functional capacity in:
☒ Increase functional capacity _____ Increase/decrease joint mobility _____ Weight bearing & gait
☒ Education _____ Increase general fitness/endurance _____ ADL's
☒ Decrease pain/swelling _____ Ambulate without gait deviations _____ Work activities
☒ Increase ROM/strength _____ Other _____ _____ Sport activities

Recommendations: Cont. PT 3x a week x 2 weeks, E focus on work related activities/lifting.

Comments:

****Please direct physical therapist as indicated below if different from the above recommendations****

I have read the above progress report and would request that:

- _____ the patient be discharged at this time
☒ present treatment is continued for 3 times/week for 2 weeks
_____ therapist calls me concerning this patient

****Please sign below and return to therapist as soon as possible.****

Brian Scott
 ****Physician/NP/PAC Date

Kristin Courtney, PTA 6/30/10
 Therapist Date
K. Courtney, DPT

Thank you for allowing us to assist in the care of this patient.

07/16/2010 11:15 FAX

0002/0002



Progressive Physical Therapy - PT Strand

Case Manager: Rodney Richardson 1220 21st Avenue North
Myrtle Beach, SC 29577
Claim Number: YYCC32306 Phone: (843) 443-9368
Current Level: Visit 10 of 10 Fax: (843) 916-2348

To M.D.:

- ☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Physical Therapy Summary - Spine

Patient: Darren Pellack
DX/ICD9: Lumbar Radiculopathy
DOB: [REDACTED] SSN: [REDACTED]
Date of Onset: 05/20/2010

Date: 7/15/10
Physician: Dr. Scott
Therapist: Kristin Courtney, DPT
Mechanism of Injury: Repetitive Heavy Lifting

Treatments:

- ☒ Functional-Activities Training ☒ Stretching Program ☐ Scapulothoracic Stabilization ☒ Home Exercise Program
☒ Lumbosacral Stabilization ☐ Postural Training ☐ Work Rehab ☐ Back School
☐ Cervicothoracic Stabilization ☒ Self-Care Training ☒ Modalities/Physical Agents ☐ Other

Date of initial evaluation: 6/22/10 of last treatment: 7/15/10 No. of treatments attended: 10 No. of treatments missed: 0Impression of patient attitude toward regaining function: Good ☒ Fair ☐ Poor ☐Impression of patient compliance with Home Exercise Program: Good ☒ Fair ☐ Poor ☐

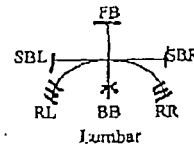
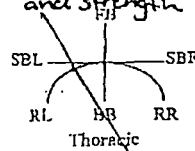
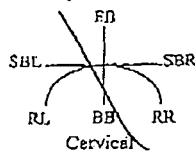
Current Status: Pain = 3/10, 80% improvement since onset. Standing and walking for long period of time (about 2 hrs.) still is painful. In the morning pt. is stiff.

Strength: 5/5 no c/o pain & (L) hip flex. All other ROM within normal limits. and strength

AROM

Key:

- Range of motion I
Location of block II
Limited by muscle III
Limited by pain X
Radicular Sx →



Progress Toward Work Related Goals: Pt. could not lift 75 lbs from floor → chest.
Pt. could lift 50 lbs successfully from floor → chest. x 2 rep. & no c/o pain.
✓ = met x = not met/working towards.

Established Goals Include:

- ☒ Increase functional capacity ☐ Increase general fitness / endurance
☒ Education ☐ Ambulate without gait deviations
☒ Decrease signs / symptoms ☒ Independent with Clinical Ex. Prescription
☒ Increase strength / ROM ☐ Other:

Increase functional capacity in:

- ☐ Weight bearing & gait
☐ ADL's
☒ Work Activities
☐ Sport Activities

Recommendations: Cont. PT to ↑ strength and ↓ pain. With focus on work related activities (lifting).

Comments:

****Please direct physical therapist as indicated below if different from the above recommendations****

I have read the above progress report and would request that:

- ☒ the patient be discharged at this time
☒ present treatment is continued for 3 times/week for 3 weeks
☐ therapist calls me concerning this patient

****Please sign below and return to therapist as soon as possible.****

Dr. Scott 7/22/10
****Physician/NPPAC Date

Donna R. [Signature] SPTA 7/15/10
Therapist Donna R. [Signature] Date



FAXED

07/22/10
@ 1510

Thank you for allowing us to assist in the care of this patient.

DIAGNOSTIC IMAGING REPORT

Carolina Forest Imagin - 199 Village Center Blv - Myrtle Beach, SC 295
PHONE #: 843-236-7878 FAX #: 843-236-6406

Name: POLLACK, DARREN Loc: UNK Radiology No:
DOB: [REDACTED] Sex: M Status: DEP CLI Unit No: G000015360
Phys: SCOBRE - SCOTT, BRIAN S Acct: G00000264337
Reason For Exam: Exam Date: 06/21/2010

EXAMS:

000028910 MRI SPINE-LUMBAR WO CONTRAST

HISTORY:

Low back pain.

Technique: Sagittal and axial T1 spin-echo and T2 fast spin-echo as well as sagittal STIR imaging of the lumbar spine was performed in a 1.5 Tesla magnet without contrast.

Findings:

The lumbar vertebrae are normal in height, alignment, and signal intensity for age.

The conus medullaris is normal in position and signal intensity.

Axial images at the T12/L1 level demonstrate a moderate focal right foraminal disc protrusion resulting in moderate subarticular recess and mild foraminal stenosis.

Axial images at the L1/L2 level demonstrate mild circumferential annular bulge with minimal endplate spondylosis resulting in minimal subarticular recess and central canal narrowing.

Axial images at the L2/L3 level show a slight annular bulge with no stenosis.

Axial images at the L3/L4 level demonstrate a slight annular bulge with minimal facet arthropathy and no significant stenosis.

Axial images at the L4/L5 level demonstrate an annular fissure with broad-based central disc extrusion. Subligamentous disc fragment measures roughly 11 x 7 mm in size. There is mild facet arthropathy at this level. These changes result in moderate to advanced bilateral subarticular recess stenosis with encroachment on the left and apparent impingement on the right traversing L5 nerve roots. Foraminal stenosis at this level is mild.

Axial images at the L5/S1 level show a hypoplastic disc with minimal

DIAGNOSTIC IMAGING REPORT

Carolina Forest Imagin - 199 Village Center Blv - Myrtle Beach, SC 295
PHONE #: 843-236-7878 FAX #: 843-236-6406

Name: POLLACK,DARREN Loc: UNK Radiology No:
DOB: [REDACTED] Sex: M Status: DEP CLI Unit No: G000015360
Phys: SCOB - SCOTT,BRIAN S Acct: G00000264337
Reason For Exam: Exam Date: 06/21/2010

EXAMS:

000028910 MRI SPINE-LUMBAR WO CONTRAST
<Continued>

facet arthropathy and no significant stenosis.

Impression:

There is posterior central subligamentous L4/L5 disc herniation
resulting in subarticular recess stenosis and apparent traversing
right L5 nerve root impingement as described.

T12/L1 right foraminal disc protrusion producing mild right-sided
subarticular recess stenosis.

** Electronically Signed by BRAIN FORTMAN MD on 06/21/2010 at 1613 **
Reported and signed by: FORTMAN, BRAIN MD

CC: BRIAN S SCOTT

Technologist: LINDNER,DIANE M; MILLS,KIM M.
Transcribed Date/Time: 06/21/2010 (1613)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 06/21/2010 (1613)
Printed Date/Time: 08/24/2010 (1717) BATCH NO: N/A

PAGE 2

Signed Report

P119

Florence Neurosurgery & Spine

1204 E. Cheves Street - Florence, S.C. 29506

ph: 843 673 0122 - fax: 843 673 0227

www.florenceneurosurgery.com

Andrew H. Rhea, M.D.

James J. Brennan, M.D.

Elizabeth A. Snoderly, D.O.

William B. Naso, M.D.

Christopher G. Paramore, M.D.

Patient Name: DARREN POLLACK (43005E)

DOB: [REDACTED]

Date of Service: 08/09/2010

HISTORY AND PHYSICAL

HISTORY:

Chief Complaint: Back pain with right leg pain and numbness, secondary to a work injury.

History of Present Illness: The patient is a 32-year-old left-handed white male who reports the above stated pain complaints after a lifting injury in late March of 2010. He has been treated with pain medication, muscle relaxers, and physical therapy, and reports minimal if any improvement. He denies any down bladder difficulties. He had an MRI scan on June 21, 2010, which reveals a fairly significant right paracentral disk herniation at L4-5, causing canal and/or foraminal compromise.

Past Medical History: Reveals a questionable history of high blood pressure, but he denies any diabetes, asthma, heart disease, heart attacks, cancer, ulcers, bleeding disorders, alcoholism or liver disease.

Past Surgical History: He is undergone hernia surgery, and right jaw surgery.

Review of Systems: I would refer to the health history form dated August 9, 2010. This was reviewed with the patient and other than his pain complaints this is negative

Medications:

Unknown

Allergies:

NKDA

Social History:

MARITAL STATUS: Married, living with spouse.

OF CHILDREN: 0

OCCUPATION: Unemployed.

SMOKING: Has no smoking history.

ALCOHOL: Minimal alcohol consumption.

Family History: Positive history of hypertension.

Florence Neurosurgery & Spine

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Andrew H. Rhea, M.D.

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William B. Naso, M.D.

Christopher G. Paramore, M.D.

Patient Name: DARREN POLLACK (43005E)

DOB: [REDACTED]

Date of Service: 08/09/2010

PHYSICAL EXAMINATION:

Vitals:

VS-TEMPERATURE: 97.2°F Tympanic

VS-PULSE: 68 Right Radial, Regular

VS-BLOOD PRESSURE: 129/89 Right Arm Sitting

VS-RESPIRATION: 20

VS-HEIGHT: 6ft

VS-WEIGHT: 215lbs

General: This is a well-developed healthy-appearing white male in mild distress secondary to back and right leg pain. He is alert and cooperative to exam.

HEENT: The patient is normocephalic atraumatic. Cranial nerve 2 shows grossly intact vision, cranial nerves 3, 4, and 6 reveal pupils are equal and active to light and accommodation and extraocular movements are intact. Cranial nerve 5 shows facial sensation intact in all 3 groups bilaterally. Cranial nerve 7 shows symmetric facial grimace. Cranial nerve 8 shows grossly intact hearing bilaterally with canals clear. Cranial nerves 9, 10 and 12 show spontaneous swallow and cranial nerve 11 shows acceptable shoulder shrug.

Neck: Shows full range of motion. There is no jugular venous distention noted. No carotid bruits auscultated.

Chest: Clear to auscultation.

CV: Heart has a regular rate and rhythm. No murmurs noted.

Abdomen: Bowel sounds are positive, soft, nontender.

Extremities: No cyanosis, clubbing, or edema. They are warm to touch. Pulses appear to be intact. There is good muscle tone and no atrophy noted in muscle groups noted.

Neuromusculoskeletal:

Neurologically, patient is alert and oriented x 3. eyes and cranial nerves are as stated above. Recent and remote memory are grossly intact. Attention span and fund of knowledge appear to be within acceptable limits. Speech is appropriate in context and use.

Motor Exam: 5/5 in all groups tested.

Sensory Exam: Intact in all groups tested, in upper and lower extremities, except for a decrease in a right L5-S1 distribution.

Deep tendon reflexes: 1+ and symmetrical throughout.

Coordination: Appears to be intact in both upper and lower extremities.

Gait: Is mildly antalgic and he favors his right leg..

There are no cerebellar changes noted.

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William B. Naso, M.D.

Christopher G. Paramore, M.D.

Patient Name: DARREN POLLACK (43005E)

DOB: [REDACTED]

Date of Service: 08/09/2010

MEDICAL DECISION MAKING:

Data Review/Radiographic Studies: The patient has MRI scan which is as stated above.

The patient underwent flexion-extension and oblique views of his lumbar spine which are reviewed and show some mild hyper angulation at L4-5, but otherwise acceptable alignment.

Diagnosis/Assessment: 1) Lumbar spondylosis with lumbar radiculopathy and herniated nucleus pulposus. 2) Questionable high blood pressure.

Management Options/Plan:

At this time I have reviewed my findings and I discussed surgical versus further conservative measures with the patient. He is reluctant toward surgery. With that in mind, we will proceed with an L4-5 epidural steroid injection and continue his physical therapy. He will continue on Naprosyn and muscle relaxant. He will return to see me in 4 weeks. If he has not had improvement I would recommend a right L4-5 microdiscectomy. I reviewed the surgery with the patient, including the risks of bleeding, infection, nerve root injury, CSF leak, failure to improve, recurrent disk herniation, need for later surgery, death, coma, and paralysis. He desires to proceed as stated above.

cc:

Electronically Signed by: James J. Brennan, M.D. on Monday, August 09, 2010 4:27 pm

Date of Visit

8-9-2010

Florence Neurosurgery and Spine

Patient Health History Questionnaire

The following information is very important to your health. Please take time to fully and completely fill out this important information. We are counting on you.

Patient Name Darren Pollack Phone # 843-457-4678
 Date of Birth [REDACTED] Age 32 Work # [REDACTED]
 Residence [REDACTED] MYRTLE BEACH, SC, 29579
 Handedness: R [REDACTED] L [REDACTED] Height: 6'0" Weight: 215
 HR 68 BP 129/89 R 20 T 97.2 male female race AW
 Who sent you to us? [REDACTED] Family Physician? Dr. [REDACTED]
 Chief Complaint (What is the reason for your visit?) LOWER BACK PAIN. PAIN GOING DOWN
RIGHT LEG. NUMBNESS RIGHT FOOT, outer two toes

Date of onset: 3/30/10

Therapy to date:

- ☐ ESI ☐ Oral steroids ☐ Pain medication ☐ Non-steroids
☒ Physical therapy ☐ Chiropractor ☐ Brace / collar ☐ Muscle relaxer
☐ Other: [REDACTED]

Past Medical History	Yes	No		Yes	No
High Blood Pressure	☒	☐	Cancer	☐	☒
Diabetes	☐	☒	Stomach ulcers	☐	☒
Asthma	☐	☒	Bleeding disorders	☐	☒
Heart Disease	☐	☒	Alcoholism	☐	☒
Heart Attack	☐	☒	Liver disease	☐	☒
Other	<u>[REDACTED]</u>				

Past Surgical History: HERNIA SURG. 2005
RIGHT JAW SURG. 1994
 Medications (include dosage) pain med? muscle relaxer?

Allergies NONE

Social History: Single ☐ Married ☒ Divorced ☐ Widowed ☐
 Children? 2 How Many? [REDACTED]
 Occupation: unemployed Last worked: 6/15/10
 Do you smoke? Yes ☐ No ☒ How much? [REDACTED] How many years? [REDACTED]
 Did you previously smoke? Yes ☐ No ☒ How much? [REDACTED] Years? [REDACTED]
 Do you drink alcohol? Yes ☒ No ☐ How much? 2 Ltrk
 Did you previously drink alcohol? Yes ☐ No ☐ How much? [REDACTED]

Family Hx HTNComplaint Related to an injury? [REDACTED] Workman's compensation? YESOther physicians seen for this problem? [REDACTED] If so, Who? [REDACTED]Patient's Signature Dan R The above is true and correct to the best of my belief.

Patient Review of Systems Questionnaire

Constitutional Symptoms

	Yes	No
fever	☐	☒
weight loss	☐	☒
night sweats	☐	☒
chills	☐	☒

Eyes

recent visual loss	☐	☒
double vision	☐	☒
blind spots	☐	☒
tunnel vision	☐	☒
trauma	☐	☒

Ears, Nose, Mouth, Throat

recent hearing loss	☐	☒
ear pain	☐	☒
nose bleeds	☐	☒
sore throat	☐	☒

Cardiac / Circulatory

chest pain	☐	☒
swelling of feet / ankles	☐	☒
pain in lower legs when walking	☐	☒
abnormal heart rhythm	☐	☒

Hematologic

bleeding problems	☐	☒
frequent / recurrent infections	☐	☒
previous bleeding problems w / surgery	☐	☒

Patient Signature

Date

[Signature]

The above is true and correct
to the best of my belief.

Genitourinary

	Yes	No
blood in urine	☐	☒
pain with urination	☐	☒
involuntary loss of urine	☐	☒

Gastrointestinal

abdominal pain	☐	☒
vomiting	☐	☒
dark or bloody stools	☐	☒
diarrhea	☐	☒
involuntary loss of stools	☐	☒

Musculoskeletal

joint pain	☐	☐
which?	☐	☐
joint swelling	☐	☐
which?	☐	☐
inflammation / redness joints	☐	☐

Endocrine

breast discharge	☐	☒
irregular / absent menstrual cycle	☐	☒
heat / cold intolerance	☐	☒
recent severe weight gain	☐	☒
possible pregnancy	☐	☒

Respiratory

shortness of breath	☐	☒
cough	☐	☒
cough with bleeding	☐	☒

Physician Signature

Date

[Signature]

6/9/10

NAME DARREN POLLACK DATE _____

VISIT: Pre-op ☐ 6 wks ☐ 6 mos. ☐ 12 mos. ☐ 18 mos. ☐ 24 mos. ☐

BACK PAIN QUESTIONNAIRE | LEG PAIN QUESTIONNAIRE

N/A ☐

I. For each type of pain below, indicate the severity you felt in the last week:

None Mild Moderate Severe
0 1 2 3

Shooting	☒	☐	☐	☐
Sharp	☒	☐	☐	☐
Gnawing	☒	☐	☐	☐
Aching	☐	☐	☒	☐
Tender	☐	☒	☐	☐
Tiring / Exhausting	☒	☐	☐	☐
Fearful	☒	☐	☐	☐

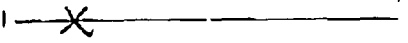
N/A ☐

I. For each type of pain below, indicate the severity you felt in the last week:

None Mild Moderate Severe
0 1 2 3

Shooting	☒	☐	☐	☐
Sharp	☒	☐	☐	☐
Gnawing	☒	☐	☐	☐
Aching	☒	☐	☐	☐
Tender	☐	☒	☐	☐
Tiring / Exhausting	☒	☐	☐	☐
Fearful	☒	☐	☐	☐

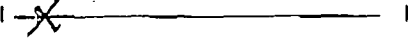
II. On the diagram below, please indicate with an "X" the severity of your pain in the last week:

No Pain |  | Worst Possible Pain

III. Which word best describes your pain right now?

No Pain ☐ Mild ☒ Discomforting ☒
Distressing ☐ Horrible ☐ Excruciating ☐

II. On the diagram below, please indicate with an "X" the severity of your pain in the last week:

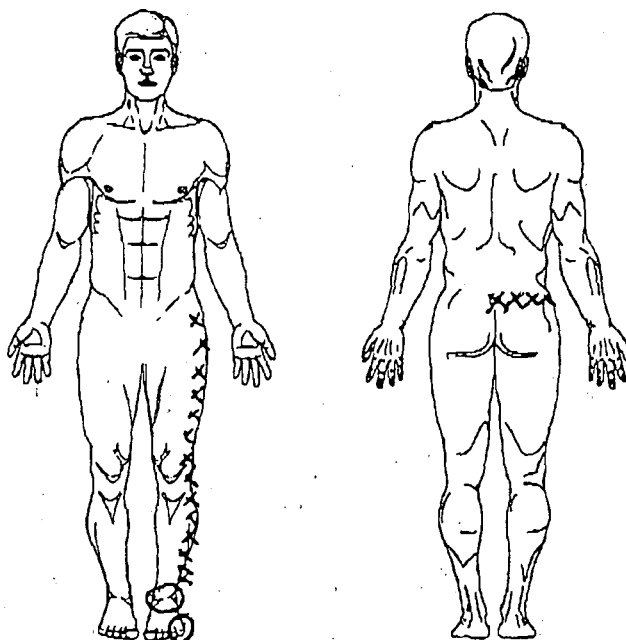
No Pain |  | Worst Possible Pain

III. Which word best describes your pain right now?

No Pain ☐ Mild ☒ Discomforting ☐
Distressing ☐ Horrible ☐ Excruciating ☐

Description of Problems

Location of Symptoms



Please draw in the pattern of your pain (XXXXXX), numbness (OOOOO), or tingling (-----)

Rate the intensity of your pain (if present) with an X

NO PAIN

WORST PAIN

0 ----- 1 ----- **X** ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Previous Treatments
(Check all that apply)

Surgery

☐

Nerve Blocks

☐

Steroid Injections

☒

TENS Unit

☒

Physical Therapy

☒

Psychological Therapy

☐

Relaxation Training

☐

Biofeedback

☐

Chiropractic Treatment

☐

Other

History of Injuries (Please list any injuries associated with your symptoms)

Florence Neurosurgery & Spine

1204 E. Cheves Street - Florence, S.C. 29506

ph: 843 673 0122 - fax: 843 673 0227

www.florenceneurosurgery.com

Andrew H. Rhea, M.D.

James J. Brennan, M.D.

Elizabeth A. Snoderly, D.O.

William B. Naso, M.D.

Christopher G. Paramore, M.D.

Patient Name: DARREN POLLACK (43005E)

DOB: [REDACTED]

Date of Service: 08/09/2010

XRAY REPORT

Indication: Back and leg pain.

The patient underwent flexion-extension and oblique views of his lumbar spine which are reviewed and show some mild hyper angulation at L4-5, but otherwise acceptable alignment.

Electronically Signed by: James J. Brennan, M.D. on Monday, August 09, 2010 10:25 am

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME:	Darren Pollack
X-RAY NUMBER:	10-267
DOB:	[REDACTED]
PATIENT'S AGE:	[REDACTED]
REFERRING PHYSICIAN:	Scott
LOCATION:	Carolina Forest
DATE OF EXAMINATION:	03/31/10

DOCTORS CARE

OVER-READ OF LUMBAR SPINE SERIES

COMPARISON: No previous.

HISTORY: Low back pain.

FINDINGS: AP, lateral and coned-down lateral views of the lumbosacral spine demonstrate disc space narrowing and osteophyte formation at L5-S1. Lower thoracic mild spondylotic change is also noted. Sacroiliac joints are intact.

IMPRESSION: No acute abnormality.

AGREE ☒ DISAGREE ☐

Jason C. Lynn, M.D.

JCL/sdb

Signed and released electronically by Jason C. Lynn, M.D.

Date: 04/01/10

Time: 12:01 a.m.

 4/1/10

Workers Compensation Information Sheet

Patient Name: Darren Pollack DOB: 1/1/78 SSN: _____
Home # (843) 492-7269 Work # _____ Cell # _____
Diagnosis: Lumbar Radiculopathy Date of Injury: 05/20/2010
Referring M.D. & Location: Dr. Scott @ DC-CF
Employer: Southern Wine & Spirits
Phone # (843) 236-1721 EXT: _____ Contact: _____
Employer Address: 332 Bush Drive, MB, SC 29579

WKC Carrier Info:

Carrier Name: Specialty Risk Services
Address: P.O. Box 14205
City: Lexington State: KY Zip: 40512
Adjuster Name: Rodney Richardson Ext: 35751
Phone # (800) 541-0139 Fax # (860) 392-5333
Claim # RYCC 323 06

Notes: _____

"Delivery Supervisor"

Authorization:

Spoke with: Fax from Rodney Richardson Date: 06/14/10
of Visits Authorized: 4
If applicable: Auth # _____ Dates Valid: _____ to _____

Additional Auth:

Spoke with: _____ Date: _____
of Visits Authorized: _____
If applicable: Auth # _____ Dates Valid: _____ to _____

Spoke with: _____ Date: _____
of Visits Authorized: _____
If applicable: Auth # _____ Dates Valid: _____ to _____

☐ Logged

Information Obtained By: _____ (PSR Initials)

006

P129

Time In: / Time Out:

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	PT STRAND, APPT ONLY	TICKET NO.
** NEW ** 6 31361	06/22/10	09:30am		1C627157

NAME & ADDRESS: POLLACK, DARREN. TUESDAY
 MYRTLE BEACH, SC 29579
 843-492-7269
 WRK:
 INSURED: POLLACK, DARREN
 INS:
 REASON: LUMBAR RADICULOPATHY
 3043 HOLLY BE
 NICKNAME:

DOB: [REDACTED]
 GENDER: [REDACTED]
 IBG: [REDACTED]
 FCL: 6
 CELL:
 RELATION:
 COPAY:

INSURANCE BALANCE	0.00
ACCOUNT BALANCE	0.00
CURRENT CHARGES	273.00
AMOUNT PAID	0.00
NEW BALANCE	273.00
CASH	
CHECK	
M.O.	
C.C.	

PROCEDURES	CPT	FEE
Evaluation	97001	421.00
OT Evaluation	97002	
Functional Capacity Evaluation	97750	
Physical Performance Test	97750.1	
Work Hardening, 2 hours	97545	
Work Hardening, add'l 1 hour	97546	
Acc. Sports Ach. Program	ASAP	
Strength	STRENGTH	
SFCP	SFCP	
Paraffin Bath	97018	
Whirlpool	97022	
Ultrasound, 15 mins.	97035	20.00
Iontophoresis, 15 mins.	97033	
Infrared / LLLT, 15 mins.	97026	
Therapeutic Exercise, 15 mins.	97110	48.00
Functional Activities, 15 mins.	97530	
Electrical Stim. (manual), 15 mins.	97032	30.00
Massage, 15 mins.	97124	
Manual Therapy	97140	
Mechanical Traction	97012	
Neuromuscular Re-Educ., 15 mins.	97112	
Gait Training, 15 mins.	97116	
Self Care Training, 15 mins.	97535	54.00
TENS Set Up	64550	
ROM Measure & Report	95851	
Other / Supplies	99070	

Visit Number: 1 of 4

Staff: [REDACTED]

Therapist's Signature: [REDACTED]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

 Patient or Authorized Person's Signature

 Date

Progressive Physical Therapy

Job Task Analysis

Patient Name <u>Darren Pollack</u>	Job Title <u>Delivery Supervisor</u> @ Southern Wine & Spirits	Date <u>06/22/10</u>
------------------------------------	---	----------------------

Three activities you did every day at work before your injury:

1. DRIVING → to location
2. ~~BEFORE~~ push cases into carts
3. LIFTING & pick up boxes

Job Demands and Physical Requirements		
Lifting	Carrying	Pushing/Pulling
Max. weight = <u>75</u> <u>kegs</u> ↑ times per day = <u>2</u>	Max. weight = <u>75</u> ↑ times per day = <u>2</u>	Max. weight = <u>75</u> <u>32#</u> ↑ times per day = <u>2</u> <u>cases on cart</u>
Frequent weight = <u>40#</u> ↑ times per day = <u>100x</u> <u>cases</u>	Frequent weight = <u>40#</u> ↑ times per day = <u>100</u>	Frequent weight = <u>7</u> ↑ times per day = <u> </u>
What are you lifting and how high? Example: <u>Suitcases, four feet</u> <u>KEGS, 3 feet</u>	What are you carrying, how far, and do you carry it up stairs or a ladder? <u>CASES OF LIQUOR/WINE</u> <u>DISTANCE DEPENDS</u>	What are you pushing/pulling and how far? Up/down a ramp? On a cart, etc? <u>CASES OF LIQUOR ON A CART</u> <u>SOMETIMES PULLING UPSTAIRS</u>

Place one check mark (going across) saying how often you did the activity at work before you were injured.

Activity at Work	Occasional 0-33% of the day	Frequent 33-66% of the day	Constant 67-100% of the day	Never
Standing		✓		
Walking		✓		
Sitting		✓		
Reaching Forward		✓		
Reaching Overhead		✓		
Stooping		✓		
Squatting		✓		
Kneeling				✓
Crawling				✓
Climbing Stairs		✓		
Climbing Ladders	✓			
Use hands/fingers to manipulate		✓		
Balancing		✓		
Trunk rotation			✓	

Completed by: D. PollackDate: 6-22-10

FAX TO CASE MANAGER

Case Manager Name: Rodney Richardson Fax #: (860) 392-5333 Date Faxed: 06/24/10

Time In: / Time Out:

9:25 / 10:15

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER 31361	DATE 06/24/10	TIME 09:30am	PT STRAND, APPT ONLY	662733 1000 10027569
NAME & ADDRESS POLLACK, DARREN LEE [REDACTED] MYRTLE BEACH, SC 29579 843-492-7269 WRK: INSURED: POLLACK, DARREN LEE INS: WC/SPECIALTY RISK SERVICES REASON: FOLLOW UP BACK / SPINE NICKNAME: YYCC32306			DOB: [REDACTED] GENDER: M IBB: FCL: 6 CELL: 843-457-4678 RELATION: OTHER COPAY:	INSURANCE BALANCE 273.00 ACCOUNT BALANCE 273.00 CURRENT CHARGES 126.00 AMOUNT PAID 0.00 NEW BALANCE 399.00 CASH CHECK M.D. C.C.

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		S: "I feel all right." O: Therx per grid. TENS & MNP to L-spine x 15 min. PT. PRNIT.
☐ OT Evaluation	97002		
☐ Functional Capacity Evaluation	97750		
☐ Physical Performance Test	97750.1		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☐ Acc. Sports Ach. Program	ASAP		
☐ Strength	STRENGTH		
☐ SFCP	SFCP		
☐ Paraffin Bath	97018		
☐ Whirlpool	97022		
☐ Ultrasound, 15 mins.	97035		
☐ Iontophoresis, 15 mins.	97033		
☐ Infrared / LLLT, 15 mins.	97026		
☒ Therapeutic Exercise, 15 mins.	97110	96.00	
☐ Functional Activities, 15 mins.	97530		
☒ Electrical Stim. (manual), 15 mins.	97032	30.00	
☐ Massage, 15 mins.	97124		
☐ Manual Therapy	97140		Visit Number: 2 of 4 Staff: [Signature] PTA Therapist's Signature: [Signature] DPT RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date 069
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins.	97112		
☐ Gait Training, 15 mins.	97116		
☐ Self Care Training, 15 mins.	97535		
TENS Set Up	64550		
ROM Measure & Report	95851		
Other / Supplies	99070		

EXAM ROOM TIME

Time In: 9:30 / Time Out: 10:30
CHECK OUT TIME

TICKET NO.

COUNT NUMBER	DATE	TIME
	MONDAY	

PT STRAND, APPT ONLY

162832

1628342

& ADDRESS

POLLACK, DARREN LEE

DOB: [REDACTED]

SENDER: M

ISS:

POL: 6

CELL: 843-457-4678

INSURANCE

BALANCE

\$399.00

ACCOUNT

BALANCE

CURRENT

CHARGES

175.00

AMOUNT

PAID

6.00

NEW

BALANCE

584.00

CASH

CHECK

M.O.

C.C.

MYRTLE BEACH, SC 29579

843-452-7269

WRK:

INSURED: POLLACK, DARREN LEE

RELATION: OTHER

INS: WC/SPECIALTY RISK SERVICES

REASON: FOLLOW UP BACK / SPINE

NICKNAME: YYCC32306

COPAY:

✓	PROCEDURES	CPT	FEE	
☐	Evaluation	97001		S: "My back has been sore since coming to therapy." O: TheraX per grid. FA per grid. IFCT MHP to L-spine v15min. PT - PHONE.
☐	OT Evaluation	97002		
☐	Functional Capacity Evaluation	97750		
☐	Physical Performance Test	97750.1		
☐	Work Hardening, 2 hours	97545		
☐	Work Hardening, add'l 1 hour	97546		
☐	Acc. Sports Ach. Program	ASAP		
☐	Strength	STRENGTH		
☐	SFCP	SFCP		
☐	Paraffin Bath	97018		
☐	Whirlpool	97022		
☐	Ultrasound, 15 mins.	97035		
☐	Iontophoresis, 15 mins.	97033		
☐	Infrared / LLLT, 15 mins.	97026		
☐	Therapeutic Exercise, 15 mins.	97110	96.00	
☐	Functional Activities, 15 mins.	97530	59.00	
☐	Electrical Stim. (manual), 15 mins.	97032	30.00	
☐	Massage, 15 mins.	97124		
☐	Manual Therapy	97140		
☐	Mechanical Traction	97012		Visit Number: 3 of 4
☐	Neuromuscular Re-Educ., 15 mins.	97112		Staff: [Signature] S. [Signature] PTA
☐	Gait Training, 15 mins.	97116		Therapist's Signature: [Signature] DPT
☐	Self Care Training, 15 mins.	97535		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____
☐	TENS Set Up	64550		
☐	ROM Measure & Report	95851		
☐	Other / Supplies	99070		
☐				

Date

070



Return To Work Form

- ☒ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650 ☐ 1600 Hwy 17 North, Surfside Beach, SC 29575 (843) 738-1461
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1230 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379

Name: Darren Pollock Arrival Time: 11:35 Discharge Time: 1:12
Date: 6/28/10 Company Name: Southern Wine + Spirits

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
Estimated return to work date with modified duty: _____
Estimated return to work date for full duty: _____
- ☒ 3. May work with the following accommodations as of: 6/28/10
☒ No lifting more than 10 lbs.
☐ No operation of hazardous or fast-moving machinery, no driving.
☒ Ground level work only, no ladders or heights.
☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
☒ No continuous standing and/or sitting.
☒ Minimum walking or climbing (including stairs)
☐ Limited use of _____
☒ No overhead lifting.
☐ No high repetitive hand activities for extended periods of time.
☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI) Wed 7/7/10
- ☒ 5. Return for re-evaluation at this office on Friday Monday Time: 8A-5P
- Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: _____ Medications: ☐ as directed ☐ as needed
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Neurosurgeon Date: _____ Time: _____
For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: _____

Provider Signature: [Signature] Date: 6/28/10

IMFD-F01A (R/001)

071
P134

Patient Name: Darren Pollack
 Diagnosis (ICD-9): Lumbar Radiculopathy
 Date of Birth: [REDACTED]
 Claim Number: YYCC32306

Progressive Physical Therapy
 1220 21st Avenue North, Myrtle Beach, SC 29577
 Phone: (843) 443-9368 Fax: (843) 916-2348

**FYI ONLY
NOT A BILL**

Specialty Risk Services
 Company Name
Rodney Richardson (860) 392-5333
 Case Manager and Fax Number

2020-08

Week Ending	Faxed	Rx. Expires	Attendance This Week	
			Number of Days Scheduled this week	Dates attended this week
06/25/10	06/25/10	30 days P last Tx	2	6/22, 6/24
07/02/10	07/16/10	"	2	6/28, 6/30
07/09/10	07/16/10	"	3	7/6, 7/7, 7/8
07/16/10	07/16/10	"	3	7/12, 7/14, 7/16
07/23/10	07/23/10	"	Ø need auth for add'l Tx	Ø
07/30/10	07/30/10	Need auth - neuro now in mid-August		please call with auth
08/06/10	08/06/10	"	1	8/5
08/13/10	08/13/10	"	2	8/9, 8/11



medical affiliates

Fax Cover Sheet

Provider Fax Form

Progressive
Physical Therapy

TO: Specialty Risk Services

DATE: 08/24/2010

FROM: Correen Frappaolo

TIME: 2:02pm

ATTN: Rodney Richardson

PAGES (Including cover): 2:02pm

RE: Darren Pollack

CENTER NAME: PT Strand

DESTINATION FAX #: (860) 392-5333

ADDRESS(optional): 1220 21st Avenue North
Myrtle Beach, SC 29577

CLAIM # or DOB: YYCC32306

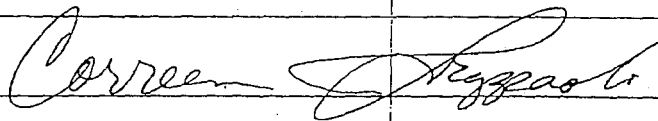
SENDER'S FAX #: (843) 916-2348

SENDER'S PHONE #: (843) 443-9368

☐ URGENT☐ REPLY REQUESTED☒ FYI☐ REVIEW/ADVISE☐ PLEASE POST TO STAFF☐ APPROVE☐ PER YOUR REQUEST☐ OTHER

COMMENTS:

SIGNED/STAMPED:



The information contained in this fax message is privileged and confidential information, Intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copies of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and destroy this fax, thank you.

[PPT-F004-(11-07)]

073
P136

Florence Neurosurgery and Spine, PC

1204 East Cheves Street, Florence, SC 29508
Phone: (843) 673-0122 Fax: (843) 673-0227

ANDREW H. RHEA, MD
DEA # AR 2335215
Lic. # 14354

ELIZABETH A. SNODERLY, D.O.
DEA # BS-010699
Lic. # DO498

JAMES J. BRENNAN, MD
DEA # BB 4322955
Lic. # 21614

WILLIAM B. NASO, MD
DEA # BN 2369873
Lic. # 16247

CHRISTOPHER G. PARAMORE, MD
DEA # BP 4506586
Lic. # 28426

Name Darren P. Black Date 8.9.10

☒ Physical Therapy / 105 ☐ Work Hardening ☐ FCE
☐ Cervical Traction

_____ Eval & Treat _____ Eval Only

Please evaluate and / or treat for L-5-D-12-RAD
(diagnosis)

23 x a week for 6-8 weeks.

(signature)

074

**SOUTHERN WINE & SPIRITS
RECORD OF DISCIPLINARY ACTION**

Employee Name: Darren Pollack Date of Warning: June 15, 2010

TYPE OF VIOLATION

Attendance	☐	Violation of Company Policies/Procedures	☒
Lateness/Early Quit	☐	Insubordination	☐
Rudeness to Employee/Customers	☐	Violation of Safety Rules	☒
Unsatisfactory Work Quality	☐	Willful Damage to Material/Equipment	☐
Carelessness	☐	Failure to Report as Scheduled	☐
Failure to Follow Instructions	☐	Other	☐

EMPLOYER STATEMENT

Nature of Violation: On Thursday, May 27, 2010, Darren responded to a call from one of his employees who had hit a sign at a customer account. Although there was minimal and questionable damage to the sign and no damage to the truck, Darren worked with the employee to properly document the accident, including obtaining a police report, pictures and plans for a post-accident drug screen. Prior to leaving the scene, Darren drove the SWS van over to the side of the company truck to discuss something with the driver. As he attempted to leave the account, Darren backed the van into the SWS truck bumper, leaving a mark down the left side of the van over the gas tank area. Darren did not file an accident report for this incident nor did he contact his supervisor to report the incident. When questioned about the incident, Darren stated that he was aware that he had hit the van on the truck bumper but did not think that there was any damage. His written account of the incident, provided on June 2, 2010 after being questioned by his supervisors, states that at the time of the accident he looked at the van twice and did not believe there was damage other than "a line of dirt" which he now believes to be a coat of "wax/paint that is leaving the mark." Mr. Pollack offered no explanation as to why he had not reported the accident to anyone except that he "did not think that the dirt mark down the side of the van was an accident nor did he think there was any damage done." Sonny Blocker went to the site on Saturday, June 5th and looked at the truck to assess the damage. There is a black mark from the truck bumper approximately 24 inches in length down the side of the van which covers a scratch into the paint of the van.

Southern Wine & Spirits of SC Delivery policies state that "All accidents and incidents with a vehicle must be reported, whether or not there is damage to the Company vehicle, another vehicle or other property," and "All accidents in a Company vehicle, at fault or not, must be immediately reported to the Driver Supervisor. Failure to report an accident will result in immediate termination." These policies are reviewed at quarterly driver safety meetings and all delivery supervisors are required to be familiar with these policies as part of their job duties. Darren's failure to report his accident in the SWS van is a direct violation of Company policy regarding the requirement that all accidents must be immediately reported to a supervisor. Darren's employment is therefore being terminated effective immediately.

ACTION TAKEN:

☒ Dismissal

EMPLOYEE STATEMENT

☐ I agree with employer's statement ☒ I disagree with employer's statement

Comments: As for "hitting" the van on the bumper of the truck, I was not sure if the two vehicles came in complete contact or not. After moving the van, I saw the line on the side of the van. After looking at it, see the

3. ANY PERSONAL INJURY
4. EXTENSIVE PROPERTY DAMAGE

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OTHER VEHICLES INVOLVED

VEHICLE 1

Owner Name:		Sex:
Owner Street Address:		
Owner City, State & Zip:		
Home Phone:		
Business Phone:		
D.O.B.	Age:	SS#:
Vehicle Year, Make & Model:		
Vehicle License Plate State:		
Vehicle Vin #:		
Trailer Year, Make & Model:		
Trailer License Plate State:		
Trailer Vin #:		
Insurance Company:	Policy #:	
Insurance Company Phone #		
Agent Name:		
Operator Name:		Sex:
Operator Street Address:		
Operator City, State & Zip:		
Home Phone:		
Business Phone:		
Driver's License Number/State:		
D.O.B.	Age:	SS#:
Passenger Name:		Injured? YES NO
Passenger Name:		Injured? YES NO
Vehicle Parked?		YES NO
Description of Damage to Vehicle:		
Damage to Property Other Than Vehicles?		
Property Owner Name:		
Property Owner Street Address:		
Property Owner City, State & Zip:		
Description of Damage to Property:		

VEHICLE 2

Owner Name:		Sex:
Owner Street Address:		
Owner City, State & Zip:		
Home Phone:		
Business Phone:		
D.O.B.	Age:	SS#:
Vehicle Year, Make & Model:		
Vehicle License Plate State:		
Vehicle Vin #:		
Trailer Year, Make & Model:		
Trailer License Plate State:		
Trailer Vin #:		
Insurance Company:	Policy #:	
Insurance Company Phone #		
Agent Name:		
Operator Name:		Sex:
Operator Street Address:		
Operator City, State & Zip:		
Home Phone:		
Business Phone:		
Driver's License Number/State:		
D.O.B.	Age:	SS#:
Passenger Name:		Injured? YES NO
Passenger Name:		Injured? YES NO
Was Vehicle Parked?		YES NO
Description of Damage to Vehicle:		
Any Damage to Property Other Than Vehicles?		
Property Owner Name:		
Property Owner Street Address:		
Property Owner City, State & Zip:		
Description of Damage to Property:		

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Vehicle Accident/Driver's Statement of Events

Date of Accident: May 27, 2010

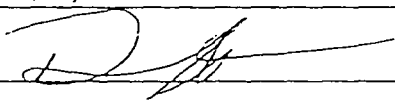
Driver Name: Darren Pollack

Write a brief description of how the accident happened:

The parking lot at Mona Lisa Liquors is tight. I was attempting to pull out and with the flow of traffic coming it was not possible. I backed the van up watching the passenger side not to run over the flower beds. When I looked the other way, the side of the van was touching the front bumper of one of our trucks. I got out and looked at the vehicles and it appeared that there was no damage done to either vehicle. There was a line of dirt down the side of the van. I pulled the van forward and drove around the back of the building. I then stopped behind the building looked at the van one more time and everything looked ok. I then proceeded to the warehouse to get started on an accident report for a vehicle that hit a sign in the parking lot of Mona Lisa's. I did not think that the dirt mark down the side of the van was an accident nor did I think that there was any damage done. After receiving a phone call from Sonny Block and Joe Green about the incident, I drove to the warehouse on June 1, 2010 to look closer at the van. I took Peggy Wise with me as a witness. By looking at the van there is no damage, but if you rub your finger over the dirt mark you can feel that there is a coat of wax/paint that is leaving the mark on the side of the vehicle.

Date: June 2, 2010

Driver Name (Please Print): Darren Pollack

Driver Signature: 

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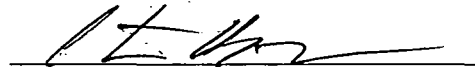
On Thursday May 28th I, Jesse F. Richardson, caused a non-DOT accident on Customer property. I immediately called the driver supervisor, Darren Pollock, and he quickly responded to the scene. He took pictures of the incident and called in for a police report. As we were waiting for the Police to show, we got into an argument about when I should take the Drug Screen. I told him that I should stop with my route and go, and he told me no and to finish my route, which consisted of just four more stops. The reason I wanted to go ahead and take the Drug test is because I thought that the Human resources department said that it was protocol to take the screen immediately after an accident, to avoid possible termination. After we argued, Darren went to the work van & I went to my work truck, obviously upset. He drove over to my truck to settle and let each other apologize to one another. After we said what we did to each other, he backed out of the spot he was in and scratched the van against my truck bumper. Subsequently I called Human resources to get clarity on non-DOT accidents. That is all that happened at that point.

Jesse F. Richardson

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Respectfully Submitted,



Stephen B. Samuels
Samuels Law Firm, LLC
1527 Blanding Street
Post Office Box 50349
Columbia, South Carolina 29250
(803) 779-4000
Stephen@SamuelsLawFirm.net

Attorney for Appellant

Columbia, South Carolina

June 12, 2012

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Susan S. Barden, T. Scott Beck and G. Bryan Lyndon, Commissioners

WCC File No. 1007936

Darren L. Pollack, Employee, ... Appellant,

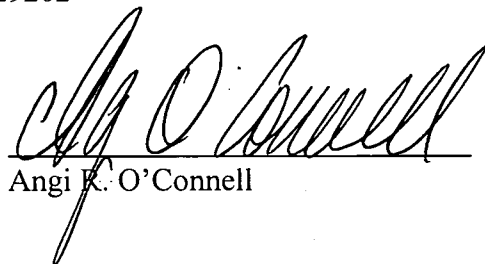
v.

Southern Wine & Spirits of America, Employer, and Specialty Risk Services, Carrier, ...
..... Respondents.

PROOF OF SERVICE

I certify that I am the paralegal to Stephen B. Samuels and I have served the **Record on Appeal** upon the Respondents by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on **June 13, 2012**, addressed as follows:

Cynthia C. Dooley, Esquire
Carmelo B. Sammataro, Esquire
Attorney for Respondents
Turner Padgett Graham & Laney, P.A.
Post Office Box 1473
Columbia, South Carolina 29202


Angi R. O'Connell

Columbia, South Carolina

June 13, 2012



Stephen B. Samuels, Attorney at Law

P.O. Box 50349 • Columbia SC 29250-0349
1527 Blanding Street • Columbia SC, 29201
803-779-4000 office, 803-779-4004 facsimile
www.SamuelsLawFirm.net

June 13, 2012

VIA HAND DELIVERY

The Honorable Jenny Abbott Kitchings
Clerk of the South Carolina Court of Appeals
1015 Sumter Street
Columbia, South Carolina 29201

RE: Darren L. Pollack v. Southern Wine & Spirits of America, and
Specialty Risk Services
Case Tracking No.: 2011200466
WCC File No.: 1007936

RECEIVED
JUN 13 2012
SC Court of Appeals

Dear Ms. Kitchings:

Please find enclosed the unbound original and fifteen copies of **Record on Appeal** for filing in the above-referenced matter.

By copy of this letter and enclosure to Carmelo Sammataro and Cynthia Dooley, counsel of record for the Respondents, we are serving a copy of our **Record on Appeal** upon him as indicated by the attached Proof of Service.

Thank you for your consideration in this matter. Please contact us with any questions or if further information is needed from our office.

With kindest regards, I am

Yours very truly,

Stephen B. Samuels

SBS/aro

Enclosures

cc w/encl.: Carmelo B. Sammataro, Esquire
Cynthia Dooley, Esquire