

**Tuomey Healthcare System
Request for Correction/Amendment of Health Information**

Patient Name: Leslie McCoy Birthdate: 11-23-68

Address: 4690 Gilbert RD

Date of Entry to be Amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

Name _____ Address _____

Signature of Patient or Personal Representative _____ Date _____

For Organizational Use Only:

Date Received _____ Medical Record/Unit Number _____

Amendment has been: Accepted Denied

If denied, check reason for denial:

PHI was not created by this organization

PHI is not part of patient's designated record set

PHI is not available to patient for inspection as required by federal law (e.g. psychotherapy notes)

PHI is accurate and complete

Comments of Healthcare Practitioner:

Signature and Title of Healthcare Practitioner _____ Date _____

RECEIVED
SEP 02 2014
COURT OF APPEALS

CAROLINA PIRES

RADIOLOGY REPORT

EXAM DATE: 20/08/1104

ORDERING PHY: DAVID H. WILEY
ATTENDING PHY:
PATIENT NAME: MCCOY, LESLIE
ROOM: OP BIRTH DATE: 11/03/1968

PT. ACCT. NO.: 2768942
MED REC NUMBER: 10459

HISTORY: RT KNEE/LATERAL TEAR
RIGHT KNEE PAIN/SWELLING SINCE FALL 8/18/08

MRI OF THE RIGHT KNEE 11-04-08:

INDICATION: Pain, swelling, Trauma.

PROCEDURE: Standard multiplanar protocol.

FINDINGS: No complex tears are seen. Grade 2 signal changes are seen in the peripheral body of the lateral meniscus, and in the posterior horn of the medial meniscus.

The cruciate and collateral ligaments are intact, as are the patellar and quadriceps tendons. No fracture or bone bruise is seen.

IMPRESSION:

- 1. NO ACUTE PATHOLOGY SEEN.

DD: 11/04/2008 15:10
DT: 11/04/2008 15:13 CMD

Dictated By: CONNOR, GREGORY S
Signed By: CONNOR, GREGORY S.

DATE DICTATED: 11/04/2008
DATE TRANSCRIBED: 11/04/2008
TRANSCRIPTIONIST: CHO

GREGORY S CONNOR
REVIEWED AND SIGNED

Today
News
Reference
Education
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Medscape Drugs, Diseases
REFERENCE & Procedures

Plica Syndrome

• Author: Tracy Lee Bigelow, DO; Chief Editor: Carlos J. Lavernia, MD, FAAOS [more...](#)

Updated: Jun 3, 2013

Background

Plica syndrome of the knee is a constellation of signs and symptoms that occur secondary to injury or overuse. An otherwise normal structure, a plica can be a significant source of anterior knee pain. Once an inflammatory process is established, the normal plical tissue may hypertrophy into a truly pathologic structure, as in the image below. This article provides an overview of pertinent anatomy as well as diagnosis and treatment of plica syndrome of the knee.^[1]



Plica syndrome. Typical appearance of a large beefy medial parapatellar plica.

During embryonic development, the knee is divided initially by synovial membranes into 3 separate compartments. By the third or fourth month of fetal life, the membranes are resorbed, and the knee becomes a single chamber. If the membranes resorb incompletely, various degrees of septation may persist. These embryonic remnants are known as synovial plicae. Four types of synovial plicae of the knee have been described in the literature.^[2, 3]

The suprapatellar plica, or plica synovialis suprapatellaris, divides the suprapatellar pouch from the remainder of the knee. Rarely, this plica may initiate a suprapatellar bursitis or perhaps chondromalacia, and symptoms secondary to these conditions may be present.^[4] Anatomically, the suprapatellar plica can be complete or in the form of a part, which only partially separates the compartments. It courses from the anterior femoral metaphysis or the posterior quadriceps tendon to the medial wall of the joint. The suprapatellar plica most commonly begins proximal to the superior pole of the patella but may begin anywhere.

The mediopatellar plica is the most frequently cited cause of plica syndrome. It lies on the medial wall of the joint, originating suprapatellar, and courses obliquely down to insert on the infrapatellar fat pad. This plica, sometimes known as a shelf, lies in the coronal plane.^[5, 6, 7]

The rare and poorly documented lateral synovial plica is a wider and thicker band than the medial plica. It is located along the lateral parapatellar synovium, inserting on the lateral patellar facet. The lateral plica has been argued to be derived from the parapatellar adipose synovial fringe rather than being a vestigial septum.

The plica found to be the least symptomatic of all, the infrapatellar plica or ligamentum mucosum, is, ironically, the most commonly encountered plica. Some authors even claim this plica is never responsible for plica syndrome. This bell-shaped remnant originates in the intercondylar notch, widens as it sweeps through the anterior joint space, and attaches to the infrapatellar fat pad. This plica's ability to obscure portal entry sites or interfere with visualization during arthroscopy is touted as its only significance.

Information Only
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT

Page 1 of 1

Institution/Center: Lee CI		Time of Report:	
Date of Report: 8/23/08		Date of Incident: 8/19/08	
Reporting Official: Lt E. WIMS 023166		Time of Incident: 2:50 AM Approx	
Location of Incident: SMU Cell # 48		Employee(s) Involved:	
Inmate(s)/Resident:	SCDC#	Age	Race
1. Dozier Jabari	231703		
2.			
3.			
4.			
5.			
On the above date and approximate time: (on) Aug 19, 2008 at 2:50 AM			
I Lt E. WIMS was at cell # 48 and had just administered			
Wick Top pepper spray onto Inmate Dozier Jabari when			
Officer L. McCoy called me from the Control Room			
(North Control Room) and as I turned my head toward her			
I saw Officer L. McCoy what appear to slip down			
the Control stairs. Upon completing the incident			
concerning I (my) Dozier, Officer L. McCoy then informed me			
that she had slip in the North Control room. I then had			
Officer L. McCoy write a incident report and see was seen			
to medical. A an Accident injury report was then			
completed and placed in Lt Crawford Box			
Signature: Lt E. WIMS			
Evidence:			
Witness(es):			
Supervisor's Comments:		STG Related - Refer to STG Committee	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
		This incident is DRUG related	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Signature: E. Hall		Title: Capt	
		Date/Time: 8-23-08	
Major/Responsible Authority:			
Action Taken			
<input type="checkbox"/> Informal Resolution			
<input type="checkbox"/> Administrative Resolution			
<input type="checkbox"/> Refer to Disciplinary Hearing			
Signature:		Title:	
		Date:	

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



WCC File #: 0813574
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Leslie McCoy SSN: 24947184 Employer's Name: _____
Address: 4640 G. Lambert Rd Address: _____
City: Wandoville State: SC Zip: 29380 City: _____ State: _____ Zip: _____
Home Phone: (843) 383-5241 Work Phone: _____ Carrier: _____
Preparer's Name: Leslie McCoy Preparer's Phone #: (843) 383-5371

Please provide all of the information requested. Incomplete forms will delay the review process.

REQUEST TO WAIVE APPEAL FILING FEE

- Are you presently employed? Yes No
 - If yes, state the name and address of your employer and wages below.

 - If no, where did you last work, when did you stop working, and what were your wages?

 - Is your spouse employed? Yes No If yes, where? _____
Not married What are your spouse's wages? \$ _____
 - What is the total income of all working members of your household? 0
- How many people are dependent on you for their support (include children and relatives)? NO ONE
How much do you spend weekly for their support? \$ _____
- List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, other).

- Do you have a checking or savings account? Yes No
If yes, what is the balance in each account? Checking: \$ 0 Savings: \$ 0
- Do you rent or own your home? Rent Own None Rent or mortgage payment: \$ 0
- Do you own a car? Yes No Payments: \$ 0
- List the names of your creditors and amount of debt.

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Signature Leslie McCoy

Date 08/29/2014

For official use only. Fee Waived Waiver Rejected Other Disposition

Chair, S.C. Workers' Compensation Commission

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION JUDICIAL CONFERENCE DECISION AND ORDER

Leslie McCoy v Dept of Corrections
SCWCC: 0813574
Commissioner: Beck

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a Motion to admit Additional Evidence. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby; _____ Dismissed as Interlocutory. _____ Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is; _____ Granted. Denied _____ Dismissed _____ Set for Hearing.

BEFORE THE; _____ Hearing Comm. _____ Jurisdictional Comm. _____ Full Commission.

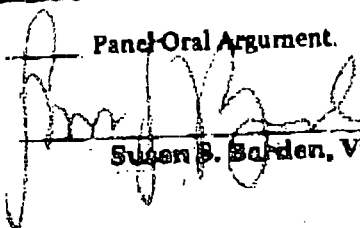
IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

Remand to Panel as indicated below.
_____ Barden _____ James _____ Taylor
_____ Beck _____ Roche _____ Wilkerson
_____ McCaskill

Remand for Order consistent with the Order of the Court.
_____ Remand to the Hearing Commissioner.
_____ Remand to the Jurisdictional Commissioner.
Other: _____

Remand: _____ Panel Oral Argument. _____ En Banc Oral Argument.

AND IT IS SO ORDERED.


Susan S. Barden, Vice-Chair

Columbia, South Carolina

8/14 2014

CONCURRING:
Commissioner Susan S. Barden
Commissioner Melody James
Commissioner Alsha Taylor
Commissioner Avery Wilkerson
Commissioner Andrea C. Roche
Commissioner Gene McCaskill

NOT PARTICIPATING:

DISSENTING:

CERTIFICATE OF SERVICE
THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPY THEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL

This _____ day of _____ 2014.

By: _____
SCWCC Judicial Department

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy thereof by electronic mail addressed to the attorney for said party. If there is an unrepresented party (i), by depositing a copy thereof, postage paid in the United States with, this case, addressed to the unrepresented party (i) and to the attorney for the represented party (i).

By Kim Feltz on August 13, 2014



August 21, 2014

Ms. Leslie McCoy
40690 Gilbert Road
Hartsville, SC 29550

Dear Ms. McCoy,

I have attached the form needed to amend your medical record as per your request. Complete the form and return to me in order for your request to be processed.

Please contact me with any questions regarding your request.

Sincerely,

A handwritten signature in black ink, appearing to read "George Rikard", with a long, sweeping horizontal line extending to the right.

George Rikard
Corporate Integrity Officer/Privacy Officer
Tuomey Healthcare Systems
129 N. Washington Street
Sumter, SC 29150
774-9500

From: unknown Page: 2/4 Date: 10/3/2003 7:59 AM

2008-4000

ALTY
8/18/08

TUOMEY
MEDICAL PROFESSIONALS, INC.
INDUSTRIAL MEDICINE AND WELLNESS
250 W. Woodmark Blvd., Sumter, SC 29150
Phone: (803) 774-8842 FAX: (803) 774-8283

IM0179566 M 11/03/68 4366100
MCODY, LESLIE 843-383-5341 x62
249-17-1813 29/24/08

PATIENT LABEL

WORK STATUS REPORT

843-383-5341
INITIAL VISIT 4/82
FOLLOW UP 1

PATIENT INFORMATION

Time in: 1014 Time out: 1200 Date of Injury: 8-18-08 Today's Date: 9-24-08
Employer: Dept of Corrections Employer's Phone: _____ Employer's Fax: _____

DIAGNOSIS

Diagnoses: 1. Continued strain multiple areas - see distal
2. Edema overlay cpt _____
3. _____ cpt _____

FAXID

TREATMENT

- Minor first aid
- Over the counter meds
- Talarua
- Anti-inflammatory meds
- Muscle relaxants
- Scheduled pain meds
- Physical Therapy
- Sutures/Wound care
- Splint/Cast/Boot/Sling/Crutches
- Antibiotics
- Bloodborne pathogen protocol
- Other: _____

WORK STATUS

No restrictions Restriction No work Restrictions Effective: Today Next Shift: _____

Back and Lower Extremity	None	Occ.	Often	Regularly
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking or standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/squat/twist/crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/work on heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity				
Grasp/pinch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach beyond forearm limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions apply to	<input type="checkbox"/> L Arm	<input type="checkbox"/> R Arm	<input type="checkbox"/> Both	

Work level: Lifting/Pushing/Pulling

Sedentary Negligible - 10 lbs. max
 Light 10 lbs. freq - 20 lbs. max
 Medium 25 lbs. freq - 50 lbs. max
 Heavy 50 lbs. freq - 100 lbs. max
 Very Heavy over 100 lbs.

Activity and hour restrictions (if applicable)
 Not to operate hazardous machinery
 Not to drive car/truck/forklift
 To work no more than _____ hrs. per day

Other Restrictions or Clarifications:

Can perform desk work only.
Use wheelchair if she feels she needs it.
Assist if she needs to get to desk, out of w/c
etc.

FOLLOW UP

Return Appointment: No Yes Sweden Date Oct 15, 08 Time 3pm

Patient Referred to: _____ Phone _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE: [Signature] Eric Byrd, MD

INFORMATION RELEASE & ACKNOWLEDGEMENT

- By signing, I authorize attending physician and/or the Industrial Medicine and Wellness program to release above information and other information acquired in the course of examination or treatment to my employer or its representative, or to a consulting physician or health care provider.
- I acknowledge the above information and instructions, and acknowledge that any restrictions are effective at the date or time shown above and apply to both work and off work activities.

PATIENT SIGNATURE: [Signature]

Received:

Jun 24 2009 09:30am

8037745283

Industrial Medicine

10:02:33

06-24-2009

5/11

43461

Tuomey Industrial Medicine and Wellness
See Assessment and Medical Evaluation for this date for additional information

PROGRESS NOTE

Leslie McCoy
Date: September 24, 2006

This patient has been scheduled on either one or two previous occasions but never obtained appropriate records for our evaluation. This is very necessary because the patient's injury occurred on August 15, 2008 and we are seeing her over a month after this injury. Not only does she indicate she is not getting any better, she is now in a wheelchair which was not the case earlier and her current complaints are quite different from those that she had initially.

According to the records that I have dated 8/23/08, the patient was seen at Carolina Pines Regional Medical Center approximately five days after her work injury. According to this history, it states that the patient slipped and "almost fell" while at work. Apparently, she grabbed onto a rail and at that time indicated she "pulled" neck and upper back. This note also indicates that the patient "wants paper to take to attorney" and that she is "requesting neck collar." (This handwriting is difficult for me to read but I think this is accurate.) A typed note this same date is as follows, "Patient states that she slipped and almost fell on Monday in some water and has been having pain in the neck and upper body since." Further review of this report indicates that she moves all four extremities equally and she denies numbness or tingling and that musculoskeletal examination reveals "minor injury that is to the back, neck." The patient had x-rays during this visit and cervical spine x-rays are essentially normal with no evidence of fracture or abnormality. The same is true for the x-rays of the thoracic spine.

The final diagnosis when the patient was discharged was "cervical strain and muscle spasms." (It may be noteworthy that on 12/18/07 the patient was apparently seen at the same facility for a motor vehicle accident and complained of cervical and musculoskeletal pain and had a diagnosis of cervical strain. I don't have details of that evaluation, just a brief record).

Handwritten records from Dr. Moyd indicate that the patient was seen apparently (Dr. Moyd) through September 8th and as far as I can tell she has not been treated since that time. She does, however, indicate to me that she has had physical therapy (but I have no record) and that she has been treated with a cervical collar. She takes Lorcet for pain. She has not been to work since her injury.

The patient's chief complaint is extremely varied and unusual. She volunteers that she has primarily a problem with bending her toes and especially on the right leg and that when she tries to bend her toes it feels as though "I'm having a ~~heart~~ attack". I asked exactly what that meant and she could not really describe that to me. She relates complete numbness of both lower extremities in a stocking distribution from inguinal area down.

She complains of neck pain without radicular pain. She complains of pain from the neck to the sacrum. This pain does not follow any radicular pattern in the upper or lower extremities. She states the pain is worse if she moves and tries to walk.

She also complains of pain in both knees but she goes back to the complaint that she feels as though she is becoming paralyzed and that when she tries to bend her toes she has this "heart attack" -like feeling.

Examination: This is a normally developed and nourished African-American female who is oriented to time, person, place, and situation. When I entered the room, she seemed to be very stiff and did not move much; however, during the conversation and during the time she did make spontaneous movement that seemed to be much easier than when I asked her to make movements on command.

Received:

Jun 24 2008 09:30AM

746283

Industrial Medicine

10:02:56

08-24-2008

8/11

Leslie McCoy
Page 2

The patient relates pain over the entire thoracic area and over the entire paraspinal muscle area.

She relates pain over the lumbar and lumbosacral areas, in the paraspinal muscle areas. She relates pain over both sacroiliac joints, both sciatic notches, and both greater trochanteric areas. Straight leg raise, braggard reinforcement, and popliteal stretch tests are normal. Deep tendon reflexes are equal. Motor, sensory, and vascular examinations are intact (lower extremities).

The patient has good rotation of each hip. She has full motion of each knee. I examined both knees. Neither knee shows effusion. Both with normal motion and normal stability.

I see no abnormality of the ankles or feet except that the patient will not bend her toes to command.

With an assistant, I got the patient to a standing position but she would not take one single step forward because she stated that she had too much pain and couldn't take a step. She did, however, take three steps backward to sit in her wheelchair. She came in the wheelchair and she went out in the wheelchair but this patient has been observed at other times to walk without this wheelchair.

The patient argued with me when I discussed her problem, stating that she needed an MRI. I advised her that at this point in time I did not think an MRI was indicated and that because of her multiple areas of complaints, it would be hard to localize this study. She was not receptive and was not pleasant, although she was not very rude.

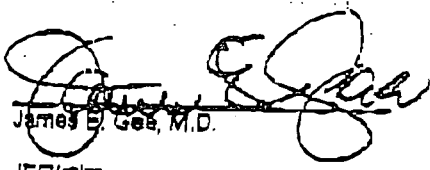
I advised her that I would obtain x-rays of her knees and the lumbar spine just to be sure that nothing was "going wrong."

These x-rays, lumbar spine, right knee, left knee, showed no evidence of acute injury. I questioned if there could be a pre-existing or possibly even a congenital para-articular. The radiologist did not think this was significant. The main point would be that this is not an acute injury.

IMPRESSION: This patient has contusion/strain of multiple areas with a very serious exaggeration of her symptoms and psychological overlay.

I advised the patient that we were going to start physical therapy and by to get her walking, that she needed to walk and not sit in the wheelchair because she was getting worse from inactivity. I did not offer nor did she ask for medications. I set up a follow-up appointment for three weeks.

Addendum Note: I failed to mention that in examining her feet and legs I noticed no vascular problem and certainly no signs of phlebitis or cellulitis or other problem that could be accounting for any of her symptoms.

 9/25/08
James B. Gee, M.D.

JEG/mjm

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



WCC File #: 2813574
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Leslie McLoe SSN: 211-17-1813 Employer's Name: _____
Address: 4690 Gilbert Rd Address: _____
City: Horroville State: SC Zip: 29500 City: _____ State: _____ Zip: _____
Home Phone: (843) 382-3411 Work Phone: _____ Insurance Carrier: _____
Preparer's Name: Leslie McLoe Law Firm: _____ Preparer's Phone #: _____

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by claimant employer (check one)

Date of injury: Aug 18 2008

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).

All of my injury reports went missing between State and Worker Comp
my new evidence I have proof that I turn it in and I also have
a witness that saw it put it on paper. The name of inmate
is Inmate Ooster I Leslie McLoe went through major
surgery. I am left in brace I cannot move my feet
The Worker Comp Doctor gave me false paper that stop my
worker comp. I talk to Truex hospital I have evidence of all of
that I would have my worker comp if none of this help
I am writing on Truex hospital tell me what happen I was given false document from worker comp

I certify that I have served this document pursuant to R.67-211 by delivering a copy to _____

on the _____ day of _____ by _____
 first class mail personal service certified mail.

Preparer's Signature: Leslie McLoe Title: _____ Date: _____

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

If 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 opposing 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 10 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 unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.