

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION

Derrick L. Williams, Commissioner
T. Scott Beck, Commissioner
Avery B. Wilkerson, Jr., Commissioner

WCC File No. 1009201

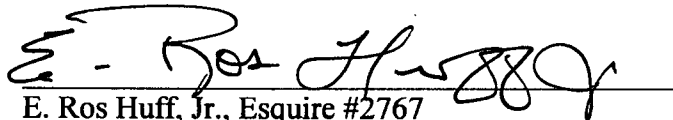
Homer Williams,..... Respondent,

v.

Walter P. Rawl and Sons, Inc. and Great American Alliance Insurance
Company.....Appellants.

RECORD ON APPEAL-VOLUME I

October 3, 2013



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SC Court of Appeals

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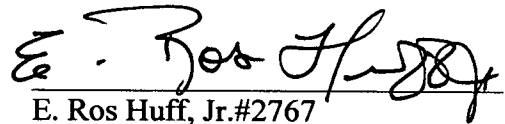
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CLERK OF COURT

Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and no any other material.

October 3, 2013



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SC Court of Appeals

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WCC File No. 1009201

Homer Williams,..... Respondent,

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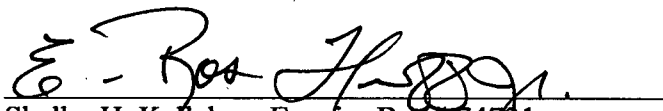
Walter P. Rawl and Sons, Inc. and Great American Alliance Insurance
Company.....Appellants.

PROOF OF SERVICE

I certify that I have served the Record on Appeal by depositing a copy of the same in the
United States Mail, postage prepaid, on _____ to the following parties, and or their
representatives:

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October 3, 2013



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APPELLATE PANEL OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
DECISION & ORDER

W.C.C. FILE NO: 1009201

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OCT 03 2013

SC Court of Appeals

HOMER WILLIAMS,

CLAIMANT/APPELLANT,

V.

WALTER P. RAWL & SONS, INC.

and

GREAT AMERICAN ALLIANCE INSURANCE COMPANY,

DEFENDANTS/RESPONDENTS.

Appellate Panel Review Hearing
Held in Columbia, South Carolina,
on October 22, 2012, per notices
timely and properly served upon
all parties of interest

Appellate Panel Decision and Order

filed, _____

1/3/13

APPEARANCES:

CLAIMANT/APPELLANT was represented by David N. Truitt,
Esquire, Lexington, South Carolina.

DEFENDANTS/RESPONDENTS were represented by E. Ros
Huff, Jr., Esquire, Columbia, South Carolina.

Notice of Appeal
due
1-30-13
CAW

STATEMENT OF THE CASE

This is an appeal by Defendants/Appellants of the Decision and Order by Commissioner Gene McCaskill filed on May 21, 2012.

Claimant filed a Form 50 hearing request on October 24, 2011, and the Defendants filed a Form 51 on November 15, 2011. This case was heard by Commissioner Gene McCaskill on February 2, 2012, at which time the parties and/or their representatives appeared and evidence was received. It is a denied work-related injury.

The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury occurring on June 10, 2010, while in the employment of the Defendants. The Claimant suffered an injury by accident while stepping down from the cab of a tractor-trailer, causing injury to his right knee. He was treated initially by Dr. Keith Lobel and referred to Dr. David Kingery. Claimant underwent multiple injections with Dr. Kingery. On October 11, 2010, Dr. David Kingery provided a 0% permanent impairment rating to the right knee. On August 15, 2011, Dr. Daniel Westerkam provided a 12% permanent impairment rating to the right knee. The issue in this case is whether Claimant sustained a work-related right knee injury on June 10, 2010, and if so, whether Claimant is entitled to back temporary total disability (TTD) benefits, a permanent disability award, reimbursement for past medical care, future medical care, medication (past and future) and medical mileage (past and future). Defendants deny that Claimant sustained a work-related injury. Medical records were submitted under the Administrative Procedures Act as evidence and made part of the Commission record. The deposition of Dr. Daniel Westerkam, noticed by Defendants and taken February 1, 2012, was submitted into evidence without objection.

MEDICAL EVIDENCE/RATINGS - APA SUBMISSIONS

At the hearing on February 2, 2012, pursuant to the South Carolina Administrative Procedures Act, South Carolina Code §1-23-320 *et seq.*, and Regulation 67-612, the parties submitted the following items without objection as evidence in support of their cases;

CLAIMANT'S APA SUBMISSIONS

APA #1 Reports of Keith D. Lobel, M.D. consisting of pages 1 - 7
APA #2 Reports of David Kingery, M.D. consisting of pages 8 - 41
APA #3 Report of Edwin Pia, M.D. consisting of pages 42 - 43
APA #4 Report of Daniel Westerkam, M.D. consisting of pages 44 - 47

DEFENDANTS' APA SUBMISSIONS

APA #5 Lexington Family Practice White Knoll pages 49 - 91
APA #6 Lexington Orthopaedics pages 92 - 94
APA #7 Lexington Urological Associates pages 95 - 101
APA #8 Lexington Medical Center pages 102 - 117

DEFENDANTS' EXHIBITS

EXHIBIT #A Claimant's Deposition
EXHIBIT #B SCDOT Driver Logs
EXHIBIT #C Defendants' Response to Subpoena
EXHIBIT #D Medical Summary
EXHIBIT #E SCDEW Records
EXHIBIT #F Claimant's 6/17/2010 Recorded Statement

STIPULATIONS

At the call of the February 2, 2012, hearing, the parties stipulated that the South Carolina Workers Compensation had jurisdiction in this case and that venue was proper in Richland County. The purpose of the hearing is to decide issues raised in Claimant's Form 50 and Defendants' Form 51. Pursuant to a Consent Order dated September 13, 2011, both parties agreed and stipulated that the Claimant's applicable average weekly wage is \$1,173.81 with a corresponding maximum compensation rate of \$689.71. Notice was timely and properly served upon all parties of interest. The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury that occurred on or about June 10, 2010,

while in the employment of the Employer/Defendants, and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over this case. Without objection, and with the exception of any self-serving statements or non-stipulated medical reports, the Commission's file was made a part of the record.

CLAIMANT BIOGRAPHICAL

AGE:	66 (DOB: 3/30/1945)
SEX:	Male
HEIGHT:	5'4"
WEIGHT:	240 lbs.
MARITAL STATUS:	Married
CHILDREN:	Three children
WORK HISTORY:	Service station 2 years; machine shop 6 years; truck driver for 42 years
EDUCATION:	10 th Grade

EVIDENCE

The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury occurring on June 10, 2010, while in the employment of the Defendant. The Claimant, the only witness at the February 2, 2012, hearing, testified that he is a truck driver for the Defendants and has been since 2005. The Claimant started work at about 2:00 a.m. on June, 10, 2010. He made deliveries on June 10, 2010, to Limehouse in Charleston, South Carolina, Piggly Wiggly in Charleston, South Carolina, and Food Lion and then back to Rawls. (Tr. p. 18, line 4 - 25; p. 19, line 1).

After parking the tractor trailer truck on the Defendant's lot, the Claimant got out of the cab and stepped down with his right foot. When his right foot touched the ground, he heard

something like a pop and he had so much pain in his knee that he could not put any weight on it. Claimant grabbed the truck to keep from falling to the ground. (Tr. p. 20, lines 3 - 11). After the injury, the Claimant hopped on his left leg to his personal truck, which was only three feet away. The Claimant, at the instruction of the Defendants, then took another employee to pick up a truck Defendants had rented. (Tr. p.21, lines 9 - 20).

Claimant hoped that the right knee pain might lessen, but when it did not, Claimant called Ferri in the Defendant's transportation office and told her what happened. (Tr. p. 21, lines 21 - 25). The Claimant told Ferri that when he stepped out of the truck, that he thought he had jammed his knee. (Tr. p. 22, lines 9 - 14). After dropping the other driver off, the Claimant called Ferri again to tell her that he had to go to his family doctor. (Tr. p. 22, lines 15 - 23). Claimant's family doctor is Lexington Family Practice. (Tr. p. 23, lines 2 - 8).

The Claimant was diagnosed with osteoarthritis in both knees in 2009, and his family doctor gave him Celebrex, which did help. Claimant did not miss any time from work due to the arthritis in his knees. (Tr. p. 23, lines 9 - 23; Defendant's APA 1, p. 66).

The Claimant went to see his family doctor three days prior to the accident. Claimant went because the muscles in the calf of his right leg were hurting. When the doctor performed a physical examination of the Claimant's knees, there was some pain in his knees. Claimant, however, did not go to his family doctor on June 7, 2010, because of knee pain. (Tr. p. 24, lines 3 - 19; Defendant's APA 1, p. 52). The Claimant worked up until the time he got hurt on June 10, 2010. (Tr. p. 24, lines 20 - 25).

The Claimant was unable to go back to work for four months following the June 10, 2010, work accident. (Tr. p. 25, lines 1 - 5).

The Claimant treated with Dr. Lobel at Lexington Family Practice for his right knee injury. Dr. Lobel ordered an MRI of his right knee. After the MRI, Claimant was referred to Dr. Kingery at Lexington Orthopaedics. (Tr. p. 25, lines 20 - 25; p. 26, lines 1 - 16). Dr. Kingery performed 4 - 5 knee injections in order to lessen the Claimant's period of disability. (Tr. p. 27, lines 2 - 11).

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

When the Claimant returned to work for the Employer, he was not able to do the unloading part of his job. Claimant worked for Employer until July 8, 2011, when he retired. (Tr. p. 29, lines 4 - 23).

The treatment provided to the Claimant by Dr. Kingery helped ease his pain. The injections were effective for 2 ½ to 3 months and then the Claimant had to return to Dr. Kingery for more care. (Tr. p. 30, lines 7 - 17).

The Claimant had to step down 22 inches from his tractor trailer cab when he was injured on June 10, 2010. Claimant's personal vehicles require a step down of a foot or less. (Tr. p. 31, lines 13 - 20; p. 32, lines 2 - 10). No other vehicle Claimant has ridden in has a step down as far as his tractor trailer cab. (Tr. p. 32, lines 8-10).

The Claimant cannot fish any more since this accident as his knee hurts too much with sitting. (Tr. p. 32, lines 11 - 25; p. 33, line 1 - 5).

The Claimant takes prescription Celebrex, which helps reduce his pain and allows him to still drive a truck. (Tr. p. 33, lines 12 - 24). The Claimant saw Dr. Daniel Westerkam for an IME at the request of the Defendants, and Claimant wants Dr. Westerkam's recommendations

regarding a knee brace, cane, non-steroid anti-inflammatory medicine, and lifetime medical care approved and ordered by the Commission. (Tr. p. 35, lines 18 - 25; p. 36, lines 1 - 4).

The Defendants listed at least eight potential witnesses and called none to testify at the February 2, 2012, hearing.

Based upon the evidence received, Commissioner McCaskill made the following findings of fact at the February 2, 2012 hearing:

FINDINGS OF FACT

1. The Claimant suffered a work-related injury by accident to his right knee on June 10, 2010, arising out of and in the course of his employment. I base this conclusion on the testimony of the Claimant, the medical evidence contained in the APA submissions, and the medical questionnaires of Dr. Keith Lobel and Dr. David Kingery. Both of these doctors treated the Claimant.

After parking the tractor trailer truck on the Defendant's lot, the Claimant got out of the cab and stepped down with his right foot. When his right foot touched the ground, he heard something like a pop and he had so much pain in his knee that he could not put any weight on it. Claimant grabbed the truck to keep from falling to the ground. (Tr. p. 20, lines 3 - 11). After the injury, the Claimant hopped on his left leg to his personal truck, which was only three feet away. The Claimant, at the instruction of the Defendants, then took another employee to pick up a truck Defendants had rented. (Tr. p.21, lines 9 - 20).

The Claimant had to step down 22 inches from his tractor trailer cab when he was injured on June 10, 2010. Claimant's personal vehicles require a step down of a foot or less. (Tr. p. 31, lines 13 -20; p. 32, lines 2 - 10). No other vehicle Claimant has ridden in has a step down as far as his tractor trailer cab. (Tr. p. 32, lines 8-10). Claimant is 5 feet, 4 inches tall and weighs

240 pounds. (Claimant's APA 4, p. 47). I find that the force exerted onto Claimant's right knee during this 22 inch step down from the tractor trailer cab at work is greater than any force Claimant would encounter outside of his employment and that this danger was peculiar to his employment. I find that the causative danger of the 22 inch step down from the tractor trailer cab was peculiar to Claimant's work and not common to the neighborhood.

The Claimant treated with Dr. Lobel at Lexington Family Practice for his right knee injury. Dr. Lobel ordered an MRI of his right knee. After the MRI, Claimant was referred to Dr. Kingery at Lexington Orthopaedics. (Tr. p. 25, lines 20 - 25; p. 26, lines 1 - 16). Dr. Kingery performed 4 - 5 knee injections in order to lessen the Claimant's period of disability. (Tr. p. 27, lines 2 - 11).

On June 10, 2010, the date of the work-related accident, the Claimant went to his family doctor, Lexington Family Practice White Knoll, and saw Dr. Keith Lobel. The medical record states:

This is a 65-year old male who presents with acute onset of right knee pain after jamming his leg about an hour ago. He was hopping out of his truck at the time. He felt the knee pop. It sounds like it was locked in place when he hit the ground. He misjudged the distance to the ground causing the event. He is now having pain with bearing weight, difficulty walking. No previous injury to the knee. No swelling yet. (Claimant's APA 4, p. 6).

On June 14, 2010, Claimant returned to Dr. Lobel. The medical record states:

The patient is a 65-year old male who presents for a 4-day recheck of acute right knee pain after having an injury while at work. This is a worker's comp case. I sent home him for the weekend with activity as tolerated. He was using crutches initially but is now off those. Symptomatically, he is feeling about 50% better with respect to pain. He is not needing any pain medication at this time. He is not quite ready to go back to work. He is a truck driver, does a lot of climbing in and out of his truck cab. He does need clearance when appropriate to go back to work without restrictions. (Claimant's APA 1, p. 5).

On June 18, 2010, Claimant went back to Dr. Lobel. The medical record states, "The patient returns for a recheck for right knee injury after stepping out of this truck on June 10. This is a Worker's Compensation case. He felt the knee pop at the time... His pain is persisting with positive McMurray test. Set up MRI..." (Claimant's APA 1, p. 4).

On July 24, 2010, Claimant had an MRI of his right knee. The MRI results were, "Nonspecific marrow edema or bone bruise for the medial femoral condyle. Degenerative myxoid signal present posterior horn of the medial meniscus. Moderate sized joint effusion with sizeable Baker's cyst as discussed above. No other acute internal derangement notes. Degenerative changes for the medial tibiofemoral joint. Minimal strain for the medial collateral ligament complex." (Claimant's APA 3, p. 43).

On August 5, 2010, Claimant went to see Dr. David Kingery at Lexington Orthopaedics. The record states, "Patient is 65 year old truck driver seen with right knee pain and history of Baker's cyst. He has undergone MRI prior to his visit here, which has shown a large Baker's cyst and some minimal meniscal changes..." (Claimant's APA 2, p. 33).

On August 12, 2010, Claimant returned to Dr. Kingery and received a right knee injection with 2 cc of Depro-Medrol 40 mg per cc. (Claimant's APA 2, p. 32).

On August 30, 2010, Claimant returned to Dr. Kingery. Both the bursa and plica were injected in hopes of giving him symptomatic relief. Dr. Kingery estimated that Claimant "should be able to return to his trucking work by the end of September and have written appropriate work note documenting this." (Claimant's APA 2, p. 28).

On October 11, 2010, Dr. Kingery provided the following addendum to his medical records:

The patient when first seen on August 5, 2010 indicated his original injury occurred when he stepped out of his truck and twisted his knee. Prior to me seeing

him, he had treatment by other physicians and underwent MRI where degenerative meniscal changes were identified along with a Baker cyst. I have treated him for this condition. Most of his symptoms are resolved. We have released him to return to his work.

It is my medical opinion that the patient's knee problem for which I treated him for initially on August 5, 2010 was either directly caused by or aggravated by his injury on June 10, 2010 when he stepped from his truck in the Pelion, SC work yard twisting his knee. Based upon his last visit, I believe he has reached maximum medical improvement but has 0% partial permanent impairment. It is likely that he may require future care for his meniscal tear or Baker cyst in the future. (Claimant's APA 2, p. 26).

Claimant followed up with Dr. Kingery on December 16, 2010, and January 13, 2011.

Dr. Kingery states in his medical record, "Patient is seen today with symptoms of pes anserine bursitis with pain below his medial knee, exquisitely tender to touch... In my opinion, this is directly related to his earlier knee injury, all of which was related to his work..." (Claimant's APA 2, p. 21).

On March 17, 2011, Claimant returned to Dr. Kingery and received an injection of the knee and pes anserine bursa with 80 mg of Depo-Medrol. (Claimant's APA 2, p. 20).

On August 8, 2011, Dr. Kingery completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 14). Dr. Kingery also stated most probably to a reasonable degree of medical certainty that Claimant will need future medical care to include an occasional injection to his knee and one follow up medical visit per year, which will tend to lessen Claimant's period of disability for his right knee work-related injury through maintaining his present level of functioning. (Claimant's APA 2, p. 15).

Dr. Lobel completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his

performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 17).

On August 11, 2011, Dr. W. Daniel Westerkam performed an Independent Medical Examination on the Claimant at the request of the Defendant's. Dr. Westerkam stated:

This is a 66 year old gentleman who injured his right knee on June 10, 2010... The patient's MRI scan revealed some degenerative changes as well as a Baker's cyst which were pre-existing conditions that were exacerbated by stepping off his truck on June 10, 2010. The patient subsequently retired and is no longer working, but I do believe he will need to take non-steroidal anti-inflammatories indefinitely. I do recommend that he perform a home exercise program and I think walking in the pool is ideal. Because of his morbid obesity, weightbearing exercises will only exacerbate the degeneration of his knee. I would recommend that he be placed on a weight reduction program. I agree with Dr. Kingery that removal of the Baker's cyst is probably not going to resolve any of his issues and they frequently reoccur. I think the patient would benefit from a knee brace and a cane which would help unload the knee. I do think he has a permanent impairment of the right knee because of weakness in the knee extension. I would use the table on 17-8 on page 532 which would give him a 12% right knee impairment. (Claimant's APA 4, p. 47).

On January 13, 2012, Dr. Westerkam stated in a medical questionnaire that most probably to a reasonable degree of medical certainty that Claimant's right knee injuries most probably result from his performance of a job activities and/or work-related aggravation of a pre-existing condition (Claimant's APA 4, p. 44). Most probably to a reasonable degree of medical certainty, Dr. Westerkam gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need a knee brace, cane, and nonsteriodal anti-inflammatory meds for the remainder of his lifetime. (Claimant's APA 4, p. 45). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

2. The Claimant has a 12% disability to the right lower extremity. I base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing.

Most probably to a reasonable degree of medical certainty, Dr. W. Daniel Westerkam, the doctor hired by the Defendants to perform an independent medical examination of Claimant, gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

When the Claimant returned to work for the Employer, he was not able to do the unloading part of his job. Claimant worked for Employer until July 8, 2011, when he retired. (Tr. p. 29, lines 4 - 23).

The Claimant cannot fish any more since this accident as his knee hurts too much with sitting. (Tr. p. 32, lines 11 - 25; p. 33, line 1 - 5).

The treatment provided to the Claimant by Dr. Kingery helped ease his pain. The injections were effective for 2 ½ to 3 months and then the Claimant had to return to Dr. Kingery for more care. (Tr. p. 30, lines 7 - 17).

The Claimant takes prescription Celebrex, which helps reduce his pain and allows him to still drive a truck. (Tr. p. 33, lines 12 - 24). The Claimant saw Dr. Daniel Westerkam for an IME at the request of the Defendants, and Claimant wants Dr. Westerkam's recommendations

regarding a knee brace, cane, non-steroid anti-inflammatory medicine, and lifetime medical care approved and ordered by the Commission. (Tr. p. 35, lines 18 - 25; p. 36, lines 1 - 4).

The Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

3. According to Dr. Kingery, the treating orthopaedic physician, the Claimant reached MMI on October 11, 2010. (Claimant's APA 2, p. 26).

4. In the IME conducted by Dr. Daniel Westerkam at the request of the Defendants, Dr. Westerkam opines that the Claimant will need, "a knee brace, cane, and nonsteroidal anti-inflammatory medications." (Claimant's APA 4, p. 47). The Defendants shall provide Claimant a knee brace, cane, and nonsteroidal anti-inflammatory medications.

5. The Defendants can choose an authorized treating physician to prescribe those nonsteroidal anti-inflammatory medications (NSAIDS) as well as provide medical care which would tend to lessen the Claimant's disability. The Defendants shall provide future medical care and medications which tend to lessen Claimant's disability including, but not limited to, injections and nonsteroidal anti-inflammatory medications. (Claimant's APA 2, p. 15; Claimant's APA 4, pp. 45, 47).

6. The Claimant is entitled to temporary total disability (TTD) benefits from June 10, 2010, through October 11, 2010. (Claimant's APA 2, pp. 26, 28, 30). I base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing. The Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

7. The Claimant is not entitled to a weight loss program or surgery.

8. Four motions were filed in this case. The information found at tabs B, C, D, and E was not required to reach a decision in this case. As such, that information was given no weight.

9. Therefore, I find those four motions are moot.

10. The Defendants are responsible and shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

11. The Defendants are responsible and shall pay for all causally related medications.

12. The Defendants are responsible and shall pay for all causally related medical mileage.

13. The Claimant gave proper and timely notice of the accident to the Defendants based on Claimant's testimony and the Form 12A.

Claimant hoped that the right knee pain might lessen, but when it did not, Claimant called Ferri in the Defendant's transportation office and told her what happened. (Tr. p. 21, lines 21 - 25). The Claimant told Ferri that when he stepped out of the truck, that he thought he had jammed his knee. (Tr. p. 22, lines 9 - 14). After dropping the other driver off, the Claimant called Ferri again to tell her that he had to go to his family doctor. (Tr. p. 22, lines 15 - 23).

14. The Claimant timely filed this claim.

15. The Claimant's average weekly wage is \$1,173.81, yielding a maximum

compensation rate of \$689.71.

16. The Claimant is 66 years old. (Tr. p. 16, lines 18-19).

17. The Claimant is 5 foot, 4 inches tall and weighs 240 pounds. (Tr. P. 16, lines 20 -23).

18. The Claimant has a tenth grade education and has worked as a truck driver for 42 years. (Tr. p. 17, lines 5-14).

19. The Claimant started working for the Defendants in 2005. (Tr. p. 18, lines 4-13)

20. The Claimant fully cooperated with the Defendants' investigation and gave their insurance adjuster, Mr. Steve Anthony, a detailed, recorded statement of how the accident occurred on June 17, 2010, and the injury he sustained. The Claimant's statement was consistent with what Claimant told the Employer and all of the doctors he saw.

(Verbatim excerpt from Hearing Transcript):

65

14 ...

15 BY MR. TRUITT:

16 Q. All right. This is -- you remember

17 Mr. Anthony coming to talk to you on June 17th which is a
18 week after the accident?

19 A. Yes.

20 Q: And I'm going to ask you, did you tell him the
21 date the accident was?

22 A. Yes.

23 Q. What did you tell him? This is Page 1 and
24 it's several lines down.

25 A. June the 10th.

66

1 Q. That was the 10th? That was your answer?

2 A. Yes, sir.

3 Q. All right. Did you also tell Mr. Anthony how
4 the accident happened?

5 A. Yes, sir.

6 Q. I'm going to direct your attention to page 6
7 of the statement, and this is a little further down where
8 it says -- where it's highlighted.
9 A. I said, "Well, I thought I jammed my knee when
10 I stepped out of the truck. But the doctor says maybe
11 pulled a liter (sic) or muscle in back of my leg. He
12 x-rayed my knee and said that I didn't hurt nothing or
13 break anything."
14 Q. Okay. All right. A few lines further down on
15 Page 6, what did you further explain what is says right
16 there?
17 A. "I stepped out of the truck when I hit -- hit
18 the" -- it's supposed to be ground, but it ain't on here.
19 "When I stepped on the ground, I felt something in my leg
20 give. It sounded like something cracked."
21 Q. Okay. And this was one week after the
22 accident?
23 A. Yes.
24 Q. All right. Then he asked you the next
25 question, "Did you fall," on Page 6. And on Page 7, the

67

1 first line, what is your answer?
2 A. "Yep. I fell. I caught ahold of the truck,
3 but I couldn't stand up and put no weight on my leg at
4 all." He said, "Did you fall to the ground completely?"
5 "No. I caught -- see, I caught ahold of the
6 truck before I hit the ground, but I will -- was going to
7 hit to the ground when my knee of leg give away."
8 Q. Okay. All right. And that's what happened;
9 is that correct?
10 A. Yes.
11 Q. And that's what you told Ferri, that's what
12 you told Steve Anthony, and that's what you told any
13 doctor you've been to?
14 A. Yes.
15 Q. And that's what you're telling Commissioner
16 McCaskill today?

17 A. Yes.
18 ...

CONCLUSIONS OF LAW

Commissioner McCaskill made the following conclusions of law:

1. This matter is governed by the South Carolina Workers' Compensation Act, §42-1-10 *et seq.* of the South Carolina Code (1976, as amended).

2. The Claimant sustained an injury by accident pursuant to §42-1-160 of the Act on June 10, 2010, within the course and scope of his employment and that Defendants were given proper notice of Claimant's injury.

To sustain an award under the Workers' Compensation Act, an injury must result from an accident which both "arose out of" and occurred "in the course of" the employment. *Williams v. The South Carolina State Hospital*, 245 S.C. 377, 140 S.E. 2d 601 (1965). The phrases "arising out of" and "in the course of employment" are used conjunctively. One of these elements without the other will not sustain an award. The two elements must co-exist. *Dicks v. Brooklyn Cooper Ridge Co.*, 208 S.C. 139, 37 S.E. 2d 286 (1946); *Brady v. Sacony of St. Matthews*, 232 S.C. 84, 101 S.E. 2d 50 (1957). "Arising out of refers to the origin of the cause of the accident. *Eaddy v. Smurfit-Stone Container Corporation*, 355 S.C. 154, 584 S.E. 2d 390 (Ct. App. 2003). (*rehearing denied.*) The employee's injury must bear a "logical causal relation" to his employment. *Dukes v. Rural Metro Corp.*, 356 S.C. 107, 587 S.E.2d 687 (2003), *quoting*, *Bright v. Orr Lyons Mill*, 285 S.C. 58, 59, 328 S.E.2d 68, 70 (1985).

"It (the injury) arises 'out of the employment, when there is apparent to the rational mind upon consideration of all the circumstances, a causal connection between the conditions under which the work is required to be performed and the resulting injury. Under this test, if the injury

can be seen to have followed as a natural incident of the work and to have been contemplated by a reasonable person familiar with the whole situation as a result of the exposure occasioned by the nature of the employment, then it arises 'out of' the employment. But it excludes an injury which cannot fairly be traced to the employment as a contributing proximate cause and which comes from a hazard to which the workman would have been equally exposed apart from the employment. The causative danger must be peculiar to the work and not common to the neighborhood. It must be incidental to the character of the business and not independent of the relation of master and servant. It need not have been foreseen or expected, but after the event it must appear to have had its origin in a risk connected with the employment, and have flowed from that source as a rational consequence." *Douglas v. Spartan Mills*, 245 S.C. 265, 140 S.E.2d 173 (1965), quoting, *Fowler v. Abbott Motor Co.*, 236 S.C. 226, 113 S.E.2d 737 (1960).

"Under the 'increased-risk doctrine' for workers' compensation purposes, an injury arises out of the employment if some risk inherent to the employment was a contributing cause of the injury; the risk must be one to which the general public would not be equally exposed." *Simmons v. City of Charleston* (S.C. App. 2002) 349 S.C. 64, 562 S.E.2d 476. rehearing denied certiorari dismissed."

"The adjective 'accidental' qualifies and describes the injuries contemplated by the statute as having the quality or condition of happening or coming by chance or without design, taking place unexpectedly or unintentionally. If one becomes ill while at work from natural causes, the state or condition is not accidental since it is a natural result or consequence and might be termed normal and to be expected. If, however, there is a subsisting condition of illness or incapacity or physical disability which is caused, increased, or accelerated by some act or event coming by chance or happening fortuitously, then the requisite quality or condition of the injury will exist so

as to make it accidental. Neither is it necessary that the accidental quality or condition be created by wound or external violence." *Riley v. South Carolina Ports Authority*, 253 S.C. 621, 172 S.E. 2d 657 (1970). In other words, the injury itself can be the accident; however, proximate causation must still be proven by preponderant evidence.

In a compensable workers' compensation case, *Ellis v. Spartan Mills*, 276 S.C. 218, 277 S.E.2d 590 (1981), the claimant bent forward and twisted in order to retrieve something involved with her employment ("Ellis testified that a thread had run off the machine and was lying on the floor. As she bent forward and to her right, twisting her body in an attempt to retrieve the thread, she testified that she felt something 'pop' in her back." *Id.* at 219, 591. "The facts as found by the Commission in this action reveal that Ellis suffered her injury when she twisted her back. Here, the injury resulted from the work activity.") *Id.* at 219, 592.

In another compensable workers' compensation case, *Sigmon v. Dayco Corp.*, 316 S.C. 260, 449 S.E.2d 497 (Ct. App. 1994), the claimant knelt down to tighten bolts, thereby placing pressure on his knee. ("In 1992, Sigmon knelt to tighten bolts on a machine that Dayco had assigned him to rebuild. His knee locked when he attempted to stand up.") *Id.* at 261, 498.

In another compensable workers' compensation case, *Creech v. Ducane Co.*, 320 S.C. 559, 467 S.E.2d 114 (Ct. App. 1995), the claimant bent down to pick up a filter rack from the floor. ("On July 12, 1993, Creech claimed he injured his back as he reached down to pick up a filter rack from the floor.") *Id.* at 559, 115. Although the filter was of insignificant weight, the task involved the bodily mechanics of bending down and reaching.

3. Under §42-1-40, the Claimant's average weekly wage is \$1,173.81, yielding a maximum compensation rate of \$689.71.

4. Under §42-9-10 and §42-1-120, the Claimant reached maximum medical

improvement on October 11, 2010, in accord with Dr. David Kingery's findings.

5. Under §42-9-30, the Claimant has 12% disability to the right lower extremity.

6. Under §42-15-20, proper notice of the injury was given.

7. Under §42-15-60 and *Dodge v. Brucoli, Clark, Layman, Inc.*, 334 S.C. 574, 514 S.E.2d 593 (S.C. App. 1999), Claimant shall receive and Defendants shall provide lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.

8. The Defendants can choose an authorized treating physician to prescribe those NSAIDS as well as provide medical care which would tend to lessen the Claimant's disability.

ORDER

BASED ON THE FINDING OF FACT AND CONCLUSIONS OF LAW,

Commissioner McCaskill ordered as follows:

ORDERED, ADJUDGED AND DECREED that Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant an authorized treating physician to provide causally related medical care and prescribe causally related medications.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medication and medical mileage.

AND IT IS SO ORDERED.

On June 7, 2012, Defendants filed a Form 30, raising the below issues on appeal:

1. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant suffered an injury by accident, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
2. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant suffered an injury by accident, the error being that the Claimant did not meet his burden of proof?
3. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to T.T.D. benefits, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
4. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to T.T.D. benefits, the error being that the Claimant did not meet his burden of proof?
5. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to 12% in permanent disability, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
6. Did the Single Commissioner err in finding as fact, concluding as a matter of law

and ordering that the Claimant is entitled to 12% in permanent disability, the error being that the Claimant did not meet his burden of proof?

7. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to past and future medical care and treatment, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
8. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to past and future medical care and treatment, the error being that the Claimant did not meet his burden of proof?
9. Did the Single Commissioner err in Finding of Fact #1 that the force exerted onto claimant's right knee during a 22 inch step down from the tractor trailer cab at work is greater than any force Claimant would encounter outside of his employment and the danger was peculiar to his employment, the error being that this finding is based upon conjecture, surmise, and speculation?
10. Did the Single Commissioner err in Finding of Fact #4 that the claimant was entitled to a knee brace, cane and non-steroidal anti-inflammatory medications, the error being that the evidence does not support that these modalities will tend to lessen the claimant's disability?
11. Did the Single Commissioner err in Concluding as a Matter of Law #7 that the claimant was entitled to a knee brace, cane and non-steroidal anti-inflammatory medications, the error being that the claimant did not meet his burden of proof?
12. Did the Single Commissioner err in Concluding as a Matter of Law #7 that the claimant was entitled to lifetime future medical care pursuant to Dodge v. Broccoli, the error being that the claimant was not found to be permanently and totally disabled?

FULL COMMISSION DECISION

Based on the evidence submitted and the arguments presented at the Appellate Panel Review Hearing held in Columbia, South Carolina, on October 22, 2012, the undersigned Commissioners make the following findings of fact and conclusions of law based upon the preponderance of the evidence:

FINDINGS OF FACT

1. The Claimant suffered a work-related injury by accident to his right knee on June

10, 2010, arising out of and in the course of his employment. We base this conclusion on the testimony of the Claimant, the medical evidence contained in the APA submissions, and the medical questionnaires of Dr. Keith Lobel and Dr. David Kingery. Both of these doctors treated the Claimant.

After parking the tractor trailer truck on the Defendant's lot, the Claimant got out of the cab and stepped down with his right foot. When his right foot touched the ground, he heard something like a pop and he had so much pain in his knee that he could not put any weight on it. Claimant grabbed the truck to keep from falling to the ground. (Tr. p. 20, lines 3-11). After the injury, the Claimant hopped on his left leg to his personal truck, which was only three feet away. The Claimant, at the instruction of the Defendants, then took another employee to pick up a truck Defendants had rented. (Tr. p.21, lines 9-20).

The Claimant had to step down 22 inches from his tractor trailer cab when he was injured on June 10, 2010. Claimant's personal vehicles require a step down of a foot or less. (Tr. p. 31, lines 13-20; p. 32, lines 2-10). No other vehicle Claimant has ridden in has a step down as far as his tractor trailer cab. (Tr. p. 32, lines 8-10). Claimant is 5 feet, 4 inches tall and weighs 240 pounds. (Claimant's APA 4, p. 47). We find that the force exerted onto Claimant's right knee during this 22 inch step down from the tractor trailer cab at work is greater than any force Claimant would encounter outside of his employment and that this danger was peculiar to his employment. We find that the causative danger of the 22 inch step down from the tractor trailer cab was peculiar to Claimant's work and not common to the neighborhood.

The Claimant treated with Dr. Lobel at Lexington Family Practice for his right knee injury. Dr. Lobel ordered an MRI of his right knee. After the MRI, Claimant was referred to Dr. Kingery at Lexington Orthopaedics. (Tr. p. 25, lines 20-25; p. 26, lines 1-16). Dr. Kingery

performed 4-5 knee injections in order to lessen the Claimant's period of disability. (Tr. p. 27, lines 2-11).

On June 10, 2010, the date of the work-related accident, the Claimant went to his family doctor, Lexington Family Practice White Knoll, and saw Dr. Keith Lobel. The medical record states:

This is a 65-year old male who presents with acute onset of right knee pain after jamming his leg about an hour ago. He was hopping out of his truck at the time. He felt the knee pop. It sounds like it was locked in place when he hit the ground. He misjudged the distance to the ground causing the event. He is now having pain with bearing weight, difficulty walking. No previous injury to the knee. No swelling yet. (Claimant's APA 4, p. 6).

On June 14, 2010, Claimant returned to Dr. Lobel. The medical record states:

The patient is a 65-year old male who presents for a 4-day recheck of acute right knee pain after having an injury while at work. This is a worker's comp case. I sent home him for the weekend with activity as tolerated. He was using crutches initially but is now off those. Symptomatically, he is feeling about 50% better with respect to pain. He is not needing any pain medication at this time. He is not quite ready to go back to work. He is a truck driver, does a lot of climbing in and out of his truck cab. He does need clearance when appropriate to go back to work without restrictions. (Claimant's APA 1, p. 5).

On June 18, 2010, Claimant went back to Dr. Lobel. The medical record states. "The patient returns for a recheck for right knee injury after stepping out of this truck on June 10. This is a Worker's Compensation case. He felt the knee pop at the time... His pain is persisting with positive McMurray test. Set up MRI..." (Claimant's APA 1, p. 4).

On July 24, 2010, Claimant had an MRI of his right knee. The MRI results were, "Nonspecific marrow edema or bone bruise for the medial femoral condyle. Degenerative myxoid signal present posterior horn of the medial meniscus. Moderate sized joint effusion with sizeable Baker's cyst as discussed above. No other acute internal derangement notes. Degenerative changes for the medial tibiofemoral joint. Minimal strain for the medial collateral

ligament complex.” (Claimant’s APA 3, p. 43).

On August 5, 2010, Claimant went to see Dr. David Kingery at Lexington Orthopaedics. The record states, “Patient is 65 year old truck driver seen with right knee pain and history of Baker’s cyst. He has undergone MRI prior to his visit here, which has shown a large Baker’s cyst and some minimal meniscal changes...” (Claimant’s APA 2, p. 33).

On August 12, 2010, Claimant returned to Dr. Kingery and received a right knee injection with 2 cc of Depro-Medrol 40 mg per cc. (Claimant’s APA 2, p. 32).

On August 30, 2010, Claimant returned to Dr. Kingery. Both the bursa and plica were injected in hopes of giving him symptomatic relief. Dr. Kingery estimated that Claimant “should be able to return to his trucking work by the end of September and have written appropriate work note documenting this.” (Claimant’s APA 2, p. 28).

On October 11, 2010, Dr. Kingery provided the following addendum to his medical records:

The patient when first seen on August 5, 2010 indicated his original injury occurred when he stepped out of his truck and twisted his knee. Prior to me seeing him, he had treatment by other physicians and underwent MRI where degenerative meniscal changes were identified along with a Baker cyst. I have treated him for this condition. Most of his symptoms are resolved. We have released him to return to his work.

It is my medical opinion that the patient’s knee problem for which I treated him for initially on August 5, 2010 was either directly caused by or aggravated by his injury on June 10, 2010 when he stepped from his truck in the Pelion, SC work yard twisting his knee. Based upon his last visit, I believe he has reached maximum medical improvement but has 0% partial permanent impairment. It is likely that he may require future care for his meniscal tear or Baker cyst in the future. (Claimant’s APA 2, p. 26).

Claimant followed up with Dr. Kingery on December 16, 2010, and January 13, 2011. Dr. Kingery states in his medical record, “Patient is seen today with symptoms of pes anserine bursitis

with pain below his medial knee, exquisitely tender to touch... In my opinion, this is directly related to his earlier knee injury, all of which was related to his work..." (Claimant's APA 2, p. 21).

On March 17, 2011, Claimant returned to Dr. Kingery and received an injection of the knee and pes anserine bursa with 80 mg of Depo-Medrol. (Claimant's APA 2, p. 20).

On August 8, 2011, Dr. Kingery completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 14). Dr. Kingery also stated most probably to a reasonable degree of medical certainty that Claimant will need future medical care to include an occasional injection to his knee and one follow up medical visit per year, which will tend to lessen Claimant's period of disability for his right knee work-related injury through maintaining his present level of functioning. (Claimant's APA 2, p. 15).

Dr. Lobel completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 17).

On August 11, 2011, Dr. W. Daniel Westerkam performed an Independent Medical Examination on the Claimant at the request of the Defendant's. Dr. Westerkam stated:

This is a 66 year old gentleman who injured his right knee on June 10, 2010... The patient's MRI scan revealed some degenerative changes as well as a Baker's cyst which were pre-existing conditions that were exacerbated by stepping off his truck on June 10, 2010. The patient subsequently retired and is no longer working, but I do believe he will need to take non-steroidal anti-inflammatories indefinitely. I do recommend that he perform a home exercise program and I think walking in the pool is ideal. Because of his morbid obesity, weightbearing exercises will only exacerbate the degeneration of his knee. I would recommend that he be placed on a weight reduction program. I agree with Dr. Kingery that removal of the Baker's cyst is probably not going to resolve any of his issues and they frequently reoccur. I think the patient would benefit from a knee brace and a cane which would help unload the knee. I do think he has a permanent

impairment of the right knee because of weakness in the knee extension. I would use the table on 17-8 on page 532 which would give him a 12% right knee impairment. (Claimant's APA 4, p. 47).

On January 13, 2012, Dr. Westerkam stated in a medical questionnaire that most probably to a reasonable degree of medical certainty that Claimant's right knee injuries most probably result from his performance of a job activities and/or work-related aggravation of a pre-existing condition (Claimant's APA 4, p. 44). Most probably to a reasonable degree of medical certainty, Dr. Westerkam gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need a knee brace, cane, and nonsteroidal anti-inflammatory meds for the remainder of his lifetime. (Claimant's APA 4, p. 45). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

2. The Claimant has a 12% disability to the right lower extremity. We base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing.

Most probably to a reasonable degree of medical certainty, Dr. W. Daniel Westerkam, the doctor hired by the Defendants to perform an independent medical examination of Claimant, gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

When the Claimant returned to work for the Employer, he was not able to do the unloading part of his job. Claimant worked for Employer until July 8, 2011, when he retired. (Tr. p. 29, lines 4-23).

The Claimant cannot fish any more since this accident as his knee hurts too much with sitting. (Tr. p. 32, lines 11 - 25; p. 33, line 1 - 5).

The treatment provided to the Claimant by Dr. Kingery helped ease his pain. The injections were effective for 2 ½ to 3 months and then the Claimant had to return to Dr. Kingery for more care. (Tr. p. 30, lines 7 - 17).

The Claimant takes prescription Celebrex, which helps reduce his pain and allows him to still drive a truck. (Tr. p. 33, lines 12 - 24). The Claimant saw Dr. Daniel Westerkam for an IME at the request of the Defendants, and Claimant wants Dr. Westerkam's recommendations regarding a knee brace, cane, non-steroid anti-inflammatory medicine, and lifetime medical care approved and ordered by the Commission. (Tr. p. 35, lines 18 - 25; p. 36, lines 1 - 4).

The Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

3. According to Dr. Kingery, the treating orthopaedic physician, the Claimant reached MMI on October 11, 2010. (Claimant's APA 2, p. 26).

4. In the IME conducted by Dr. Daniel Westerkam at the request of the Defendants, Dr. Westerkam opines that the Claimant will need, "a knee brace, cane, and nonsteroidal anti-inflammatory medications." (Claimant's APA 4, p. 47). The Defendants shall provide Claimant a knee brace, cane, and nonsteroidal anti-inflammatory medications.

5. The Defendants can choose an authorized treating physician to prescribe those

nonsteroidal anti-inflammatory medications (NSAIDS) as well as provide medical care which would tend to lessen the Claimant's disability. The Defendants shall provide future medical care and medications which tend to lessen Claimant's disability including, but not limited to, injections and nonsteroidal anti-inflammatory medications. (Claimant's APA 2, p. 15; Claimant's APA 4, pp. 45, 47).

6. The Claimant is entitled to temporary total disability (TTD) benefits from June 10, 2010, through October 11, 2010. (Claimant's APA 2, pp. 26, 28, 30). We base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing. The Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

7. The Claimant is not entitled to a weight loss program or surgery.

8. Four motions were filed in this case. The information found at tabs B, C, D, and E was not required to reach a decision in this case. As such, that information was given no weight.

9. Therefore, I find those four motions are moot.

10. The Defendants are responsible and shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

11. The Defendants are responsible and shall pay for all causally related medications.

12. The Defendants are responsible and shall pay for all causally related medical

mileage.

13. The Claimant gave proper and timely notice of the accident to the Defendants based on Claimant's testimony and the Form 12A.

Claimant hoped that the right knee pain might lessen, but when it did not, Claimant called Ferri in the Defendant's transportation office and told her what happened. (Tr. p. 21, lines 21 - 25). The Claimant told Ferri that when he stepped out of the truck, that he thought he had jammed his knee. (Tr. p. 22, lines 9 - 14). After dropping the other driver off, the Claimant called Ferri again to tell her that he had to go to his family doctor. (Tr. p. 22, lines 15 - 23).

14. The Claimant timely filed this claim.

15. The Claimant's average weekly wage is \$1,173.81, yielding a maximum compensation rate of \$689.71.

16. The Claimant is 66 years old (Tr. p. 16, lines 18-19).

17. The Claimant is five feet, four inches tall and weighs 240 pounds. (Tr. p. 16, lines 20-23).

18. The Claimant has a tenth grade education and has worked as a truck driver for 42 years. (Tr. p. 17, lines 5-14).

19. The Claimant started working for the Defendant in 2005. (Tr. p. 18, lines 4-13).

20. The Claimant fully cooperated with the Defendants' investigations and gave their insurance adjuster, Mr. Steve Anthony, a detailed, recorded statement of how the accident occurred on June 17, 2010, and the injury he sustained. The Claimant's statement was consistent with what Claimant told the employer and all of the doctors he saw.

(Verbatim excerpt from Hearing Transcript):

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14 ...

15 BY MR. TRUITT:

16 Q. All right. This is -- you remember
17 Mr. Anthony coming to talk to you on June 17th which is a
18 week after the accident?
19 A. Yes.
20 Q. And I'm going to ask you, did you tell him the
21 date the accident was?
22 A. Yes.
23 Q. What did you tell him? This is Page 1 and
24 it's several lines down.
25 A. June the 10th.

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1 Q. That was the 10th? That was your answer?
2 A. Yes, sir.
3 Q. All right. Did you also tell Mr. Anthony how
4 the accident happened?
5 A. Yes, sir.
6 Q. I'm going to direct your attention to page 6
7 of the statement, and this is a little further down where
8 it says -- where it's highlighted.
9 A. I said, "Well, I thought I jammed my knee when
10 I stepped out of the truck. But the doctor says maybe
11 pulled a liter (sic) or muscle in back of my leg. He
12 x-rayed my knee and said that I didn't hurt nothing or
13 break anything."
14 Q. Okay. All right. A few lines further down on
15 Page 6, what did you further explain what it says right
16 there?
17 A. "I stepped out of the truck when I hit -- hit
18 the" -- it's supposed to be ground, but it ain't on here.
19 "When I stepped on the ground, I felt something in my leg
20 give. It sounded like something cracked."
21 Q. Okay. And this was one week after the
22 accident?
23 A. Yes.
24 Q. All right. Then he asked you the next
25 question, "Did you fall," on Page 6. And on Page 7, the

- 1 first line, what is your answer?
- 2 A. "Yep. I fell. I caught ahold of the truck,
- 3 but I couldn't stand up and put no weight on my leg at
- 4 all." He said, "Did you fall to the ground completely?"
- 5 "No. I caught -- see, I caught ahold of the
- 6 truck before I hit the ground, but I will -- was going to
- 7 hit to the ground when my knee of leg give away."
- 8 Q. Okay. All right. And that's what happened;
- 9 is that correct?
- 10 A. Yes.
- 11 Q. And that's what you told Ferri, that's what
- 12 you told Steve Anthony, and that's what you told any
- 13 doctor you've been to?
- 14 A. Yes.
- 15 Q. And that's what you're telling Commissioner
- 16 McCaskill today?
- 17 A. Yes.
- 18 ...

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of the undersigned Commissioners that:

1. This matter is governed by the South Carolina Workers' Compensation Act, §42-1-10 *et seq.* of the South Carolina Code (1976, as amended).

2. The Claimant sustained an injury by accident pursuant to §42-1-160 of the Act on June 10, 2010, within the course and scope of his employment and that Defendants were given proper notice of Claimant's injury.

To sustain an award under the Workers' Compensation Act, an injury must result from an accident which both "arose out of" and occurred "in the course of" the employment. *Williams v. The South Carolina State Hospital*, 245 S.C. 377, 140 S.E. 2d 601 (1965). The phrases "arising out of" and "in the course of employment" are used conjunctively. One of these elements without

the other will not sustain an award. The two elements must co-exist. *Dicks v. Brooklyn Cooper Ridge Co.*, 208 S.C. 139, 37 S.E. 2d 286 (1946); *Brady v. Sacony of St. Matthews*, 232 S.C. 84, 101 S.E. 2d 50 (1957). "Arising out of refers to the origin of the cause of the accident. *Eaddy v. Smurfit-Stone Container Corporation*, 355 S.C. 154, 584 S.E. 2d 390 (Cl. App. 2003), (rehearing denied.) The employee's injury must bear a "logical causal relation" to his employment. *Dukes v. Rural Metro Corp.*, 356 S.C. 107, 587 S.E.2d 687 (2003), quoting, *Bright v. Orr Lyons Mill*, 285 S.C. 58, 59, 328 S.E.2d 68, 70 (1985).

"It (the injury) arises 'out of the employment, when there is apparent to the rational mind upon consideration of all the circumstances, a causal connection between the conditions under which the work is required to be performed and the resulting injury. Under this test, if the injury can be seen to have followed as a natural incident of the work and to have been contemplated by a reasonable person familiar with the whole situation as a result of the exposure occasioned by the nature of the employment, then it arises 'out of the employment. But it excludes an injury which cannot fairly be traced to the employment as a contributing proximate cause and which comes from a hazard to which the workman would have been equally exposed apart from the employment. The causative danger must be peculiar to the work and not common to the neighborhood. It must be incidental to the character of the business and not independent of the relation of master and servant. It need not have been foreseen or expected, but after the event it must appear to have had its origin in a risk connected with the employment, and have flowed from that source as a rational consequence." *Douglas v. Spartan Mills*, 245 S.C. 265, 140 S.E.2d 173 (1965), quoting, *Fowler v. Abbott Motor Co.*, 236 S.C. 226, 113 S.E.2d 737 (1960).

"Under the 'increased-risk doctrine' for workers' compensation purposes, an injury arises out of the employment if some risk inherent to the employment was a contributing cause of the

injury; the risk must be one to which the general public would not be equally exposed." *Simmons v. City of Charleston* (S.C. App. 2002) 349 S.C. 64, 562 S.E.2d 476. *rehearing denied certiorari dismissed.*"

"The adjective 'accidental' qualifies and describes the injuries contemplated by the statute as having the quality or condition of happening or coming by chance or without design, taking place unexpectedly or unintentionally. If one becomes ill while at work from natural causes, the state or condition is not accidental since it is a natural result or consequence and might be termed normal and to be expected. If, however, there is a subsisting condition of illness or incapacity or physical disability which is caused, increased, or accelerated by some act or event coming by chance or happening fortuitously, then the requisite quality or condition of the injury will exist so as to make it accidental. Neither is it necessary that the accidental quality or condition be created by wound or external violence." *Riley v. South Carolina Ports Authority*, 253 S.C. 621, 172 S.E. 2d 657 (1970). In other words, the injury itself can be the accident; however, proximate causation must still be proven by preponderant evidence.

In a compensable workers' compensation case, *Ellis v. Spartan Mills*, 276 S.C. 218, 277 S.E.2d 590 (1981), the claimant bent forward and twisted in order to retrieve something involved with her employment ("Ellis testified that a thread had run off the machine and was lying on the floor. As she bent forward and to her right, twisting her body in an attempt to retrieve the thread, she testified that she felt something 'pop' in her back." *Id.* at 219, 591. "The facts as found by the Commission in this action reveal that Ellis suffered her injury when she twisted her back. Here, the injury resulted from the work activity.") *Id.* at 219, 592.

In another compensable workers' compensation case, *Sigmon v. Dayco Corp.*, 316 S.C. 260, 449 S.E.2d 497 (Ct. App. 1994), the claimant knelt down to tighten bolts, thereby placing

pressure on his knee. ("In 1992, Sigmon knelt to tighten bolts on a machine that Dayco had assigned him to rebuild. His knee locked when he attempted to stand up.") *Id.* at 261, 498.

In another compensable workers' compensation case, *Creech v. Ducane Co.*, 320 S.C. 559, 467 S.E.2d 114 (Ct. App. 1995), the claimant bent down to pick up a filter rack from the floor. ("On July 12, 1993, Creech claimed he injured his back as he reached down to pick up a filter rack from the floor.") *Id.* at 559, 115. Although the filter was of insignificant weight, the task involved the bodily mechanics of bending down and reaching.

3. Under §42-1-40, the Claimant's average weekly wage is \$1,173.81, yielding a maximum compensation rate of \$689.71.

4. Under §42-9-10 and §42-1-120, the Claimant reached maximum medical improvement on October 11, 2010, in accord with Dr. David Kingery's findings.

5. Under §42-9-30, the Claimant has 12% disability to the right lower extremity.

6. Under §42-15-20, proper notice of the injury was given.

7. Under §42-15-60 and *Dodge v. Bruccoli, Clark, Layman, Inc.*, 334 S.C. 574, 514 S.E.2d 593 (S.C. App. 1999), Claimant shall receive and Defendants shall provide lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.

8. The Defendants can choose an authorized treating physician to prescribe those NSAIDS as well as provide medical care which would tend to lessen the Claimant's disability.

ORDER

BASED ON THE FINDING OF FACT AND CONCLUSIONS OF LAW, the

undersigned Commissioners order as follows:

ORDERED, ADJUDGED AND DECREED that Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant an authorized treating physician to provide causally related medical care and prescribe causally related medications.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medication and medical mileage.

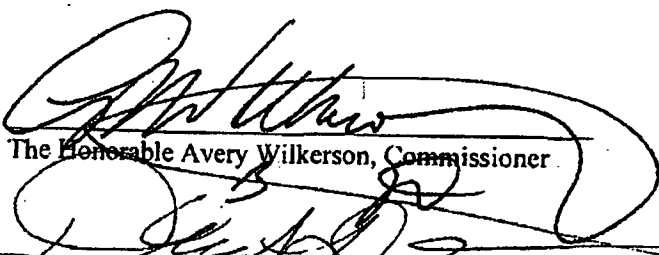
AND IT IS SO ORDERED.

FULL AFFIRMATION.

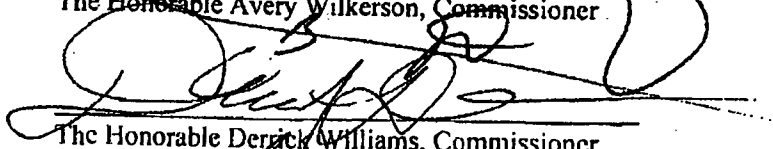
*ABSENT claimant
jurisdiction*

Issue

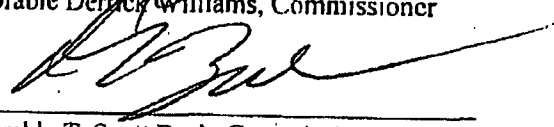
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11-3*



The Honorable Avery Wilkerson, Commissioner



The Honorable Derrick Williams, Commissioner



The Honorable T. Scott Beck, Commissioner

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 mail addressed to any unrepresented party.

By Valerie Deller on January 3, 2013

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1009201

Homer Williams, CLAIMANT

v.

Walter P. Rawl & Sons, Inc., EMPLOYER

and

Great American Alliance Insurance Company, CARRIER

HEARING: Held in Columbia, South Carolina on February 2, 2012

APPEARANCES: Claimant was represented by David N. Truitt, Esquire, Lexington, South Carolina.

Defendants were represented by E. Ros Huff, Jr., Esquire, Columbia, South Carolina.

PURPOSE OF HEARING: To determine issues as set forth on Form 50 and Form 51

DECISION AND ORDER: By The Honorable Gene McCaskill, Commissioner

FILED: May 21, 2012

MEDICAL EVIDENCE/RATINGS - APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act, South Carolina Code 1-23-320 *et seq.* and Regulation 67-612, the parties submitted the following items without objection as evidence in support of their cases;

CLAIMANT'S APA SUBMISSIONS

APA #1 Reports of Keith D. Lobel, M.D. consisting of pages 1 - 7

APA #2 Reports of David Kingery, M.D. consisting of pages 8 - 41

APA #3 Report of Edwin Pia, M.D. consisting of pages 42 - 43

APA #4 Report of Daniel Westerkam, M.D. consisting of pages 44 - 47

DEFENDANTS' APA SUBMISSIONS

APA #5 Lexington Family Practice White Knoll pages 49 - 91

APA #6 Lexington Orthopaedics pages 92 - 94

APA #7 Lexington Urological Associates pages 95 - 101

APA #8 Lexington Medical Center pages 102 - 117

DEFENDANTS' EXHIBITS

EXHIBIT #A Claimant's Deposition

EXHIBIT #B SCDOT Driver Logs

EXHIBIT #C Defendants' Response to Subpoena

EXHIBIT #D Medical Summary

EXHIBIT #E SCDEW Records

EXHIBIT #F Claimant's 6/17/2010 Recorded Statement

STIPULATIONS

At the call of the case, the parties stipulated that the South Carolina Workers Compensation had jurisdiction in this case and that venue was proper in Richland County. The purpose of the hearing is to decide issues raised in Claimant's Form 50 and Defendants' Form 51. Pursuant to a Consent Order dated September 13, 2011, both parties agreed and stipulated that the Claimant's applicable average weekly wage is \$1,173.81 with a corresponding maximum compensation rate of \$689.71. Notice was timely and properly served upon all parties of interest. The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental

injury that occurred on or about June 10, 2010, while in the employment of the Employer/Defendants, and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over this case. Without objection, and with the exception of any self-serving statements or non-stipulated medical reports, the Commission's file was made a part of the record.

STATEMENT OF THE CASE

This matter is properly before me to resolve issues raised in Claimant's Form 50 hearing request filed on October 24, 2011, and in the Defendants' Form 51. This case was heard by the undersigned Commissioner on February 2, 2012, at which time the parties and/or their representatives appeared and evidence was received. It is a denied work-related injury.

The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury occurring on June 10, 2010, while in the employment of the Defendants. The Claimant suffered an injury by accident while stepping down from the cab of a tractor-trailer, causing injury to his right knee. He was treated initially by Dr. Keith Lobel and referred to Dr. David Kingery. Claimant underwent multiple injections with Dr. Kingery. On October 11, 2010, Dr. David Kingery provided a 0% permanent impairment rating to the right knee. On August 15, 2011, Dr. Daniel Westerkam provided a 12% permanent impairment rating to the right knee. The issue in this case is whether Claimant sustained a work-related right knee injury on June 10, 2010, and if so, whether Claimant is entitled to back temporary total disability (TTD) benefits, a permanent disability award, reimbursement for past medical care, future medical care, medication (past and future) and medical mileage (past and future). Defendants deny that Claimant sustained a work-related injury. Medical records were submitted under the Administrative Procedures Act as evidence and made part of the Commission record. The

deposition of Dr. Daniel Westerkam, noticed by Defendants and taken February 1, 2012, was submitted into evidence without objection.

CLAIMANT BIOGRAPHICAL

AGE: 66 (DOB: 3/30/1945)
SEX: Male
HEIGHT: 5'4"
WEIGHT: 240 lbs.
MARITAL STATUS: Married
CHILDREN: Three children
WORK HISTORY: Service station 2 years; machine shop 6 years; truck driver for 42 years
EDUCATION: 10th Grade

EVIDENCE

The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury occurring on June 10, 2010, while in the employment of the Defendant. The Claimant, the only witness at the hearing, testified that he is a truck driver for the Defendants and has been since 2005. The Claimant started work at about 2:00 a.m. on June, 10, 2010. He made deliveries on June 10, 2010, to Limehouse in Charleston, South Carolina, Piggly Wiggly in Charleston, South Carolina, and Food Lion and then back to Rawls. (Tr. p. 18, line 4 - 25; p. 19, line 1).

After parking the tractor trailer truck on the Defendant's lot, the Claimant got out of the cab and stepped down with his right foot. When his right foot touched the ground, he heard something like a pop and he had so much pain in his knee that he could not put any weight on it.

Claimant grabbed the truck to keep from falling to the ground. (Tr. p. 20, lines 3 - 11). After the injury, the Claimant hopped on his left leg to his personal truck, which was only three feet away. The Claimant, at the instruction of the Defendants, then took another employee to pick up a truck Defendants had rented. (Tr. p.21, lines 9 - 20).

Claimant hoped that the right knee pain might lessen, but when it did not, Claimant called Ferri in the Defendant's transportation office and told her what happened. (Tr. p. 21, lines 21 - 25). The Claimant told Ferri that when he stepped out of the truck, that he thought he had jammed his knee. (Tr. p. 22, lines 9 - 14). After dropping the other driver off, the Claimant called Ferri again to tell her that he had to go to his family doctor. (Tr. p. 22, lines 15 - 23). Claimant's family doctor is Lexington Family Practice. (Tr. p. 23, lines 2 - 8).

The Claimant was diagnosed with osteoarthritis in both knees in 2009, and his family doctor gave him Celebrex, which did help. Claimant did not miss any time from work due to the arthritis in his knees. (Tr. p. 23, lines 9 - 23; Defendant's APA 1, p. 66).

The Claimant went to see his family doctor three days prior to the accident. Claimant went because the muscles in the calf of his right leg were hurting. When the doctor performed a physical examination of the Claimant's knees, there was some pain in his knees. Claimant, however, did not go to his family doctor on June 7, 2010, because of knee pain. (Tr. p. 24, lines 3 - 19; Defendant's APA 1, p. 52). The Claimant worked up until the time he got hurt on June 10, 2010. (Tr. p. 24, lines 20 - 25).

The Claimant was unable to go back to work for four months following the June 10, 2010, work accident. (Tr. p. 25, lines 1 - 5).

The Claimant treated with Dr. Lobel at Lexington Family Practice for his right knee injury. Dr. Lobel ordered an MRI of his right knee. After the MRI, Claimant was referred to Dr. Kingery

at Lexington Orthopaedics. (Tr. p. 25, lines 20 - 25; p. 26, lines 1 - 16). Dr. Kingery performed 4 - 5 knee injections in order to lessen the Claimant's period of disability. (Tr. p. 27, lines 2 - 11).

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

When the Claimant returned to work for the Employer, he was not able to do the unloading part of his job. Claimant worked for Employer until July 8, 2011, when he retired. (Tr. p. 29, lines 4 - 23).

The treatment provided to the Claimant by Dr. Kingery helped ease his pain. The injections were effective for 2 2 to 3 months and then the Claimant had to return to Dr. Kingery for more care. (Tr. p. 30, lines 7 - 17).

The Claimant had to step down 22 inches from his tractor trailer cab when he was injured on June 10, 2010. Claimant's personal vehicles require a step down of a foot or less. (Tr. p. 31, lines 13 - 20; p. 32, lines 2 - 10). No other vehicle Claimant has ridden in has a step down as far as his tractor trailer cab. (Tr. p. 32, lines 8-10).

The Claimant cannot fish any more since this accident as his knee hurts too much with sitting. (Tr. p. 32, lines 11 - 25; p. 33, line 1 - 5).

The Claimant takes prescription Celebrex, which helps reduce his pain and allows him to still drive a truck. (Tr. p. 33, lines 12 - 24). The Claimant saw Dr. Daniel Westerkam for an IME at the request of the Defendants, and Claimant wants Dr. Westerkam's recommendations regarding a knee brace, cane, non-steroid anti-inflammatory medicine, and lifetime medical care approved and ordered by the Commission. (Tr. p. 35, lines 18 - 25; p. 36, lines 1 - 4).

Defendants listed at least eight potential witnesses and called none to testify at the hearing.

Based upon the evidence received are the following:

FINDINGS OF FACT

1. The Claimant suffered a work-related injury by accident to his right knee on June 10, 2010, arising out of and in the course of his employment. I base this conclusion on the testimony of the Claimant, the medical evidence contained in the APA submissions, and the medical questionnaires of Dr. Keith Lobel and Dr. David Kingery. Both of these doctors treated the Claimant.

After parking the tractor trailer truck on the Defendant's lot, the Claimant got out of the cab and stepped down with his right foot. When his right foot touched the ground, he heard something like a pop and he had so much pain in his knee that he could not put any weight on it. Claimant grabbed the truck to keep from falling to the ground. (Tr. p. 20, lines 3 - 11). After the injury, the Claimant hopped on his left leg to his personal truck, which was only three feet away. The Claimant, at the instruction of the Defendants, then took another employee to pick up a truck Defendants had rented. (Tr. p.21, lines 9 - 20).

The Claimant had to step down 22 inches from his tractor trailer cab when he was injured on June 10, 2010. Claimant's personal vehicles require a step down of a foot or less. (Tr. p. 31, lines 13 - 20; p. 32, lines 2 - 10). No other vehicle Claimant has ridden in has a step down as far as his tractor trailer cab. (Tr. p. 32, lines 8-10). Claimant is 5 feet, 4 inches tall and weighs 240 pounds. (Claimant's APA 4, p. 47). I find that the force exerted onto Claimant's right knee during this 22 inch step down from the tractor trailer cab at work is greater than any force Claimant would encounter outside of his employment and that this danger was peculiar to his employment. I find that the causative danger of the 22 inch step down from the tractor trailer cab was peculiar to Claimant's work and not common to the neighborhood.

The Claimant treated with Dr. Lobel at Lexington Family Practice for his right knee injury. Dr. Lobel ordered an MRI of his right knee. After the MRI, Claimant was referred to Dr. Kingery at Lexington Orthopaedics. (Tr. p. 25, lines 20 - 25; p. 26, lines 1 - 16). Dr. Kingery performed 4 - 5 knee injections in order to lessen the Claimant's period of disability. (Tr. p. 27, lines 2 - 11).

On June 10, 2010, the date of the work-related accident, the Claimant went to his family doctor, Lexington Family Practice White Knoll, and saw Dr. Keith Lobel. The medical record states:

This is a 65-year old male who presents with acute onset of right knee pain after jamming his leg about an hour ago. He was hopping out of his truck at the time. He felt the knee pop. It sounds like it was locked in place when he hit the ground. He misjudged the distance to the ground causing the event. He is now having pain with bearing weight, difficulty walking. No previous injury to the knee. No swelling yet. (Claimant's APA 4, p. 6).

On June 14, 2010, Claimant returned to Dr. Lobel. The medical record states:

The patient is a 65-year old male who presents for a 4-day recheck of acute right knee pain after having an injury while at work. This is a worker's comp case. I sent home him for the weekend with activity as tolerated. He was using crutches initially but is now off those. Symptomatically, he is feeling about 50% better with respect to pain. He is not needing any pain medication at this time. He is not quite ready to go back to work. He is a truck driver, does a lot of climbing in and out of his truck cab. He does need clearance when appropriate to go back to work without restrictions. (Claimant's APA 1, p. 5).

On June 18, 2010, Claimant went back to Dr. Lobel. The medical record states, AThe patient returns for a recheck for right knee injury after stepping out of this truck on June 10. This is a Worker's Compensation case. He felt the knee pop at the time... His pain is persisting with positive McMurray test. Set up MRI...@ (Claimant's APA 1, p. 4).

On July 24, 2010, Claimant had an MRI of his right knee. The MRI results were, ANonspecific marrow edema or bone bruise for the medial femoral condyle. Degenerative

myxoid signal present posterior horn of the medial meniscus. Moderate sized joint effusion with sizeable Baker's cyst as discussed above. No other acute internal derangement notes. Degenerative changes for the medial tibiofemoral joint. Minimal strain for the medial collateral ligament complex.@ (Claimant's APA 3, p. 43).

On August 5, 2010, Claimant went to see Dr. David Kingery at Lexington Orthopaedics. The record states, APatient is 65 year old truck driver seen with right knee pain and history of Baker's cyst. He has undergone MRI prior to his visit here, which has shown a large Baker's cyst and some minimal meniscal changes...@ (Claimant's APA 2, p. 33).

On August 12, 2010, Claimant returned to Dr. Kingery and received a right knee injection with 2 cc of Depro-Medrol 40 mg per cc. (Claimant's APA 2, p. 32).

On August 30, 2010, Claimant returned to Dr. Kingery. Both the bursa and plica were injected in hopes of giving him symptomatic relief. Dr. Kingery estimated that Claimant Ashould be able to return to his trucking work by the end of September and have written appropriate work note documenting this.@ (Claimant's APA 2, p. 28).

On October 11, 2010, Dr. Kingery provided the following addendum to his medical records:

The patient when first seen on August 5, 2010 indicated his original injury occurred when he stepped out of his truck and twisted his knee. Prior to me seeing him, he had treatment by other physicians and underwent MRI where degenerative meniscal changes were identified along with a Baker cyst. I have treated him for this condition. Most of his symptoms are resolved. We have released him to return to his work.

It is my medical opinion that the patient's knee problem for which I treated him for initially on August 5, 2010 was either directly caused by or aggravated by his injury on June 10, 2010 when he stepped from his truck in the Pelion, SC work yard twisting his knee. Based upon his last visit, I believe he has reached maximum medical improvement but has 0% partial permanent impairment. It is likely that

he may require future care for his meniscal tear or Baker cyst in the future. (Claimant's APA 2, p. 26).

Claimant followed up with Dr. Kingery on December 16, 2010, and January 13, 2011. Dr. Kingery states in his medical record, A Patient is seen today with symptoms of pes anserine bursitis with pain below his medial knee, exquisitely tender to touch... In my opinion, this is directly related to his earlier knee injury, all of which was related to his work...@ (Claimant's APA 2, p. 21).

On March 17, 2011, Claimant returned to Dr. Kingery and received an injection of the knee and pes anserine bursa with 80 mg of Depo-Medrol. (Claimant's APA 2, p. 20).

On August 8, 2011, Dr. Kingery completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 14). Dr. Kingery also stated most probably to a reasonable degree of medical certainty that Claimant will need future medical care to include an occasional injection to his knee and one follow up medical visit per year, which will tend to lessen Claimant's period of disability for his right knee work-related injury through maintaining his present level of functioning. (Claimant's APA 2, p. 15).

Dr. Lobel completed a medical questionnaire where he stated to reasonable degree of medical certainty that the Claimant's right knee injury most probably results from his performance of his job activities and/or work-related aggravation of a pre-existing condition. (Claimant's APA 2, p. 17).

On August 11, 2011, Dr. W. Daniel Westerkam performed an Independent Medical Examination on the Claimant at the request of the Defendant's. Dr. Westerkam stated:

This is a 66 year old gentleman who injured his right knee on June 10, 2010... The patient's MRI scan revealed some degenerative changes as well as a Baker's cyst which were pre-existing conditions that were exacerbated by stepping off his truck on June 10, 2010. The patient subsequently retired and is no longer working, but I do believe he will need to take non-steroidal anti-inflammatories indefinitely. I do recommend that he perform a home exercise program and I think walking in the pool is ideal. Because of his morbid obesity, weightbearing exercises will only exacerbate the degeneration of his knee. I would recommend that he be placed on a weight reduction program. I agree with Dr. Kingery that removal of the Baker's cyst is probably not going to resolve any of his issues and they frequently reoccur. I think the patient would benefit from a knee brace and a cane which would help unload the knee. I do think he has a permanent impairment of the right knee because of weakness in the knee extension. I would use the table on 17-8 on page 532 which would give him a 12% right knee impairment. (Claimant's APA 4, p. 47).

On January 13, 2012, Dr. Westerkam stated in a medical questionnaire that most probably to a reasonable degree of medical certainty that Claimant's right knee injuries most probably result from his performance of a job activities and/or work-related aggravation of a pre-existing condition (Claimant's APA 4, p. 44). Most probably to a reasonable degree of medical certainty, Dr. Westerkam gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need a knee brace, cane, and nonsteriodal anti-inflammatory meds for the remainder of his lifetime. (Claimant's APA 4, p. 45). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

2. The Claimant has a 12% disability to the right lower extremity. I base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing.

Most probably to a reasonable degree of medical certainty, Dr. W. Daniel Westerkam, the doctor hired by the Defendants to perform an independent medical examination of

Claimant gave Claimant a 12% right lower extremity impairment (Claimant's APA 4, pp. 44, 47). Most probably to a reasonable degree of medical certainty, Dr. Westerkam stated that Claimant will need future medical care two times a year for his lifetime. (Claimant's APA 4, p. 45).

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

When the Claimant returned to work for the Employer, he was not able to do the unloading part of his job. Claimant worked for Employer until July 8, 2011, when he retired. (Tr. p. 29, lines 4 - 23).

The Claimant cannot fish any more since this accident as his knee hurts too much with sitting. (Tr. p. 32, lines 11 - 25; p. 33, line 1 - 5).

The treatment provided to the Claimant by Dr. Kingery helped ease his pain. The injections were effective for 2 to 3 months and then the Claimant had to return to Dr. Kingery for more care. (Tr. p. 30, lines 7 - 17).

The Claimant takes prescription Celebrex, which helps reduce his pain and allows him to still drive a truck. (Tr. p. 33, lines 12 - 24). The Claimant saw Dr. Daniel Westerkam for an IME at the request of the Defendants, and Claimant wants Dr. Westerkam's recommendations regarding a knee brace, cane, non-steroid anti-inflammatory medicine, and lifetime medical care approved and ordered by the Commission. (Tr. p. 35, lines 18 - 25; p. 36, lines 1 - 4).

The Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

3. According to Dr. Kingery, the treating orthopaedic physician, the Claimant reached

MMI on October 11, 2010. (Claimant's APA 2, p. 26).

4. In the IME conducted by Dr. Daniel Westerkam at the request of the Defendants, Dr. Westerkam opines that the Claimant will need, Aa knee brace, cane, and nonsteroidal anti-inflammatory medications. (Claimant's APA 4, p. 47). The Defendants shall provide Claimant a knee brace, cane, and nonsteroidal anti-inflammatory medications.

5. The Defendants can choose an authorized treating physician to prescribe those nonsteroidal anti-inflammatory medications (NSAIDS) as well as provide medical care which would tend to lessen the Claimant's disability. The Defendants shall provide future medical care and medications which tend to lessen Claimant's disability including, but not limited to, injections and nonsteroidal anti-inflammatory medications. (Claimant's APA 2, p. 15; Claimant's APA 4, pp. 45, 47).

6. The Claimant is entitled to temporary total disability (TTD) benefits from June 10, 2010, through October 11, 2010. (Claimant's APA 2, pp. 26, 28, 30). I base this conclusion on the medical evidence submitted pursuant to the APAs and the testimony offered at the hearing. The Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

From the day of the accident until October 1 or 2, 2010, Claimant was unable to work and received no income or TTD from the Defendants. The Employer had no light duty work available. (Tr. p. 27, lines 22 - 25; p. 28, lines 1 - 25; p. 29, lines 1 - 3).

7. The Claimant is not entitled to a weight loss program or surgery.

8. Four motions were filed in this case. The information found at tabs B, C, D, and E

was not required to reach a decision in this case. As such, that information was given no weight.

9. Therefore, I find those four motions are moot.

10. The Defendants are responsible and shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

11. The Defendants are responsible and shall pay for all causally related medications.

12. The Defendants are responsible and shall pay for all causally related medical mileage.

13. The Claimant gave proper and timely notice of the accident to the Defendants based on Claimant's testimony and the Form 12A.

Claimant hoped that the right knee pain might lessen, but when it did not, Claimant called Ferri in the Defendant's transportation office and told her what happened. (Tr. p. 21, lines 21 - 25). The Claimant told Ferri that when he stepped out of the truck, that he thought he had jammed his knee. (Tr. p. 22, lines 9 - 14). After dropping the other driver off, the Claimant called Ferri again to tell her that he had to go to his family doctor. (Tr. p. 22, lines 15 - 23).

14. The Claimant timely filed this claim.

15. The Claimant's average weekly wage is \$1,173.81, yielding a maximum compensation rate of \$689.71.

16. The Claimant is 66 years old. (Tr. p. 16, lines 18-19).

17. The Claimant is five feet, four inches tall and weighs 240 pounds. (Tr. p. 16, lines 20-23).

18. The Claimant has a tenth grade education and has worked as a truck driver for 42 years. (Tr. p. 17, lines 5-14).

19. The Claimant started working for the Defendants in 2005. (Tr. p. 18, lines 4-13).

20. The Claimant fully cooperated with the Defendants' investigation and gave their insurance adjuster, Mr. Steve Anthony, a detailed, recorded statement of how the accident occurred on June 17, 2010, and the injury he sustained. The Claimant's statement was consistent with what Claimant told the Employer and all of the doctors he saw.

(Verbatim excerpt from Hearing Transcript):

65

14 ...

15 BY MR. TRUITT:

16 Q. All right. This is -- you remember
17 Mr. Anthony coming to talk to you on June 17th which is a
18 week after the accident?

19 A. Yes.

20 Q. And I'm going to ask you, did you tell him the
21 date the accident was?

22 A. Yes.

23 Q. What did you tell him? This is Page 1 and
24 it's several lines down.

25 A. June the 10th.

66

1 Q. That was the 10th? That was your answer?

2 A. Yes, sir.

3 Q. All right. Did you also tell Mr. Anthony how
4 the accident happened?

5 A. Yes, sir.

6 Q. I'm going to direct your attention to page 6
7 of the statement, and this is a little further down where
8 it says -- where it's highlighted.

9 A. I said, AWell, I thought I jammed my knee when
10 I stepped out of the truck. But the doctor says maybe
11 pulled a liter (sic) or muscle in back of my leg. He
12 x-rayed my knee and said that I didn't hurt nothing or
13 break anything.@

14 Q. Okay. All right. A few lines further down on
15 Page 6, what did you further explain what is says right
16 there?

17 A. AI stepped out of the truck when I hit -- hit
18 the@ -- it's supposed to be ground, but it ain't on here.
19 AWhen I stepped on the ground, I felt something in my leg
20 give. It sounded like something cracked.@

21 Q. Okay. And this was one week after the
22 accident?

23 A. Yes.

24 Q. All right. Then he asked you the next
25 question, ADid you fall,@ on Page 6. And on Page 7, the

1 first line, what is your answer?

2 A. AYep. I fell. I caught ahold of the truck,
3 but I couldn't stand up and put no weight on my leg at
4 all.@ He said, ADid you fall to the ground completely?@

5 ANo. I caught -- see, I caught ahold of the
6 truck before I hit the ground, but I will -- was going to
7 hit to the ground when my knee of leg give away.@

8 Q. Okay. All right. And that's what happened;
9 is that correct?

10 A. Yes.

11 Q. And that's what you told Ferri, that's what
12 you told Steve Anthony, and that's what you told any
13 doctor you've been to?

14 A. Yes.

15 Q. And that's what you're telling Commissioner
16 McCaskill today?

17 A. Yes.

18 ...

67

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of this Commissioner that:

1. This matter is governed by the South Carolina Workers' Compensation Act, '42-1-10 *et seq.* of the South Carolina Code (1976, as amended).

2. The Claimant sustained an injury by accident pursuant to '42-1-160 of the Act on June 10, 2010, within the course and scope of his employment and that Defendants were given proper notice of Claimant's injury.

To sustain an award under the Workers' Compensation Act, an injury must result from an accident which both "arose out of" and occurred "in the course of" the employment. *Williams v. The South Carolina State Hospital*, 245 S.C. 377, 140 S.E. 2d 601 (1965). The phrases "arising out of" and "in the course of employment" are used conjunctively. One of these elements without the other will not sustain an award. The two elements must co-exist. *Dicks v. Brooklyn Cooper Ridge Co.*, 208 S.C. 139, 37 S.E. 2d 286 (1946); *Brady v. Sacony of St. Matthews*, 232 S.C. 84, 101 S.E. 2d 50 (1957). "Arising out of refers to the origin of the cause of the accident. *Eaddy v. Smurfit-Stone Container Corporation*, 355 S.C. 154, 584 S.E. 2d 390 (Ct. App. 2003), (*rehearing denied.*) The employee's injury must bear a "logical causal relation" to his employment. *Dukes v. Rural Metro Corp.*, 356 S.C. 107, 587 S.E.2d 687 (2003), *quoting, Bright v. Orr Lyons Mill*, 285 S.C. 58, 59, 328 S.E.2d 68, 70 (1985).

"It (the injury) arises 'out of the employment, when there is apparent to the rational mind upon consideration of all the circumstances, a causal connection between the conditions under which the work is required to be performed and the resulting injury. Under this test, if the injury can be seen to have followed as a natural incident of the work and to have been contemplated by a reasonable person familiar with the whole situation as a result of the exposure

occasioned by the nature of the employment, then it arises 'out of the employment. But it excludes an injury which cannot fairly be traced to the employment as a contributing proximate cause and which comes from a hazard to which the workman would have been equally exposed apart from the employment. The causative danger must be peculiar to the work and not common to the neighborhood. It must be incidental to the character of the business and not independent of the relation of master and servant. It need not have been foreseen or expected, but after the event it must appear to have had its origin in a risk connected with the employment, and have flowed from that source as a rational consequence." *Douglas v. Spartan Mills*, 245 S.C. 265, 140 S.E.2d 173 (1965), quoting, *Fowler v. Abbott Motor Co.*, 236 S.C. 226, 113 S.E.2d 737 (1960).

"Under the 'increased-risk doctrine' for workers' compensation purposes, an injury arises out of the employment if some risk inherent to the employment was a contributing cause of the injury; the risk must be one to which the general public would not be equally exposed." *Simmons v. City of Charleston* (S.C. App. 2002) 349 S.C. 64, 562 S.E.2d 476, rehearing denied certiorari dismissed."

"The adjective 'accidental' qualifies and describes the injuries contemplated by the statute as having the quality or condition of happening or coming by chance or without design, taking place unexpectedly or unintentionally. If one becomes ill while at work from natural causes, the state or condition is not accidental since it is a natural result or consequence and might be termed normal and to be expected. If, however, there is a subsisting condition of illness or incapacity or physical disability which is caused, increased, or accelerated by some act or event coming by chance or happening fortuitously, then the requisite quality or condition of the injury will exist so as to make it accidental. Neither is it necessary that the accidental quality or condition be created by wound or external violence." *Riley v. South Carolina Ports Authority*, 253 S.C. 621,

172 S.E. 2d 657 (1970). In other words, the injury itself can be the accident; however, proximate causation must still be proven by preponderant evidence.

In a compensable workers' compensation case, *Ellis v. Spartan Mills*, 276 S.C. 218, 277 S.E.2d 590 (1981), the claimant bent forward and twisted in order to retrieve something involved with her employment ("Ellis testified that a thread had run off the machine and was lying on the floor. As she bent forward and to her right, twisting her body in an attempt to retrieve the thread, she testified that she felt something 'pop' in her back." *Id.* at 219, 591. "The facts as found by the Commission in this action reveal that Ellis suffered her injury when she twisted her back. Here, the injury resulted from the work activity.") *Id.* at 219, 592.

In another compensable workers' compensation case, *Sigmon v. Dayco Corp.*, 316 S.C. 260, 449 S.E.2d 497 (Ct. App. 1994), the claimant knelt down to tighten bolts, thereby placing pressure on his knee. ("In 1992, Sigmon knelt to tighten bolts on a machine that Dayco had assigned him to rebuild. His knee locked when he attempted to stand up.") *Id.* at 261, 498.

In another compensable workers' compensation case, *Creech v. Ducane Co.*, 320 S.C. 559, 467 S.E.2d 114 (Ct. App. 1995), the claimant bent down to pick up a filter rack from the floor. ("On July 12, 1993, Creech claimed he injured his back as he reached down to pick up a filter rack from the floor.") *Id.* at 559, 115. Although the filter was of insignificant weight, the task involved the bodily mechanics of bending down and reaching.

3. Under '42-1-40, the Claimant's average weekly wage is \$1,173.81, yielding a maximum compensation rate of \$689.71.

4. Under '42-9-10 and '42-1-120, the Claimant reached maximum medical improvement on October 11, 2010, in accord with Dr. David Kingery's findings.

5. Under '42-9-30, the Claimant has 12% disability to the right lower extremity.
6. Under '42-15-20, proper notice of the injury was given.
7. Under '42-15-60 and Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 593 (S.C. App. 1999), Claimant shall receive and Defendants shall provide lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.
8. The Defendants can choose an authorized treating physician to prescribe those NSAIDS as well as provide medical care which would tend to lessen the Claimant's disability.

ORDER

IT IS THEREFORE:

ORDERED, ADJUDGED AND DECREED that Defendants shall pay to the Claimant \$16,139.21 in a lump sum amount based on a 12% disability to the right lower extremity.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay to the Claimant \$12,217.72 in a lump sum amount for back temporary total disability benefits, which is 17.7143 weeks multiplied by the stipulated maximum compensation rate of \$689.71.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant lifetime future medical care, medications, and medical equipment including, but not limited to, follow-up visits, a knee brace, a cane, non-steroidal anti-inflammatory medications, and injections, which tend to lessen Claimant's period of disability and maintain his current level of functioning.

ORDERED, ADJUDGED AND DECREED that the Defendants shall provide Claimant an authorized treating physician to provide causally related medical care and prescribe causally

related medications.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medical care including, but not limited to, the care of Dr. Keith Lobel, Dr. David Kingery, and any diagnostic tests.

ORDERED, ADJUDGED AND DECREED that the Defendants shall pay for all causally related medication and medical mileage.

AND IT IS SO ORDERED.



Commissioner Gene McCaskill

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.
May 21, 2012

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File # 1009201

Carrier File #

Carrier Code #

Employer FEIN

Homer Williams

249-78-5473

Claimant's Name

SSN

322 Center Street, East Perry SC 29137

Address

City

State

Zip

Home Phone

Work Phone

Walter P. Rawl & Sons, Inc.

Employer's Name

824 Fairview Road Pelion, SC 29123

Address

City

State

Zip

Great American Alliance Ins. Co.

Insurance Carrier

E. Ros Huff, Jr., Esquire

Preparer's Name

(803) 252-2232

Phone #

Request for Commission Review by

☐ claimant

☒ employer (check one)

Date of injury: 06/10/10

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).

See Attached Addendum.

(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

David N. Truitt, Esquire

Name

Salley Law Firm, PA 129 East Main Street Lexington SC 29071 and Virginia Crocker, S.C. Workers' Compensation Commission, PO Box 1715, Columbia, SC 29201-1715

Address

on the 07 day of June, 2012 by ☒ first class mail; ☐ personal service; ☐ certified mail.

E. Ros Huff, Jr.

E. Ros Huff, Jr.

Preparer's Signature

Attorney for the Employer/Carrier

Title

June 7, 2012

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.67-701 B. Otherwise, file the original and 4 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 unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

 **FILE**

**Homer Williams v. Walter P. Rawl & Sons, Inc.,
WCC File No. 1009201
Form 30 Addendum**

1. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant suffered an injury by accident, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
2. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant suffered and injury by accident, the error being that the Claimant did not meet his burden of proof?
3. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to T.T.D. benefits, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
4. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to T.T.D. benefits, the error being that the Claimant did not meet his burden of proof?
5. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to 12% in permanent disability, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
6. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to 12% in permanent disability, the error being that the Claimant did not meet his burden of proof?
7. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to past and future medical care and treatment, the error being that this finding of fact, conclusion as a matter of law and order are not supported by preponderance of evidence?
8. Did the Single Commissioner err in finding as fact, concluding as a matter of law and ordering that the Claimant is entitled to past and future medical care and treatment, the error being that the Claimant did not meet his burden of proof?

9. Did the Single Commissioner err in Finding of Fact #1 that the force exerted onto claimant's right knee during a 22 inch step down from the tractor trailer cab at work is greater than any force Claimant would encounter outside of his employment and the danger was peculiar to his employment, the error being that this finding is based upon conjecture, surmise, and speculation?
10. Did the Single Commissioner err in Finding of Fact #4 that the claimant was entitled to a knee brace, cane and non-steroidal anti inflammatory medications, the error being that the evidence does not support that these modalities will tend to lessen the claimant's disability?
11. Did the Single Commissioner err in Concluding as a Matter of Law #7 that the claimant was entitled to a knee brace, cane and non-steroidal anti inflammatory medications, the error being that the claimant did not meet his burden of proof?
12. Did the Single Commissioner err in Concluding as a Matter of Law #7 that the claimant was entitled to lifetime future medical care pursuant to Dodge v. Brucoli, the error being that the claimant was not found to be permanently and totally disabled?

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Defendant's Form 30 Request for Commission Review has been served upon the following named individuals indicated below by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on June 7, 2012.

Virginia Crocker
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, South Carolina 29202

David N. Truitt, Esquire
Salley Law Firm, PA
129 East Main Street
Post Office Box 925
Lexington, SC 29071



Claire Owens
Paralegal to E. Ros Huff, Jr.
HUFF LAW FIRM, LLC
Post Office Box 1935
7244 Woodrow Street
Irmo, South Carolina 29063
(803) 252-2232

Attorneys for Defendant(s)

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500, Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723



WCC File #: 1009201

Carrier File #: Unassigned

Carrier Code #:

Employer FEIN #:

Claimant's Name: Homer Williams SSN: 249-78-5473

Employer's Name: Walter P. Rawl & Sons, Inc.

Address: 322 Center Street, East

Address: 824 Fairview Road

City: Perry

State: SC

Zip: 29137

City: Pelion

State: SC Zip: 29123

Home Phone: _____

Work Phone: _____

Insurance Carrier: Strategic Comp Services for Great American Alliance Ins Co

Preparer's Name: David N. Truitt, Esquire

Law Firm: Salley Law Firm, P.A.

Preparer's Phone #: (803) 356-5000

Complete each information blank. To request a hearing, check box 13 b, 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 worker's compensation benefits is made based on the following grounds:

Date of Injury or Illness: June 10, 2010

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to right knee (Part(s) of Body Injured) on June 10, 2010 (Month/Day/Year) in Lexington County, State of South Carolina

1b. Body part(s) affected are: right knee

Briefly describe how the accident occurred Claimant, while in the furtherance of his work duties, was stepping down from the cab of a tractor-trailer when his right knee was injured

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 the 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 6/10/2010 (Month/Day/Year) in the following manner: by phone to the dispatcher/supervisor

☒ 6. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for right knee

☒ (b) additional medical examination and treatment for right knee

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

☒ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)

☒ (1) General Disability:

☒ Total ☐ Partial

☒ (2) Specific Disability:

☒ Total ☐ Partial

☒ (3) Wage Loss

☒ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of to be determined

10a. At the time of the injury, the claimant was paid weekly wages of \$FORM 20 REQUESTED, and demands accounting of days worked and wages earned as provide by law.

10b. Give names and addresses of all employers from whom the claimant has worked since the date of the accident. None

11a. Further grounds or unusual aspects of claim: Any and all benefits Claimant may be entitled to under the Act. Also, Claimant requests lump sum with Ulca Mohawk language to be made part of any settlement or award

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: Keith D. Lobel, M.D. Lexington Family Practice, 5535 Platt Springs Road, Lexington, SC 29073; David Kingery, M.D. Lexington Orthopaedics 811 West Main Street, Suite 101, Lexington, SC 29072; Lexington Medical Center Radiology Department 2720 Sunset Boulevard, West Columbia, SC 29169

11c. To the best of your knowledge, did you have any prior permanent disability? No

If yes, describe: _____

12. Appropriate benefits as provided in the ACT for the above grounds and other relief as the Worker's 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: 45 minutes

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

David N. Truitt
Preparer's Signature

Claimant's Attorney
Title

ctrutt@salleylawfirm.com
Email

October 20, 2011
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.

50

WCC Form #50
Revised 9/07

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

063

Slade
10/19/11
CW

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1009201

Homer Williams,

Claimant,

v.

Walter P. Rawl & Sons, Inc.,

Employer, and

Strategic Comp Services,

Carrier/Defendants.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed by the Salley Law Firm, P.A. and that she has mailed, on the date set forth below, a copy of the document described below, in the above entitled action to the following with proper postage affixed thereto:

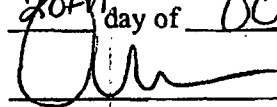
TO: Ms. Virginia L. Crocker
Judicial Director
S.C. Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715

E. Ros Huff, Jr., Esquire
Huff Law Firm, LLC
7244 Woodrow Street
Post Office Box 1935
Irmo, SC 29063

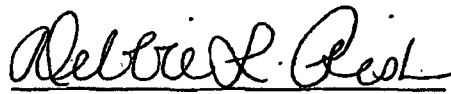
Document: Form 50 (hearing request)

Date of Mailing: Oct. 20, 2011

Sworn to before me this

20th day of OCT., 2011
 (L.S.)

Notary Public for South Carolina
My Commission Expires: 8/6/2017


Debbie L. Rish, Paralegal
for David N. Truitt, Esquire

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov



WC File #: **1009201**
Carrier File #: _____
Carrier Code #: **WCC**
Employer FEIN #: _____

Claimant's Name: Homer Williams SSN: 249-78-5473 Employer's Name: Walter P. Rawl & Sons, Inc.
Address: 322 Center Street, East Address: 824 Fairview Road
City: Perry State: SC Zip: 29137 City: Pelion State: SC Zip: 29123
Home Phone: _____ Work Phone: () -
Date of Injury: 06/10/10 Insurance Carrier: Great American Alliance Ins. Co.
Preparer's Name: E. Ros Huff, Jr. Law Firm: Huff Law Firm, LLC Preparer's Phone #: (803) 252-2232

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:

Date of Injury or Illness: 06/10/10

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants do not have enough information; pending investigation and discovery
2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is **Denied** 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 No. 1
5. It is **Denied** notice of injury was given the employer. The reasons for denial are:
See No. 1
6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
To be determined by SCWCC.
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
To be determined by SCWCC.
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
To be determined by SCWCC.
9. It is **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **\$1,173.81 (consent order)** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: At this time no affirmative defenses are known, however, the defendants reserve the right to amend and raise any and all defenses once discovered.

12. Estimated time needed for hearing: 45 minutes

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

Name: David N. Truitt, Esquire

Address: Salley Law Firm, PA, 129 East Main Street, Post Office Box 925, Lexington, SC, 29071

on the 15th day of November, 2011 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.

Preparer's Signature

Attorney for Employer/Carrier
Title

roshuff@colalaw.com
Email

November 15, 2011
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.

WCC Form # 51
Revised 9/07

51

Employer's Answer to Request for Hearing

FILE

065

5500.0442

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1009201

HOMER WILLIAMS

CLAIMANT,

VS.

WALTER P. RAWL AND
SONS

EMPLOYER,

AND

GREAT AMERICAN
ALLIANCE INS. CO.
CARRIER.

SC WORKERS' COMPENSATION COMMISSION

FULL BOARD HEARING OF

HOMER WILLIAMS

VS

WALTER P. RAWL AND SONS

This is the Transcript of the South Carolina Workers' Compensation Hearing of Homer Williams versus Walter P. RAWL and Sons, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 2:12 P.M., Monday, October 22, 2012, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

PALMETTO COURT REPORTING
321 Mac Circle Lexington, SC 29073
(803) 358-0515
www.PalmettoCourtReporting.com

APPEARANCES

FOR THE APPELLANT:
E. Ros Huff, Jr., Esquire
Huff Law Firm
7244 Woodrow Street
P.O. Box 1935
Irmo, SC 29063

FOR THE RESPONDENT:
David N. Truitt, Esquire
Koon and Cook, P.A.
2016 Gadsden Street
Columbia, SC 29201

COMMISSIONERS PRESENT:
Derrick Williams, Chair
T. Scott Beck
Avery Wilkerson

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

**This is an Official Transcript governed by 25A S.C. Code ANN. Regs 67-615 D (Supp. 2000). The unauthorized copying of this document is deemed to be conversion of an asset belonging to the Court Reporter.

I N D E X

	Page
Argument for the Appellant by Mr. Huff	5:2
Argument for the Respondent by Mr. Truitt	14:16
Reply for the Appellant by Mr. Huff	25:22
Certificate	29

STIPULATIONS

Commissioner Williams: You can call the case.

Court Reporter: Today is October 22nd, 2012. This is South Carolina Workers' Compensation Case Number 1009201. This is the case of Homer Williams, Claimant, versus Walter P. Rawl and Sons, Employer, and Great American Alliance Insurance Company is the carrier. The Appellant is the Defendant represented by R. Ros Huff, Junior.

Mr. Huff: E. Ros Huff.

Court Reporter: I am so sorry.

Mr. Huff: That's okay.

Court Reporter: I don't know how I did that.

Mr. Huff: I know you know me.

Court Reporter: The Respondent is represented by David N. Truitt. Each side is allowed ten (10) minutes for oral argument and the Appellant three (3) minutes in reply. You are requested to argue the grounds of exception and to stay within the record. The Single Hearing Commissioner was Commissioner McCaskill.

Commissioner Williams: All right. Mr. Huff.

Mr. Huff: Thank you very much.

ARGUMENT FOR THE APPELLANT

By Mr. Huff:

what I've handed up to the body is pretty much the arguments that I'm going to make today, oral arguments. Anything that I do not cover in this part I am going to rely on my brief. And -- and I know that this body will read the Appellant's and Respondent's reply briefs; so, I have no reason to regurgitate that. Basically what happened here is that the Claimant, Mr. Williams, says that he hurt himself on June 10th when he was stepping down from a tractor-trailer truck. He was in the truck -- actually in the -- the tractor not the fifty-three foot (53') trailer behind it. He said that when he sits in the seat he's facing the steering wheel and as he gets out he will put his hand on the door, he'll put his hand on the bar, he'll take one (1) foot down, and then the other foot on the step and the next step, and then the final step. So, at the time of the accident he was at the bottom step with his left foot on the step, hand on the door pocket and hand on the rail. He said he was under full control. As he touched his toe to the ground he felt pain. That's what the 12-A says, felt pain. There's

1 also testimony that he heard a pop. Other
2 evidence said it was a crack. Other evidence says
3 he jammed. Another one said -- I believe this is
4 true; it's in the record -- he jumped. Another
5 one says that he missed diagnosed or mistook what
6 the step down was; all these different ways that
7 the accident occurred. The situation -- to cut to
8 the chase, he did not work on June 10th, that's
9 the day he said he got hurt, one hundred percent
10 (100%) sure. I got hurt on June 10th; that's the
11 day I got hurt. What I put behind these pieces of
12 paper is page 19. Now, what he says in his
13 hearing -- see things change at the hearing. When
14 we get to the hearing, different from the
15 deposition, he says the truck was on an incline
16 and thus the distance was further than normal.
17 Well, it wouldn't be further than normal. Whether
18 the door -- because the door -- the last step
19 would be at the same angle as an incline. So,
20 it's going to be eighteen inches (18") no matter
21 what but now it changes -- no, it wasn't an
22 incline, it was a dip in the ground, which made it
23 -- it's a hole in the ground. Things kept
24 changing. But what he said was I always do my
25 logs; I do my log before I -- before I get out of

1 my truck and I take them in. Look what he says on
2 page 19. And when I park the trailer I get my
3 logs and stuff up and I carry it back to the
4 receiving office. He says later in the hearing
5 that oh, no, no; I didn't turn in the June 10th
6 one that -- that day. But he just said there he
7 did. And if you look at the June 10th log it
8 shows he was off and he signed it. Not only that,
9 he says I keep a log, page 44, a DOT log. The
10 next page, 45 I think it is, do you do these
11 things be filled out at -- do they have to be
12 filled out accurately? Yes, sir. You don't fill
13 them out in a fraudulent or a fake manner, do you?
14 No, sir. Have you ever done that? No, sir. You
15 take it serious don't you? Yes. But guess what
16 he says later on when he got confronted? He got
17 confronted sitting right in front of you
18 Commissioner Beck, in that chair right there, when
19 he finally got caught on June 10th that he didn't
20 work he then backtracked and says oh, no. The
21 employer told me to file a fake and fraudulent DOT
22 log; he never told me that in his deposition. He
23 says they're always accurate, a hundred percent
24 (100%) certain. I would never do that. Look at
25 the next page, and you -- you wouldn't give false

1 testimony, would you? No, sir. You wouldn't file
2 a false log? No, sir. Matter of fact, I asked
3 you in your deposition if all your logs are
4 correct? Yes, sir. And you wouldn't do a false
5 log? No, sir. And you testified today, right in
6 front of you, Commissioner Beck, that you worked
7 -- you went to the doctor on June 7th. Why is
8 that important? This allegedly happened --

9 Commissioner Beck: Are you speaking
10 figuratively or did I hear a case that I don't
11 remember hearing?

12 Mr. Huff: -- no. No, you were not there.
13 You -- I'm saying that chair is where he was
14 sitting.

15 Commissioner Beck: Okay. I just --

16 Mr. Huff: I -- I'm sorry.

17 Commissioner Wilkerson: I was wondering.

18 Commissioner Beck: -- just wanted to make
19 sure I understood because I'm --

20 Mr. Huff: No. No, no.

21 Commissioner Beck: -- I'm looking back
22 through; I didn't think was my case.

23 Mr. Huff: No, no, no. But let me -- see --

24 Commissioner Wilkerson: I was looking for
25 that other --

1 Mr. Huff: -- this man back in February went
2 to the doctor with --

3 Commissioner Williams: You need that paper?

4 Commissioner Wilkerson: -- I've got it.
5 Now, I've got it.

6 Mr. Huff: -- knee complaints.

7 Commissioner Wilkerson: That's what I was
8 looking for, the APA 2.

9 Mr. Huff: He goes to the doctor on June 7th,
10 three (3) days before the accident. Now, back in
11 February he's getting medication, pain medication,
12 for the knee. On June the 7th, when he goes three
13 (3) days before, they manipulate the knee and he's
14 got knee pain; three (3) days before. And then he
15 said -- the next question, you continued to work
16 until you had the accident on June 10th? He said
17 I went to the doctor on June 7th; I worked through
18 until June 10th. Guess what we found out? I then
19 showed him another log and it shows that he didn't
20 work after June 6th. He did not -- did not work
21 June 7th, did not work June 8th, even though he
22 said he continued to work there's another false
23 statement that -- that he made. He did not work
24 that day. And he also said on page 41 on that day
25 of June 10th, the day that he said he worked, on

1 page 41, and you turned in your logs? Yes, sir; I
2 turned in my log. And like I said on page 19 he
3 said, I parked my trailer. He also says that he
4 completed his logs that day before he got out of
5 his trailer and he took them in and turned them
6 in. Next page, he filled it out. He said he
7 turned it in but then he comes back later and says
8 I didn't turn it in until I came back from
9 vacation on June 30th and I was told by somebody
10 at the plant to falsify it. He knows not to
11 falsify it. Okay. Let's look at the next -- the
12 next issue that I have here. The next one is the
13 -- I think I discovered he was receiving treatment
14 up -- up to three (3) days before the accident,
15 and that's under number 2. Number 3, the accident
16 description, and I described that to you. All the
17 different ways: He jumped, he jammed, he twisted,
18 he hopped. But in his deposition I asked him
19 every one of those: Did you twist? No. Did you
20 hop? No. Did you jam? No. Did you step on any
21 object like a rock that would you make you twist
22 your knee? No. I was simply in the act of
23 stepping down and I touched my toe to the ground,
24 not even putting his full weight on it; he touched
25 his toe to the ground allegedly.

1 Commissioner Wilkerson: Let me ask you a
2 question and I know --

3 Mr. Huff: Yes.

4 Commissioner Wilkerson: -- and I'll give you
5 time in response even if it's after your ten (10)
6 minutes. But on page 224 it looks like there's a
7 summary -- I know it's not evidence -- it looks
8 like a summary of this guy's condition, for no
9 better term. It says apply ice every fifteen (15)
10 minutes every hour for the rest of the day,
11 compression bandaging, keep leg elevated, activity
12 as tolerated. I mean, those are not words that a
13 Claimant would come up with. I mean, those sounds
14 like doctor's instructions. It doesn't tell me
15 what medical report it's in.

16 Mr. Huff: I don't -- I don't know but I will
17 tell you --

18 Commissioner Wilkerson: That's what it says.
19 I -- I don't know.

20 Mr. Huff: -- I don't --

21 Commissioner Wilkerson: That's why I asked
22 that question. I knew I read that somewhere.

23 Mr. Huff: -- I will tell you the day that he
24 went he had x-rays done and it's in my -- it's in
25 my stuff here. Everything showed that the knee --

1 there was no injury to the knee. They did a --
2 they did McMurray's test, the Lachman test, x-rays
3 test, no acute trauma. It's in this package; I --
4 I think I put it in there. Everything came back
5 negative on him. He could -- they could find
6 nothing wrong with that knee other than he has
7 arthritis in his knee. Now, everybody does
8 questionnaires and there was even one from Dr.
9 Westerkam; so, I went and took his deposition. I
10 said, Dr. Westerkam, did you know about the fact
11 that he had all these different descriptions of
12 how the accident occurred? Were you aware that
13 four (4) months before the accident he was there
14 getting pain medication for knee problems and
15 three (3) days before the injury he was seen,
16 examined the knee and had knee pain? Now, knowing
17 all these new facts, can you testify to a
18 reasonable degree of medical certainty that this
19 man's problem happened that day? He said, no,
20 there's no way I can. If he had the pain three
21 (3) days before with arthritis it was already
22 there, he was already having symptoms with the
23 arthritis; I cannot say that. Then I asked him
24 about his twelve percent (12%) rating. He said I
25 can't even stand by the twelve percent (12%)

1 rating because the twelve percent (12%) rating is
2 based upon -- listen to what he said -- due to the
3 pain of the arthritis. He gave a rating for pain
4 and under the work Comp Act disability cannot be
5 defined as pain. There's no testimony showing any
6 type of an injury, itself, to the knee. But the
7 -- I -- I guess my biggest argument, and -- and I
8 do want to kind of hit on it a little bit here.
9 Really? He had an accident on June 10? He says,
10 I don't falsify my records. He signed that -- if
11 you look at that second page to that document he
12 signed it and he turned it in and made the
13 representation. Now he wants to change the
14 representation. What really probably happened, he
15 -- he could have gotten hurt on the job another
16 day or it could just be his arthritis; I don't
17 know what it is. I do know from looking at this
18 record in his own handwriting he said I didn't
19 work that day. What else can I do when a man says
20 I didn't work the day I said I got hurt. He
21 picked a day to try to blame it on the job and was
22 not aware that he did this. He could have done it
23 on the 9th. He could have -- he worked on the
24 9th; he could have wrote it happened on the 9th.
25 He could have said it happened on the 8th; if he

1 had done that he'd been caught again because he
2 didn't work on the 8th. He just got -- he could
3 have said it was the week before the 10th. He
4 could have said it was June 3rd. He tried to make
5 something to be work related and got caught in it.
6 And then after he committee perjury -- and he did,
7 that's what -- call it what you want to say. He
8 said I never falsify my records but, he admitted
9 he did. Thank you.

10 Commissioner Williams: All right.

11 Commissioner Wilkerson: Thank you.

12 Commissioner Williams: Mr. Truitt.

13 Mr. Truitt: Thank you. May it please the
14 court?

15 ARGUMENT FOR THE RESPONDENT

16 By Mr. Truitt:

17 Let me just start off kind of where Mr. Huff
18 left off. The -- the issue in this case -- I
19 assume they're looking at -- and I'm thinking what
20 did Mr. Williams -- what could he have done
21 differently? what did he do that was wrong?
22 You've got a sixty-six (66) year old man,
23 forty-two (42) year old truck driver, no criminal
24 history. He gets out of his truck on June the
25 10th and he hears a pop in his knee. One of the

1 things Mr. Huff raised at the hearing was, well,
2 why didn't you go in and tell the people as you're
3 leaving that day you -- you hurt your knee? And
4 he -- he said under oath, well, you know, I wanted
5 to see if it got better. Most people that hurt
6 their knee, they jam their knee, they're thinking
7 well, this will probably get better; I'll feel
8 better in another hour or so. So, he had to take
9 a co-worker and drop him off at another truck
10 site. So, he calls Ferry, said I jammed my knee.
11 And he called Ferry at work right after it
12 happened, said I hurt my knee. I'm going to see
13 how I'm doing later on. He dropped the fellow
14 off. He wasn't doing better. So, he calls Ferry
15 back at the -- at the employer; she's at -- she's
16 with the employer and lets her know I've got to go
17 to my family doctor; I'm not doing better and my
18 knee is still bothering me and that's what you're
19 supposed to do. You're supposed to notify your
20 employer when you have a knee injury that day and
21 he did two (2) times. So, he goes to see Dr.
22 Labelle that day and in his records it says that
23 he got injured earlier that day at work. We have
24 a record from June 10th from Dr. Labelle in the
25 record saying he got hurt earlier that day.

1 Commissioner Wilkerson: That's what I was
2 looking for.

3 Mr. Truitt: Yes, sir.

4 Commissioner Wilkerson: That's what I was
5 looking for; I just couldn't find it.

6 Mr. Truitt: Yes. It's -- it's in the
7 records. Dr. Labelle, the family doctor, says he
8 -- he got hurt, jammed his knee earlier that day,
9 misjudged the distance and he's got knee pain.
10 Well, what else are you supposed to do? All
11 right. He can't go back to work because his knee
12 hurts; he -- he tries and tries but he can't. All
13 right. So, you -- you cooperate with the
14 insurance carrier. Well, the insurance carrier,
15 the workers' Comp Adjuster, comes to see Mr.
16 Williams and he gives him a statement. And he
17 tells the Insurance Adjuster for the Workers' Comp
18 people that he got hurt on June the 10th, how he
19 did it, how he jammed his knee getting out of the
20 truck and he explained to them, very consistent.
21 And so, then he -- he gets an MRI of his knee
22 because his knee's not getting better. Dr. Labelle
23 says you need an MRI of your knee. Well, guess
24 what? The July MRI -- he gets hurt in June -- the
25 July MRI shows like four (4) different things in

1 there, all positive findings. He has a bone
2 bruise. Wow. I asked Dr. Westerkam about that at
3 his deposition. That's consistent with jamming
4 your knee. He has swelling; that can only come
5 from acute -- acute trauma. He also has meniscus
6 damage. These are all the things in the July MRI
7 that's done about a month after he had this
8 injury. All positive findings that Dr. Westerkam
9 said under oath, at his deposition, that's
10 consistent with stepping out of a truck and
11 jamming your knee. So, I mean, he's done
12 everything by the book. The MRI has a positive
13 finding. So, his family doctor sends him to
14 Kingery, an Orthopedist. Dr. Kingery examines his
15 knee and -- and determines he's not surgical. He
16 looks at the MRI and says well, this fellow is not
17 surgical. It probably wouldn't help a sixty-six
18 (66) year old man. He's like five (5) -- he's --
19 he's five, four (5'4"), two hundred and forty
20 (240) pounds. So, if you've got a guy -- and you
21 all didn't see him; I know you all -- you -- you
22 asked him about it, Commissioner Beck, but he's
23 five, four (5'4"), two hundred and forty (240)
24 pounds; he's a short, round fellow. So, when he's
25 stepping out of a truck if you want to say

1 eight inches (18") or twenty-two inches (22"),
2 he said it was kind of a cave there, you can
3 imagine a five-four (5'4") man, two hundred and
4 forty (240) pounds with legs about this long
5 stepping out of a tractor-trailer cab -- cab,
6 which is about twice as far as any personal
7 vehicle, and he testified to that under oath, this
8 is about twice as far as any personal vehicle; I
9 think he said a foot or less. He said twenty-two
10 inches (22") at the hearing. So, when he steps
11 down he hurts his knee. He's heavy, he's
12 overweight and he's got short legs. So, that --
13 that's an incident that's caused by work. That's
14 not something he's going it happened at home.
15 It's not going to happen with his personal
16 vehicle. That's peculiar to the truck he's
17 stepping down. So, he's done everything by the
18 book. He's gone to Dr. Kingery. Dr. Kingery has
19 given him injections because he's not surgical.
20 He can't go back to work. Dr. Kingery keeps him
21 out of work and then says he can go back to light
22 duty about a month before he finally releases him
23 to full duty. He calls the employer, they don't
24 have any light duty. So, he can't go back to work
25 on light duty. He waits until he's fully reduced

1 -- fully released back to full duty and then he
2 goes back to work. And he's out of work about
3 four (4) months for his -- his company -- for the
4 employer, and then he goes back to work and works
5 for them until he retires. He did everything by
6 the book. I don't know what else he possibly
7 could have done. He called his employer the day
8 it happened. He went to his family doctor. He
9 cooperated by -- with the insurance carrier. He
10 went -- went to the Orthopedist. Even when Dr.
11 Westerkam saw him, sent by the Defendants for
12 their own IME, Dr. Westerkam said yes, this is a
13 work related injury; he did it at work and this is
14 -- this is the issue. He needs future care. He
15 needs future medicine. He needs injections. Dr.
16 Kingery said the same thing. Both of them said he
17 needs future care and future medicine. So,
18 everything he's done by the book. Mr. Huff asked
19 to depose Dr. Westerkam, his doctor, because the
20 report says its work related and he gave -- he
21 gave him a twelve percent (12%) rating. You all
22 can read the deposition. Mr. -- Dr. Westerkam
23 went back to his original opinion on my cross when
24 I explained to him that when he went to the doctor
25 on June 7th, 2010, it wasn't for knee pain. And

1 he has a history of osteoarthritis. Somebody
2 sixty-six (66) years old, overweight, it's not
3 uncommon for them to have a history of
4 osteoarthritis; that's not -- that doesn't make it
5 not compensable. But what happens is he goes
6 there from -- he also complains of pain in the
7 right lateral calf, he describes a muscle ache
8 there, kind of like at all times; this has been
9 going on for about a week as well. So, the
10 doctor, his family doctors, says right leg pain
11 myology. He -- he finds in the physical exam some
12 pain in the knees bilaterally but this is a little
13 different discovery that he's complaining about of
14 the muscle ache. So, he goes there for calf pain.
15 The doctor does a physical exam and says do your
16 knees hurt? He goes, yeah. Well, he's got
17 osteoarthritis in his knees, his knees are going
18 to hurt. He takes Celebrex; he admits to that.
19 That's not an issue. He went to them -- them for
20 calf pain. The injury -- and this was three (3)
21 days before. The injury he had at work on June
22 the 10th was for knee pain. Now, there would have
23 been no issue with this date. This -- and -- and
24 it's really -- frankly, I think borderline to --
25 to say that Mr. Williams perjured himself. He

1 gave an explanation -- I think it's beyond
2 borderline. What happened is we get some --
3 submitted these documents and this is a motion
4 that -- that -- that Commissioner McCaskill did
5 not consider but we submitted a motion to reopen
6 the record because Mr. Williams told Mr. Huff, he
7 said, yeah, I've got the correct June 10th DOT log
8 at home. You can't turn them in that day; you can
9 only turn in from the days before. So, the one he
10 had was from the days before he turned in. This
11 one he couldn't turn it; it was kept in his truck.
12 He had that, we submitted that. Now, this is page
13 58, and you all may or may not be able to see
14 this. This was the DOT log. I'll hand it up.

15 Mr. Huff: May I see what you're handing up
16 first?

17 Mr. Truitt: Sure.

18 Mr. Huff: Go ahead.

19 Mr. Truitt: All right. This is -- this was
20 what -- and we sent a subpoena and Mr. -- Mr. Huff
21 complied with the subpoena. But this is the DOT
22 log on page 58 there that he's referencing that
23 he gave to us beforehand at the hearing. As you
24 can see, nothing is legible on that page.

25 Commissioner Williams: Yes. Yes, I see it.

1 Mr. Truitt: So -- so we --

2 Mr. Huff: I'd like to object then, if I
3 could? If it's not legible I don't say that's
4 what I gave him for that. I gave him the June
5 10th one.

6 Mr. Truitt: I will testify as an Office of
7 the Court, this is what we got in -- in response
8 to the -- the -- the subpoena we sent. So, we
9 have no idea that he's even making an issue of
10 June 10th being the day because we've got the log
11 at home. And Mr. -- Mr. Williams could have
12 brought it at any point and any time if that was
13 going to be an issue. Every medical record, every
14 12-A, the OSHA Form 301 we asked for in response
15 to the subpoena. We didn't -- we didn't get the
16 form -- the date where it says it happened on --
17 on June 10th. That date -- that wasn't sent over
18 to us pursuant to the subpoena, which it should
19 have been. So, everything on record should have
20 been sent showing its June 10th. It wasn't --
21 this is a lawyer created issue to try to make a
22 Claimant look like he's not telling the truth
23 when, in fact, he is telling the truth. There was
24 -- and I know the burden of proof is on us.
25 There's not one (1) single defense witness called

1 in this particular case. There -- it defies
2 common sense, all common sense, if you've got a
3 guy up there who is perjuring himself and you've
4 got the wrong date, there's not going to be one
5 (1) single defense witness to say oh, it didn't
6 happen on that day, none. He called Ferry the day
7 it happened. Not one (1) witness called, every
8 record says June 10th. It makes no sense -- I
9 know we have the burden of proof -- but there's
10 nothing to contradict it, nothing. Except for a
11 -- a record here that was given to us that you
12 couldn't read and then at the hearing we got a
13 record we could read; that's the first time we got
14 a record we could read. So, he has told the
15 truth. From day one (1) he's done everything
16 right, he's done everything by the book, he was
17 given a rating by Dr. Westerkam, there is really
18 nothing else we could have done. And the last
19 issue I would say is this court doesn't have
20 jurisdiction to hear this case based on the
21 Allison case. The Allison case clearly states --
22 June 2011 Supreme Court Case clearly states
23 fourteen (14) day jurisdiction for Appellant
24 jurisdiction on a Form 30. This -- and -- and you
25 can get five (5) extra -- I think you can get five

1 (5) extra days if it's served first class mail.
2 This particular case it was served by e-mail. The
3 regs say you can serve by e-mail; you can also
4 serve by first class mail. The only reason you
5 get five (5) extra days is for first class mail.
6 There is no authority, no statute, no case that
7 says you get an extra five (5) days when it's
8 served by e-mail. I --

9 Commissioner Beck: I believe the reg -- I
10 believe the reg is silent on that issue.

11 Mr. Truitt: -- it says -- I -- Commissioner,
12 I -- I understand what you're saying but what it
13 says is when service is made by first class mail.
14 And it doesn't --

15 Commissioner Beck: I --

16 Mr. Truitt: -- it doesn't say when service is
17 made by e-mail or electronic mail. So, we would
18 just --

19 Commissioner Beck: -- I'm going to say it's
20 silent.

21 Mr. Truitt: -- well, it -- it says you can
22 serve orders electronic, certified mail, return
23 receipt requested, deposit in United States Postal
24 Service first class postage. So, it lists first
25 class postage and then it goes on to clarify when

1 it's made by first class mail, no question you get
2 five (5) extra days, right. So, I don't see any
3 authority to get you -- give you five (5) extra
4 days for e-mail. I think you're right. If it's
5 silent, where is the authority? And that's my
6 point. There is no authority to extend the five
7 (5) day deadline. And they're aware of the
8 Allison case. They were aware of the Allison case
9 when this -- when this Form 30 was due. So,
10 that's not -- you know, I don't understand why you
11 -- why you would ever run the risk that the
12 Allison case, which is a Supreme Court case is
13 wrong. So, we think -- the first thing is this
14 court doesn't have jurisdiction to hear -- hear
15 this appeal. And the other thing is we think
16 clearly Mr. Williams did everything by the book,
17 everything right. And he -- there's nothing else
18 he could have done. Thank you.

19 Commissioner Williams: Okay. Mr. Huff.

20 Mr. Huff: Thank you, Commissioner.

21 RESPONSE FOR THE APPELLANT

22 By Mr. Huff:

23 I have been practicing before this Commission
24 -- I think somewhere around 1982, is when I
25 started when they were over in Saint Julian Place

1 and you still had Babe Nelson and Paul McMillan,
2 and Jim Reed, and Holmes Dreher. If I had that I
3 gave it to him; what he -- he did with it I don't
4 know. I'm not going to give this and then what he
5 showed you. This is what I have. He then says --
6 let's take that argument. I have the true June
7 10th DOT long at home. He came back to work for
8 us. Why didn't he turn it in? To this very day
9 that DOT log, that alleged date, the one that he
10 could have gone home and created, has never been
11 turned in. This hearing was held back in February
12 of 2012. And to this very day its not -- it's
13 never been submitted other than through this
14 motion type of doing it. It was never submitted
15 to the employer, whatsoever. In our brief we did
16 put down some of the things that were important.
17 On page 3 of our brief, the Claimant attorney
18 contends that the positive MRI is evidence of a
19 knee injury. Well, the MRI showed no acute
20 trauma, at all. There's also showing -- like I
21 said they did the -- the Lachman test and the
22 McMurray test; they found no problem. They found
23 no problem with the kneecap, or the ligaments, or
24 the tendons, or anything. But then what does he
25 have? It's on page 5 of -- of my original brief.

1 That's my reply brief. It says that he has
2 osteoarthritis and he has a Baker's cyst, and they
3 did an x-ray of the knee after the accident and it
4 didn't hurt anything. That's hearing transcript
5 page 74. All tests performed on the knee were
6 negative; again, that's hearing transcript page
7 74. That day when they tested him everything came
8 back nothing wrong with the knee other than its
9 osteoarthritis. And then, I put on page 8 of my
10 brief, the Claimant's own interpretation of the
11 accident varies. He jammed his knee while
12 stepping out. He was in control. He hopped out
13 but he denied hopping out. They say that he
14 twisted but he denies twisting. Who said that
15 there was even an OSHA log done on this? There
16 was no other motion to compel. When I get a
17 subpoena I take it serious. I gave him every
18 document I had. If there was something I didn't
19 give him that he wanted he clearly could have
20 asked for it. Look how clear that log is. This
21 man signed this log and made a representation he
22 did not work on June 10th. What am I supposed to
23 do? Call the other attorney and say let me tell
24 you what my defense is; your man never got hurt
25 that day. Huh-uh, I don't show my hand. We've

1 got two (2) attorneys up there. I've never play
2 my hand ahead of time. Let him get on the stand.
3 I'm going to let him hang himself. I'm going to
4 give him all the rope I can and I asked him ten
5 (10) different ways. You're a hundred percent
6 (100%) certain that's the day? Yes. And you
7 would never falsify these reports? Never.
8 They're a hundred percent (100%) accurate. It's
9 not accurate and then he tries to cover it up by
10 saying they told me to file a false one. Really?
11 Thank you.

12 Commissioner Williams: All right.

13 Commissioner Wilkerson: Thank you all.

14 Commissioner Williams: That will conclude
15 this hearing. Thank you all.

16 (THERE BEING NO FURTHER ARGUMENTS, THE HEARING CONCLUDED AT
17 2:37 P. M.)
18
19
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24
25

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1009201

Homer Williams,

Claimant,

vs.

Walter P. Rawl and Sons,
Inc., Employer,
and

Great American Alliance
Insurance Company, Carrier,
Defendants.

TRANSCRIPT OF PROCEEDINGS

February 2, 2012

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room B, Columbia, South Carolina, on Thursday, February 2, 2012, commencing at the hour of 10:00 a.m.

Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

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1 THE COURT: Today's date is February 2, 2012.
2 This is the case of Homer Williams or is it -- yeah,
3 that's right -- Homer Williams versus Walter P. Rawl and
4 Sons, Inc. The carrier is Great American Alliance
5 Insurance Company. The Workers' Compensation File Number
6 is 1009201. The claimant is represented by David Truitt,
7 and the defendant is represented by Ros Huff, Jr.

8 Are we -- are we in agreement, gentlemen, on
9 the average weekly wage and the comp rate?

10 MR. HUFF: I think we've got a previous order
11 in the file.

12 THE COURT: I thought y'all mentioned that.

13 MR. TRUITT: We are.

14 THE COURT: So we have, correct me if I'm
15 wrong, an average weekly wage of 1,173.81 and a max comp
16 rate of 689.71.

17 MR. TRUITT: That's correct.

18 MR. HUFF: Yes.

19 THE COURT: All right. Very good. The date
20 of the accident was 6/10/2010. Are there any objections
21 to APAs, jurisdiction, venue and/or any other items?

22 MR. TRUITT: Not from the claimant.

23 MR. HUFF: No.

24 THE COURT: All right. Without objection, the
25 Commission file becomes a part of the record with the

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1 exception of self-serving declarations and unstipulated
2 medical reports.

3 All right. Mr. Truitt?

4 MR. TRUITT: Would you like the summary or me
5 to call the claimant at this point?

6 THE COURT: If you want to give a brief --
7 because now we're on the record, so whatever you'd like
8 to do.

9 MR. TRUITT: Just -- just a brief summary,
10 Commissioner McCaskill. The issue on this case is, one,
11 whether Mr. Williams was actually injured on June 10,
12 2010 when he stepped down from the cab of his
13 tractor-trailer truck and his right foot hit the ground.
14 We believe the evidence will show that Mr. Williams had
15 immediate pain, heard a pop in his knee, couldn't walk on
16 his knee at that time, and hobbled to his car, actually
17 went to the doctor that day, and informed his employer 15
18 minutes or so later that he got injured stepping out of
19 his cab.

20 So I don't believe any kind of notice is at
21 issue in this case because the employer knew about it.
22 The employer actually investigated the case. The
23 insurance adjuster took Mr. Williams' statement a week
24 later and did a full investigation. So there is no
25 notice issue. The issue is whether he got injured or

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1 whether his pre-existing condition of the arthritis in
2 his knees was aggravated by him stepping down and
3 becoming so painful that he could not actually work.

4 You will hear also the evidence indicates that
5 he did have pre-existing arthritis in his knees, but he
6 was able to work, he was able to take his medicine, he
7 was able to do his job like normal. But after the
8 June 10th accident at work, he was not able to work, he
9 was not able to do his job. He missed approximately four
10 months of work and -- or 16 weeks, did not -- did not get
11 paid for those wages that he missed. He actually came
12 back to work and worked for the company for a few more
13 months until he retired from that company in July of
14 2011.

15 We've -- the issue in the case is going to be
16 if it did happen at work, was it an aggravation of a
17 pre-existing condition. The medical evidence submitted
18 to you has three doctors meeting the burden of proof
19 saying to a reasonable degree of medical certainty that
20 the step-down on June 10th did aggravate a pre-existing
21 condition. Dr. Lobel says it in his questionnaire,
22 Dr. Kingery says it in his questionnaire and a note, Dr.
23 Westerkam says it in his IME and I believe he said it in
24 his deposition yesterday, but you will have to read that
25 as well because he went back and forth on the answers he

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1 gave to Mr. Huff and myself and it depended on the
2 hypotheticals Dr. Westerkam was asked. I think Dr.
3 Westerkam understood that Mr. Williams had missed four
4 months of work and was not able to work after this
5 particular injury, that he did go back to his original
6 opinion that this step-down aggravated his pre-existing
7 condition which is work-related.

8 You'll also have in the evidence the MRI which
9 has four positive findings on it. It's not a negative
10 MRI and this is six weeks after the step-down. You've
11 got -- not only do you have a Baker's cyst which is
12 pre-existing, you've got meniscus damage which Dr.
13 Kingery also says in his notes, you have it in the MRI
14 report. Dr. Kingery mentions that. You also have
15 swelling which you cannot fake which is on the MRI. You
16 have bone bruising which you cannot fake which is on the
17 MRI. These are all things that are found six -- only six
18 weeks after the step-down which is consistent with him
19 injuring himself more severely than he was injured before
20 that date. So you'll hear about all that and you will
21 see that in the evidence as well.

22 We're also arguing that Mr. Williams needs
23 future medical care. He's still treating with Dr.
24 Kingery. He still gets periodic injections in his knee
25 which helps him, which allows him to be able to work. So

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1 you'll hear all that as well. That's in the record as
2 well.

3 The other issues are what other future medical
4 care can he get. Is he entitled to a knee brace, a cane?
5 Is he entitled to a weight loss reduction program,
6 anti-inflammatories as recommended by Dr. Westerkam to
7 maintain his level of function so he does get better.

8 I think one other issue that's really
9 important in this case, Your Honor, is how -- the defense
10 is obviously arguing there was an internal breakdown in
11 the knee which the case law is clear if you're just
12 walking in a hallway on the job and your knee gives way
13 and you get injured because your knee just gave way, that
14 is not a workers' comp accident. We would agree that's
15 not a workers' comp accident nor should it be. That
16 accident could happen anywhere, any time. It could
17 happen at the home. It could happen just anywhere
18 because your knee just gave way. It had nothing to do
19 with work. We agree that is the case law.

20 However, in this particular case if the
21 employment creates a peculiar hazard to you getting
22 injured and it creates a peculiar risk to you getting
23 injured, and the case law is clear on this as well, then
24 that becomes a workers' comp related accident. In other
25 words, you'll hear testimony that the step-down was at

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1 least 18 inches down from the tractor-trailer cab which
2 you're not going to have in your personal automobiles.
3 You're not going to have that except in a tractor-trailer
4 cab which is peculiar to work. He only uses that for
5 work and it's his work trailer.

6 He will testify that the step-down was
7 actually 22 inches because it was on a slant, and which
8 the slant added four inches to the step-down. You're
9 also talking about a man that's five-foot-four and 240
10 pounds and has short legs. So when he steps down 22
11 inches, it's going to create a significant amount of
12 force when his foot hits that ground. And I asked Dr.
13 Westerkam about that extensively in his deposition, which
14 you will be able to read his answers to those questions.
15 I asked him about the amount of force that it would
16 create from a 22 inch step-down by somebody
17 five-foot-four, 240 pounds.

18 So this is not -- this could have only
19 happened stepping down from a tractor-trailer cab. This
20 injury would not have occurred stepping out of his
21 automobile. So that is peculiar to the work he does and
22 it does make it work-related.

23 And that would be, I think, the main issues in
24 the case. Thank you.

25 THE COURT: Mr. Huff.

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1 MR. HUFF: Thank you, Commissioner. What I
2 would like to do, I know that the Commission makes the
3 Commission file a part of the record with the exception
4 of self-serving declarations or unstipulated medicals.
5 What I'd like to do for the brevity of time is, if the
6 other attorney has no objection, your handwritten notes
7 that we put down our position in the pre-hearing
8 conference, I have no objection to that being part of the
9 record. I've stated my position. I can't think of
10 anything else I want to say if there's no objection to
11 having your handwritten notes or I can go through the
12 whole litany again. Whatever the preference is, Your
13 Honor.

14 THE COURT: I actually would like for you to
15 go through it again --

16 MR. HUFF: Yes, sir.

17 THE COURT: -- so I can hear it twice.

18 MR. HUFF: Yes, sir. Be more than -- be more
19 than -- more than happy to. Thank you, Commissioner.
20 The thing that we say we have here is the act of him
21 stepping down. Now the argument had just been made that
22 he wouldn't step down 18 inches anywhere else. Well,
23 there's no testimony that because the height was 18
24 inches or 22 inches, that because it was that height,
25 this would cause the injury. In other words, the

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1 contrary is there too.

2 Maybe if he was only stepping five inches or
3 ten inches or 12 inches, this still would have happened.
4 We don't know. There's nothing to say that because it's
5 this distance, that this caused it. It was the act of
6 him stepping. Whether he's stepping off the stairs
7 coming down his house or if he's in the car -- say a
8 passenger in a car or an SUV and he goes to get out and
9 he puts his right leg out first as a passenger and he
10 feels the pain, it's still that's what happened. It was
11 a breakdown in the knee.

12 This man, as the medical records will show on
13 Page 52, three days before this accident he is over
14 there -- he's being examined by the doctor. This is not
15 something that's just written. It's under the physical
16 exam section.

17 On a medical report you have a thing called
18 SOAP, S-O-A-P. S means subjective. I'm talking to him
19 and he's telling me what problems he's having. He's
20 telling me his past medical history. It's a subjective
21 questioning and answering type of situation. O is
22 objective. The physical hands-on exam. And after you
23 take the history and you talk to him and after you
24 examine them, then you do the A, stands for assessment.
25 What does he got? Does he have a torn meniscus? Does he

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1 have a broken bone? It's the assessment. It's the
2 doctor's diagnosis. Then there's P. My plan, what I
3 want to treat him, how I want to treat him.

4 Three days before this thing, his knee was
5 already hurting him. This day it just hurt more. He
6 didn't -- as I indicated in his testimony, and he said, I
7 didn't fall, I didn't stumble, I didn't trip, I didn't
8 step on any object, I didn't twist my knee, I didn't jump
9 out, I didn't hop out. I was stepping out under control
10 and I put my toes on the ground. Not his heel. His
11 toes. And he felt pain in his knee.

12 Now, how bad was his knee to begin with? I
13 told you on Page 66. It was so bad that eight months
14 earlier he's at the doctor and he is specifically saying,
15 "Give me pain medication for my knee. My knee is hurting
16 me so much, I need a prescription drug to take care of my
17 knee."

18 And then I won't go into it. I know you'll
19 read it. You're an educated man. You're going to read
20 the report -- the deposition of Dr. Westerkam and you're
21 going to look at the totality of his testimony, what he
22 said. My interpretation of it was, is that my opinion
23 has changed now from that questionnaire that was
24 submitted to me. I can't say this -- the way it was
25 before. The rating of 12 percent, no. He's got

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1 pre-existing conditions, and that's probably where it's
2 coming from.

3 And then it all boils down to, do you believe
4 the man? Is this the man that has the credibility? Is
5 this a man that would do something that's false? Maybe
6 he faked it. We don't know. Nobody was up there when
7 this thing happened.

8 He's giving a story today and he's going to
9 testify today that he was on a slant. I'm going to pull
10 out his deposition. I've got it right here. I'm going
11 to hand you up a copy. At the back of the deposition is
12 a word index. Every single word that's used in a
13 deposition is here and it tells you what page you can go
14 to to find that. Okay. The word "slant" is not in here.
15 He never told me anything about a slant on the property
16 or where he parked his truck. He never told Dr.
17 Westerkam of a slant. I don't think he ever told anybody
18 of a slant. The very first "SL" word is S-L-E-E-P,
19 sleep. There's no slant. First time I heard slant was
20 last night in a deposition. I'm getting a different
21 story now. We'll see how truthful that is. Do you
22 believe an unwitnessed accident?

23 Also, I didn't say this: Yes, he reported it
24 15 minutes, 30 minutes later. When this thing happened,
25 as he leaves the premises, he never reported it before he

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1 left the job site. He doesn't have to under the law.
2 It's not required, but it goes to credibility. As he
3 drove his truck out of the property, he came within
4 50 feet of the door where he could report it.

5 Now, if he testifies my knee was hurting me so
6 bad, I couldn't get out of the truck and go report it, he
7 has a cell phone. He could call them and say, hey, I
8 just hurt myself. Come up to the accident site up here
9 on the lot or I'm out here in my truck. I've got to go
10 to the doctor. Can I get authority to go to the doctor?
11 He didn't call anybody.

12 The question you want to ask yourself, does he
13 know what he's supposed to do? Yes, sir. Because this
14 allegedly happened in June. But in April of the same
15 year, four months earlier, he had another fall and he
16 fell and he lacerated his liver and he reported it on the
17 job site, went in and reported it. A lacerated liver.
18 We took care of it and paid that claim, even settled that
19 claim.

20 This man had an unwitnessed accident, came
21 within 50 feet of the door, has a phone in his hand,
22 doesn't tell anybody until he gets off the property with
23 pre-existing knee problems.

24 With all due respect, and I mean this with due
25 respect, I never question anybody's weight. I don't walk

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1 in their shoes. I don't know why they have the weight
2 they have. It could be any reason. But he is, by
3 nature, a heavy man. He was a heavy man before. And the
4 doctor says that the weight hurts him on his knee. I
5 don't think we're responsible for any weight loss program
6 if you find the case compensable because that's not
7 medical treatment. That's merely him changing his
8 lifestyle.

9 I hope I covered it. Thank you very much for
10 your attention.

11 THE COURT: Thank you. Mr. Truitt?

12 MR. TRUITT: We would call Homer Williams as
13 our witness.

14 THE COURT: All right. Mr. Williams, if you
15 will come up here and have a seat, please, sir. Good to
16 see you today.

17 MR. WILLIAMS: Good to see you.

18 THE COURT: Now, a couple of things. I'm
19 going to swear you in in just a minute, and then I'm
20 going to ask you to state your full name for the record.
21 And then I would ask that you speak clearly and loudly
22 enough for this young lady to hear you because she is
23 making a record of this proceeding. Okay.

24 (HOMER WILLIAMS, being duly sworn to tell the
25 whole truth and nothing but the truth, testified as

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1 follows:)

2 THE COURT: Please state your full name for
3 the record.

4 THE WITNESS: Homer Williams.

5 THE COURT: All right. Now, you're going to
6 answer questions of Mr. Truitt, and then you will have
7 questions from Mr. Huff.

8 MR. HUFF: Can I make a quick statement?

9 THE COURT: Sure.

10 MR. HUFF: I don't mind if Chip does some
11 leading questions, you know, about address, education,
12 background, because it expedites it. But when he gets
13 into the substance of the case, at that time I would
14 object. And I'll place an objection if I need to. But
15 otherwise, I don't mind him leading right now.

16 DIRECT EXAMINATION

17 BY MR. TRUITT:

18 Q. Mr. Williams, how old are you?

19 A. Sixty-six.

20 Q. Okay. What is your height?

21 A. Five-foot-four.

22 Q. What's your weight?

23 A. Two hundred forty.

24 Q. Are you married?

25 A. Yes, sir.

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1 Q. How long have you been married?

2 A. Be 19 years.

3 Q. Okay. How many children do you have?

4 A. I've got three by a previous marriage.

5 Q. Okay. All right. What's your education
6 level? How far did you go in school?

7 A. Tenth grade.

8 Q. Okay. Tell the Commissioner a little bit
9 about your work history. What type of jobs have you had
10 throughout years? What have you done primarily?

11 A. Well, when I first quit school, I worked at a
12 service station for a couple years. And I went in a
13 machine shop for about six years. And for about 42
14 years, I've been driving a truck.

15 Q. Okay. Explain to Commissioner McCaskill, and
16 I'm sure he understands this, but explain just a little
17 bit about what the truck driving duties require. What do
18 you -- what do you normally do?

19 A. When I worked for Walter P. Rawl, I delivered
20 produce. I got in the trailer, unloaded it, put it on
21 the dock. I had to separate it.

22 Q. Okay. Did you -- besides driving, did you
23 unload the products off the truck?

24 A. Yes, sir.

25 Q. How did you do that?

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1 A. Well, I had a paddle jack that I pulled stuff
2 off, but then I had to break it down to the different
3 products.

4 Q. Okay. How many years did you -- did you work
5 for W.P. Rawl?

6 A. About six and a half altogether.

7 Q. Six and a half. Okay. So what year did you
8 start working for them?

9 A. 2005.

10 Q. Okay. All right. I want to ask you a little
11 bit -- if you could tell the Commissioner, I want to go
12 back to June 10, 2010. Were you working for W. P. Rawl
13 that day?

14 A. Yes, sir.

15 Q. When did your day start on June 10th?

16 A. I started about two -- two o'clock.

17 Q. When, 2:00 a.m. or p.m.?

18 A. A.M.

19 Q. Okay. And do you remember where you went that
20 day?

21 A. Yes, sir.

22 Q. Tell him where you went.

23 A. I come in and got my bill and trailer. I went
24 to Limehouse in Charleston, South Carolina, went to
25 Piggly Wiggly in Charleston, and back to Food Lion and

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1 then back to Rawls.

2 Q. What time did you get back to Rawls?

3 A. At one o'clock.

4 Q. In the afternoon, P.M.?

5 A. Yes.

6 Q. All right. Tell the Commissioner what
7 happened, if anything, when you got out of your -- tell
8 him first what happened. What do you do when you get
9 back to Rawl? What do you do then?

10 A. When I get back to Rawls, I go to the fuel
11 tank, fuel the tractor and the trailer. Then I go to the
12 receiving office and turn in my bills for that day and
13 they tell me where to park the trailer. And when I park
14 the trailer, I get my logs and stuff up and carry it back
15 to the receiving office, and then I go park my truck to
16 go home.

17 Q. Okay. And did they tell you where to park the
18 truck?

19 A. Well, we got a place where they tell us to
20 park it a certain place.

21 Q. Okay. So you can't just park it wherever.
22 You have to park it --

23 A. You can, but I normally park it the same
24 place.

25 Q. Okay. All right. And did you park the truck

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1 where you were told to park it?

2 A. Yeah.

3 Q. Okay. Tell the Commissioner what happened
4 when you got out of the truck.

5 A. When I got out of the truck, I got out like I
6 normally do. I held on with both hands, step one foot at
7 a time. My right foot touched the ground, I heard
8 something sound like a pop. And there was so much pain
9 in my knee that I couldn't put no weight at all on it.
10 And I was falling to the ground, and I took hold of the
11 truck to keep from falling.

12 Q. So you actually didn't hit the ground. You
13 grabbed ahold of the truck to keep from falling?

14 A. I grabbed ahold of the truck before I hit the
15 ground.

16 Q. Okay. And where did you -- where did you go
17 after this immediate pain?

18 A. They -- they had asked me would I carry a
19 driver to Lexington to pick up a truck, and I usually --

20 MR. HUFF: I'm going to object if I could.

21 BY MR. TRUITT:

22 Q. Where did you go? Not what they said, but
23 where did you go? Where did you go? I mean, after you
24 got hurt, where did you go?

25 A. I got in my pickup.

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- 1 Q. How did you get in your pickup?
- 2 A. I hopped over there on one leg because it
- 3 wasn't but about three foot away.
- 4 Q. Okay. What leg did you hop on?
- 5 A. Left leg.
- 6 Q. Okay. What leg did you hurt when you stepped
- 7 down?
- 8 A. My right leg.
- 9 Q. And then where did you go in your vehicle?
- 10 A. I went to Lexington.
- 11 Q. Okay. Was anybody with you?
- 12 A. Yes, sir.
- 13 Q. Who was with you?
- 14 A. There was another driver that they wanted me
- 15 to carry to Lexington.
- 16 Q. Okay. To his truck?
- 17 A. To pick the truck up that they had rented.
- 18 Q. Okay. All right. And that was the job
- 19 wanting you to do that?
- 20 A. Yes.
- 21 Q. Okay. At what point did you call or tell
- 22 anybody from work about this accident?
- 23 A. When I left work in my pickup, I thought it
- 24 might ease off. Within 15 minutes, I called Ferri in the
- 25 transportation office and I told her what had happened.

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1 Q. Okay. And was your pain -- after 15 minutes,
2 describe your pain level. Was it the same, worse, or
3 better?

4 A. Well, I didn't have no weight on it, so it
5 wasn't as bad, but it was still hurting.

6 Q. Okay. Who is Ferri?

7 A. Ferri is the assistant to the transportation
8 manager.

9 Q. Okay. So you told her about it and -- not
10 saying what she told you, what did you tell her?

11 A. I told her that when I stepped out of the
12 truck, that I thought I had jammed my knee. I didn't
13 know what I had done. That was the best description I
14 knowed of it.

15 Q. Okay. What did you say, if anything, about
16 where you were going to get medical care?

17 A. Well, at the time I didn't tell her nothing
18 because, to be honest, I was waiting to see if it eased
19 off or not because I might have sprained it or something
20 and it would ease off. But when I got over there and put
21 the boy out, it was hurting, and I told him that I had to
22 go to the doctor. I called her back and told her I was
23 going to my family doctor because it was hurting.

24 Q. All right. So you called Ferri back and told
25 her you were going to your family doctor?

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- 1 A. Yes.
- 2 Q. Who is your family doctor?
- 3 A. Dr. Nagle.
- 4 Q. Do you remember what practice that is?
- 5 A. Lexington Family Practice.
- 6 Q. Okay. And you've been with them throughout
- 7 the years, I guess?
- 8 A. Probably 18, 20 years.
- 9 Q. Okay. All right. And prior to this actual
- 10 step-down accident, you actually had some knee pain from
- 11 osteoarthritis; is that right?
- 12 A. Yes.
- 13 Q. Do you know when you got diagnosed with your
- 14 osteoarthritis in your knees?
- 15 A. I believe it was in 2009.
- 16 Q. What type of medication did you take for the
- 17 arthritis in your knees?
- 18 A. He give me some Celebrex to take.
- 19 Q. Your family doctor?
- 20 A. Yes.
- 21 Q. And did that medicine help?
- 22 A. Yes.
- 23 Q. Okay. Did you miss any work at any time from
- 24 the arthritis in your knees?
- 25 A. No, sir.

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1 Q. Okay. You were able to do your full duties?

2 A. Yes, sir.

3 Q. Do you recall also going to see the doctor I
4 guess three days -- your family doctor three days prior
5 to this incident on June 10th?

6 A. Yes.

7 Q. Do you remember why you went to the doctor?

8 A. I went to the doctor because the muscles in
9 the calf of my leg was hurting. It was sore and hurting.

10 Q. Okay. And at some point did you tell him
11 about knee pain?

12 A. No, sir, I didn't. He -- I think he checked
13 it. And when he was moving it, there was some pain in
14 it.

15 Q. Okay. So that's in the records when he
16 checked your knees?

17 A. Yeah.

18 Q. Okay. Did you go to see him about knee pain?

19 A. No, sir.

20 Q. Okay. After June 7, 2010, did you work those
21 next few days?

22 A. Yes.

23 Q. Okay. Did you work up until the time you got
24 hurt on June 10th?

25 A. Yes.

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1 Q. Okay. After the June 10th incident, were you
2 able to go back to work any time in that short time frame
3 after that?

4 A. I didn't go back to work for four months, I
5 think.

6 Q. Okay. Did you talk to anybody else at work
7 about -- besides Ferri about the -- the accident on June
8 10th?

9 A. The only person was the boy that I carried to
10 Lexington to pick the truck up.

11 Q. Did the workers' comp insurance company
12 contact you about the incident on June 10th?

13 A. Yes, sir, about a week later.

14 Q. All right. And did you give them a statement
15 about what happened?

16 A. Yes, sir.

17 Q. So as far as you know, workers' comp did an
18 investigation?

19 A. As far as I know, they did.

20 Q. All right. What doctor were you going to in
21 the meantime to get treatment for your knee?

22 A. I went to Dr. Lobel.

23 Q. Okay. And he's your family doctor?

24 A. Yeah.

25 Q. Okay. At some point did he order an MRI?

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1 A. Yes, sir. After the third time I went back,
2 he ordered an MRI.

3 Q. Okay. And did you get the MRI done on your
4 right knee?

5 A. Yes, sir, got it done.

6 Q. Okay. After getting the MRI done and seeing
7 Dr. Lobel, did you get referred to Dr. Kingery?

8 A. Yes, sir.

9 Q. What type of doctor is he?

10 A. I guess a knee doctor and foot doctor.

11 Q. Was he with Lexington Orthopedists?

12 A. Lexington Orthopedists.

13 Q. All right. And what -- what type of care did
14 Dr. Kingery provide for you?

15 A. Dr. Kingery -- Kingery looked at the MRI and
16 said I had a --

17 MR. HUFF: Object.

18 BY MR. TRUITT:

19 Q. You can't say what he said, but tell the
20 Commissioner what kind of care he gave you.

21 A. He drained fluid out of a cyst on the back of
22 my knee.

23 Q. Okay. What other things did he do for you?

24 A. That's all they done at that time.

25 Q. Okay. Did you have to keep going back to see

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1 Dr. Kingery?

2 A. Yes, sir, had to keep going back.

3 Q. All right. In follow-up visits with
4 Dr. Kingery, what type of care, what type of treatment
5 did he give you?

6 A. He put two needles in my knee.

7 Q. Okay. And that was an injection?

8 A. Yes.

9 Q. Okay. Do you know how many times he actually
10 did an injection for your knee?

11 A. I believe it's been four or five times.

12 Q. Okay. All right. At some point did doctor --
13 now, during this whole time you're seeing Dr. Lobel and
14 Dr. Kingery, are you working?

15 A. No, sir.

16 Q. Are you getting any type of wages paid by
17 anybody?

18 A. No, sir.

19 Q. Was your employer paying you wages?

20 A. No, sir.

21 Q. Was workers' comp paying you wages?

22 A. No, sir.

23 Q. All right. So you got no income during this
24 time you were seeing Dr. Lobel and Dr. Kingery?

25 A. No, sir.

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1 Q. Okay. At some point did Dr. Kingery give you
2 a work excuse to go back to try light duty?

3 A. Yes.

4 Q. And do you remember the light duty date, as
5 August the 30th, 2010? Does that sound right?

6 A. I don't remember.

7 Q. Okay. Did you attempt to go do light duty
8 with your employer?

9 A. No, sir.

10 Q. Did you go see your employer about that?

11 A. Yes, I talked to him.

12 Q. You talked to the employer?

13 A. Yes.

14 Q. Okay. As far as your understanding, did they
15 have any work for you?

16 A. No, sir.

17 Q. At some point did Dr. Kingery release you back
18 to full day?

19 A. Yes, sir.

20 Q. And what day was that that you went back to
21 full duty?

22 A. To the best of my knowledge, I believe it was
23 April the 1st or 2nd. Somewhere right in there.

24 Q. You mean October?

25 A. Yeah. I'm sorry.

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1 Q. October. So since June 10, 2010 until October
2 1st or 2nd, you were out of work with no wages?

3 A. Yes.

4 Q. When you went back to work on October 1st or
5 the 2nd, did you do your trucking job?

6 A. Yes.

7 Q. All right. And were you able to do it?

8 A. I wasn't able to do the unloading that I used
9 to do.

10 Q. Who handled the unloading for you that day?

11 A. Well, they paid lumpers to do it.

12 Q. They paid lumpers to do it?

13 A. Yes.

14 Q. Okay. But you were able to drive your route?

15 A. Yes.

16 Q. Okay. And how many weeks or months did you
17 work for W. P. Rawl after going back to work for them on
18 October 1st or 2nd?

19 A. I worked I believe it was until July the 8th,
20 2011.

21 Q. Okay. All right. Did you retire at that
22 point?

23 A. Yes, sir.

24 Q. Okay. At any -- at any point -- well, who
25 paid for your medical care that you were getting?

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1 A. I paid for part of it and part of it was
2 charged to Lexington Medical Center until I could get a
3 settlement to pay it.

4 Q. All right. Has workers' comp paid for your
5 medicals?

6 A. No, sir.

7 Q. Did the treatment that Dr. Kingery gave you,
8 the injections and the other things he gave you, did that
9 help?

10 A. Yes.

11 Q. In what way?

12 A. Well, it would make it ease off, the hurting.
13 And probably about every two and a half, three months, I
14 would have to go back because I was hurting again.

15 Q. Okay. And typical treatment for you when it
16 was hurting is what?

17 A. Injections.

18 Q. Okay. Now, are you currently working?

19 A. Yes, sir.

20 Q. Where do you work currently?

21 A. I work for Salem Carriers.

22 Q. Okay. And is that -- what kind of job is
23 that?

24 A. It's driving a truck, but it's no unloading or
25 anything like that.

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1 Q. So it's similar to when you went back to W.P.
2 Rawl, it's no unloading the truck, just driving?

3 A. Yes.

4 Q. Okay. And you're able to do that job?

5 A. Yes, sir. I don't have to get in and out of
6 the truck near as much as I used to.

7 Q. Okay. When you -- when was the last time you
8 actually saw Dr. Kingery?

9 A. Last Monday.

10 Q. And what kind of treatment did he give you
11 last Monday?

12 A. Injections. Two injections in my knee.

13 Q. Okay. All right. Now, if you would, please
14 describe for Commissioner McCaskill about the way, -- the
15 height of the step-down from the tractor-trailer cab.

16 A. The truck is parked kind of on a hill and it's
17 like -- it's not straight. It's like this. (Witness
18 indicates.) They had just put rocks and sand out there.
19 And I took a tape measure and measured it, and it's 22
20 inches from the step to the ground.

21 Q. Now, when the truck is parked on level ground
22 and there's no slant or incline, what is the actual
23 distance between the ground and --

24 A. Eighteen inches.

25 Q. About 18 inches, so a foot and a half?

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1 A. Yeah.

2 Q. All right. And the vehicles that you
3 actually -- actually drive, do you know how far the
4 step-down is on the vehicles you drive?

5 A. My personal vehicles?

6 Q. Your personal vehicle, yes.

7 A. I would say a foot or less.

8 Q. Okay. Any other vehicles that you ride in
9 that have a step-down as far as the tractor-trailer cab?

10 A. No, sir.

11 Q. All right. What -- what kind of hobbies did
12 you have prior to this injury on June 10th?

13 A. Well, fishing is about the only hobby I had.

14 Q. Okay. Has the June 10th injury affected
15 whether you can do that or not?

16 A. Yes, sir.

17 Q. How so?

18 A. Well, with a small boat, I can't sit there
19 long cramped up without my knee giving me a hard time.

20 Q. So have you tried -- tried fishing?

21 A. Yes, I've tried it.

22 Q. How many times have you tried it since this
23 June 10th incident?

24 A. Really one time.

25 Q. Okay. How long were you able to do it?

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1 A. I was in there about 15, 20 minutes and I had
2 to get out.

3 Q. Is that -- why was that? I mean, what was the
4 reason you had to get out?

5 A. Well, the longer I sit there, the worse my
6 knee got to hurting.

7 Q. Okay. What -- what, if anything, causes you
8 more knee pain?

9 A. Well, I can't squat or get down on my knees,
10 anything like that, because if I do, then the longer I
11 sit there, the worse it gets to hurting.

12 Q. Do you take any kind of medication to help
13 your pain?

14 A. Yes, sir.

15 Q. What do you take?

16 A. I take Celebrex.

17 Q. Does that help?

18 A. Yes, sir.

19 Q. Okay. Does taking that medication allow you
20 to still drive a truck?

21 A. Yes, sir.

22 Q. Okay. If you didn't take that medication,
23 could you drive a truck?

24 A. I don't believe so.

25 Q. Okay. Have you tried to do any other types of

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1 jobs besides driving a truck?

2 A. No, just piddling around the house. I don't
3 have the education to get out and do anything hardly
4 other than that.

5 Q. Do you have another appointment scheduled with
6 Dr. Kingery or is that just an as-needed basis?

7 A. As-needed.

8 Q. Do you recall going to see Dr. Westerkam for
9 an independent examination?

10 A. Yes, sir.

11 Q. And tell Commissioner McCaskill what --
12 what -- what that involved, what did he do when you saw
13 Dr. Westerkam?

14 A. He sit with me and talked to me about what
15 happened, and then he examined my knee and foot.

16 Q. Okay. He did a physical exam after talking to
17 you about what happened?

18 A. Yes, sir.

19 Q. Okay. What did you -- not saying what
20 Dr. Westerkam said to you, but what you did tell
21 Dr. Westerkam about how it happened?

22 A. I told Dr. Westingnam --

23 Q. Westerkam.

24 A. Yeah. That I stepped out of the truck and my
25 foot touched the ground, that I felt -- I heard something

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1 pop and it was so much pain that I couldn't put no weight
2 on it. And he asked me some questions about it, and then
3 he examined my knee.

4 Q. Did you tell Dr. Westerkam that you weren't
5 able to work for four months?

6 A. Yes, sir.

7 Q. Okay. Do you -- did Dr. Westerkam recommend
8 to you certain items?

9 A. Yes, sir.

10 Q. That are in his record -- his independent
11 medical exam report?

12 A. Yes.

13 Q. And certain -- did he recommend -- do you take
14 certain medications as well?

15 A. I don't remember nothing about the medication,
16 but I do remember he told me some things that would help
17 me.

18 Q. Okay. And are you asking the Commissioner to
19 award you the items that Dr. Westerkam thinks you need
20 such as a knee brace?

21 A. Yes, sir.

22 Q. And the cane?

23 A. Yes, sir.

24 Q. And the non-steroid anti-inflammatory
25 medicine?

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1 A. Yes.

2 Q. And the lifetime medical care for your
3 follow-up visits?

4 A. Yes, sir.

5 THE COURT: Do you have a knee brace or a cane
6 now?

7 THE WITNESS: No, sir.

8 BY MR. TRUITT:

9 Q. What do you do for any type of -- how do you
10 try to make sure your knee is okay at home? What do you
11 do if any type of home exercise program?

12 A. I bought a bicycle, stationary bike, and I try
13 to ride it 15, 20, 30 minutes a day.

14 Q. Okay. Does that seem to help?

15 A. It seemed to help.

16 Q. Okay. Do you have a pool at home?

17 A. Yes, sir.

18 Q. Do you try to do anything in the pool to help
19 your knee?

20 A. Yes, sir. They told me if I get in it and
21 walk 30 minutes to an hour a day, that that would help
22 build the muscles up.

23 Q. Okay. Does that seem to help?

24 A. Yes, sir.

25 Q. Okay. I assume based on the time of the year,

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1 you're not doing the pool much now?

2 A. No, sir.

3 Q. Do you do that when the weather is nice?

4 A. Yes, sir.

5 Q. When Dr. Westerkam did his physical exam of
6 you, did you try your hardest? When he did the physical
7 exam, did you try your hardest when he was doing the
8 exam?

9 A. Yes.

10 Q. What did he do in the physical exam; do you
11 remember?

12 A. Well, he had me pull my knee up. He was
13 pushing it up, pulling it out, and pushing it up, and he
14 kind of twisted my knee. And when he did, a really sharp
15 pain went through it.

16 MR. TRUITT: All right. Beg your Court's
17 indulgence. I think I'm about done, Your Honor.

18 THE COURT: Sure.

19 MR. TRUITT: That's all the questions I have.
20 Please answer any questions Mr. Huff or the Commissioner
21 may have.

22 THE COURT: Mr. Huff?

23 MR. HUFF: Thank you, Commissioner.

24 CROSS-EXAMINATION

25

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1 BY MR. HUFF:

2 Q. With Salem Carrier, you're a truck driver?

3 A. Yes, sir.

4 Q. How many hours a week are you working?

5 A. I usually work three, four days a week.

6 Q. How many hours roughly?

7 A. I would say 30-something.

8 Q. Thirty-something hours. Okay. Let's talk
9 about the incline that you said about the truck because
10 you measured the distance from the step -- the bottom
11 step to the ground and you said it was 22 inches?

12 A. Yes.

13 Q. And you said you measured it while the truck
14 was on an incline?

15 A. Yes, sir, where I park it.

16 Q. It's on an incline?

17 A. Yes. They put rocks there and it's not a
18 straight incline. It's a curve like this. (Witness
19 indicates.)

20 Q. It's a curve?

21 A. Yeah. It's a curve like this. (Witness
22 indicates.)

23 Q. So it's not an incline like this?

24 A. No.

25 Q. It's a curve?

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1 A. Yeah.

2 Q. Did you ever tell Dr. Westerkam who did the
3 IME that you parked the truck on an incline?

4 A. I told him the questions he asked me.

5 Q. All right. So if it's not in his report, you
6 didn't tell him?

7 A. Well, no, sir, I guess I didn't.

8 Q. And I took your deposition and I asked you
9 about where you parked the truck?

10 A. Yes.

11 Q. You never told me about an incline or a slant,
12 did you?

13 A. No, sir.

14 Q. Never did. Okay. And you testified today
15 that you had prior knee pain and you were diagnosed with
16 arthritis in 2009. Is that what --

17 A. Yes.

18 Q. -- you testified to?

19 A. Yes, sir.

20 Q. When in 2009 were you diagnosed with
21 arthritis?

22 A. I'm not sure of the month.

23 Q. Do you know what season of the month? Was it
24 in the spring, summer, or fall?

25 A. I believe it was in the fall.

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1 Q. In the fall. Now, if we're over there at this
2 medical record that is No. 66, October of '09, would you
3 consider that to be the fall?

4 A. Yes.

5 Q. Do you think you were diagnosed with arthritis
6 in October of '09?

7 A. Yes.

8 Q. All right. Were you ever diagnosed with
9 arthritis before that?

10 A. No, sir.

11 Q. So before October of '09, you never knew you
12 had arthritis in your knee? Would that be a true
13 statement?

14 A. Yes, sir.

15 Q. Okay. And since you're under oath, you're
16 going to give truthful answers, aren't you?

17 A. The best I can.

18 Q. When I took your deposition, you gave truthful
19 answers, correct?

20 A. Yes, sir.

21 Q. Did you give me any false answers?

22 A. No, sir.

23 MR. HUFF: Okay. Commissioner, may I approach
24 your bench?

25 THE COURT: Sure.

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1 MR. HUFF: Thank you. I'm going to now talk
2 to the claimant about his testimony. I'm going to now at
3 this time offer the deposition for your review.

4 BY MR. HUFF:

5 Q. I'm going to hand you this copy of the
6 deposition. I'm going to have you look at it. On the
7 front page, does it tell you when we did this deposition?
8 Was it in July? Does it say July 29, 2011 is when we
9 took this deposition?

10 A. Yes.

11 Q. So we took it this year?

12 A. Yes.

13 Q. What would be three years prior to July 11th?
14 Would it be 2008?

15 A. Yes.

16 Q. Would you turn to Page 65 -- excuse me. I
17 meant to say 15. Start on Page 14 first. Go to Page 14.
18 At the very bottom on Line 24, I asked you a question.
19 "Had you ever had any prior problems or injuries or
20 symptoms to your right knee?" Let's go to the next page.
21 And what did you say?

22 A. "A little bit of arthritis."

23 Q. All right. And then I asked you, "How did you
24 know you had arthritis before?" What did you say?

25 A. "I had went to the doctor."

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1 Q. I said, "What doctor told you that?" What did
2 you say?

3 A. Dr. Lobel.

4 Q. "When did he tell you that?"

5 A. I said approximately three years. I didn't
6 say exactly.

7 Q. Approximately three years ago?

8 A. Yeah.

9 Q. Didn't say approximately two years ago, did
10 you?

11 A. No, sir.

12 Q. Approximately three years ago he told you.
13 Okay. But today your testimony is six months after this
14 deposition, that you just learned about it eight months
15 before you had your accident?

16 A. Yes, sir.

17 Q. Okay. Thank you. Did you ever while working
18 for Walter P. Rawl and Sons ever make any mention to any
19 employee, I mean anybody, whether they're in the office
20 or out in the parking lot area or anywhere, did you ever
21 tell any employee at Walter P. Rawl and Sons that you had
22 ongoing knee problems?

23 A. If I remember right, I told them that the
24 muscles in my calf was hurting.

25 Q. Did you ever tell anybody -- not the calf

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1 muscle --

2 A. To the best of my knowledge --

3 Q. Did you ever mention to anybody before that
4 you had ongoing knee problems?

5 A. To the best of my knowledge, no.

6 Q. No. Sir, contained in the Commission's file,
7 which is part of the record, which we're not -- like I
8 said, we're not disputing that notice was given. You did
9 it by phone afterwards.

10 A. Yes.

11 Q. The description of the accident it says,
12 "Employee states while exiting his truck, he felt pain in
13 his right leg behind the knee to the point that he
14 couldn't put weight on the -- on the right -- excuse me.
15 He stated that he was -- that he has a leg -- that his
16 leg was sore at least a week before this incident." So
17 you were -- you would admit that at least a week before
18 this accident, at least on June 7th, you're at the
19 doctor --

20 MR. TRUITT: Your Honor, may I see that and
21 may the client see that as well? I mean, I have no idea
22 what he's talking about.

23 THE COURT: Sure.

24 MR. TRUITT: I ask that the claimant be
25 allowed to see it if he's going to ask him about it.

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1 MR. HUFF: You can do that on your redirect.
2 I don't have to do it. Thank you.

3 MR. TRUITT: I think you have to show him.

4 MR. HUFF: I don't have to show him. You can
5 take care of it and clean it up yourself. Thank you.

6 BY MR. HUFF:

7 Q. You took Celebrex before this date of
8 accident, right?

9 A. Yes, sir.

10 Q. And why did you take Celebrex?

11 A. When I had knee pain, I took Celebrex.

12 Q. So taking Celebrex is not something that
13 started after this accident. It's something you were
14 already on for the problem that you had, correct?

15 A. I took it back in 2009.

16 Q. All right. You've been a truck driver for how
17 many years?

18 A. Forty-two years.

19 Q. Do you have to keep track of when you're
20 working and driving and when you're not working and
21 driving?

22 A. I keep a logbook.

23 Q. Is that called a DOT log?

24 A. Yes, sir.

25 Q. What does DOT stand for?

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- 1 A. Department of Transportation.
- 2 Q. Do those things have to be filled out
- 3 accurately?
- 4 A. Yes, sir.
- 5 Q. You don't fill them out in a fraudulent, fake
- 6 manner, do you?
- 7 A. No, sir.
- 8 Q. Have you ever done that?
- 9 A. No, sir.
- 10 Q. You take it serious, don't you?
- 11 A. Yes.
- 12 Q. And there's repercussions if you don't do it
- 13 properly, correct?
- 14 A. Yes, sir.
- 15 Q. Okay. I'm going to get back to that because I
- 16 want to make sure we've got this one thing taken care of.
- 17 Probably won't have to use your deposition at all. We'll
- 18 just -- I'm going to give you a little statement and see
- 19 if it's correct. When I did take your deposition, you
- 20 described for me how you got out of the truck, correct?
- 21 A. Yes.
- 22 Q. And you told me you used a three-phase method
- 23 of getting out of the truck?
- 24 A. Yes, sir.
- 25 Q. And my understanding of it -- and if I'm wrong

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1 after I tell this, please correct me. You're sitting in
2 the truck with the wheel in front of you and you stand up
3 while still in the floor panel of the truck inside the
4 cab, you're standing on both your right and left foot,
5 right?

6 A. Yes.

7 Q. Then as you proceed to get out, you don't go
8 forward. You step -- if this is the door and this is the
9 cab, you step backwards to get down the steps, correct?

10 A. Yes.

11 Q. And when you do that, you start off with your
12 left hand on the steering wheel and your right hand on a
13 bar?

14 A. Yes.

15 Q. And it's there to brace you or support you,
16 correct?

17 A. (Witness nods head.)

18 Q. Now, with both feet on the floor panel, you
19 then take your right foot and you put it on the first
20 step; is that correct?

21 A. Yes.

22 Q. Your left foot is still on the panel?

23 A. Yeah.

24 Q. Then you don't take the left foot and put it
25 on the next step. You put it on the top step next to the

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1 right foot, correct?

2 A. Right.

3 Q. You're totally under control?

4 A. Yes, sir.

5 Q. Then you take your right foot and put it on
6 the second step which is the bottom step, correct?

7 A. Yes, sir.

8 Q. But before you can do that, since you're
9 getting lower, you keep your right hand on the bar but
10 you take your hand off the wheel and at the door here
11 there's a panel --

12 A. Yeah.

13 Q. -- pocket where you put stuff?

14 A. Yes..

15 Q. You now grab the pocket, correct?

16 A. Yes, sir.

17 Q. So you're holding the pocket with your left
18 hand and your right hand is on the bar?

19 A. Yes.

20 Q. And you got both feet on the top step and now
21 you put your right foot on the bottom step?

22 A. Right.

23 Q. Then with your hand -- left hand still on the
24 door pocket and your right hand on the bar, you put your
25 left foot on the step, correct?

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1 A. Yes, sir.

2 Q. And you're totally under control, aren't you?

3 A. Yes.

4 Q. Not out of control?

5 A. No, sir.

6 Q. Then with your left hand still in the pocket
7 of the door and your right hand on the bar, you then put
8 your right foot on the ground?

9 A. Yes, sir.

10 Q. And if nothing happens, you then go ahead and
11 put your left foot on the ground?

12 A. Yes.

13 Q. And then once you are free of the truck steps,
14 you let go and you're holding on to nothing?

15 A. Yes.

16 Q. That's what you normally do?

17 A. Yes.

18 Q. On this day which you said it happened on,
19 June 10th --

20 A. Yes.

21 Q. -- while your hand is in the pocket of the
22 door --

23 A. Yes.

24 Q. -- and your right hand is on the bar and both
25 feet are on the bottom step --

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- 1 A. Yeah.
- 2 Q. -- you then touched your toe to the ground?
- 3 A. Yes.
- 4 Q. Still supporting your weight with your left
- 5 leg, hands -- right and left hand, correct?
- 6 A. Yes.
- 7 Q. And you felt pain in your knee?
- 8 A. Yes.
- 9 Q. Didn't stumble, didn't trip?
- 10 A. No, sir.
- 11 Q. Didn't step on anything, didn't twist your
- 12 knee?
- 13 A. No, sir.
- 14 Q. That's how it happened?
- 15 A. Yes, sir.
- 16 Q. And you're 100 percent sure?
- 17 A. I'm 100 percent sure.
- 18 Q. That's how it happened on June 10th?
- 19 A. Yes, sir.
- 20 Q. And you wouldn't give false testimony, would
- 21 you?
- 22 A. No, sir.
- 23 Q. You wouldn't file a false log, would you?
- 24 A. No, sir.
- 25 Q. Matter of fact, I asked you in your deposition

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1 if all your logs are correct?

2 A. Yes, sir.

3 Q. You wouldn't do a false log?

4 A. No, sir.

5 Q. Now, you testified today with your attorney

6 that after you went to the doctor on June 7th, you
7 continued to work until you had the accident on
8 June 10th, correct?

9 A. Yes, sir.

10 Q. All right. I'm going to hand you a log here.

11 Is that your log? I'll give the Commissioner the page
12 number in a minute. Is that your log?

13 A. Yes, sir.

14 Q. Did you complete that log?

15 A. Yes, sir.

16 Q. Did you sign that log?

17 A. Yes, sir.

18 Q. Did you say that log is accurate?

19 A. Yes, sir.

20 Q. Hand it to the Commissioner, please. At the

21 very top does that log not say that on June 5th, 6th,

22 7th, and 8th you did not work? I'll hand it back. Hey,

23 I've got an extra copy. I brought extra copies. I just

24 want to make sure we're right on this. Does it not say

25 June 5th, 6th, 7th, and 8th you did not work?

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- 1 A. I don't have my glasses on. I can't read it.
2 Q. How about this, I brought my magnifying glass?
3 A. Okay. Good, good.
4 Q. Tell me what it says.
5 A. June 5th through the 8th.
6 Q. That's what it says. You didn't work?
7 A. Yeah.
8 Q. So you gave testimony today and you said that
9 your logs are accurate. So that log is accurate, isn't
10 it?
11 A. Yes.
12 Q. So your testimony today was wrong, wasn't it?
13 A. Yes.
14 Q. Okay. And you're 100 percent sure you got
15 hurt on June 10th? I'm going to hand you this document.
16 I'm going to hand the Commissioner one too. Would you
17 hand that to the Commissioner? Is that your log there,
18 sir?
19 A. Yes.
20 Q. Did you sign it?
21 A. Yes, sir.
22 Q. That's a true and accurate log?
23 A. Yes.
24 Q. Were you working on June 10th or did you say
25 you were off on June 10th through June 30th?

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1 A. You want me to tell you what happened?

2 Q. No. I want you to tell me what the document
3 says.

4 MR. TRUITT: Objection. He's allowed to
5 answer the question.

6 THE WITNESS: You want me to tell you what
7 happened? I'll tell you what happened.

8 MR. HUFF: I'm waiting on the Commissioner to
9 rule.

10 THE COURT: Let him answer your question.

11 THE WITNESS: What happened was --

12 MR. HUFF: You want me to rephrase the
13 question or repeat it?

14 THE COURT: Yes, please.

15 BY MR. HUFF:

16 Q. My question was -- and if I'm wrong, please
17 correct me because I want to do it right. I want the
18 record to be clear. I asked you if this was your log,
19 and you said yes and you signed it, yes?

20 A. Yes, sir.

21 Q. And this log shows that you were off June 10th
22 through June 30th, correct?

23 A. Yes, it shows that.

24 Q. Okay. And you signed it?

25 A. Yes, sir. Can I explain it?

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1 Q. Yes, you can. You're always allowed to
2 explain.

3 A. The log -- the day that I was -- got hurt, the
4 log was in my logbook. When I come back, the girl wanted
5 me to fill the log out for that day because she had to
6 have it. The truck was gone with my logs in it, and she
7 asked me to put it this way. And that's the reason it's
8 like that. But I've got the log at home that I can show
9 you that I logged that day just like I'm supposed to be.
10 But when I come back, she wanted me to fill -- there's a
11 girl sits up front, gets the logs, puts them on the
12 machine, and this is what she asked me to do and I done
13 what she asked me to do. So truly I done what she asked
14 me, to and it's a true log for what she asked me to do and
15 she takes care of the logs. But the log for that day,
16 I've got it at my house right now shows you where I
17 worked that day. That's the reason it's like this.

18 Q. All right. I want to make sure I got this
19 correctly then. After you came back from the vacation --

20 A. Yes.

21 Q. -- that's when you filled out the log?

22 A. No, sir. When I come up there to talk to them
23 while I was out of work, the girl that sits up front,
24 does the logs, said, I need the log. I said, The log is
25 in the truck. The truck is gone. She said, Fill it out

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1 like this right here.

2 Q. So you didn't turn in a log. The log that you
3 filled out on June 10th, you didn't turn --

4 A. You don't turn your log in until the end of
5 that day. I couldn't turn it in because if they had
6 called me back to go to work, then the log would have
7 been falsified because you can't turn it in until at
8 midnight.

9 Q. Turn to Page 40 of your deposition. You got
10 it?

11 A. Yes, sir.

12 Q. All right. So I asked you on Line 6, "All
13 right. So you parked the trailer where it needed to be
14 parked?" And what did you say?

15 A. "Yes, sir."

16 Q. "All right. What did you do then? Did you
17 unhook it?" What did you say, Line 11?

18 A. "Yes, sir. Unhooked the tractor from the
19 trailer."

20 Q. You unhooked the tractor, right?

21 A. Yes, sir.

22 Q. Read what you said.

23 A. "Yes, sir. Unhooked the tractor."

24 Q. "What did you do then?"

25 A. "I caught up all my logs and paperwork

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1 representing the miles and all I drove."

2 Q. All right. And, in other words, you're now
3 still in the tractor?

4 A. Yes, sir.

5 Q. The truck part?

6 A. Yes, sir.

7 Q. And you did all your logs?

8 A. Yes, sir.

9 Q. All right. So what did you do -- "so you did
10 your logs that day?" What did you say? Line 18, what's
11 your answer?

12 A. "Yes, sir."

13 Q. "Did you do it while you were still sitting in
14 the tractor?" What did you say?

15 A. "Yes, sir."

16 Q. "Then what did you do?" What did you say?

17 A. "Go back to the receiving office and then
18 they"...

19 Q. "They got a place where we put that?"

20 A. Yeah.

21 Q. So I said, "So you went back to receiving?"

22 The next page, 41, what did you say?

23 A. "Yep."

24 Q. I said, "Office and you turned in your logs?"
25 And what did you say?

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1 A. "Yes, sir." But it's like I said, the DOT
2 said you can't turn it in until the end of the day just
3 because if they call you back to work, you done filled
4 the log out, you would be lying to go back to work.
5 That's what the DOT says.

6 Q. What you said in your deposition -- I said,
7 "Did you turn in your logs?" You didn't give me any
8 explanation that I can't turn it in until the next day, I
9 have to wait till midnight. You said that day you turned
10 your log in, didn't you?

11 A. I said I turned my logs in for probably three
12 or four days before, but I can't turn it in that day
13 because the DOT says you're falsifying a log if you do it
14 ahead of time.

15 Q. This is probably going to be my last question.

16 A. Okay.

17 Q. When I asked you in your deposition what did
18 you do and I asked you did you turn in your logs, you
19 gave me an answer that implied to me who is asking you
20 the questions under oath that you turned it in. That's
21 what you said. You didn't give me any explanation, did
22 you?

23 A. Yeah.

24 MR. HUFF: Thank you. I have no further
25 questions.

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1 THE WITNESS: Can I ask a question?

2 THE COURT: Answer Mr. Truitt's questions.

3 REDIRECT EXAMINATION

4 BY MR. TRUITT:

5 Q. Please explain your answer.

6 A. What I -- I said I turned logs in. I didn't
7 say that day's logs because I usually turn them in like a
8 week at a time or three or four days. Now if he had
9 asked me did you turn that log in that day, I would have
10 said no, sir. I can't do it because the DOT says you
11 can't fill your logs out ahead of time.

12 Q. Did you -- did you go to Lexington Family
13 Practice White Knoll that day right after the accident?

14 A. Yes, sir.

15 Q. Okay. And did you see Dr. Lobel?

16 A. Yes, sir.

17 Q. I'm going to show you Page 6 of the claimant's
18 APA.

19 MR. HUFF: What page was that again?

20 MR. TRUITT: Page 6.

21 MR. HUFF: Eighty-six?

22 MR. TRUITT: Six.

23 BY MR. TRUITT:

24 Q. Is that the medical record of the day that you
25 got hurt on Page 6 that you're reading?

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1 A. To the best of my knowledge, it is.

2 Q. Okay. And is that the accurate date when you
3 got hurt?

4 A. 6/10/2010.

5 Q. Okay. And you saw what doctor?

6 A. Dr. Lobel.

7 Q. Okay. And you -- and you told him -- what did
8 you tell him?

9 A. I told him that I was stepping out of the
10 truck and I jammed my knee.

11 Q. Okay. Is that -- had you already spoken --
12 who had you spoken to at the company when you went --
13 before you went there?

14 A. The assistant transportation manager. Her
15 name is Ferri. I don't know her last name. I had talked
16 with her twice before I went there.

17 Q. Okay. I want to ask you -- you got asked by
18 Mr. Huff about working between I think June the 5th and
19 June the 8th?

20 A. Yeah.

21 Q. I want to show you Exhibit 123 and see if you
22 can identify that document?

23 A. Yes, sir.

24 Q. Okay. What is that?

25 A. I can't read it. I don't have my glasses. I

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1 can see my signature.

2 Q. Okay. Well, what type of document is it? Is
3 it a log?

4 A. Yes, sir, logbook.

5 Q. All right. Is that the date for June the 9th?

6 A. Like I said, I can't see it. I ain't got my
7 glasses on.

8 MR. HUFF: I'll stipulate it's June the 9th if
9 that will help.

10 BY MR. TRUITT:

11 Q. All right. Did you actually work on June 9th?

12 A. Yes.

13 Q. Okay. Did you have any problems doing your
14 job on June the 9th, 2010?

15 A. Like I said, I couldn't unload the trailer. I
16 could drive, but I couldn't unload the trailer.

17 Q. I'm talking about on June the 9th, 2010, the
18 day before the accident, did you have any problems doing
19 your job the day before the accident, June 10th?

20 A. No, no. I got my dates mixed up, but no.

21 Q. I understand. So you did your regular job
22 duties on June the 9th, 2010?

23 A. Yes, sir.

24 Q. And you actually did your regular job duties
25 on June the 10th, 2010?

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1 A. Yes, sir.

2 Q. All right. And it's just at the end of your
3 workday --

4 A. Yes.

5 Q. -- was when the injury occurred; is that
6 correct?

7 A. Yes, sir.

8 Q. All right. You may not be able to read this.
9 I'm going to hand it to you anyway. This is the first
10 report of injury. It's a workers' comp form the
11 Commissioner has in his file. Take a look at that.
12 There's several parts highlighted. I don't know if you
13 can read it or not.

14 A. You want me to read it out?

15 Q. No. Can you read it?

16 A. I can read some of it.

17 Q. What is -- what's the date they have on the
18 first report of injury as the time of the accident
19 occurring?

20 A. The date of --

21 Q. The time. What's the actual time? The
22 date -- what's the date? First of all, what's the date
23 on that accident form?

24 A. 6/10/2010.

25 Q. Is that what you told Ferri --

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1 A. Yeah.

2 Q. -- when you did it?

3 Okay. And what's the time of the accident?

4 A. 1:15.

5 Q. Is that when you told Ferri about when it
6 happened?

7 A. Yes.

8 Q. And as far as the description of the accident,
9 can you read that, the description of the accident?

10 A. "The employee stated while exiting his truck,
11 he felt pain in his right knee behind the knee to the
12 point that he could not put weight on it."

13 Q. Okay.

14 A. "He stated that his leg was sore at least a
15 week before the incident."

16 Q. Okay. Did -- did you remember telling Ferri
17 that your leg was sore a week before the incident?

18 A. Yes, sir.

19 Q. Okay. What were you talking about being sore
20 a week before the incident?

21 A. The muscles in my calf.

22 Q. All right. So why were you telling all that
23 to Ferri?

24 A. Well, I mean, usually we talked and was
25 friendly and all. I was just letting her know.

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1 Q. Were you hopeful your leg would get better?

2 A. Yes, sir.

3 Q. Okay. Were you hoping you could go back to
4 work?

5 A. Yes, sir.

6 Q. Did your leg get better quickly?

7 A. The soreness?

8 Q. Did your leg get better after June 10th?

9 A. Yeah.

10 Q. How long did it take?

11 A. About a week after it happened, it was feeling
12 better and I could get up and walk around some.

13 Q. Were you able to work?

14 A. No, sir.

15 Q. Okay. How long was it before you were able to
16 work again?

17 A. Four months.

18 Q. Okay. And when Mr. Anthony -- who is he?

19 A. He's with the insurance company. Adjuster, I
20 guess.

21 Q. And when he came -- do you remember him coming
22 to see you on June 17th?

23 A. Yes.

24 MR. HUFF: I must place an objection at this
25 point, Commissioner.

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1 MR. TRUITT: Your Honor, it would be a prior
2 consistent statement. He's trying to obviously imply
3 with his cross-examination that he wasn't honest about
4 the date he got injured and where he got injured. I'm
5 allowed under the rules of evidence to show a prior
6 consistent statement that was made before any of this
7 came up, which is where I'm going to.

8 MR. HUFF: Can I state my objection?

9 THE COURT: Yes.

10 MR. HUFF: My objection is that he did direct.
11 I did cross-examination. On redirect, he can address the
12 issues that I brought up on cross-examination. I asked
13 him no questions about Mr. Anthony or any statement that
14 he made to Mr. Anthony which is a self-serving
15 declaration. I think it's an improper redirect, but I'll
16 rely on your ruling. Thank you, Commissioner.

17 THE COURT: Any response to that, Mr. Truitt?

18 MR. TRUITT: Well, it's a prior consistent
19 statement. Obviously the prior consistent statement
20 doesn't become an issue until he crosses him and implies
21 he's not telling the truth. If he hadn't gone through
22 the whole cross-examination about him not being truthful
23 the day of the accident, this wouldn't be an issue. He's
24 now made it an issue which I'm allowed to correct on
25 redirect which is the rule.

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1 MR. HUFF: He's using it, this statement, to
2 bolster his own witness. Again, that's improper.

3 MR. TRUITT: If he concedes that the date of
4 the accident is true, then I don't have to go there. But
5 I think from his cross-examination, he's putting the date
6 of the accident as not being true. If he concedes that,
7 I don't have to go there. And I didn't think that was
8 really an issue until we came here today. If he wants to
9 concede that, we'll concede it.

10 MR. HUFF: I will stipulate for the record
11 that he told Mr. Anthony he got hurt on June 10th. I'll
12 stipulate to that. I'll stipulate that he told the
13 doctor he got hurt on June 10th. I'll stipulate that he
14 gave notice to his employer it happened on June 10th.
15 I'll stipulate that's what his testimony is. You, after
16 hearing all the evidence, which I know you will, you will
17 look at everything and then you've got to make the
18 decision. Not us. Thank you, Commissioner.

19 THE COURT: If he's willing to stipulate to
20 all that, do you still want to go here?

21 MR. TRUITT: Well, Your Honor, I don't think
22 it's necessary. It just seems to kind of imply in the
23 face of the questions he asked him. But I think if he
24 stipulates that Mr. Williams has told anybody that he's
25 ever talked to the accident happened on June the 10th and

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1 when it happened and how it happened, the record is clear
2 on that. He's never wavered from that.

3 MR. HUFF: I think I can solve the problem. I
4 just thought about it. I can solve it. The whole
5 statement is in evidence, so you're going to read it
6 anyway. It's Page 235. I just thought about that. It's
7 235 to Page 253. It's part of the record. It's under
8 Exhibit No. F.

9 MR. TRUITT: And that's fine. That's exactly
10 -- that's --

11 MR. HUFF: It was there. I'm sorry.

12 MR. TRUITT: I'll just ask a few things to
13 highlight it, but it's already in evidence. So there's
14 no problem with that.

15 BY MR. TRUITT:

16 Q. All right. This is -- you remember
17 Mr. Anthony coming to talk to you on June 17th which is a
18 week after the accident?

19 A. Yes.

20 Q. And I'm going to ask you, did you tell him the
21 date the accident was?

22 A. Yes.

23 Q. What did you tell him? This is Page 1 and
24 it's several lines down.

25 A. June the 10th.

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1 Q. That was the 10th? That was your answer?

2 A. Yes, sir.

3 Q. All right. Did you also tell Mr. Anthony how
4 the accident happened?

5 A. Yes, sir.

6 Q. I'm going to direct your attention to Page 6
7 of the statement, and this is a little further down where
8 it says -- where it's highlighted.

9 A. I said, "Well, I thought I jammed my knee when
10 I stepped out of the truck. But the doctor says maybe
11 pulled a liter (sic) or muscle in back of my leg. He
12 x-rayed my knee and said that I didn't hurt nothing or
13 break anything."

14 Q. Okay. All right. A few lines further down on
15 Page 6, what did you further explain what it says right
16 there?

17 A. "I stepped out of the truck when I hit -- hit
18 the" -- it's supposed to be ground, but it ain't on here.
19 "When I stepped on the ground, I felt something in my leg
20 give. It sounded like something cracked."

21 Q. Okay. And this was one week after the
22 accident?

23 A. Yes.

24 Q. All right. Then he asked you the next
25 question, "Did you fall," on Page 6. And on Page 7, the

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1 first line, what is your answer?

2 A. "Yep, I fell. I caught ahold of the truck,
3 but I couldn't stand up and put no weight on my leg at
4 all." He said, "Did you fall to the ground completely?"

5 "No. I caught -- see, I caught ahold of the
6 truck before I hit the ground, but I will -- was going to
7 hit to the ground when my knee or leg give away."

8 Q. Okay. All right. And that's what happened;
9 is that correct?

10 A. Yes.

11 Q. And that's what you told Ferri, that's what
12 you told Steve Anthony, and that's what you told any
13 doctor you've been to?

14 A. Yes.

15 Q. And that's what you're telling Commissioner
16 McCaskill today?

17 A. Yes.

18 Q. All right. Let me ask you this, Mr. Williams:
19 How old are you?

20 A. Sixty-six.

21 Q. Do you get any kind of other benefits besides
22 your work salary?

23 A. I get Social Security.

24 Q. You get Social Security benefits?

25 A. Yes.

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1 Q. When did you start getting Social Security
2 benefits?

3 A. I don't know exact date, but my wife had a
4 stroke and I was running long haul making good money and
5 I had to be home with her and I started getting my
6 benefits at that time. And then when I retired, I got
7 full benefits.

8 Q. All right. So you're working now and you're
9 getting Social Security as well?

10 A. Yes.

11 Q. Do you have to pay Social Security anything
12 back?

13 A. No.

14 Q. Did you used to have to pay Social Security
15 some back?

16 A. When I first got it, I wasn't allowed to make
17 but about \$14,000. And then every three I made, they got
18 one back. I had to pay it back.

19 Q. All right. Okay. Do you have any type of
20 criminal record?

21 A. No.

22 MR. HUFF: I object. This is not called --
23 anything about Social Security or anything with criminal
24 record, that was not asked on cross-examination. I think
25 it's an improper cross and I would place an objection.

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1 BY MR. TRUITT:

2 Q. How long have you lived in South Carolina?

3 A. I've been here all my life except I moved to
4 Georgia three years and Florida three years.

5 MR. TRUITT: Okay. All right. That's all the
6 questions I have. Thank you.

7 THE COURT: Mr. Huff?

8 MR. HUFF: Commissioner, if I could, give me
9 just one second.

10 RECROSS-EXAMINATION

11 BY MR. HUFF:

12 Q. In the recorded statement that's part of the
13 record, and I'm looking at Line 244 of the recorded
14 statement, which is numbered No. 10 on this statement,
15 but 244 in the record. I'm going to hand you that page
16 to look at. Mr. Anthony was asking you about the
17 medication that you were on prior to this accident. "Any
18 prescription or non-prescription drugs prior to this
19 occurring?" Your answer was what? "No. I don't drink
20 alcohol." Then what did you say after that? Read that
21 for me. "The only..."

22 A. What line are you on?

23 Q. It doesn't have a line. It says -- the
24 question is asked -- I'll come up there and show you.
25 It's on Page 244. Here's the question. "A" stands for

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1 Anthony. All right. "A: No problem. Had you been
2 drinking or taking, you know, any prescription or
3 non-prescription drugs prior to this occurring?" Your
4 answer is what?

5 A. "No, sir."

6 Q. Read the whole answer for me.

7 A. "I don't drink alcohol. The only medicine I
8 take is what the doctor give me. It's Flomax. Give me a
9 new pill for high blood pressure. I take Claritin."

10 Q. Didn't make any mention when this statement
11 was made that you had been taking, since at least
12 October, pain medication for arthritis? You didn't tell
13 him that, did you?

14 A. No, sir. Can I explain?

15 Q. Yes, sir. Explain.

16 A. I got -- I got the arthritis in 2009, the
17 Celebrex. I probably took it two months and I quit
18 taking it until this happened because I didn't need it.
19 You can ask my wife. When this happened, I had a bottle
20 that was -- I bought in 2009, and I bet you there's
21 two-thirds of it left in there.

22 I wasn't taking it because I didn't need it at
23 the time. And when this happened, I took it -- I started
24 back taking it and then my family doctor said it does
25 good to keep taking it. I don't take medicine I don't

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1 need for no reason at all.

2 Q. And I believe on Page 250 you were asked
3 again -- and I'll let you explain. You were asked about
4 medications and you were talking about diabetes and you
5 said, "I'm on the edge of it." Talking about diabetes.
6 "But I have -- I control it by my diet. I don't take no
7 medicines. Okay. I don't take no medicine for it. And
8 other than the allergy medicine I take."

9 "Is that it?" And you told him that's it, you
10 don't take any other medication. Didn't you tell him
11 that?

12 A. Yeah. If you'll read the whole thing, I
13 showed him the medicine and he wrote it down. If you'll
14 look over it. I showed him what medicine. I couldn't
15 tell him the names and he wrote it down on the paper
16 himself.

17 Q. Let's get this done too. You were asked about
18 Page 6 that is part of the record, and that's the medical
19 record -- it's the one that deals with you going on
20 June 7th. I've got it up here. It's Page 6.

21 MR. HUFF: Bear with me a minute,
22 Commissioner.

23 BY MR. HUFF:

24 Q. Page 6. And this is June 10th, the day that
25 you say you got hurt. I think you were asked questions

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1 to prove that your truthfulness that you got hurt because
2 you went to the doctor and told him you got hurt that day
3 and, thus, you're an honest person. I'm going to hand
4 that to you, Page 6. Does it use the word "jamming?"

5 A. Yeah.

6 Q. I took your deposition, you never, ever
7 mentioned to me in your deposition that you jammed your
8 knee, did you? You said you got out under control; is
9 that correct?

10 A. Yes, sir.

11 Q. Okay. It says "hopping." You told me
12 specifically you weren't hopping?

13 A. Yes, sir.

14 Q. Didn't you tell me that?

15 A. Yes, sir.

16 Q. Weren't hopping. But the doctor says you're
17 hopping?

18 A. Well, can I explain?

19 Q. You won't explain mine. Go ahead.

20 A. I told the doctor exactly what I told him,
21 that I can't control what the doctor puts down.

22 Q. No, you can't.

23 A. Now, I didn't tell him nothing about hopping.
24 I told him I jammed my knee, is what I told him.
25 Whatever he put down, I can't tell you.

Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

1 Q. How about the word -- he even said you
2 misjudged the distance. Did you tell him you misjudged
3 the distance or is what you told me under oath truthful,
4 that you just touched your toe down under control? Which
5 one is it? Did you misjudge it or was your toe touching
6 the ground under control?

7 A. I got out of the truck and put my foot down.

8 Q. So you didn't misjudge anything?

9 A. It was a longer distance than normal. I can't
10 tell you I misjudged or what. All I can tell you is what
11 happened. If I got out and touched the ground and my
12 foot twist, I don't know it. All I know is I got out and
13 touched the ground.

14 Q. And he examined your knee that day, didn't he?

15 A. Yes, sir.

16 Q. At that time he saw no swelling in the knee.
17 That's in the report. You didn't have any swelling in
18 your knee that day. That's what the report says?

19 A. That's what the report says.

20 Q. All right. Your patella, the kneecap, was
21 non-tender and mobile. He moved it. You were having --
22 not tender, no pain. It was mobile. Is that correct
23 what happened?

24 A. Whatever he put down. I can't tell you.

25 Q. You had no --

Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

1 A. They just showed me the report.

2 Q. No joint line tenderness. The McMurray's test
3 was negative for any pathology with the ligaments, the
4 Drawer test was negative for tendons, and stressing the
5 collateral ligaments revealed no discomfort. They even
6 took an x-ray and found no acute process going on. Is
7 that what happened that day if that's what the report
8 says?

9 A. He took an x-ray.

10 MR. HUFF: I have nothing further. Thank you.

11 THE COURT: Mr. Truitt?

12 MR. TRUITT: No more questions.

13 THE COURT: All right. Mr. Williams, you can
14 step down. Any other witnesses?

15 MR. TRUITT: None from the claimant, Your
16 Honor.

17 THE COURT: Mr. Huff?

18 MR. HUFF: If you'll give me just two minutes
19 to step out and talk to my client, I may not have
20 anybody.

21 MR. TRUITT: Your Honor, I just would put
22 something on the record, and I know we agreed to this at
23 pre-trial and it may be moot at this point, I just want
24 to point out that the APA's submitted by Mr. Huff, we
25 obviously had no objection to it. He submitted those in

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1 a timely fashion. They were more than the ten day's
2 notice required on those. The exhibits, though, that
3 he's listed on here we didn't get until today. So we
4 object to any exhibit that was not submitted timely. We
5 didn't have any prior notice of that which I think the
6 rules require. So we would object to any exhibits, but
7 the APA's themselves are fine.

8 THE COURT: Mr. Huff?

9 MR. HUFF: I can give you a response to that.
10 First of all, he did a subpoena. One of my exhibits is a
11 complete copy of everything that I sent him under the
12 subpoena, so he definitely had it more than ten days
13 before the hearing. But more importantly, and with all
14 due respect, he's making an objection, please quote me,
15 point me to any law or statute or regulation that says I
16 have to submit them ahead of time? I never submit them
17 ahead of time. I've never had this before.

18 There's no law. The only thing that the
19 Commission's regulation talks about, Regulation 67, I
20 think it's 6-13. Let me just turn to it real quickly.
21 And I may be wrong. I have been wrong in my life. But I
22 was wrong when I thought I was wrong, so I don't count
23 that one. And I am wrong. It's regulation 67-6-12
24 talking about the omission of expert reports as evidence.
25 That requires me to give you my medical evidence.

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1 Regulation 67-6-11 is the pre-hearing brief. I've had
2 other Commissioners rule, but it's individual. The way
3 one Commissioner rules doesn't mean that's the way you
4 have to rule.

5 But there's no regulation that says I have to
6 give it ahead of time, but I did. I did it by way of
7 response to his subpoena. He's had all this stuff.

8 MR. TRUITT: Your Honor, just a brief
9 response. A deposition is only used and admissible for
10 impeachment purposes. It's not used as evidence in
11 chief. So Exhibit No. 1 should not come in. He's asked
12 the questions from the deposition. You've heard --

13 MR. HUFF: I'll be glad to remove it. No
14 objection to that. He's correct.

15 MR. TRUITT: And I think we actually agree on
16 F should come in. The rest we would object to as far as
17 timeliness and not being provided in advance. So that's
18 my objection.

19 MR. HUFF: But he hasn't made a statement yet
20 where in the law it's untimely, please.

21 MR. TRUITT: Well, I think I just heard Mr.
22 Huff say Commissioners go different ways on this. In the
23 sense of fairness and disclosure in discovery, some
24 Commissioners require ten days in advance, some don't
25 based on we don't want to have sandbag cases. We don't

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1 want things thrown up for the very first time like the
2 defendants saying he didn't actually work that day was
3 thrown up for the very first time, not asked about in the
4 depo and not ever mentioned before. It was always
5 conceded that he alleged he got hurt, and now they're
6 trying to act like he didn't even get hurt and just
7 didn't even work and make that up. That's all new and
8 that's the reason we have these rules so there's no
9 surprise, no trial by ambush and things like that.

10 MR. HUFF: When a man is on the stand and
11 being faced with a question where if I'm playing poker
12 five card stud with you and I deal your cards down, I
13 don't deal my cards up front. I don't have to give him a
14 chance where stand and no one can help him. He has to
15 answer the question and I put that question. He
16 identified the document as his own document. He's
17 authenticated it. So if you'll give me a chance, I'll
18 step outside.

19 THE COURT: We're going to take about a five
20 minute recess.

21 (Off the record.)

22 MR. TRUITT: We both agree the deposition
23 should not be in. I think the remaining exhibits that I
24 objected to and you just have to rule on that.

25 THE COURT: I'm going to reserve that.

Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

1 Anything else, gentlemen?

2 MR. HUFF: No, Your Honor.

3 MR. TRUITT: Nothing from the claimant.

4 THE COURT: Thank you for your time. This
5 concludes the hearing.

6 (The hearing concluded at 11:54 a.m.)
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Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

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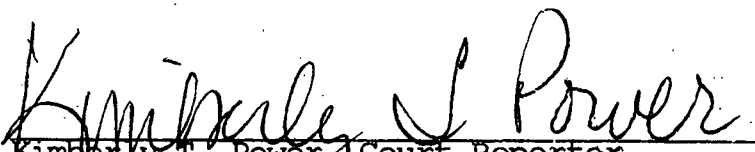
CERTIFICATE OF REPORTER

I, Kimberly T. Power, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

That the foregoing transcript of proceedings was taken before me on the date and at the time and location stated on page 1 of this transcript; that the witness was duly sworn to testify to the truth, the whole truth, and nothing but the truth; that the testimony of the witness and all objections made at the time of the proceeding were recorded stenographically by me and were thereafter transcribed; that the foregoing transcript of proceedings as typed is a true, accurate and complete record of the testimony and of all objections made at the time to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 8th day of February, 2012, at Richland County, South Carolina.


Kimberly T. Power, Court Reporter
Notary Public, State of South Carolina
My Commission Expires: 07/22/2015

Kimberly T. Power, Court Reporter
kimberlytpower@aol.com

SALLEY LAW FIRM, P.A.

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June 13, 2012

Ms. Virginia L. Crocker, Judicial Director
S.C. Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: W.C.C. File No: 1009201
Employee: Homer Williams
Employer: Walter P. Rawl & Sons, Inc.
Date of Injury: June 10, 2010

Dear Ms. Crocker:

Enclosed for filing with your office, please find the Claimant's *Motion to Dismiss the Appeal* in reference to the above matter. My firm check in the amount of \$25.00 is enclosed for the administrative fee.

By copy of this letter, I am serving E. Ros Huff, Jr., Esquire, attorney for the defendants, with a copy of the same.

Thank you for your assistance. Please contact me if you have any questions or concerns.

Sincerely,



David N. Truitt, Esquire
ctrutt@salleylawfirm.com

DNT:dlr
Enclosure
SASE

cc: E. Ros Huff, Jr., Esquire ✓
Mr. Homer Williams

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1009201

Homer Williams,

Claimant,

v.

Walter P. Rawl & Sons, Inc.,

Employer, and

Strategic Comp Services,

Carrier/Defendants.

CLAIMANT'S MOTION TO
DISMISS APPEAL

The Claimant, Homer Williams, hereby moves to dismiss the Appeal/Form30 for lack of Appellate jurisdiction. The grounds are as follows:

1. On May 21, 2012, Commissioner Gene McCaskill issued a signed Order by email to all parties (see attached email).

2. The fourteen day appellate jurisdiction deadline for the Form 30 was June 4, 2012. S.C. Code Ann. §42-17-50; Reg. 67-701.

3. In *Allison v. W. L. Gore & Associates*, 394 SC 185; 714 SE2d 547 (2011), the Supreme Court held that, "...this Commission lacks the authority to extend the fourteen days permitted for the filing of an appeal from the decision of a single commissioner." *Id.* at 188-189. As a result, the master's order and decision of the Full Commission finding for Respondent were vacated since the attorney for Respondent did not file the Form 30 until sixteen days after receiving notice of the single commissioner's order.

4. The Form 30 was signed by the Employer/Carrier on June 7, 2012, hand-delivered to the Claimant's attorney's law office on June 8, 2012, and received by the Commission on June 11, 2012. Thus, the Form 30 was not filed within the fourteen day jurisdictional deadline; consequently, the Form 30 should be dismissed.

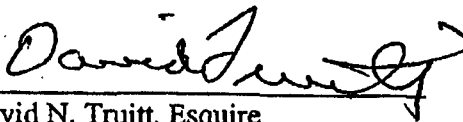
reply to motion
6/20/12
CAW

5. Pursuant to S.C. Reg. 67-213A(2), "...when service is made by first class mail, five days are added to the date of mailing. Service by first class mail is deemed complete five days after the date of deposit in the United States Postal Service." However, this Order was not served by first class mail. This Order was served by email on May 21, 2012. S.C. Reg. 67-213A allows the Commission to serve orders, "...electronically, by certified mail, return receipt requested or by deposit in the United States Postal Service, first class postage, addressed to the parties according to R. 67-210." Thus, it is patent that five days are added only when service is by first class mail. There is no statute, regulation, or case that allows five days to be added to electronic service; as a result, the Form 30 was due fourteen days after the Order was received by email by all parties on May 21, 2012. S.C. Reg. 67-701A; S.C. Code Ann. §42-17-50.

6. As required by S.C. Reg. 67-701A, Attorney for Defendants attached the Order of the single Commissioner to the Form 30. In the bottom right hand corner of the first page, "Form 30 due 6-1-12 caw" was handwritten.

WHEREFORE, Claimant respectfully requests that the Commission issue an Order dismissing the appeal/Form 30.

Respectfully submitted,



David N. Truitt, Esquire
SALLEY LAW FIRM, P.A.
129 East Main Street, POB 925
Lexington, SC 29071
(803) 356-5000 - Office
(803) 356-1439 - Facsimile
ctrutt@salleylawfirm.com
Attorney for Claimant

6/13, 2012
Lexington, South Carolina

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1009201

Homer Williams,

Claimant,

v.

Walter P. Rawl & Sons, Inc.,

Employer, and

Strategic Comp Services,

Carrier/Defendants.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed by the Salley Law Firm, P.A. and that she has mailed, on the date set forth below, a copy of the document described below, in the above entitled action to the following with proper postage affixed thereto:

TO: Virginia Crocker, Director
S.C. Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715

E. Ros Huff, Jr., Esquire
Huff Law Firm, LLC
7244 Woodrow Street
Post Office Box 1935
Irmo, SC 29063

DOCUMENT: *Claimant's Motion to Dismiss Appeal*

DATE OF MAILING: June 13, 2012

Sworn to before me this

13 day of June, 2012

Dawn Sherone (L.S.)

Notary Public for South Carolina

My Commission Expires: 6-29-2021

Debbie L. Rish
Debbie L. Rish, Paralegal

Chip Truitt

From: klindler@wcc.sc.gov
Sent: Monday, May 21, 2012 3:46 PM
To: KLINDLER@WCC.SC.GOV; COWENS@COLALAW.COM;
CTRUITT@SALLEYLAWFIRM.COM; DRISH@SALLEYLAWFIRM.COM;
ROSHUFF@COLALAW.COM
Subject: Order - 1009201: Williams
Attachments: R08 ORD - SCWCC Order PDF - 05_21_2012 - WCC #_ 1009201.PDF

Please find the following order attached:

R08 ORD - Decision & Order - 5/21/2012 - ORDER#: 37671 - WCC #: 1009201

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1009201

Homer Williams,

Claimant,

v.

Walter P. Rawl & Sons, Inc.,

Employer, and

Strategic Comp Services,

Carrier/
Defendants.

CLAIMANT'S MOTION FOR
ADJOURNMENT OR MOTION
TO KEEP RECORD OPEN AND
MOTION TO SUPPRESS

TO: Commissioner Gene McCaskill
S.C. Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

YOU WILL PLEASE TAKE NOTICE that pursuant to SC Reg. 67-613(C)(1) the Claimant, by and through his undersigned Attorney, hereby moves for Adjournment to procure additional evidence before this Commission or for an Order to keep the hearing record open from February 2, 2012, and moves to suppress Exhibits B, C, D, and E introduced by the Defendant at the hearing.

1. On July 25, 2011, Claimant's attorney served a comprehensive subpoena to Defendants' attorney for any and all records relating to this workers' compensation claim to be provided prior to Claimant's deposition on July 29, 2011 at 10:00 a.m. (see Exhibit #1).

2. Defendants' attorney on July 29, 2011, responded with a letter and production of documents (see Exhibit #2).

*response to
motion
2-16-12
(aw)*

3. The documents produced by Defendants' attorney on July 29, 2011, did not contain Exhibit B, pp. 118 - 124.

4. The documents produced by Defendants' attorney on July 29, 2011, did not contain the Form 12A relating to this incident, which the Employer is required to retain for two years pursuant to SC Reg. 67-411B.(1). The Form 12A was never produced to the Claimant by the Defendants.

5. At the hearing on February 2, 2012, Defendants' attorney represented to the Court that Exhibit B, pp. 118 - 124, was submitted to Claimant's attorney in response to the Claimant's subpoena dated July 25, 2011. This was not true. The first time Claimant received the documents contained in Exhibit B was on February 2, 2012, the date of the hearing.

6. Defendants' attorney cross-examined Claimant with Exhibit B and the Form 12A, of which Exhibit B was provided on the day of the hearing in violation of Claimant's July 25, 2011, subpoena. Defendants' attorney stated to the Court that he did not have to provide Exhibit B ten days prior to the hearing. Defendants' attorney stated that he did not have to reveal his defense to Claimant prior to the hearing date.

7. At the hearing, Claimant testified that he had the driver's log from June 10, 2010, at home and would have brought it to court if he knew that was an issue. Claimant testified that the reason he signed Exhibit 8 (Exhibit B, p. 124), the driver's log indicating that he was off work from June 10 - 30, 2010, is because the person at Walter P. Rawl & Sons, Inc. asked him to sign it so she could close her books for the month of June 2010. Claimant explained to her that he worked June 10, 2010, and the driver's log was in the truck at that time and unavailable. Subsequently, Claimant later obtained the driver's log for June 10, 2010, and kept it.

8. Claimant submits the driver's log from June 10, 2010 (see Exhibit #3), and the payroll amount for the week of June 13, 2010 (see Exhibit #4, Exhibit C, p. 201). Exhibit 4 was provided in response to Claimant's July 25, 2011, subpoena. The amount earned for the week of June 13, 2010, \$235.00, is consistent with Mr. Williams working two days that week. Exhibit 5 (Exhibit C, p. 204), a handwritten time card sheet filled out by person unknown for the week of June 13, 2010, was provided in response to Claimant's July 25, 2011, subpoena. Exhibit 5 shows that Claimant worked on June 8, 2010, and June 9, 2010, and earned \$235.00. However, the route recorded for June 8, 2010, on the handwritten time card sheet by person unknown is the *same* route that Mr. Williams ran and signed the driver's log for on June 9, 2010 (see Exhibit 7; Exhibit B, p. 123). Furthermore, the route recorded for June 9, 2010, on the handwritten time card sheet by person unknown is the *same* route that Mr. Williams ran and signed the driver's log for on June 10, 2010 (see Exhibit 3). Thus, an unknown person moved the actual days worked by Claimant one day up on the handwritten time card sheet.

However, the driver's logs in Exhibits 6 - 8 (Exhibit B, pp. 122 - 124) are not consistent with Exhibits 4 and 5, which both show Claimant earned \$235.00 for the week of June 13, 2010. Exhibit 5 shows that Claimant worked *two* days that week even though the dates are incorrect. Exhibits 6 - 8 (Exhibit B, pp. 122 - 124) show Claimant only worked *one* day that week, June 9, 2010, which is not correct when compared to Exhibits 3, 4, 5, and 7. Exhibit 3, the driver's log from June 10, 2010, and Exhibit 7, the driver's log from June 9, 2010, both show that Claimant worked two days that week.

9. Employer filled out an OSHA Form 301 Injury and Illness Incident Report (Exhibit C, p. 187) but Defendants' attorney only provided part of this report in response to Claimant's July

25, 2011, subpoena (see Exhibit 9, Exhibit C, p. 187). The page which contains the critical information regarding the date and time of the workers' compensation accident was not provided by Defendants' attorney in response to Claimant's July 25, 2011, subpoena (see Exhibit 10). Situations such as this demonstrate why trial by ambush is not allowed - inaccurate, invalid, false, incomplete, or misleading evidence may trick the trier of fact into making an incorrect finding of fact. Hearings should be decided based on all of the relevant evidence. It is obvious that only some of the evidence was provided to Claimant in response to Claimant's July 25, 2011, subpoena.

10. Claimant's attorney believes that there are more records that are in the possession of the Employer which would verify the days Claimant actually worked in June 2010. Since we know that not all of the records were provided by Defendants' counsel to the Claimant in response to the aforementioned subpoena, Claimant's attorney respectfully requests that the record remain open so that it can be proved what days Claimant worked in June 2010. Furthermore, Defendants should not benefit from hiding evidence from the Claimant until the day of the hearing, particularly if the inference from that evidence is inaccurate, false, or misleading.

11. Claimant respectfully requests that other counsel be appointed to respond to Claimant's subpoena dated July 25, 2011, and that all relevant daily schedules, daily employment records, daily payroll records, any documents pertaining to the date of this accident, Form 12A and all OSHA forms from June 2010 be provided.

12. Claimant objects to the admission of Exhibits B, C, D, and E and moves to suppress this evidence. None of these exhibits were provided to Claimant until the day of the hearing, February 2, 2012. Exhibit B was not provided in response to Claimant's subpoena dated July 25, 2011.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Derrick L. Williams, Commissioner

T. Scott Beck, Commissioner

Avery B. Wilkerson, Commissioner

WCC FILE NO: 1009201

Homer Williams, ... Respondent,

v.

Walter P. Rawl and Sons, Inc. And Great American Alliance Insurance Company Appellants.

MOTION TO DISMISS

The Respondent/Claimant, Homer Williams, hereby moves to dismiss the appeal for lack of appellate jurisdiction. The grounds are as follows:

1. On May 21, 2012, Commissioner Gene McCaskill issued a signed Order by email to all parties (see Exhibit 1).

2. The fourteen day appellate jurisdiction deadline to file a Form 30 was June 4, 2012. S.C. Code Ann. §42-17-50; S.C. Reg. 67-701.

3. In *Allison v. W. L. Gore & Associates*, 394 SC 185; 714 SE2d 547 (2011), the Supreme Court held that, "...this Commission lacks the authority to extend the fourteen days permitted for the filing of an appeal from the decision of a single commissioner." *Id.* at 188-189.

As a result, the master's order and decision of the Full Commission finding for Respondent were

respond to
motion to dismiss
2-13-13
CAW

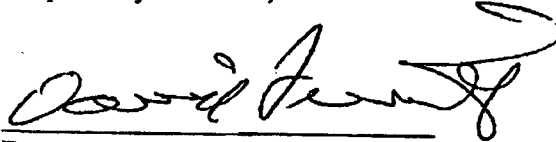
8. On September 6, 2012, Respondent/Claimant filed its brief to the Full Commission and listed as argument number VII that the Full Commission does not have appellate jurisdiction to hear this case; as a result, the Form 30 and Appellants'/Defendants' brief should be dismissed.

9. On September 18, 2012, Attorney for Respondent/Claimant argued to the Full Commission that the Full Commission lacked appellate jurisdiction to decide the case pursuant to the aforementioned statutes, regulations, and case law.

10. On January 3, 2013, the Full Commission fully affirmed all findings of the single Commissioner but did not address the lack of appellate jurisdiction issue. The Full Commission hand wrote on the last page of the Order (see Exhibit 4), "Absent Claimant's jurisdiction issue."

WHEREFORE, Respondent/Claimant respectfully requests that the Court of Appeals issue an Order dismissing the Appellants'/Defendants' appeal and reinstating the single Commissioner order as Appellants/Defendants filed the Form 30 after the fourteen day appellate jurisdiction deadline; as a result, the Full Commission or the Court of Appeals does not have appellate jurisdiction to hear this case.

Respectfully submitted,



David N. Truitt, Esquire #65287
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Post Office Box 925
129 East Main Street
Lexington, SC 29071
(803) 356-5000 - Office
Attorneys for Homer Williams

2/6, 2013
Lexington, South Carolina

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SC WORKERS' COMPENSATION COMMISSION

Derrick L. Williams, Commissioner
T. Scott Beck, Commissioner
Avery B. Wilkerson, Commissioner

WCC FILE NO: 1009201

Homer Williams, ... Respondent,

v.

Walter P. Rawl and Sons, Inc. And Great American Alliance Insurance Company, ... Appellants

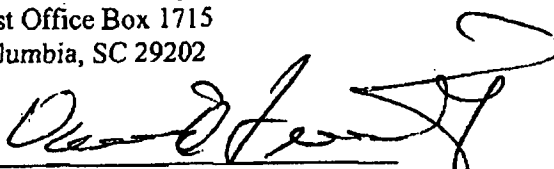
PROOF OF SERVICE

I certify that I have served the Motion to Dismiss by depositing a copy of the same in the United States Mail, postage prepaid, on February 6, 2013, to the following parties, and or their representatives:

E. Ros Huff, Jr., Esquire
Shelby H. Kellahan, Esquire
Huff Law Firm, LLC
Post Office Box 1935
7244 Woodrow Street
Irmo, SC 29063

Virginia Crocker, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202

February 6, 2013


David N. Truitt, Esquire #65287
SALLEY LAW FIRM, P.A.
Post Office Box 925
129 East Main Street
Lexington, SC 29071
(803) 356-5000 - Office
Attorney for Homer Williams

Homer Williams v. Walter P. Rawl & Sons
WCC File No. 1009201
Defendant's APA Exhibits

APA	Medical Provider	Date	Page No.
4	Lexington Family Practice White Knoll	1/2/96-2/18/11	38-127
5	Lexington Medical Center	1/24/96-6/14/10	128-177
6	Lexington Urological Associates	11/30/01-6/8/10	178-211
7	Lexington Orthopaedics	9/2/10-9/27/10	212-214
8	Radiation Oncology & SC Oncology Assoc	5/15/09-8/6/09	215-218
9	Labwork	1/24/05-3/26/09	219-229
10	SC Endoscopy Center	2/1/07-6/15/10	230-234
11	Carolina Cardiovascular Associates	1/29/08	235
12	Consultants in Gastroenterology	9/3/08	236

Exhibits	Description	Page No.
A	Claimant's deposition for impeachment	
B	Employer records regarding claimant's employment , SC DOT driver logs	237-243
C	Defendant's 7/29/11 correspondence with documents submitted in response to subpoena of claimant's attorney	244-340
D	Medical Summary	341-349

APA -4

Lexington Family Practice White Knoll

01/02/96-02/18/11

Pg No: 38-127

WILLIAMS, HOMER

249785473

CRIGLER

01/02/96

PROBLEM: ALLERGIC SINUSITIS

- S: Reviewed with patient about his sinuses. Had a _____ with ear drum eruptions when born. He has had a problem with ear infection a couple 4 weeks ago. Was treated by Dr. _____ 5 different antibiotics. Has felt better after 1-2 but he be treated for a week, off a week and seemed to be a mixture of that. He returns to see me now after the first year since he has new insurance. Has not had a physical exam.
- O: Pharynx few inflammatory streaking back sides of the throat. Left ear drum abnormal probably due to previous infection. Difficult to see if it is infected now.
- P: Since he feels better on Biaxin but has only been treated a week has had recurrent illnesses I would like to continue him on another 10 days with one refill of Biaxin and Claritin D #60 with one refill. Sample of Claritin D given. Patient to return later for a physical exam. (sml)

WILLIAMS, HOMER

249785473

Crigler

1/23/96

PROBLEM: Obesity. Hx of kidney stones. Hx of allergic rhinitis. Hole in the right eardrum.

- S: Hx as noted in the chart and above. Generally doing well, and ROS is otherwise benign. Doesn't exercise regularly, current with Tetanus.
- O: Exam is normal except for being overwt. Prostate hard. HEENT: Okay. Upper dentures, missing lower teeth. Perforation of the right eardrum. Fundi appear benign.
- P: He is to get an eye check up through an optometrist. Walk. Diet control, and avoid calcium since he had a hx of stones in the past with IVP results from Lex. Chest x-ray and EKG appear normal. Low lipid diet to be followed up in 6 to 8 weeks Dianne, diet review, and a repeat fasting chol. (lbp)

WILLIAMS, HOMER

249785473

MARION

08/16/96

- S: Mr. Williams is a 51 year old male with chronic sinusitis. Patient reports moderate to severe nasal congestion and mild to moderate postnasal drip. Ear discomfort has been noted. There has been no _____. Reports history of ear perforations with surgical repair on the right. Patient is a non-smoker. No fever or chills. Mild headache.
- O: Patient appears in no acute distress. Vital signs are stable. HEENT - TMs reveal scarring bilaterally. Decreased mobility noted. The oropharynx is clear. The nasal turbinates are moderately edematous with significant narrowing of the nasal passage on the left. Neck is supple. Lungs are clear.
- A: Chronic sinusitis - allergic rhinitis with eustachian tube dysfunction. There is a ? history of allergy to Penicillin.
- P: Will place on Doxycycline 100 mg. b.i.d. #28 with no refills. May continue with Seldane D one b.i.d. Prescription for 180 with 5 refills and Flonase two sprays each nostril q. day #1 sample given with prescription given with one refill. Recheck in 6-8 weeks or p.r.n. (sml)

12/27 for 12/16 Did not come then
WRT C 2. w/inf - Rx Biaxin
+ Rob Juss
WRT
S WRT 12/16/94

WILLIAMS, HOMER

85473

BREARLEY

12/20/96

- S: Sinus cong., scratchy throat, cough. Was on Biaxin and a cough syrup, and with that he has not been able to sleep at night, and then both the Biaxin and the cough syrup were upsetting his stomach, and he had some vomiting today. Feels a little bit weak and queasy. Does appear somewhat pale. HEENT exam normal though. Neck supple. Chest just a few coarse sounds. No labored breathing. Heart no tachycardia. Abd. soft, bowel sounds active. No guarding or rebound.
- A: Bronchitis. Medication reaction.
- P: Change to Ceftin, Tessalon Perles. Phenergan tablets. Zantac at bedtime. Return w/o improvement. (b)

WILLIAMS, HOMER

85473

Crigler

1/15/97

PROBLEM: Sinusitis, possible allergic. Dizziness.

- S: Same illness as a child, had both eardrums effected, and he has had difficulty hearing since. Feels his head is full, having more dizziness in the past day or two.
- O: No nystagmus. Abnormal findings in both eardrums, right appears to have a large hole, deep indentation on the left, it seems to be opaque. No pharyngeal redness or drainage. Has been treated with multiple rounds of antibiotics in the past month.
- P: Decreasing dose of steroids, since there is the consideration for allergies in the past, and he has some allergic symptoms of sneezing and itching. Prednisone 20 mg. two q. day x 3 days and then one q. day x 4, and 1/2 q. day x 4 days. Antivert 25 mg. prn dizziness. Claritin-D 24 #20 tabs and one refill. Limited CT scan of the sinuses, RTO in 10 to 12 days. (lbp)

WILLIAMS, HOMER

85473

CRIGLER

02/19/97

PROBLEM: PARESTHESIA. LEGS. SINUSITIS.

- S: Went to Dr. Glazebrook and was told he had sinus problem and surgery was recommended. I have not received anything from Dr. Glazebrook but patient is reluctant to do this. And thinks that spinal adjustments would be better. He has not felt good since November and he thinks spinal adjustment of his back and possibly his neck would help as he is convinced he has a curvature that was expressed to me by a chiropractor and they had helped him before. He also has a numbness in his left foot he attributes to his back.
- O: He is overweight but can bend over well to touch his toes and to either side. Straight leg raising negative in both legs and good reflexes in knees and ankles. Sensation perhaps different in the left foot than right but now totally numb.
- P: Refer to chiropractor and he is set on this being part of his feeling of not being in good health. Total of 4 visits and try to see if that can help him. I certainly emphasized preventative care and exercises that the chiropractor may described. Will try to get information from Dr. Glazebrook regarding the previous recommendations of visits and surgery. (sml)

WILLIAMS, HOMER

85473

MARTIN

12/26/97

S: Cough, fever, malaise, no vomiting.

O: TM's are dull but not obviously infected. Erythematous pharynx. Neck is supple. Lungs are clear.

A:

P: Augmentin, return p.r.n.
(swl)

WILLIAMS, HOMER

85473

Shealy

12/30/97

S: 52-year-old with left leg pain, numbness and tingling, hx of herniated disk 10 years ago. This episode started about 5 days ago. His sinuses are better. He drives truck, does some lifting, does have a weight-lifter's belt and lumbar support which has helped. BC powders have helped.

O: Low back--L4-L5, mild muscular tenderness, no spinal deformity or tenderness. Gait, strength, DTRs, and SLR are all normal.

A: Lumbar strain.

P: Relafen as directed and Williams' exercises. Heat. Ben-Gay, call if worse. Light duties for one week, no lifting, bending, or stooping greater than 15 pounds. (lbp)

WILLIAMS, HOMER

85473/Lex.

Hicks

11/23/97

S: 52-year-old gentleman with frequency and pressure. Gets his DOT physical every year, he is a truck driver. States he is due for a full physical again with Dr. Crigler in Feb., he is getting those every 2 years also. He is otherwise generally healthy. Takes occasional Claritin-D. Hx of kidney stones in the past, he says he is not having that severe pain though.

O: Not systemically ill. Abdomen--Benign. UA consistent with UTI.

A: UTI.

P: Bactrim and 2 days of Pyridium. OST/RWI. (lbp)

WILLIAMS, HOMER

85473

CRIGLER

04/09/98

PROBLEM: Allergic rhinitis.

S: On Vancenase. At times, has some blood in his nasal discharge when he blows. This time of the year is worse for him than others and he tends to get sleepy. He is a truck driver though. Claritin-D is used for a long time and he seems very satisfied with it.

O:

A:

P: Try Nasonex or Vancenase AQ. Try Nasalcrom also. May be helpful for long-term use.

(swl)

9/8. Dmck power -

WILLIAMS, HOMER

85473

Crigler

9/08/98

PROBLEM: Sciatica. Elevated BP.

- S: Bothered by pain in his leg, he is having difficulty driving long distances in his truck with his back. He is overweight. He is of short stature and BP is elevated at this time.
- O: Negative SLR test. No percussion tenderness over his back. It seems more in the muscle, but it is radiating down his leg, which was improved by Relafen last time.
- P: Relafen at this time. Back supports, back exercises were recommended. Tenormin 50 mg. q. day for BP control. Consider putting him on Ionamin. Might also consider sleep apnea as a consideration. He is to RTO later for a sigmoidoscopy and BE for cancer screening purposes. Cancer booklet given today. (lbp)

WILLIAMS, HOMER

85473

Crigler

9/18/98

PROBLEM: Low-back pain. HTN.

- S: He has been working outside and he has itchy areas on his skin, fine points. BP seems to be doing good, tolerating the medicine well.
- O: BP is 120/90. Spots on his skin, suggesting more of a scabies than a contact dermatitis.
- P: Elomite cream. Tenormin 50 mg. q. day, send off for 90 days. Also local one to get. Note for work stating he needs a proper seat in his truck. He is taking just one tab of Relafen a day instead of 2, and that seems to be adequate for the time being, back support was recommended and FU by pt. Zyrtec samples given to help with the itching. RTO if no improvement. (lbp)

WILLIAMS, HOMER

85473

CRIGLER

10/19/98

PROBLEM: Bronchitis.

S: For the past 2-3 weeks, had a cough, nonproductive, low grade fever, felt hot. Does not smoke, no drainage from his nose. No productive cough.

O:

A:

P: Plenty of fluids and Biaxin times 10 days. If no improvement, get chest x-ray.

(swl)

WILLIAMS, HOMER

85473

CRIGLER

02/01/99

PROBLEM: Probable sinusitis.

S: Since yesterday, started getting sore throat and cough, nonproductive, drives a truck, has noticed some drainage, chronically uses Entex and Nasarel and needs refill on these. These seem to help.

O: BP 140/90, temp. 97.8, pharynx: Fine but no submandibular tenderness. Lungs are clear, ears okay.

A:

P: Nasarel refill plus Entex LA for a year to insure this and given Ceclor for the next 7-10 days for probable secondary infection of the sinuses.

(swl)

was heard 10/2 - 2/99

WILLIAMS, HOMER

#85473

CRIGLER

03/01/99

S: Patient continues to have cough persistent of compelling phlegm even after nearly 3 weeks of therapy with Ceclor. He is 80% better he says.

O: ENT: Pharynx and ears OK. LUNGS: Clear.

A: Persistent bronchitis.

P: We will put on Vibramycin for 2 weeks and see if that can help. If still a problem after that we might consider CT scan of sinuses. Not sure of what all we are treating or not, but certainly his symptoms still persist though he feels he is 80% better. Continue on Entex.

/emts27

John Clark D.

WILLIAMS, HOMER

#85473

CRIGLER 05/10/99

PROBLEM: Allergic rhinitis.

S: Patient has been on Claritin D and found that Entex ½ tablet a day seemed to be helping. Has been on steroid sprays before and has not brought in her medications. He should bring them in next time.

O:

P: Flonase nasal spray. Biohist-LA. If he needs some additional medication, he can take some Profen.

I. He is to come back in couple weeks and let me know his status.

/emts40

WILLIAMS, HOMER

#85473

MASTERS

11/05/99

S: This 54-year-old complains of some congestion and a sore throat for the past two days. He is concerned about having a sinus infection. He has had no headache. He is unsure of whether or not he has had a fever. He has not measured his temperature. He has had no purulent nasal discharge. He has had no coughing. He is a nonsmoker.

O: TEMPERATURE: 98. BLOOD PRESSURE: 120/80. WEIGHT: 220. TMs: The right TM is without redness. The left TM is scarred from previous surgery. NASAL MEMBRANES: Mildly red and edematous. Clear discharge is present. THROAT: Slight oropharyngeal redness laterally. NECK: Negative nodes. No facial tenderness. CHEST: Clear.

A: Upper respiratory infection.

P:

/emts36

sal

WILLIAMS, HOMER

#785473

(CRIGLER) GRIGGS

11/07/99

S: Patient comes in today with a complaint of upper respiratory symptoms, nasal congestion, drainage and cough. Was started on Guaifenesin and Pseudoephedrine about a week ago for this. Since then his symptoms have worsened. He has gotten more green thick rhinorrhea.

O: HEENT: TMs unremarkable. Nares with thick purulent rhinorrhea. Oropharynx with post nasal drip. CHEST: Clear to auscultation. HEART: Regular rate and rhythm.

A: Sinusitis.

P: Cefzil 250 b.i.d. Continue with the Duratuss. Other symptomatic treatment. Follow-up without improvement.

/emts25

WILLIAMS, HOMER

#85473

CRIGLER 01/31/00

PROBLEM: Hypertension.

S: Patient is concerned his blood pressure was elevated on Zestril over 3 days. Blood pressure now 110/80. I have asked him to continue this medication long term and he also wants some Claritin for his sinuses. I suggested a salt water nasal spray would be helpful. Transferring notes for follow-up.

O:

P:

/emts25

2.

WILLIAMS, HOMER

#

85473

HARRIS

11/05/00

(Crigler)

S: Patient is a Lexington patient. Patient comes in with long history of allergies. He takes Claritin, Nasarel and now complains of inability to breathe. He is very congested. No fever, chills, or sweats. A little bit of tickle cough with that.

O: HEENT: Nose has clear mucoid congestion, small passages. Pressure in maxillary sinuses but light. Throat has scant erythema. LUNGS: Clear.

A: Sinusitis. Chronic allergies.

P: Refilled Claritin and Nasarel. Cycle through Avelox. May need shot of Celestone.

/emts90

WILLIAMS, HOMER

85473

CRIGLER/tec

10/29/2001

PROBLEM: Marked obesity.

S: The patient returns for a follow-up regarding his medications but he did not bring them in. He does use Relafen on occasion, just sporadically. He has not had a PSA done or colonoscopy for screening purposes.

O: Review with patient. RECTAL: Prostate attempted but poor result due to difficulty feeling the whole prostate, large buttocks.

P: Refill on Relafen he takes occasionally. PSA screening today as well as lipid panel nonfasting. Check height, lipid diet, heart letter and cancer booklet. Generally would like to see the patient back again in six to twelve months.

NOTE: He also has allergic rhinitis and is being helped by Claritin and Nasonex.

S: The patient is a 57-year-old white male who presents today for evaluation of several complaints. The first is needing a refill of his Claritin D and Nasarel. He is tolerating the Flomax fine. His urine output is good. He denies any significant nocturnal symptoms. He is not getting up more than twice a night. He is tolerating Zocor for his hyperlipidemia very well. He denies any muscle aches, rash. He denies any abdominal pain. He is here for evaluation of right foot. He injured his foot several months ago and had an x-ray and this showed no acute fracture. However, small bony density posterior to the talotibial joint but did not have the appearance of a fracture. Patient states he has some foot pain basically in the metatarsophalangeal joints in the dorsum of the foot. He states in the morning when he gets up and walks about it is stiff and then it gets better throughout the day. He denies any swelling or redness in this area. He denies any chest pain, shortness of breath, exertional dyspnea. He states he could not tolerate Vioxx he was given by Dr. Crigler in the past. He has been taking his wife's Celebrex and this seems to help some. He takes it on a p.r.n. basis. He is also asking for a referral for a colonoscopy. He never went through to get this done last year. PMH: Significant for allergic rhinitis, remote history of renal colic, hyperlipidemia, benign prostatic hypertrophy. PAST SURGICAL HISTORY: Significant for tonsillectomy, appendectomy, vasectomy, and lumbar disc surgery. CURRENT MEDICATIONS: Claritin D, Nasarel, Flomax, Zocor, and Celebrex. DRUG ALLERGIES: PENICILLIN. SH: Patient works a truck driver. He denies any smoking or ethanol use. FH: Significant for coronary artery disease, hypertension. No history of prostate or colon cancer. ROS: As above in history of present illness, otherwise, negative.

O: Weight 233 lbs. VITAL SIGNS: Pulse 88. Respiratory rate 20. Blood pressure 110/70. GENERAL: Alert x3. In no acute distress. Nontoxic-appearing. HEENT: Unremarkable. TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm without murmur noted. ABDOMEN: Soft, nontender. No mass. No hepatosplenomegaly. No rebound. No guarding. EXTREMITIES: Show no cyanosis, clubbing or edema. Right ankle and foot reveals no significant swelling, tenderness. Anterior drawer test was normal. Table tilt test was negative. Neurovascularly status of foot was within normal limits as well. DIAGNOSTIC STUDIES: Reviewing lab work done a few months back, showing normal comprehensive metabolic profile, lipid panel and PSA was normal at 2.9.

A:

1. Hyperlipidemia.
2. Allergic rhinitis.
3. Benign prostatic hypertrophy.
4. Osteoarthritis right foot and ankle.

P: Refer patient to GI for screening colonoscopy. Rx Celebrex 200 mg one p.o. q.d. as needed for foot and ankle pain. Continue with Flomax 0.4 mg q.d., Claritin D and Nasarel refilled as well as the Zocor. He will come back in approximately 4-5 months for complete physical examination including fasting labs at that time. Follow-up sooner if worsening or any other problems should develop in the meantime. We also discussed GI precautions given with the Celebrex. 

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER - IR...O
7035 ST ANDREWS ROAD
COLUMBIA SC 29212
PHONE: (803) 407-4100

PATIENT NAME: WILLIAMS, HOMER

Medical Record Number:

Age: Account Number:

DOB:

Sex:

Requisition Number:

SSN:

Ordered By:

Report No:

0617-0076

Patient Location:

Discharge Diag:

Date of Discharge:

LEXINGTON FAMILY PRACTICE - WHITE KNOLL

DATE OF EXAM:

6/12/02

FILE NO:

249-78-5473

DATE OF BIRTH/AGE:

3/30/45

ORDERING PHYSICIAN:

DR. CRIGLER

CLINICAL DATA:

PAIN TO ANTERIOR ANKLE

RIGHT ANKLE:

Three views reveal superior and inferior calcaneal spurs. There was an accessory ossicle at the tip of the medial malleolus. A small bone density posterior to the talotibial joint does not have the appearance of a fracture. There does appear to be some soft tissue swelling over the malleoli. No acute fracture identified.

DHF

LON P HAMBY MD

*Spurs on right foot
identified? significant
will discuss with patient
2/15/02*

*Pt notified
VSS sheet
6/28/02
AS*

DATE RECEIVED	6-19-02
DR COMMENT	
DATE FILED	6/28/02
AND INITIALED	AS

Report Completed:

SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:

Draft copy

Page 1 of 1

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VILLIAMS, HOMER

85473

ESPINOZA/tec

05/17/2002

- : The patient is a 57-year-old male who comes in for suture removal of his hand. No concerns.
): Partially suture removal that appeared to be well-healed. Wet based sutures remained for an additional 2-3 days.

ph

WILLIAMS, HOMER

85473

CRIGLER/mhn

06/12/02

FINDINGS: Normal bone contour of the right ankle. No soft tissue abnormalities.
IMPRESSION: Negative.

6/24/02 Dict of 6/12 not come thru
OK Ankle pain. no other details
PDD INK remember
xray → calcified spurs ? synovial

WILLIAMS, HOMER

85473

CRIGLER/tec

06/14/2002

NOTE: Dictation of this visit did not come through. He was seen for ankle pain. I am not sure about further details as I review the encounter form, ankle pain. X-ray was done. The patient is to return back in one week. He has now been asked by employer to explain how long the patient will be out of work, Dean Widman, fax #748-0907, need to confirm with this gentleman and we will have to get release from the patient before we can get back with him and of course we can do this best when the patient returns for follow-up and get further details about the visit that we missed on dictation.

WILLIAMS, (Homer)

85473

CRIGLER/tec

07/08/2002

NOTE: The patient was seen on 02/12/2002. Dictation did not come through due to machine malfunction. Discharge diagnosis was that of ankle pain and x-ray was done and he was to return in one week for follow-up. Customarily the patient will be referred to the orthopedist should there be a fracture identified. There was no definite fracture seen on x-ray.

White Knoll Family Practice
5535 Platt Springs Road
Lexington SC 29073
Office 803 951-1880 Fax 803 951-0384

PATIENT: WILLIAMS, HOMER
M.R.#: 85473
VISIT DATE: 06/03/2003

D: 06/03/2003
T: 06/03/2003/bjl

S: Patient is a 58-year-old white male who presents today for evaluation of sinus pressure, congestion, onset 2 days ago, and also right earache. PMH: Significant for allergic rhinitis, renal colic, benign prostatic hypertrophy, hyperlipidemia. CURRENT MEDICATIONS: Claritin-D, Nasarel spray 2 sprays each nostril b.i.d., Flomax 0.4 mg daily, Zocor 20 mg q.h.s. ALLERGIES: PENICILLIN. PSH: Significant for back surgery, tonsillectomy, appendectomy, vasectomy. ROS: As above; otherwise negative.

O: VITAL SIGNS: Stable. Enclosed in chart. GENERAL: Alert x3; in no acute distress; nontoxic-appearing. HEENT: Right TM injected; left TM shows tympanosclerosis. Nares show pale, boggy turbinates. Throat clear. NECK: Supple. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft and nontender.

A:

1. Otitis media, right ear.
2. Early sinusitis.

P: Rx Levaquin 500 mg 1 p.o. daily x10 days (QS x5 days; also samples x5 days); Nasarel spray 2 sprays b.i.d. Continue with Claritin-D. Follow up in 7-10 days if not better, sooner if worse.

 
TERRY L. NAGEL, DO

Homer Williams v. Walter P. Rawl & Sons
WCC File No. 1009201
Defendant's APA Exhibits

APA	Medical Provider	Date	Page No.
5	Lexington Family Practice White Knoll	2/18/11-2/19/97	49-91
6	Lexington Orthopaedics	9/7/10-9/2/10	92-94
7	Lexington Urological Associates	3/25/10-3/5/10	95-101
8	Lexington Medical Center	2/17/10-4/24/09	102-117

Exhibits	Description	Page No.
A	Claimant's deposition for impeachment	
B	Employer records regarding claimant's employment , SC DOT driver logs	118-124
C	Defendant's 7/29/11 correspondence with documents submitted in response to subpoena of claimant's attorney	125-221
D	Medical Summary	222-231
E	SCDEW record	232-234
F	Claimant's recorded statement taken June 17, 2010	135-253

White Knoll Family Practice
5535 Platt Springs Road
Lexington SC 29073
Office 803 951-1880 Fax 803 951-0384

PATIENT: WILLIAMS, HOMER
M.R.#: 85473
VISIT DATE: 02/05/2004

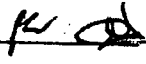
D: 02/05/2004
T: 02/05/2004/kmk

S: This 58-year-old comes in with cough, congestion, no fever, vomiting, diarrhea, no chest pain, no shortness of breath. ROS: As above, otherwise negative.

O: VITAL SIGNS: See chart. GENERAL: Well-developed, well-nourished, well-appearing male in no acute distress, cooperative with exam and oriented x3. CARDIOVASCULAR: Regular rate and rhythm without murmurs, rubs, or gallops. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender, positive bowel sounds.

A: Upper respiratory infection.

P: Rx Atuss MS, Sudal SR, if no better get Z-Tripak filled.

PAUL M. ESPINOZA, MD 

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

85473

PATIENT: WILLIAMS, HOMER	VISIT DATE: 01/24/2005
PATIENT #: 00001275409	D: 01/24/2005 11:51 AM
PHYSICIAN: PAUL M ESPINOZA, MD	T: 01/25/2005 12:11 PM / tec

S: The patient is a 59-year-old male who comes in for routine complete physical examination. No real concerns. PMH: BPH, hyperlipidemia, allergic rhinitis. FH: Mom and dad both with hypertension. Brother with diabetes and MI at age 54. He has had a CABG as well. PSH: Tonsillectomy and adenoidectomy, appendectomy, vasectomy, lumbar disc surgery. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Please see chart. GENERAL: Well-developed, well-nourished, well-appearing, obese, in no acute distress. Cooperative with exam and alert x3. HEENT: Normocephalic, atraumatic. PERRLA, extraocular muscles intact. Funduscopy exam reveals sharp disks bilaterally. TMs clear and intact bilaterally. Oropharynx pink. NECK: Supple. CARDIOVASCULAR: Regular rate and rhythm without murmurs, rubs, or gallops. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender, positive bowel sounds. GU: Normal uncircumcised male, testes descended bilaterally. No testicular masses, no penile lesions, no discharge. RECTAL: Normal tone. Prostate is smooth, mildly enlarged. No palpable masses. EXTREMITIES: Full range of motion. No clubbing, cyanosis, or edema; +5/5 strength upper and lower extremities bilaterally. NEURO: Cranial nerves 2-12 intact, nonfocal. Negative Romberg. Negative pronator drift. No evidence of ataxia. SKIN: No rashes or lesions. DIAGNOSTIC STUDIES: EKG normal sinus rhythm, unremarkable.

A/P:

1. WELL MALE EXAMINATION/COMPLETE PHYSICAL EXAMINATION. Recommend South Beach Diet and exercise.
2. DYSLIPIDEMIA. Check lipid panel. Continue Zocor for now.
3. BENIGN PROSTATIC HYPERTROPHY. Continue Flomax.
4. ALLERGIES. Try alternating between Claritin and Claritin D. Continue Nasarel spray.


PAUL M ESPINOZA, MD

cc:

Lexington Family Practice White Knoll

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RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER - LEXINGTON
811 WEST MAIN STREET
LEXINGTON, SC 29073
PHONE: (803) 358-6120

PATIENT NAME: WILLIAMS, HOMER

REPORT NO: 0126-0149

FACILITY:

LEXINGTON FAMILY PRACTICE - WHITE KNOLL

DATE OF EXAM:

01/24/05

FILE NO:

249-78-5473

DATE OF BIRTH/AGE:

03/30/45

ORDERING PHYSICIAN:

DR. ESPINOZA

CLINICAL DATA:

PHYSICAL EXAMINATION

CHEST (PA AND LATERAL):

Two views of the chest showed clear lung fields. The cardiac configuration was within normal limits. Mediastinal and hilar contours were normal. The thoracic spine showed degenerative changes. No significant change from previous examination.

IMPRESSION: Chest appeared within normal limits for age. No significant change from previous examination.

NOTE: This report is provided as a second reading of a study previously interpreted by the treating physician.

HER

CHARLES G HOOD MD

REPORT STATUS: Signed

DATE RECEIVED	1/28/05
DR COMMENT	PK
DATE FILED	
AND INITIALED	

REP RELEASED BY: HOOCHA RAD 01/26/05 1259
ADD RELEASED BY:

Radiology Department Copy

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

85473

PATIENT: WILLIAMS, HOMER	VISIT DATE: 02/02/2005
PATIENT #: 00001275409	D: 02/02/2005 11:37 AM
PHYSICIAN: PAUL M ESPINOZA, MD	T: 02/02/2005 4:17 PM / bjl

S: Patient is a 59-year-old male who comes in for followup of hypercholesterolemia and labs. No other real concerns. ROS: As above, otherwise negative.

O: VITAL SIGNS: Please see chart. GENERAL: Well-developed, well-nourished, well-appearing, in no acute distress. Cooperative with exam and oriented x3. CARDIOVASCULAR: Regular rate and rhythm without murmurs, rubs, or gallops. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender, positive bowel sounds. DIAGNOSTIC STUDIES: Fasting glucose 103. LDL 130. PSA 5.4.

A/P:

1. ELEVATED PSA. Refer to urology for further evaluation.
2. PREDIABETES. South Beach Diet, exercise. Recheck in 3 months.
3. HYPERCHOLESTEROLEMIA. Change to Altoprev, recommend taking this every day, despite the cost of this. He has been taking it 1-2 times/week. Recommend that this is not working for him.

PAUL M ESPINOZA, MD

PE

cc:

Lexington Family Practice White Knoll

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Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

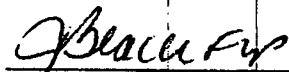
PATIENT: WILLIAMS, HOMER		VISIT DATE: 08/05/2005	
PATIENT #:	00001275409	XXX-X8-5473	D: 08/05/2005 12:9 PM
PHYSICIAN: JANICE D BLACK, NP		T: 08/06/2005 10:19 AM / vbk	

S: Patient is a 60-year-old Caucasian male who comes in complaining of having pain in the right ear for the last week. He thought maybe that he had cotton in the ear. He states he has had a perforation of the tympanic membrane before and has had to put cotton in the ear so he has always done that. Does not know if it is a piece of cotton stuck down in there or if he has wax build-up or what is going on but it has been hurting him for a week. He has had no fevers. PMH: Allergic rhinitis, BPH, hyperlipidemia, prediabetes. CURRENT MEDICATIONS: Claritin D, Nasarel spray, Flomax, Relafen, Celebrex, Metabolife, Crestor. See chart. DRUG ALLERGIES: PENICILLIN. STATES HE WAS ON THAT NUMEROUS TIMES WHEN HE WAS A CHILD FOR EAR INFECTIONS AND THEN THEY DID A SKIN TEST AND HE HAD A LITTLE BIT OF A REACTION AT THE SITE SO THEY TOLD HIM NOT TAKE ANYMORE OF THAT. PSH: Tonsillectomy, adenoidectomy, appendectomy, vasectomy, lumbar disk surgery.

O: VITAL SIGNS: Temperature 98.5, pulse 84, respirations 20, blood pressure 124/76, weight 222 lbs. GENERAL: Alert and oriented, no acute distress. HEENT: Erythema of the right TM and it is bulging. Primarily at the more superior aspect of the TM. Left is pearly gray. Nasal turbinates not erythematous or edematous. Pharynx, no erythema or exudate. No frontal maxillary sinus tenderness. NECK: No cervical lymphadenopathy. LUNGS: Clear to auscultation bilaterally. CARDIOVASCULAR: Regular rate and rhythm, without rub, murmur, or gallop.

A: Right otitis media.

P: Rx Ceftin 250 mg p.o. b.i.d. (#20, no refill). Continue with Claritin D p.r.n. congestion. Rest, drink lots of extra fluids, use Tylenol or Advil p.r.n. pain or fever. Recheck if not improving in 72 hours, immediately for worsening of symptoms.



JANICE D BLACK, NP

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 08/22/2005	
PATIENT #:	00001275409	XXX-X8-5473	D: 08/22/2005 11:25 AM
PHYSICIAN: JANICE D BLACK, NP		T: 08/22/2005 8:49 PM / tec	

S: This is a 60-year-old Caucasian male who comes in to get refills on his medication. He needs 90-day supplies on his prescriptions because he has new insurance and he has to do mail order now. He needs refills on Crestor, Flomax and Nasarel spray. He also wants to get his fasting lab work done because it has been a while since he has had that. He had some problems with elevation in his PSA and he saw the urologist and they had wanted him to have a repeat PSA in 6 months and he states it is time for that. He just received a card for them so he wanted to have that done at the same time he gets his cholesterol lab work drawn. He is also concerned that he may have a sinus infection because he has some intermittent congestion primarily in the right side of his nose depending on how he sleeps. He states it kind of comes and goes and he did not know if maybe that was a sign of a sinus infection or it is just coming from sleeping under the air conditioning. He has not been really able to blow his nose or cough up any mucus. He states it just feels more congested, usually in the mornings when he first gets up and then as the day progresses it tends to ease off. He thinks it is more related to sleeping under the air conditioning. PMH: Allergic rhinitis, BPH, hyperlipidemia, prediabetes. CURRENT MEDICATIONS: Claritin D that he takes on p.r.n. basis. He tries not to take it often because he is aware that it can cause some problems with his prostate and his urologist had told him to take that sparingly. Nasarel spray, Flomax, Crestor, Saw Palmetto, Metabolife. DRUG ALLERGIES: PENICILLIN. PSH: Tonsils and adenoids removed, appendectomy, vasectomy and lumbar disectomy.

O: VITAL SIGNS: Temperature 98.8, pulse 80, respirations 20, blood pressure 128/80, weight 222 lbs. GENERAL: Alert and oriented, in no acute distress. HEENT: No frontal or maxillary sinus tenderness. TMs pearly gray and intact bilaterally. Nasal turbinates nonerythematous or edematous. Pharynx, no erythema or exudate. NECK: No cervical lymphadenopathy. LUNGS: Clear to auscultation bilaterally. CARDIOVASCULAR: Regular rate and rhythm without rub, murmur or gallop. ABDOMEN: Soft, nondistended, nontender to palpation. No hepatosplenomegaly. DIAGNOSTIC STUDIES: Executive D profile and PSA drawn and pending at the time of dictation.

A:

1. Allergic rhinitis.
2. Benign prostatic hypertrophy.
3. Hyperlipidemia.

P: Refill Crestor 10 mg 1 tablet daily (#90, refill x1, samples x2 weeks because he is almost completely out of Crestor), Flomax 0.4 mg daily (#90, refill x1), Nasarel 2 sprays each nostril b.i.d. (#3, refill x1). Will notify him of his lab results when those are available. Continue watching diet, trying to follow low-fat, low-cholesterol diet, watching sugars and carbohydrate intake because of his prediabetes. Will plan to repeat his

PATIENT: WILLIAMS, HOMER

PATIENT. #: 00001275409

XXX-X8-5473

lipid panel again in 3-4 months. Will give him further instructions based on those results when those are available. If he has any problems in the meantime, he is to be rechecked.

J Black

JANICE D BLACK, NP

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 02/09/2006
PATIENT #: 00001275409	XXX-X8-5473	D: 02/09/2006 4:22 PM
PHYSICIAN: KEITH D LOBEL, MD		T: 02/09/2006 11:49 PM / tec

S: The patient presents with nasal congestion, especially in the left side over the left maxillary sinus. Some postnasal drainage and nasal stuffiness as well. He needs a refill of his Nasonex and Crestor. He denies chest pain or shortness of breath. No other concerns today. ROS: As above, otherwise, negative. PMH: Allergic rhinitis, BPH, hyperlipidemia.

O: VITAL SIGNS: Normal, see chart. GENERAL: Alert, non-ill appearing. HEENT: Normocephalic, atraumatic. TMs clear. Conjunctivae clear. Nares patent with some rhino pus and hyperemia as well as mucosal swelling, especially on the left side. Oropharynx clear with moist mucous membranes. NECK: Supple. No lymphadenopathy. HEART: Regular rate and rhythm. LUNGS: Clear.

A: Sinusitis.

P: Rx Doxycycline 100 mg b.i.d. x10 days. Continue the Claritin D p.r.n. congestion. Plenty of fluids and plenty of rest. Continue Nasonex spray. Recheck in 1 - 2 weeks if no better, sooner if worse. Patient agrees.

KEITH D LOBEL, MD

cc:

PATIENT: LYLE, DAVID

PATIENT. #: 03/11/06lyle

LEXINGTON FAMILY PRACTICE - LEXINGTON
122 POWELL DRIVE
LEXINGTON, SC 29072

PATIENT: WILLIAMS, HOMER
MR#: 85473 (LOBEL)
DATE: 03/11/2006

- S: Patient comes in with cough for the past four weeks. He is just completing a Z-pak and still having a lot of cough and mucus. He works as a truck driver and having to stay off the road.
- O: HEENT: Throat is erythematous, TMs are clear. NECK: Supple, no nodes. LUNGS: Some rhonchi on cough. SKIN: Free of rash.
- A: Bronchitis.
- P: Avelox for 7 days. Tessalon Perles. Follow-up as needed.

David P. Lyle, MD

/emts41

PATIENT: SHEALY, CARL

PATIENT. #: 05/06/06shealy

LEXINGTON FAMILY PRACTICE - LEXINGTON
122 POWELL DRIVE
LEXINGTON, SC 29072

PATIENT: WILLIAMS, HOMER
MR#: 85473
DATE: 05/06/2006

- S: Patient complains of two days of urinary pressure, frequency, and a little low back pain. He had a long trip on his truck driving job through Atlanta. He was not able to get to the bathroom like he is supposed to. He has had this before. The Flomax usually helps prevent the problem.
- O: ABDOMEN: Obese. Pendulous. BACK: No CVA tenderness. LAB DATA: Urine with a few red cells and several white cells per high power field.
- A: Urinary tract infection.
- P: I recommended the Cipro 500 mg b.i.d. Continue the Flomax and nabumetone. Extra fluids. Vitamin C may also help.

Carl Shealy, MD

/emts36

LEXINGTON FAMILY PRACTICE-LEXINGTON
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Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 01/16/2007
PATIENT #: 00001275409	XXX-X8-5473	D: 01/16/2007 2:50 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 01/16/2007 9:58 PM / tec

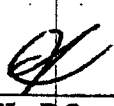
S: The patient is a 61-year-old white male who presents for complete physical. He also needs DOT forms completed. **PMH:** Significant for allergic rhinitis, BPH, dyslipidemia, prediabetes. **PSH:** Significant for appendectomy, vasectomy, lumbar disc surgery, tonsil and adenoidectomy. **CURRENT MEDICATIONS:** Nasarel nasal spray 2 sprays each nostril daily; Flomax 0.4 mg daily; Saw Palmetto; Crestor 10 mg daily. **ALLERGIES:** PENICILLIN. **SH:** Nonsmoker. Married. Drives a truck for a living. Denies any ethanol or recreational drug use. **FH:** Significant for brother with history of heart disease. Both mother and father have hypertension. **ROS:** Patient denies any visual or hearing changes other than he needs to wear glasses to read he gets from Wal-Mart. He denies any chest pain, shortness of breath, orthopnea, PND. He denies any melena or hematochezia. He denies any polyuria, polydipsia, polyphagia. He has no nocturia now. He denies any fevers, chills, night sweats or weight loss. He admits that he can do better on his diet as far as exercise.

O: **VITAL SIGNS:** Weight 246, temperature 97.3, pulse 88, respiratory rate 20, blood pressure 128/72. **GENERAL:** Alert and oriented x3, no acute distress. Nontoxic-appearing. **HEENT:** TMs clear. Nares clear. Throat clear. **NECK:** Supple. No JVD. No thyromegaly. **LUNGS:** Clear. **CARDIOVASCULAR:** Regular rate and rhythm. **ABDOMEN:** Soft, obese, nontender. No mass. No hepatosplenomegaly. No rebound. No guarding. **EXTREMITIES:** No cyanosis, clubbing or edema. **GENITALIA:** Reveals normal male genitalia. Testes descended bilaterally. No mass, tenderness or hernia could be appreciated. **RECTAL:** Reveals normal sphincter tone. Prostate normal in size and consistency. **DIAGNOSTIC STUDIES:** CBC normal. Serum glucose 117, history of prediabetes, pretty much stable. Remainder of CMET normal. Total cholesterol 144. Triglycerides 153, HDL 34, LDL 79. PSA 5.2, down from 5.4 last year, has been stable around this number for several years now. TSH 1.925. Urinalysis and Hemocult x3 negative.

A:

1. Complete physical examination.
2. Benign prostatic hypertrophy.
3. Dyslipidemia.
4. Allergic rhinitis.

P: Given his prediabetes, check HGB A1C to make sure his sugars have been averaging ideal, would like his HGB A1C less than 6.5%. Refill Crestor 10 mg daily, Flomax 0.4 mg daily, Nasarel nasal spray 2 sprays each nostril daily. Return in about 6 months. DOT form completed. Diet, exercise, weight loss all discussed.


TERRY L NAGEL, DO

cc:

LEXINGTON FAMILY PRACTICE
5535 PLATT SPRINGS ROAD
LEXINGTON, SC 29073
(803) 951-1880

PATIENT NAME: Williams, Harmer

CHART#: 85473

DR#: Nagel

DATE: 1-16-07

TIME: 2:05pm

URINALYSIS:

- PH:	<u>7.0</u>	NORMAL	5.0 - 8.0
WBC:	<u>neg</u>	NEG	
NITRITES:	<u>neg</u>	NEG	
BLOOD:	<u>neg</u>	NEG	
PROTEIN:	<u>neg</u>	NEG	
GLUCOSE:	<u>neg</u>	NEG	
KETONE:	<u>neg</u>	NEG	
BILIRUBIN:	<u>neg</u>	NEG	
UROBILINOGEN:	<u>0.2</u>	NORMAL	0.2
SPEC. GRAVITY:	<u>1.015</u>	NORMAL	1.005 - 1.030

MICRO:

RBC: _____
WBC: _____
EPITH: _____
BACTERIA: _____
MUCOUS: _____
CASTS: _____

WET PREP:

WBC: _____
EPITH: _____
BACTERIA: _____
CLUE CELLS: _____
YEAST: _____
TRICHOMONAS: _____

LIPID PANEL:

CHOL:	_____	120-200 MG/DL
TRIG:	_____	30-200 MG/DL
HDL:	_____	25-70 MG/DL - FEMALE; 30-60 MG/DL - MALE
VLDL:	_____	CAL. VALUE
LDL:	_____	<130 MG/DL
TCHOL/HDL RATIO:	_____	<4.5 - MALE & FEMALE
ALT:	_____	9-52 U/L - FEMALE; 21-72 U/L - MALE

GLUCOSE:

FASTING GLUCOSE:	_____	70-110 MG/DL	2 HR PP GLUCOSE _____
RANDOM GLUCOSE:	_____	<126 MG/DL	
HEMOGLOBIN A1C:	_____	<6.0%	
MICROALBUMIN:	_____	NEG	

MISC. TESTS:

SED RATE:	_____	0-10 MM/HR - MALE
		0-20 MM/HR - FEMALE
MONO SPOT:	_____	NEG
STREP SCREEN:	_____	NEG
URINE PREGNANCY:	_____	NEG
H. PYLORI:	_____	NEG
HEMOCCULT:	<u>NEG 3</u>	NEG

TECHNICIAN INITIALS: [Signature]

DR REVIEW: [Signature]

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 07/12/2007
PATIENT #: 00001275409	XXX-X8-5473	D: 07/12/2007 9:00 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 07/12/2007 2:16 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 62-year-old white male who presents complaining of dysuria, urgency, frequency, a little decrease in urinary stream yesterday but much better today. He denies any nausea or vomiting. He denies any fever or chills. He does complain of a little bit of pressure on his bladder and in his low back area. He denies any radicular pain or paresthesias. He denies any rash. He denies any myalgias or weakness. He is on Crestor, tolerating this fine. He is fasting today and would like to have fasting blood work while he is here. He does not have any other complaints. PMH: Significant for BPH, hyperlipidemia, prediabetes. PSH: Significant for appendectomy, vasectomy, lumbar disc surgery, tonsil and adenoidectomy. CURRENT MEDICATIONS: Claritin D, Flomax, Crestor. ALLERGIES: PENICILLIN. SH/FH: Enclosed in chart. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Weight 246, stable; temperature 98; pulse 84; respiratory rate 20; blood pressure 132/78. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. GENITALIA: Reveals normal male genitalia. Testes descended bilaterally. No mass, tenderness or hernia could be appreciated. RECTAL: Reveals slightly enlarged prostate but only able to feel the tip of the prostate. DIAGNOSTIC STUDIES: Urinalysis shows 1+ leukocyte esterase, negative nitrite, 5 - 8 WBCs, 10 - 15 RBCs, 2+ bacteria. Urine sent for C&S.

A:

1. Urinary tract infection.
2. Benign prostatic hypertrophy.
3. Dyslipidemia.
4. Prediabetes.

P: Check fasting blood work today. Further recommendations predicated upon lab results. Rx Levaquin 500 mg p.o. daily. Follow culture results. Diet, exercise, weight loss discussed. He did have an ultrasound on his prostate in the past for elevated PSA. This was negative. His PSA back in January came down from prior. He also has seen GI for colonoscopy this year as well.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll
PAGE 1 OF 1

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS, HOMER

AGE: 62
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182016
ACCT NO: H00030144828
SSN: 249-78-5473
REQ NO: 07-0097879
REPORT NO: 0814-0481

ADMITTING DR:
ORDERING DR: DAVID H LAMB MD

ROOM:
PT LOCATION: HIAA
LAMDAV URO

REPORT STATUS: Signed

PRIMARY CARE: TERRY L NAGEL, DO ✓
ORDERED BY: DAVID H LAMB MD
LOCATION: REG SDC HIAA
STUDY TYPE: 0813-0210 RAD/CHEST 2 VIEW - PA & LAT

DATE OF EXAM: 08/13/07

CLINICAL DATA: 62M, PREOPERATIVE STUDY FOR URETERAL CALCULUS

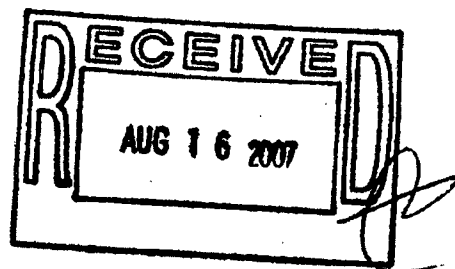
PA AND LATERAL CHEST SERIES:

FINDINGS: PA upright and lateral views of the chest demonstrate the heart size, mediastinum, and lung fields to be within normal limits.

MK

CHRISTOPHER T MCCARTY MD

REPORT STATUS: Signed



LAMB, DAVID H, MD
ORDER#/PROCEDURE: 0813-0210 RAD/CX2 (71020)
EXAM TECH: MMBOL
REP RELEASED BY: MCCCHR RAD 08/15/07 1439
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM: HIAA/

WILLIAMS, HOMER

Ordering Physician's Copy

Page 1 of 1

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CP

951-
1364

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 09/25/2007
PATIENT #: 00001275409	XXX-X8-5473	D: 09/25/2007 12:29 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 09/26/2007 5:38 PM / bjl
		DATE OF BIRTH: 03/30/1945

S: Patient is a 62-year-old white male who presents for evaluation of hyperlipidemia, BPH. He does need some forms filled out for adoption agency, to be a foster parent. He is doing quite well, denies any chest pain, shortness of breath, orthopnea, PND. He is urinating quite well. He did have kidney stones a couple months ago that he had to pass. CURRENT MEDICATIONS: Crestor, Flomax. ALLERGIES: PENICILLIN. SH: Nonsmoker; denies any ethanol or recreational drug use. Married. FH: Significant for hypertension. PSH: Significant for appendectomy, vasectomy, lumbar disc surgery, tonsilloadenoidectomy, patch, left ear, status post perforation. ROS: As above; otherwise negative.

O: VITAL SIGNS: Temperature 98, pulse 94, respiratory rate 16, blood pressure 128/70, weight 248 lbs. GENERAL: Alert, oriented x3; in no acute distress; nontoxic-appearing. HEENT: Unremarkable. NECK: Supple. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. NEUROMUSCULOSKELETAL: Nonfocal. No motor or sensory deficits could be appreciated.

A:

1. Dyslipidemia.
2. Benign prostatic hypertrophy.
3. Foster parent forms completed.

P: Continue Crestor, Flomax. Next month we will need fasting blood work. Recheck sooner if worse or any problems, questions or concerns should arise otherwise.


TERRY L NAGEL, DO

cc:

PATIENT: NAGEL, TERRY	PATIENT. #: 12/02/07nagel
	DATE OF BIRTH:

LEXINGTON FAMILY PRACTICE - LEXINGTON
122 POWELL DRIVE
LEXINGTON, SC 29072

PATIENT: WILLIAMS, HOMER
MR#: (NAGEL)
DATE: 12/02/2007

- S:** This 62-year-old white male patient who presents today for evaluation of sinus infection. It has been going on for a couple of days. He denies any fevers or chills with this. He denies cough or congestion. **PMH:** Significant for dyslipidemia, allergic rhinitis, and BPH. **CRX:** Flomax, Crestor, and Flonase. **ALLERGIES:** PENICILLIN. **ROS:** As above and otherwise negative. He denies any nausea, vomiting, or diarrhea. He denies any shortness of breath or wheeze. No significant cough. It is mostly just the sinus pressure and postnasal drip.
- O:** **VITAL SIGNS:** Enclosed in chart. Please review. **GENERAL:** Alert x 3, in no acute distress, and non-toxic appearing. **HEENT:** TMs are clear. Nares show mild congestion and a scant amount of mucopus. Throat shows mucous membranes are moist. Trace lymphoid hyperplasia. Void of any exudate. **NECK:** Supple. **LUNGS:** Clear. **HEART:** Regular rate and rhythm. **ABDOMEN:** Soft and non-tender. **EXTREMITIES:** Show no clubbing, cyanosis, or edema.
- A:** Acute sinusitis.
- P:** Doxycycline 100 mg 1 p.o. every 12h. Rest. Push fluids. Follow up in 7-10 days if not better or sooner if worse.

Terry L. Nagel, DO

/emts36

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 01/15/2008
PATIENT #: 00001275409	XXX-X8-5473	D: 01/15/2008 12:45 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 01/15/2008 9:26 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 62-year-old white male who presents for complete physical examination. He denies any chest pain, shortness of breath, orthopnea, PND. He denies any myalgias or weakness. He is tolerating Crestor fine. PMH: Significant for BPH, elevated PSA, dyslipidemia, allergic rhinitis. PSH: Significant for T&A, appendectomy, vasectomy, lumbar disc surgery. CURRENT MEDICATIONS: fish oil, Crestor, Saw Palmetto, Flomax, Nasarel, Claritin D. ALLERGIES: PENICILLIN. SH: Married. Nonsmoker. Denies any ethanol or recreational drug use. FH: Significant for hypertension both father and mother. Brother, age 64, had bypass surgery. ROS: Does complain of allergy type symptoms. Claritin does not seem to be working too well for him. He would like to try something different. We are going to try him on some Singulair and see how that works, given samples x1 month. Call us if it works and we will give him a prescription for such.

O: VITAL SIGNS: Weight 247 lbs., height 64.5 in., temperature 98.5, pulse 76, respiratory rate 20, blood pressure 136/84. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light. Extraocular muscles intact. TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. No mass. No hepatosplenomegaly. No rebound. No guarding. EXTREMITIES: No cyanosis, clubbing or edema. GENITALIA: Reveals normal male genitalia. Testes descended bilaterally. No mass, tenderness or hernia could be appreciated. RECTAL: Normal sphincter tone. Only a small part of the prostate could be palpated but appeared to be normal, not enlarged. Hemoccult negative, brown stool. DIAGNOSTIC STUDIES: EKG shows normal sinus rhythm, ventricular rate 74, leftward axis, also QRS contour abnormality, consider anteroseptal myocardial damage. Will get echocardiogram to further evaluate this. Apparently at one time in the past year he was at the hospital and had an EKG. The doctor there told him that he thought that he might have had a heart attack at some time. I think an echocardiogram would help us further evaluate this.

A:

1. Complete physical examination.
2. Type 2 diabetes mellitus.
3. Dyslipidemia.

P: Diet, exercise, weight loss discussed. Rx Singulair 10 mg p.o. h.s., see how this works. Also fill out DOT physical form for him. He had an elevated PSA on blood test last week and has an appointment with Dr. Lamb already set up for next week. Lipid panel was good. Kidney and liver functions were good. Blood sugar was up slightly at 131. Repeat blood sugar today was elevated at 142. HGB A1C pending at the time of dictation. Urinalysis negative, no ketones, no glucose. We will call him with results and further recommendations but in the meantime he is to watch his diet as he has been slack on that and also restart the

PATIENT: WILLIAMS, HOMER

PATIENT. #: 00001275409

XXX-X8-5473

weight loss and exercise program. He agrees and understands. Otherwise, if the labs come back fine we will see him back in 3 months.



TERRY L NAGEL, DO

cc:

5473

Medical Examination Report **FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

1. DRIVER'S INFORMATION Driver completes this section											
Driver's Name (Last, First, Middle) <u>Williams Homer</u>		Social Security No. <u>249 785473</u>	Birthdate <u>3/30/45</u> M/D/Y	Age <u>62</u>	Sex ☒ M ☐ F	☐ New certification ☒ Recertification ☐ Follow Up	Date of Exam <u>1-15-08</u>				
Address <u>322 Centon St E</u>		City, State, Zip Code <u>Perry SC 29137</u>		Work Tel: <u>(803) 5643579</u> Home Tel: <u>(803) 894 1901</u>		Driver License No. <u>003460656</u>	License Class ☒ A ☐ C ☐ B ☐ D ☐ Other				
2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.											
Yes No ☐ ☒ Any illness or injury in last 5 years? ☐ ☒ Head/Brain injuries, disorders or illnesses ☐ ☒ Seizures, epilepsy ☐ medication _____ ☐ ☒ Eye disorders or impaired vision (except corrective lenses) ☐ ☒ Ear disorders, loss of hearing or balance ☐ ☒ Heart disease or heart attack; other cardiovascular condition ☐ medication _____ ☐ ☒ Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐ ☒ High blood pressure ☐ medication _____ ☐ ☒ Muscular disease ☐ ☒ Shortness of breath				Yes No ☐ ☒ Lung disease, emphysema, asthma, chronic bronchitis ☐ ☒ Kidney disease, dialysis ☐ ☒ Liver disease ☐ ☒ Digestive problems ☒ ☒ Diabetes or elevated blood sugar controlled by: ☒ diet ☐ pills ☐ insulin ☐ ☒ Nervous or psychiatric disorders, e.g., severe depression ☐ Medication _____ ☐ ☒ Loss of, or altered consciousness				Yes No ☐ ☒ Fainting, dizziness ☐ ☒ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring ☐ ☒ Stroke or paralysis ☐ ☒ Missing or impaired hand, arm, foot, leg, finger, toe ☐ ☒ Spinal injury or disease ☐ ☒ Chronic low back pain ☐ ☒ Regular, frequent alcohol use ☐ ☒ Narcotic or habit forming drug use			
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. _____ _____ _____											

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Homer Williams
 Driver's Signature

1-15-08
 Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

Type 2 DM - Diet controlled
Diabetes - controlled by insulin

Name HOMER WILLIAMSSocial Security No. 249 78 5473**TESTING (Medical Examiner completes Section 3 through 7)****3. VISION** Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ <u>20</u>	20/	Right Eye <u>90</u> °
Left Eye	20/ <u>20</u>	20/	Left Eye <u>90</u> °
Both Eyes	20/ <u>20</u>	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?

☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective LensesMonocular Vision: ☐ Yes ☒ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel No. _____ License No./State of Issue _____ Signature _____

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear <u>15/5</u> Feet	Left Ear <u>15/5</u> Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic <u>136</u>	Diastolic <u>84</u>

Driver qualified if $\leq 140/90$.

Pulse Rate <u>76</u>	☒ Regular ☐ Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$.
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$.	6 months if $\leq 140/90$.

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
<u>1020</u>	<u>N56</u>	<u>N16</u>	<u>N16</u>	<u>N16</u>

Name _____

Social Security No. _____

7. PHYSICAL EXAMINATIONHeight: 64.5 (in.)Weight: 253 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	☒		7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		☒
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		☒	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		☒
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		☒	9. Genito-urinary system	Hemias.		☒
4. Mouth and Throat	Irreversible deformities likely to interfere with breathing or swallowing.		☒	10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		☒
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		☒	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		☒
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.		☒	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or postural abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		☒

* COMMENTS: _____

Note certification status here. See Instructions to the Medical Examiner for guidance.☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.☐ Does not meet standards☐ Meets standards, but periodic evaluation required.

Due to _____ driver qualified only for:

☐ 3 months ☐ 1 year☐ 6 months ☐ Other☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

☐ Wearing corrective lenses☐ Wearing hearing aid☐ Accompanied by a _____ waiver/exemption☐ Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt intracity zone.☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature _____

Medical Examiner's Name (print) _____

Address _____

Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

HOMER WILLIAMS

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) and with knowledge of the driving duties, I find the person is qualified; and, if applicable, only when:

- ☒ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____
- ☐ driving within an exempt liability zone (49 CFR 391.62)
- ☐ accompanied by a Safe Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u>		TELEPHONE <u>828 951 1800</u>	DATE <u>01/15/09</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>THOMAS L. NABEL</u>		☐ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. (ISSUING STATE) <u>5455</u>			
SIGNATURE OF DRIVER <u>[Signature]</u>		DRIVER'S LICENSE NO. <u>003460656</u>	STATE <u>SC</u>
ADDRESS OF DRIVER <u>322 Center St E Perry SC 29137</u>			
MEDICAL CERTIFICATE EXPIRATION DATE <u>11/5/2010</u>			

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

LEXINGTON FAMILY PRACTICE
5535 PLATT SPRINGS ROAD
LEXINGTON, SC 29073
(803) 951-1880

PATIENT NAME: Williams, Hauer

CHART#: 85473

DR#: Nagel

DATE: 1-15-08

TIME: 12:10 pm

URINALYSIS:

PH:	<u>5.5</u>	NORMAL	5.0 - 8.0
WBC:	<u>NEG</u>	NEG	
NITRITES:	<u>1</u>	NEG	
BLOOD:	<u>1</u>	NEG	
PROTEIN:	<u>1</u>	NEG	
GLUCOSE:	<u>1</u>	NEG	
KETONE:	<u>1</u>	NEG	
BILIRUBIN:	<u>↓</u>	NEG	
UROBILINOGEN:	<u>0.2</u>	NORMAL	0.2
SPEC. GRAVITY:	<u>1.020</u>	NORMAL	1.005 - 1.030

MICRO:

RBC: _____
WBC: _____
EPITH: _____
BACTERIA: _____
MUCOUS: _____
CASTS: _____

WET PREP:

WBC: _____
EPITH: _____
BACTERIA: _____
CLUE CELLS: _____
YEAST: _____
TRICHOMONAS: _____

LIPID PANEL:

CHOL:	_____	120-200 MG/DL
TRIG:	_____	30-200 MG/DL
HDL:	_____	25-70 MG/DL - FEMALE: 30-60 MG/DL - MALE
VLDL:	_____	CAL. VALUE
LDL:	_____	<130 MG/DL
TCHOL/HDL RATIO:	_____	<4.5 - MALE & FEMALE
ALT:	_____	9-52 U/L - FEMALE; 21-72 U/L - MALE

GLUCOSE:

FASTING GLUCOSE:	<u>142</u>	70-110 MG/DL	2 HR PP GLUCOSE	_____
RANDOM GLUCOSE:	_____	<126 MG/DL		
HEMOGLOBIN A1C:	_____	<6.0%		
MICROALBUMIN:	_____	NEG		

MISC. TESTS:

SED RATE:	_____	0-10 MM/HR - MALE
		0-20 MM/HR - FEMALE
MONO SPOT:	_____	NEG
STREP SCREEN:	_____	NEG
URINE PREGNANCY:	_____	NEG
H. PYLORI:	_____	NEG
HEMOCCULT:	<u>NEG</u>	NEG

TECHNICIAN INITIALS: W

DR REVIEW: _____

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

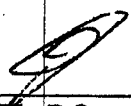
PATIENT: WILLIAMS, HOMER		VISIT DATE: 05/29/2008
PATIENT #: 00001275409	XXX-X8-5473	D: 05/29/2008 4:14 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 05/30/2008 10:54 AM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 63-year-old white male who presents for evaluation of left ear pain, sore throat, headache, sinus pressure, congestion. He denies any shortness of breath or wheeze. PMH: Significant for allergic rhinitis, BPH, hyperlipidemia, prediabetes, obesity. SH: Nonsmoker. CURRENT MEDICATIONS: Enclosed in chart. ALLERGIES: PENICILLIN. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: Left TM shows air-fluid level. Right TM clear. Nares show mild congestion, mild amount of mucopus. Throat, mucous membranes moist with trace lymphoid hyperplasia, void of any exudate. NECK: Supple. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema.

A: Acute sinusitis.

P: Rx Z-Pak take as directed. Rest, push fluids. Follow-up in 7 - 10 days if not better, sooner if worse.



TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 06/26/2008
PATIENT #: 00001275409	XXX-X8-5473	D: 06/26/2008 12:15 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 06/26/2008 9:02 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 63-year-old white male who presents complaining of sinus pressure, right maxillary sinus pain into his ear, stopped up feeling. He is taking Claritin D and also Nasarel nose spray. He states it feels like his upper teeth hurt although he does not have teeth there. He has dentures. He states the pain is much better today but yesterday he had a pretty good amount of facial discomfort on the right side. He had a sinus infection last month and that got better. These symptoms just started 2 days ago. PMH: Allergic rhinitis, BPH, dyslipidemia, prediabetes. SH/FH: Enclosed in chart. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light. Extraocular muscles intact. TMJs show serous fluid, no drainage. External auditory canal noninjected without swelling. Right TMJ shows minimal tenderness. Nares show slight congestion, scant amount of mucopus. Throat, mucous membranes moist, moderate lymphoid hyperplasia, void of any exudate. NECK: Supple. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. NEUROLOGIC/MUSCULOSKELETAL: Nonfocal.

A:

1. Sinusitis.
2. Serous otitis media.
3. Right facial pain, most likely secondary to #1 above resulting in maxillary sinusitis.

P: Rx Levaquin 500 mg p.o. daily. Stop Claritin D. Continue Nasarel. Recheck next week if not better, sooner if worse.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER			VISIT DATE: 07/29/2008
PATIENT #:	00001275409	XXX-X8-5473	D: 07/29/2008 3:23 PM
PHYSICIAN: TERRY L NAGEL, DO			T: 07/30/2008 8:54 AM / bjl
			DATE OF BIRTH: 03/30/1945

S: Patient is a 63-year-old white male who presents for evaluation of abdominal pain. It started Saturday night, 07/26/2008, has been going on for about 3 days. It was much worse then, is actually getting better. No nausea or vomiting; no fevers or chills; just a mild irritation at this point. He denies any decrease in force or caliber of his urinary stream, denies any melena or hematochezia. Nothing really seems to make it worse. He states gas tablets he has been taking have helped. He did an enema yesterday; this really has not helped at all. PMH: Significant for allergic rhinitis, BPH, dyslipidemia. SH: Married. Nonsmoker. FH: Significant for hypertension. ROS: As above; otherwise negative.

O: VITAL SIGNS: Temperature 99, pulse 98, respiratory rate 18, blood pressure 120/72, weight 232 lbs. GENERAL: Alert x3, in no acute distress, nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD; no thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. GU: Normal male genitalia. Testes descended bilaterally. No mass, tenderness, or hernia could be appreciated. RECTAL: Normal sphincter tone. Prostate slightly enlarged, no nodularity. Hemoccult-negative brown stool. DIAGNOSTIC STUDIES: Urinalysis, CBC, also enclosed in chart, negative. CMET pending. Acute abdominal series showed some slightly increased stool, right side, but no signs of any obvious obstruction, no free air.

A: Abdominal pain.

P: Pain seems to be more suprapubically, but he has no problems with urine flow, no obstructive or irritative type symptoms. Could be a low-grade diverticulitis, but normal CBC. Obtain CT scan of abdomen and pelvis. He has never had a colonoscopy. I think it is time to go ahead and get this done, as well. Further recommendations will be predicated upon these results.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

PAGE 1 OF 1

225

85473

LEXINGTON MEDICAL CENTER MANAGED SERVICE ORGANIZATION

LEXINGTON FAMILY PRACTICE - WHITE KNOLL

5535 PLATT SPRINGS ROAD

LEXINGTON SC 29073

Phone: (803) 951-1880

PATIENT: WILLIAMS, HOMER

REPORT NO: 0731-0286

DATE OF EXAM:

7/29/08

FILE NO:

85473

DATE OF BIRTH/AGE:

3/30/1945

ORDERED BY:

TERRY L. NAGEL, DO

CLINICAL DATA:

ABDOMINAL PAIN - MILD LOWER QUADRANT

ABDOMEN:

Degenerative joint disease lumbar spine. Slight constipation.

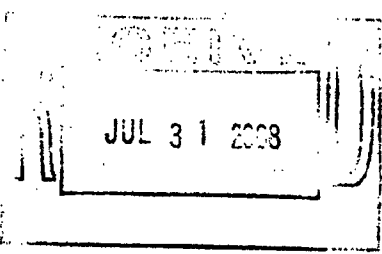
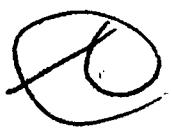
TERRY L. NAGEL, DO

OVER-READ: Agree.

LM

JAMES D WHITEHEAD MD

REPORT STATUS: Signed



NOTE: This report is provided as a second reading of a study previously interpreted by the treating physician.

REPORT ELECTRONICALLY SIGNED

Radiology Department Copy

Page 1 of 1

LEXINGTON HOSPITAL
5535 PLATT SPRINGS RD
LEXINGTON SC 29073
803-951-1880

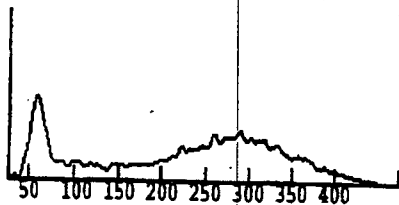
H. Williams

ID: 85473
CVWB

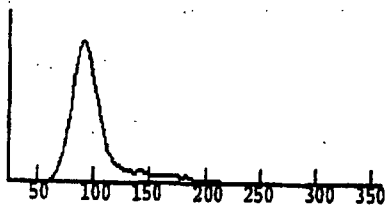
07-29-08
13:24

Patient
Limits 1

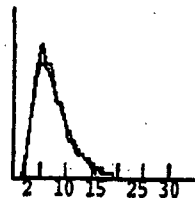
WBC	8.2	$\times 10^3/\mu\text{L}$	4.0	11.0
LY	20.2	%	17.0	44.0
MO	7.4	%	0.0	10.0
GR	72.4	%	43.0	82.0
LY#	1.7	$\times 10^3/\mu\text{L}$	0.7	5.0
MO#	0.6	$\times 10^3/\mu\text{L}$	0.0	1.1
GR#	5.9	$\times 10^3/\mu\text{L}$	1.7	9.0
RBC	4.64	$\times 10^6/\mu\text{L}$	4.60	6.10
Hgb	14.0	g/dL	13.5	18.0
Hct	41.1	%	41.0	53.0
MCV	88.5	fL	80.0	98.0
MCH	30.3	pg	27.0	32.0
MCHC	34.2	g/dL	32.0	36.0
RDW	12.8	%	11.5	14.5
Plt	222.	$\times 10^3/\mu\text{L}$	130.	400.
MPV	7.8	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

[Handwritten signature]

LEXINGTON FAMILY PRACTICE
5535 PLATT SPRINGS ROAD
LEXINGTON, SC 29073
(803) 951-1880

PATIENT NAME: Williams, Hamee

CHART#: 85473

DR#: Napel

DATE: 7-29-08

TIME: 2:20pm

URINALYSIS:

PH:	<u>5.0</u>	NORMAL	5.0 - 8.0
WBC:	<u>neg</u>	NEG	
NITRITES:	<u>—</u>	NEG	
BLOOD:	<u>—</u>	NEG	
PROTEIN:	<u>—</u>	NEG	
GLUCOSE:	<u>—</u>	NEG	
KETONE:	<u>—</u>	NEG	
BILIRUBIN:	<u>—</u>	NEG	
UROBILINOGEN:	<u>0.2</u>	NORMAL	0.2
SPEC. GRAVITY:	<u>1.025</u>	NORMAL	1.005 - 1.030

MICRO:

RBC: —
WBC: —
EPITH: —
BACTERIA: —
MUCOUS: —
CASTS: —

WET PREP:

WBC: —
EPITH: —
BACTERIA: —
CLUE CELLS: —
YEAST: —
TRICHOMONAS: —

LIPID PANEL:

CHOL:	<u>—</u>	120-280 MG/DL
TRIG:	<u>—</u>	30-200 MG/DL
HDL:	<u>—</u>	25-70 MG/DL - FEMALE; 30-60 MG/DL - MALE
VLDL:	<u>—</u>	CAL VALUE
LDL:	<u>—</u>	<130 MG/DL
TCHOL/HDL RATIO:	<u>—</u>	<4.5 - MALE & FEMALE
ALT:	<u>—</u>	9-52 U/L - FEMALE; 21-72 U/L - MALE

GLUCOSE:

FASTING GLUCOSE:	<u>—</u>	70-110 MG/DL	2 HR PP GLUCOSE <u>—</u>
RANDOM GLUCOSE:	<u>—</u>	<126 MG/DL	
HEMOGLOBIN A1C:	<u>—</u>	<6.0%	
MICROALBUMIN:	<u>—</u>	NEG	

MISC. TESTS:

SED RATE:	<u>—</u>	0-10 MM/HR - MALE 0-20 MM/HR - FEMALE
MONO SPOT:	<u>—</u>	NEG
STREP SCREEN:	<u>—</u>	NEG
URINE PREGNANCY:	<u>—</u>	NEG
H. PYLORI:	<u>—</u>	NEG
HEMOCCULT:	<u>neg</u>	NEG

TECHNICIAN INITIALS: W

DR REVIEW: [Signature]

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER - LEXINGTON
811 WEST MAIN STREET
LEXINGTON, SC 29073
PHONE: (803) 358-6120

PATIENT: WILLIAMS, HOMER

AGE: 63
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182016
ACCT NO: X00004179909
SSN: 249-78-5473
REQ NO: 08-0019303
REPORT NO: 0806-0012

ORDERING DR: TERRY L NAGEL DO

PT LOCATION: LEXCTSCAN
NAGTER FP

REPORT STATUS: Signed

ORDERED BY: TERRY L NAGEL DO
LOCATION: REG CLI LEXCTSCAN
STUDY TYPE: 0805-0033 LCAT/CT ABDOMEN/PELVIS W/CON

DATE OF EXAM: 08/05/08

CLINICAL DATA: 63M, ABDOMINAL PAIN.

CT ABDOMEN AND PELVIS (WITH ORAL AND IV CONTRAST):

COMPARISON: 8/11/07

TECHNIQUE: Axial images from lung bases to symphysis with oral and 125 cc of intravenous contrast.

CT ABDOMEN:

FINDINGS: No active disease is seen in the lung bases. The liver density is lower than the spleen and may reflect a mild degree of fatty infiltration. The spleen and pancreas are unchanged. There are parapelvic cysts bilaterally. On the right they are quite small and on the left they are very large. Additionally, very tiny cortical cysts are noted in the kidneys. There may be a calcification in the lower pole of the left kidney however because of the use of IV contrast I cannot confirm this. The kidneys are not obstructed in appearance and the ureters are not dilated. Delayed images obtained through the kidneys show bilateral excretory function. The infundibula are very much attenuated by the cystic masses on the left but the kidney does not appear to be hydronephrotic. There may be some deformity at the ureteropelvic junction.

CT PELVIS:

FINDINGS: There is extensive diverticulosis of the distal colon. The wall is thick but there is no surrounding inflammation seen to confirm acute diverticulitis. The prostate is mildly enlarged and deforms the bladder base.

IMPRESSION:

NAGEL, TERRY L, DO
ORDER#PROCEDURE: 0805-0033 LCAT/ABPELW/C
EXAM TECH: KPGOT
REP RELEASED BY: NEWREB RAD 08/08/08 1329
ADD RELEASED BY:
DISC DATE: ☐
ED DISC DIAG: ☐

PT LOC/ROOM: LEXCTSCAN/

WILLIAMS, HOMER

Ordering Physician's Copy

Page 1 of 2

*LM w/ wife to
call back in am
8/13/08 - SLD
space w/ pt
Came into office
@ 11:00 am 8/14/08
SLD*

DF

RADIOLOGY
LEXINGTON MEDICAL CENTER - LEXINGTON

Patient Name: WILLIAMS, HOMER
Date of Exam: 08/05/08
page 2 of 2

M001182016
X00004179909
0806-0012

1. Numerous parapelvic cysts are present in the kidneys, larger on the left, both resulting in attenuation of the infundibula, particularly on the left. There is bilateral excretion with no hydronephrosis noted.
2. Extensive diverticulosis of the distal colon. The wall is thick but no surrounding inflammation is seen to confirm acute diverticulitis.

SHM

REBECCA T NEWELL MD

REPORT STATUS: Signed

*NOTED
PT
TO
HAVE
COLONOSCOPY
AS
PLANNED
Cysts on
kidneys
present
kidney US
6 mm the
8/13/08*

NAGEL, TERRY L, DO
ORDER#/PROCEDURE: 0805-0033 LCAT/ABPELW/C
EXAM TECH: KPGOT
REP RELEASED BY: NEWREB RAD 08/08/08 1329
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG: 1

PT LOC/ROOM: LEXCTSCAN/

WILLIAMS, HOMER

Ordering Physician's Copy

Page 2 of 2

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 10/28/2008
PATIENT #: 00001275409	XXX-X8-5473	D: 10/28/2008 9:51 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 10/29/2008 3:24 PM / bjl
		DATE OF BIRTH: 03/30/1945

S: Patient is a 63-year-old white male who presents for evaluation of dyslipidemia, prediabetes. He had CT scan that showed kidney cyst, and it was recommended ultrasound be repeated in 6 months. He would like to get it about 2 months early because of cost. He would like to get it by the end of December. We will try to set this up for him. Overall he is doing fine, no gross complaints; denies any chest pain, shortness of breath, orthopnea, PND. PMH: Significant for allergic rhinitis, BPH, elevated PSA, followed by Dr. Lamb, dyslipidemia, prediabetes. SH: Married. Nonsmoker; denies ethanol or recreational drug use. FH: Significant for hypertension. ROS: As above; otherwise negative.

O: VITAL SIGNS: Temperature 97.5, pulse 69, respiratory rate 16, blood pressure 122/76, weight 236 lbs. GENERAL: Alert x3, in no acute distress, nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD; no thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. TX: Flu shot.

A:

1. Dyslipidemia.
2. Elevated prostate-specific antigen/benign prostatic hypertrophy.
3. Prediabetes.
4. History of kidney cyst.

P: Set patient using for kidney ultrasound the last week of December, hopefully. Check fasting blood work today. Further recommendations predicated upon lab results. PSA will also be obtained; may need to fax this to Dr. Lamb, depending on these results. Continue Crestor, Flomax. He takes Claritin as needed.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 01/21/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 01/21/2009 10:42 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 01/22/2009 1:00 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 63-year-old white male who presents for evaluation of dyslipidemia, prediabetes. He also was supposed to see Dr. Lamb in December but could not do that because of his wife being sick in the hospital so he is asking us to obtain a PSA so he can have this when he sees Dr. Lamb in the next couple of weeks for follow-up. He also is wondering if he can go back to Zocor generic regarding his lipid status. Unfortunately, his lipids are not well-controlled on generics and he needs to be on Crestor. We discussed this with him with high lipids, uncontrolled lipids, increased risk of heart attack, stroke, etc. He agrees and understands. PMH: Significant for dyslipidemia, BPH, prediabetes, allergic rhinitis. SH: Married, nonsmoker. Denies any ethanol or recreational drug use. PSH: Significant for tonsil and adenoidectomy, appendectomy, vasectomy, lumbar disc surgery. CURRENT MEDICATIONS: Enclosed in chart. ALLERGIES: PENICILLIN. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Enclosed in chart, please review. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema.

- A:
1. Dyslipidemia.
 2. Prediabetes.
 3. Elevated prostate specific antigen.
 4. Elevated blood pressure.

P: Check fasting blood work today. Further recommendations predicated upon lab results. Monitor blood pressure. Fax PSA to Dr. Lamb. Refill Crestor 10 mg daily. Continue with Flomax.



TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 06/04/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 06/04/2009 4:45 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 06/05/2009 7:38 AM / tec
		DATE OF BIRTH: 03/30/1945

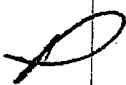
S: This is a 64-year-old white male who presents complaining of fatigue, some body aches. He started radiation treatment on Monday for prostate cancer. He has had some loose stools. He is not sure if he has a GI bug or not. He denies any nausea or vomiting. He denies any fever or chills. He complains of some fatigue and some loose stools off and on. He has been placed on some probiotics so that also could be causing some of this. He denies any melena or hematochezia. No fever or chills. PMH: Significant for prostate cancer, dyslipidemia, prediabetes, allergic rhinitis. SH: Married. Nonsmoker. Denies any ethanol or recreational drug use. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Weight 236, up 5 pounds from last visit; temperature 97.7; pulse 98; respiratory rate 20; blood pressure 136/68. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. mucous membranes moist. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. No mass. No hepatosplenomegaly. No rebound. No guarding. Bowel sounds present x4. EXTREMITIES: No cyanosis, clubbing or edema.

A:

1. Fatigue.
2. Prostate cancer.

P: This could be a little GI bug that he has, could be from the radiation therapy as well. It could be some endocrine or metabolic issues. Check blood work today. Further recommendations predicated upon lab results. Recheck in 48 - 72 hours if worsening in any way or sooner if worse as needed.



TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 07/01/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 07/01/2009 4:23 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 07/02/2009 9:28 AM / lhw
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents complaining of pinched nerve in his right hip/back area. He states he has had some pain off and on there for a little over a year. He states the past 2 days he is having more increased pain. He states when he twists a certain way or when he tries to wipe himself after using the restroom, it gets worse. He states when he lifts things it does not hurt that badly, but just the way he bends a certain way will cause discomfort. He describes it as an ache, sometimes a sharp pain. Denies any radicular pain or paresthesias. Denies any fevers, chills, night sweats, weight loss. Denies any bowel or bladder dysfunction. PMH: Significant for BPH, prostate cancer, dyslipidemia, allergic rhinitis, prediabetes. SH/FH: Enclosed in chart. ROS: As above, otherwise negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. GENERAL: Alert and oriented x3, in no acute distress. Nontoxic appearing. HEENT: TMs clear. Nares clear. Throat clear. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. NEUROMUSCULOSKELETAL: Lumbar flexion about 80 degrees, rotation about 40 degrees bilaterally. Seated straight leg raising negative. DTRs +2/4 for patella and Achilles bilaterally and symmetric. Palpation of lumbar spine, no significant tenderness. More tenderness over right iliac crest area at posterior superior iliac spine. Minimal tenderness, right hip. DIAGNOSTIC STUDIES: X-rays lumbar spine reveal marked degenerative changes, moderately severe DJD, lumbar spine, moderate degenerative disc disease lumbar spine.

A:

1. Low back pain.
2. Degenerative disc disease/degenerative joint disease, lumbar spine.
3. History of prostate cancer.

P: He has been taking some Relafen and states this has worked pretty well for him. Refill Relafen 500 mg p.o. b.i.d., Darvocet-N 100 mg 1 - 2 p.o. every 4 - 6 hours p.r.n. pain. Return next week for recheck to see how he is doing. If not significantly improving, consider MRI.


TERRY L NAGEL, DO

cc:

85473
P

LEXINGTON MEDICAL CENTER MANAGED SERVICE ORGANIZATION

LEXINGTON FAMILY PRACTICE - WHITE KNOLL

5535 PLATT SPRINGS ROAD

LEXINGTON SC 29073

Phone: (803) 951-1880

PATIENT: WILLIAMS, HOMER

REPORT NO: 0703-0162

DATE OF EXAM:

07/01/2009

FILE NO:

249-78-5473

DATE OF BIRTH/AGE:

03/30/1945 (64)

ORDERED BY:

DR. TERRY NAGEL

CLINICAL DATA:

RIGHT HIP PAIN, HISTORY OF PROSTATE CANCER

LUMBAR SPINE:

Abnormal. Moderate/severe degenerative joint disease. Moderate degenerative disc disease.

TERRY NAGEL, D.O.

OVER-READ: Agree. While there is evidence of spondylosis primarily involving posterior elements, the major finding is profuse osteophytes in the lower thoracic and lower lumbar spine compatible with DISH (diffuse idiopathic skeletal hyperostosis). Lumbar discs are relatively preserved with the exception of mild to moderate narrowing at L5-S1. No other visible acute process.

MK

JOHN W HAYNES MD

REPORT STATUS: Signed



JUL - 3

NOTE: ☐ This report is provided as a second reading of a study previously interpreted by the treating physician.

REPORT ELECTRONICALLY SIGNED

Radiology Department Copy

Page 1 of 1

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Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 10/07/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 10/07/2009 9:3 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 10/08/2009 9:26 AM / bjl
		DATE OF BIRTH: 03/30/1945

S: Patient is a 64-year-old white male who presents for evaluation of dyslipidemia, prediabetes; also complaining of some arthritis. He would like to have some Celebrex for arthritis in his knees and hips. History of prostate cancer, status post radiation treatment. He also needs a PSA done and faxed to Dr. Lamb. Overall, he is doing quite well. PMH: Significant for allergic rhinitis, BPH, prostate cancer, dyslipidemia, prediabetes. SH: Married, nonsmoker. PSH: Enclosed in chart. ROS: As above; otherwise negative.

O: VITAL SIGNS: Stable; afebrile. Please see enclosed in chart. GENERAL: Alert x3, in no acute distress, nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD; no thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema.

A:

1. Dyslipidemia.
2. Prediabetes.
3. Osteoarthritis.
4. History of prostate cancer.

P: Check PSA, BMET, lipid panel, ALT. Further recommendations predicated upon lab results. Refill medications, Flomax 0.4 mg daily, Celebrex 200 mg p.o. daily p.r.n., Crestor 10 mg daily. Continue fish oil capsules. He declines a Pneumovax shot today, but will take flu shot. Follow up in 6 months, sooner if worse or any problems, questions or concerns should arise otherwise.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

PAGE 1 OF 1

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Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 10/21/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 10/21/2009 11:54 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 10/22/2009 12:29 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents for evaluation of elevated blood sugar. Blood sugar was 138 two weeks ago. He has come back today for recheck fasting and it is 132. Back in June his HGB A1C was 6.7%. During his radiation treatments he did gain some weight and that has probably contributed him to develop diabetes now from the prediabetic. He is motivated to lose weight and watch his diet. We had a long discussion about foods that he is eating and cutting back on the pasta, the bread, the rice and sugars. PMH: Significant for prostate cancer, dyslipidemia, new onset type 2 diabetes mellitus, elevated blood pressure. SH/PH: Enclosed in chart. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. Blood pressure 122/70. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender.

A: New onset type 2 diabetes mellitus.

P: Diet, exercise, weight loss. He does have a glucometer. He is going to monitor his blood sugars at home. With diet, exercise, weight loss, behavior modifications hopefully we can control this by diet alone. He seems to be motivated. Return in about 3 - 4 weeks, sooner if worse.



TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

PAGE 1 OF 1

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D.
☐ Lobel, Keith D., M.D.

☐ Shalkham, Kevin Q., M.D.
☐ Sallings, Alison H., NP

CHART # 85473

PATIENT NAME Homer Williams

DOB 3/30/45

COLLECTED Date 10/21/09 Time _____ Tech BC

CBC See attached report

URINALYSIS DIPSTICK

GLU _____ (Neg)
BILI _____ (Neg)
KET _____ (Neg)
SG _____ (1.010-1.035)
BLD _____ (Neg)
PH _____ (5.0-9.0)
PRO _____ (Neg)
URO _____ (0.2-1.0)
NIT _____ (Neg)
LEU _____ (Neg)

URINE MICROSCOPIC

RBC _____ (0 - 3 / hpf)
WBC _____ (0 - 5 / hpf)
EPI _____ ((0 - 5 / hpf)
MUC _____ (Neg)
BACT _____ (Neg - 1+)
CASTS _____ (0 - 1 Hyaline / lpf)
CRYST _____ (0 - 3 Nonpath / hpf)
YEAST _____ (Not Present)
OTHER _____

INITIALS _____

URINE MICROALBUMIN / CREAT RATIO

Microalbumin _____ Creatinine _____ A:C Ratio _____
(Normal: < 20 mg/L) (Normal: 10-300 mg/dL) (Normal: < 30 mg/g)

URINE PREGNANCY _____ (Normal Results: Negative)

RAPID STREP _____ (Normal Results: Negative)

INFECTIOUS MONO _____ (Normal Results: Negative)

INFLUENZA A & B _____ (Normal Results: Negative)

H. PYLORI _____ (Normal Results: Negative)

GLUCOSE (Whole Blood) 132 (Normal Fasting Results: 70 - 100 mg/dL)
Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C _____ (Normal Results: <6% Normal, <7% Optimal, >6% Poor)

SED-RATE _____ (Normal Results: Male: 0-10 MM/HR, Female: 0-20 MM/HR)

FECAL _____ (Normal Results: Negative)

OCCULT BLOOD Single Sample / 3 Samples (circle one)

VAGINAL WET PREP

Clue _____ Yeast _____ Trich _____ Bact _____ WBC/Epi _____
(None/HPF) (None/HPF) (None/HPF) (Normal Flora) (< 1 WBC / Epi / HPF)

COMPLETED BY

DATE & TIME COMPLETED

BC
10/21/09 15:30

REVIEWED BY

BC

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 11/09/2009
PATIENT #: 00001275409	XXX-X8-5473	D: 11/09/2009 12:02 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 11/09/2009 7:23 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents for follow-up new onset type 2 diabetes mellitus. He has lost 3 pounds. He has cut out the lemonade with sugar that he has been drinking. He has had 2 blood sugars, one 138, one 132 to meet the criteria for type 2 diabetes mellitus. We have asked him to come in today with changing his diet, weight loss. He has not been checking his blood sugars at home. However, blood sugar today is 106. PMH: Significant for type 2 diabetes mellitus, new onset dyslipidemia, BPH, allergic rhinitis, prostate cancer followed by Dr. Lamb. SH: Married. Nonsmoker. Denies any ethanol or recreational drug use. PSH: Enclosed in chart. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Weight 239, temperature 97.9, pulse 84, respiratory rate 18, blood pressure 124/76. GENERAL: Alert and oriented x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. DIAGNOSTIC STUDIES: Fasting blood sugar 106.

A: Type 2 diabetes mellitus.

P: Diet, weight loss, exercise recommended. Recommend that he monitor his sugars at home. He is going to come in for physical next month. We will check fasting blood work at that time. Continue with what he is doing. He is doing a good job.


TERRY L NAGEL, DO

cc:

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D.
☐ Lobel, Keith D., M.D.

☐ Shalkham, Kevin Q., M.D.
☐ Sellings, Allison H., NP

CHART # 55473

PATIENT NAME Homer William

DOB 3/30/45

COLLECTED Date 8/11/09

Time 11:50

Tech BO

CBC

See attached report

URINALYSIS DIPSTICK

GLU	<u>1</u>	(Neg)
BILI	<u> </u>	(Neg)
KET	<u> </u>	(Neg)
SG	<u> </u>	(1.010-1.035)
BLD	<u> </u>	(Neg)
PH	<u> </u>	(5.0-9.0)
PRO	<u> </u>	(Neg)
URO	<u> </u>	(0.2-1.0)
NIT	<u> </u>	(Neg)
LEU	<u> </u>	(Neg)

URINE MICROSCOPIC

RBC	<u> </u>	(0 - 3 / hpf)
WBC	<u> </u>	(0 - 5 / hpf)
EPI	<u> </u>	((0 - 5 / hpf)
MUC	<u> </u>	(Neg)
BACT	<u> </u>	(Neg - 1+)
CASTS	<u> </u>	(0 - 1 Hyaline / hpf)
CRYST	<u> </u>	(0 - 3 Nonpath / hpf)
YEAST	<u> </u>	(Not Present)
OTHER	<u> </u>	

INITIALS

URINE MICROALBUMIN / CREAT RATIO

Microalbumin

(Normal: < 20 mg/L)

Creatinine

(Normal: 10-300 mg/dL)

A:C Ratio

(Normal: < 30 mg/g)

URINE PREGNANCY

(Normal Results: Negative)

RAPID STREP

(Normal Results: Negative)

INFECTIOUS MONO

(Normal Results: Negative)

INFLUENZA A & B

(Normal Results: Negative)

H. PYLORI

(Normal Results: Negative)

GLUCOSE (Whole Blood) 106

(Normal Fasting Results: 70 - 100 mg/dL)

Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C

(Normal Results: <6% Normal, <7% Optimal, >6% Poor)

SED-RATE

(Normal Results: Male: 0-10 MM/HR, Female: 0-20 MM/HR)

FECAL

OCCULT BLOOD

(Normal Results: Negative)

Single Sample / 3 Samples (circle one)

VAGINAL WET PREP

Clue

(None/HPF)

Yeast

(None/HPF)

Trich

(None/HPF)

Bact

(Normal Flora)

WBC/Epi

(< 1 WBC / Epi / HPF)

COMPLETED BY BC

DATE & TIME COMPLETED 11/9/09

REVIEWED BY [Signature]

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 01/04/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 01/04/2010 1:35 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 01/04/2010 2:23 PM / cmh
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents for a physical. He denies any chest pain, shortness of breath, orthopnea or PND. He was recently diagnosed with type 2 diabetes mellitus, diet controlled. He is trying to watch what he eats better. Overall, it seems like he is doing a pretty good job. PMH: Type 2 diabetes mellitus, dyslipidemia, BPH, allergic rhinitis, elevated blood pressure, prostate cancer. PSH: Vasectomy, appendectomy, tonsillectomy and adenoidectomy, lumbar disk surgery. SH: Nonsmoker. Denies any ethanol or recreational drug use. Married. FH: Hypertension. Brother, mother and father also have diabetes. ROS: As above, otherwise negative.

O: VITAL SIGNS: Weight 241, height 5 feet, 4 inches, temperature 98.7, pulse 96, respirations 20, blood pressure 146/80, recheck 140/93, recheck again 135/86. VISUAL ACUITY: Enclosed in chart, 20/20 right eye, 20/20 left eye, 20/20 both eyes. GENERAL: Alert x3, no acute distress. Nontoxic appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple, no JVD or thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. GU: Normal male genitalia, testes descended bilaterally. No masses, tenderness or hernia appreciated. RECTAL: Normal sphincter tone. Prostate, normal size and consistency. Hemoccult negative brown stool. DIAGNOSTIC STUDIES: EKG showed normal sinus rhythm, ventricular rate 77, no acute S-T changes noted. Urinalysis revealed negative glucose, negative nitrite, negative leukocyte esterase, 0-3 RBCs/hpf. No WBCs, 0-2 epithelial cells, 1+mucus, no bacteria, casts, or crystals.

A

1. Complete physical examination.
2. Elevated blood pressure.
3. Type 2 diabetes mellitus.
4. Dyslipidemia.
5. History of prostate cancer.

P: Will continue to monitor blood pressure. Keep a diary and check at least weekly. May need to start on medication. When he originally came in, blood pressure was 146/80, then rechecked at 140/93, then discharged at 135/86, still elevated but not needing medication at this point. Because his blood pressure was elevated, were only able to give him a 3-month card for a DOT physical we also completed for him today. Further recommendations predicated upon lab results. Monitor blood pressure. In 6 weeks, will see him back. Hopefully with diet, exercise and weight loss, we can get his blood pressure down to less than 130/80. Extend DOT card once blood pressure is normal.

TERRY L NAGEL, DO

Lexington Family Practice White Knoll

PAGE 1 OF 1

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D.
☐ Lobel, Keith D., M.D.

☐ Shalkham, Kevin Q., M.D.
☐ Sellings, Allison H., NP

CHART # 85473

PATIENT NAME Homer Williams

DOB 3-30-45

COLLECTED Date 1-4-10 Time _____ Tech _____

CBC See attached report

URINALYSIS DIPSTICK

GLU	_____	(Neg)
BILI	_____	(Neg)
KET	_____	(Neg)
SG	_____	(1.010-1.035)
BLD	_____	(Neg)
PH	_____	(5.0-9.0)
PRO	_____	(Neg)
URO	_____	(0.2-1.0)
NIT	_____	(Neg)
LEU	_____	(Neg)

URINE MICROSCOPIC

RBC	_____	(0 - 3 / hpf)
WBC	_____	(0 - 5 / hpf)
EPI	_____	((0 - 5 / hpf)
MUC	_____	(Neg)
BACT	_____	(Neg - 1+)
CASTS	_____	(0 - 1 Hyaline / hpf)
CRYST	_____	(0 - 3 Nonpath / hpf)
YEAST	_____	(Not Present)
OTHER	_____	

INITIALS _____

URINE MICROALBUMIN / CREATININE RATIO

Microalbumin	_____	Creatinine	_____	A:C Ratio	_____
	(Normal: < 20 mg/L)		(Normal: 10-300 mg/dL)		(Normal: < 30 mg/g)

URINE PREGNANCY _____ (Normal Results: Negative)

RAPID STREP _____ (Normal Results: Negative)

INFECTIOUS MONO _____ (Normal Results: Negative)

INFLUENZA A & B _____ (Normal Results: Negative)

H. PYLORI _____ (Normal Results: Negative)

GLUCOSE (Whole Blood) _____ (Normal Fasting Results: 70 - 100 mg/dL)
Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C _____ (Normal Results: <6% Normal, <7% Optimal, >8% Poor)

SED-RATE _____ (Normal Results: Male: 0-10 MM/HR, Female: 0-20 MM/HR)

FECAL OCCULT BLOOD Neg x1 (Normal Results: Negative)
Single Sample / 3 Samples (circle one)

VAGINAL WET PREP

Clue	Yeast	Trich	Bact	WBC/Epi
(None/HPF)	(None/HPF)	(None/HPF)	(Normal Flora)	(< 1 WBC / Epi / HPF)

COMPLETED BY

DATE & TIME COMPLETED

REVIEWED BY

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D.
☐ Lobel, Keith D., M.D.

☐ Shaikham, Kevin Q., M.D.
☐ Sellings, Alison H., NP

CHART # 85473

PATIENT NAME Homer Williams

DOB 3-30-45

COLLECTED Date 1-4-10 Time _____ Tech _____

CBC See attached report

URINALYSIS DIPSTICK

GLU	<u>Neg</u>	(Neg)
BILI	<u>Neg</u>	(Neg)
KET	<u>Neg</u>	(Neg)
SG	<u>1.020</u>	(1.010-1.035)
BLD	<u>trace - intact</u>	(Neg)
PH	<u>5.5</u>	(5.0-9.0)
PRO	<u>Neg</u>	(Neg)
URO	<u>0.2</u>	(0.2-1.0)
NIT	<u>Neg</u>	(Neg)
LEU	<u>Neg</u>	(Neg)

URINE MICROSCOPIC

RBC	<u>0-3</u>	(0-3 / hpf)
WBC	<u>—</u>	(0-5 / hpf)
EPI	<u>0-2</u>	((0-5 / hpf)
MUC	<u>11</u>	(Neg)
BACT	<u>—</u>	(Neg - 1+)
CASTS	<u>—</u>	(0-1 Hyaline / hpf)
CRYST	<u>—</u>	(0-3 Nonpath / hpf)
YEAST	<u>Not present</u>	(Not Present)
OTHER	<u>—</u>	

INITIALS SO

URINE MICROALBUMIN / CREAT RATIO

Microalbumin	Creatinine	A:C Ratio
<u> </u>	<u> </u>	<u> </u>
(Normal: < 20 mg/L)	(Normal: 10-300 mg/dL)	(Normal: < 30 mg/g)

URINE PREGNANCY (Normal Results: Negative)

RAPID STREP (Normal Results: Negative)

INFECTIOUS MONO (Normal Results: Negative)

INFLUENZA A & B (Normal Results: Negative)

H. PYLORI (Normal Results: Negative)

GLUCOSE (Whole Blood) (Normal Fasting Results: 70 - 100 mg/dL)
 Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C (Normal Results: <8% Normal, <7% Optimal, >8% Poor)

SED-RATE (Normal Results: Male: 0-10 MM/HR, Female: 0-20 MM/HR)

FECAL (Normal Results: Negative)

OCCULT BLOOD Single Sample / 3 Samples (circle one)

VAGINAL WET PREP

Clue	Yeast	Trich	Bact	WBC/Epi
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(None/HPF)	(None/HPF)	(None/HPF)	(Normal Flora)	(< 1 WBC/Epi / HPF)

COMPLETED BY

DATE & TIME COMPLETED

dh
1-4-10 9:10

REVIEWED BY

[Signature]

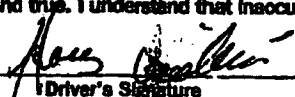
Medical Examination Report **FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

254

1. DRIVER'S INFORMATION Driver completes this section											
Driver's Name (Last, First, Middle) <i>Williams Homer</i>		Social Security No. <i>249 78 5473</i>	Birthdate <i>3/30/45</i> <i>MIDV</i>	Age <i>64</i>	Sex ☒ M ☐ F	☐ New certification ☒ Recertification ☐ Follow Up	Date of Exam <i>1/04/10</i>				
Address <i>322 Copley St E</i>		City, State, Zip Code <i>Perry SC 29187</i>	Work Tel: <i>(803) 8941100</i> Home Tel: <i>(803) 5643579</i>	Driver License No. <i>003460656</i>		License Class ☒ A ☐ B ☐ C ☐ D ☐ Other	State of Issue <i>SC</i>				
2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.											
Yes No ☐ ☒ Any illness or injury in last 5 years? ☐ ☒ Head/Brain injuries, disorders or illnesses ☐ ☒ Seizures, epilepsy ☐ medication _____ ☐ ☒ Eye disorders or impaired vision (except corrective lenses) ☐ ☒ Ear disorders, loss of hearing or balance ☐ ☒ Heart disease or heart attack; other cardiovascular condition ☐ medication _____ ☐ ☒ Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐ ☒ High blood pressure ☐ medication _____ ☐ ☒ Muscular disease ☐ ☒ Shortness of breath				Yes No ☐ ☒ Lung disease, emphysema, asthma, chronic bronchitis ☐ ☒ Kidney disease, dialysis ☐ ☒ Liver disease ☐ ☒ Digestive problems ☒ ☒ Diabetes or elevated blood sugar controlled by: ☒ diet ☐ pills ☐ insulin ☐ ☒ Nervous or psychiatric disorders, e.g., severe depression ☐ Medication _____ ☐ ☒ Loss of, or altered consciousness				Yes No ☐ ☒ Fainting, dizziness ☐ ☒ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring ☐ ☒ Stroke or paralysis ☐ ☒ Missing or impaired hand, arm, foot, leg, finger, toe ☐ ☒ Spinal injury or disease ☐ ☒ Chronic low back pain ☐ ☒ Regular, frequent alcohol use ☐ ☒ Narcotic or habit forming drug use			
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. <i>Type 2 DM - DIET controlled</i>											

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I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.


 Driver's Signature

1-4-10
 Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

Type 2 DM diet controlled, HgA/c = 6.7%

Name _____

Social Security No. _____

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ <u>20</u>	20/	Right Eye <u>70</u> °
Left Eye	20/ <u>20</u>	20/	Left Eye <u>70</u> °
Both Eyes	20/ <u>20</u>	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel No. _____ License No./State of Issue _____ Signature _____

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	<u>20</u> Feet	<u>20</u> Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
800 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	<u>146</u>	<u>80</u>

Driver qualified if $\leq 140/90$.

Pulse Rate	☒ Regular
	☐ Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$.
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$.	6 months if $\leq 140/90$.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
<u>1.020</u>	<u>NEG</u>	<u>0.3</u>	<u>NEG</u>	<u>NEG</u>

Name W. Williams, Jr.Social Security No. 071-11-1111**7. PHYSICAL EXAMINATION**Height: 5'4" (in.)Weight: 241 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions To The Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	✓		7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.	✓		8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓	9. Genito-urinary system	Hernias.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓	10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		✓	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		✓
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or sibilant rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.		✓	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

* COMMENTS:

1. OVERWEIGHT3. ELEVATED BLOOD PRESSURE2. SMALL (in) DRUGSNote certification status here. See *Instructions to the Medical Examiner* for guidance.☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.☐ Does not meet standards☒ Meets standards, but periodic evaluation required.Due to SKIN DISEASE driver qualified only for:☒ 3 months ☐ 1 year☐ 6 months ☐ Other☐ Wearing corrective lenses☐ Wearing hearing aid☐ Accompanied by a waiver/exemption☐ Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt intensity zone.☐ Qualified by operation of 49 CFR 391.64☐ Temporarily disqualified due to (condition or medication):

Return to medical examiner's office for follow up on

Medical Examiner's Signature [Signature]Medical Examiner's Name (print) John L. Nye, DOAddress 5535 PLYMOUTH SP. RD. NORTH, LAKE CHARLES, LA 70601Telephone Number 823 751-1513

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

CERTIFICATE OF ROAD TEST

Section 201.31(e) (1) (a) (1) (2), FMCSR - this driver is not required to carry a certification of road test

Driver's name _____
 Driver's Security No. _____
 Driver's or Employer's License No. _____ State _____
 Type of Power Unit _____
 Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision of _____ consisting of approximately _____ miles of driving.
 It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial vehicle listed above.

Signature of examiner _____ Title _____

Location and address of examiner _____
 MRM C0701 2002 SCTA

MEDICAL EXAMINER'S CERTIFICATE

I hereby certify that I have examined _____ and found him/her to be qualified to drive commercial vehicles in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving class, I find this person is qualified; and, if applicable, only where:
☐ driving commercial vehicles
☐ driving motor or power units of _____
☐ accompanied by a fully licensed driver of _____
☐ driving motor or power units of _____

I have provided the physical examination to the driver and the driver has signed the certificate and it is on file in my office.

NATURE OF MEDICAL EXAMINATION _____
 DATE _____
 MEDICAL EXAMINER'S NAME (PRINT) _____
 EMILY L. NAGEL
☐ MD ☐ DO ☐ Chiropractor
☐ Physician ☐ Podiatrist ☐ Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE _____
 0455 SC

SIGNATURE OF DRIVER _____
 DRIVER'S LICENSE NO. _____ STATE _____
 003460656 SC

ADDRESS OF DRIVER _____
 4104/2010 312 Oak St E

DATE CERTIFICATE EXPIRATION DATE _____
 12/01/11 SC 29137

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 01/25/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 01/25/2010 3:54 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 01/26/2010 8:01 PM / lhw
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents for evaluation of blood pressure. He brings in his blood pressure diary. Blood pressure is up a little bit. PMH: Significant for type 2 diabetes mellitus, BPH, dyslipidemia, allergic rhinitis. SH: Married, nonsmoker. ROS: As above, otherwise negative.

O: VITAL SIGNS: Weight 239 (down 2 pounds from last visit), temperature 98, pulse 84, respirations 18, blood pressure 134/78. GENERAL: Alert and oriented x3, in no acute distress. Nontoxic appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender.

A: Hypertension.

P: Given his diabetes and that blood pressure has been elevated, start lisinopril 10 mg ½ p.o. daily low dose. Return in 2 – 3 weeks for recheck. Continue blood pressure diary. In March, he is due for DOT physical. Discussed our goal for blood pressure to keep it less than 130/80, given his history of diabetes. He agrees and understands. Follow up sooner if worse or if any problems, questions, concerns arise otherwise.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 02/08/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 02/08/2010 1:34 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 02/09/2010 11:48 AM / tec
		DATE OF BIRTH: 03/30/1945

S: This is a 64-year-old white male who presents for evaluation of hypertension. We placed him on Lisinopril 10 mg 1/2 tablet daily. Blood pressure is doing fine. He denies any chest pain, shortness of breath, orthopnea, PND. He does complain of some sinus pressure, congestion, postnasal drainage. He states his blood sugars are running good but he has not checked them in a while. We do have a HGB A1C done last month at 6.5%. Please see enclosed in chart. PMH: Significant for hypertension, type 2 diabetes mellitus, dyslipidemia, BPH, allergic rhinitis. SH: Married. Nonsmoker. FH: Significant for hypertension. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Enclosed in chart, please review. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares show mild congestion, mild amount of mucopus. Throat, mucous membranes moist with trace lymphoid hyperplasia, void of any exudate. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema.

- A:
1. Hypertension.
 2. Acute sinusitis.
 3. Type 2 diabetes mellitus.

P: Check BMET today. Continue Lisinopril 10 mg 1/2 tablet daily. He is due for DOT physical next month. Recheck blood pressure at that time. For his sinuses, Z-Pak take as directed; Hycodan 1 teaspoon p.o. every 6 hours p.r.n. cough and congestion, drowsiness precautions given. Follow-up next week if not better, sooner if worse.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road

Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 03/29/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 03/29/2010 1:28 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 03/30/2010 11:17 AM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 64-year-old white male who presents for follow-up of hypertension. He is doing quite well on Lisinopril 10 mg 1/2 tablet daily. He denies any chest pain, shortness of breath, orthopnea, PND. Recent review of systems revealed back in February he was at work. He apparently tripped and fell at his job. He had a flashlight in his left hand and apparently somehow lacerated his left kidney. No displaced fractures were noted on CT scan. He is under the care of Dr. Willard and his partners regarding the renal laceration and apparently this is healing well. Patient still has a little bit of tenderness over the left lateral anterior rib area but there is no bruising or swelling there at this point. PMH: Significant for allergic rhinitis, BPH, dyslipidemia, type 2 diabetes mellitus, hypertension. SH: Nonsmoker. FH: Significant for hypertension. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. Blood pressure 122/76. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. MUSCULOSKELETAL: Ribs revealed no obvious swelling, no bruising. Minimal tenderness. No palpable step-off or deformity could be appreciated.

A:

1. Hypertension.
2. Left renal laceration by history.
3. Contusion, left ribs.
4. Allergic rhinitis.

P: Refill Nizoral nasal spray 2 sprays each nostril daily; Lisinopril 10 mg 1/2 tablet daily. He is due for DOT physical. I have asked him to get clearance from urologist first and then we can proceed with the DOT physical in the near future. Patient agrees and understands. Follow-up sooner if worse or any problems, questions or concerns should arise otherwise.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 04/12/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 04/12/2010 9:03 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 04/12/2010 12:29 PM / tec
		DATE OF BIRTH: 03/30/1945

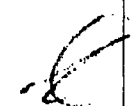
S: The patient is a 65-year-old white male who presents for evaluation of hypertension and also requiring a DOT physical. He is doing well on Lisinopril 10 mg 1/2 tablet daily. He apparently was released to go back to work next week by his urologist for recent left kidney laceration approximately 2 months ago. Patient is still having a little bit of tenderness in the left anterior lower ribs. No history of fracture here. He states he is still a little sore if he pushes on it or if he bends a certain way. **PMH:** Significant for BPH, dyslipidemia, type 2 diabetes mellitus diet-controlled, hypertension, elevated PSA/prostate cancer followed by Dr. Lamb. **SH:** Married, nonsmoker. **FH:** Significant for hypertension. **ROS:** As above, otherwise, negative.

O: **VITAL SIGNS:** Weight 233, height 64 inches, temperature 99, pulse 92, respiratory rate 18, blood pressure 128/78. **GENERAL:** Alert x3, no acute distress. Nontoxic-appearing. **HEENT:** TMs clear. Nares clear. Throat clear. **NECK:** Supple. No JVD. No thyromegaly. **LUNGS:** Clear. **CARDIOVASCULAR:** Regular rate and rhythm. **ABDOMEN:** Soft, nontender. **EXTREMITIES:** No cyanosis, clubbing or edema. **GENITALIA:** No hernia. Testes descended bilaterally. **MUSCULOSKELETAL:** Left anterior ribs revealed no palpable step-off or deformity. Minimal tenderness. Range of motion of the trunk revealed normal flexion, extension and rotation in twisting. Able to do deep knee bend fine, walk on toes. Shoulder range of motion, hand grip strength all normal. **DIAGNOSTIC STUDIES:** Urinalysis enclosed in chart, negative.

A:

1. Hypertension.
2. Department of Transportation physical.
3. Left renal laceration, resolved.
4. Left rib contusion.

P: We will complete the DOT physical. He still has a week left before he is supposed to go back to work. If he is still having some problems with the ribs I asked him to come back in for further evaluation. Recheck sooner if worse or any problems, questions or concerns should arise otherwise.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

PAGE 1 OF 1

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D.
☐ Lobel, Keith D., M.D.

☐ Shalhnam, Kevin Q., M.D.
☐ Sellings, Alison H., NP

CHART # 85473

PATIENT NAME Williams, Arner

DOB 3-30-85

COLLECTED Date 4-12-10

Time

Tech

CBC

See attached report

URINALYSIS DIPSTICK

GLU	<u>Neg</u>	(Neg)
BILI	<u>Neg</u>	(Neg)
KET	<u>Neg</u>	(Neg)
SG	<u>1.020</u>	(1.010-1.035)
BLD	<u>Neg</u>	(Neg)
PH	<u>6.5</u>	(5.0-9.0)
PRO	<u>Neg</u>	(Neg)
URO	<u>0.2</u>	(0.2-1.0)
NTT	<u>Neg</u>	(Neg)
LEU	<u>Neg</u>	(Neg)

URINE MICROSCOPIC

RBC	<u>0-3 / hpf</u>
WBC	<u>0-5 / hpf</u>
EPI	<u>0-5 / hpf</u>
MUC	<u>(Neg)</u>
BACT	<u>(Neg - 1+)</u>
CASTS	<u>0-1 Hyaline / hpf</u>
CRYST	<u>0-3 Nonpath / hpf</u>
YEAST	<u>(Not Present)</u>
OTHER	

INITIALS dd

URINE MICROALBUMIN / CREAT RATIO

Microalbumin

Creatinine

A:C Ratio

(Normal: < 20 mg/L)

(Normal: 10-300 mg/dL)

(Normal: < 30 mg/g)

URINE PREGNANCY

(Normal Results: Negative)

RAPID STREP

(Normal Results: Negative)

INFECTIOUS MONO

(Normal Results: Negative)

INFLUENZA A & B

(Normal Results: Negative)

H. PYLORI

(Normal Results: Negative)

GLUCOSE (Whole Blood)

(Normal Fasting Results: 70 - 100 mg/dL)

Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C

(Normal Results: <6% Normal, <7% Optimal, >6% Poor)

SED-RATE

(Normal Results: Male: 0-10 MMHR, Female: 0-20 MMHR)

FECAL

(Normal Results: Negative)

OCCULT BLOOD

Single Sample / 3 Samples (circle one)

VAGINAL WET PREP

Clue

(None/HPF)

Yeast

(None/HPF)

Trich

(None/HPF)

Bact

(Normal Flora)

WBC/Epi

(< 1 WBC / Epi / HPF)

COMPLETED BY

DATE & TIME COMPLETED

dd
4/12/10

REVIEWED BY

[Signature]

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 04/23/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 04/23/2010 3:31 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 04/26/2010 12:19 PM / tec
		DATE OF BIRTH: 03/30/1945

S: The patient is a 65-year-old white male who presents onset 4 days ago of some epigastric discomfort. The first day he had a little bit of loose stool, a little bit of watery diarrhea. Now it has come back to normal. He denies any melena or hematochezia. He states his stomach feels uncomfortable. It is not a true pain he states. He describes it as a hurt but he states it is not a pain. He occasionally will have some water brash type symptomatology. No associated nausea or vomiting. He denies any urinary type symptoms. No dysuria, urgency or frequency. He has had a cough also for about the past month. It is dry, nonproductive. He denies any shortness of breath or wheeze. He denies any fever, chills, night sweats or weight loss. Weight is actually up 3 pounds from last visit earlier this month. PMH: Significant for allergic rhinitis, BPH, type 2 diabetes mellitus, dyslipidemia, hypertension, prostate cancer. SH: Married. Nonsmoker. Denies any ethanol or recreational drug use. FH: Significant for hypertension. ALLERGIES: PENICILLIN. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Weight 236, temperature 98.6, pulse 87, respiratory rate 16, blood pressure 120/68. Pulse oximetry 95-96% on room air. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft, nondistended. No mass. No hepatosplenomegaly. No rebound. No guarding. Minimal epigastric tenderness with deep palpation but otherwise normal abdominal exam. EXTREMITIES: No cyanosis, clubbing or edema. DIAGNOSTIC STUDIES: Chest x-ray performed showed no acute cardiopulmonary process, no CHF could be appreciated. No cardiomegaly. No pneumothorax, no infiltrate. CBC performed showed WBC 5900, HGB 13, HCT 36.9. Platelet count 182,000.

- A:
1. Abdominal pain.
 2. Anemia.
 3. Chronic cough.

P: Rx Prilosec 20 mg p.o. daily. Pending labs include CMET, amylase, lipase. Consult GI regarding the anemia. Recheck in 1 week regarding the chronic cough, consider possible postnasal drip with allergy type symptoms going on. We will see him back in 1 week. If symptoms are not better consider discontinuing Lisinopril. He is only taking a 1/2 tablet of this but could be causing ACE inhibitor induced cough. Recheck sooner if worse or any problems, questions or concerns should arise otherwise. Given Hemoccult cards to take home and bring back on Monday.


TERRY L NAGEL, DO

Lexington Family Practice White Knoll
PAGE 1 OF 1

754/73

LEXINGTON MEDICAL CENTER MANAGED SERVICE ORGANIZATION

LEXINGTON FAMILY PRACTICE - WHITE KNOLL

5535 PLATT SPRINGS ROAD

LEXINGTON SC 29073

Phone: (803) 951-1880

PATIENT: WILLIAMS, HOMER

REPORT NO: 0427-0257

DATE OF EXAM: 4/23/10
FILE NO: 85473
DATE OF BIRTH/AGE: 3/30/45
ORDERED BY: DR T NAGEL
CLINICAL DATA: COUGH

CHEST:

No acute cardiopulmonary process.

TERRY NAGEL, DO

OVER-READ: Agree.

DHF

CLARENCE S DAVIS MD

REPORT STATUS: Signed



APR 26 2010

NOTE: This report is provided as a second reading of a study previously interpreted by the treating physician.

REPORT ELECTRONICALLY SIGNED

Radiology Department Copy

Page 1 of 1

254

5535 PLATT SPRINGS RD
 LEXINGTON SC 29073
 803-951-1880

WILLIAMS, HOMER
 1505 5473

4/23/16
 1505 ch

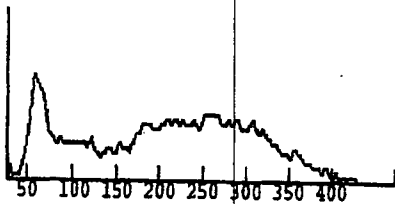
Dr Nagel

ID: 249785473
 CVWB

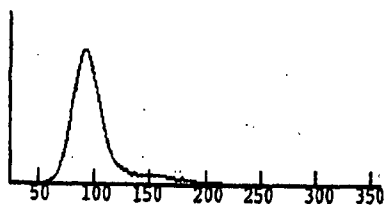
04-23-10
 14:56
 Patient
 Limits 1

WBC	5.9	x10 ³ /uL	4.0	11.0
LY	19.6	%	17.0	44.0
MO	3.1	3	0.0	10.0
GR	77.3	3	43.0	82.0
LY#	1.2	x10 ³ /uL	0.7	5.0
MO#	0.2	3	0.0	1.1
GR#	4.6	3	1.7	9.0
RBC	4.04	L x10 ⁶ /uL	4.60	6.10
Hgb	13.0	L g/dL	13.5	18.0
Hct	36.9	L %	41.0	53.0
MCV	91.3	fL	80.0	98.0
MCH	32.1	H pg	27.0	32.0
MCHC	35.2	g/dL	32.0	36.0
RDW	13.7	%	11.5	14.5
Plt	182.	x10 ³ /uL	130.	400.
MPV	7.4	L fL	7.8	11.0

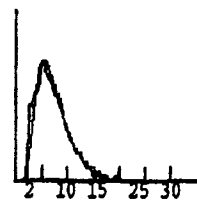
diff not needed



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

9

LEXINGTON FAMILY PRACTICE - WHITE KNOLL
5535 PLATT SPRINGS ROAD LEXINGTON, S.C. 29073

ORDERED BY

☒ Nagel, Terry L., M.D. ☐ Shalkham, Kevin Q., M.D.
☐ Lobel, Keith D., M.D. ☐ Sellings, Alison H., NP

CHART # 85473

PATIENT NAME

Homer Williams

DOB

3/30/45

COLLECTED

Date 4-29-10

Time

Tech CB

CBC

See attached report

URINALYSIS DIPSTICK

GLU _____ (Neg)
BIL _____ (Neg)
KET _____ (Neg)
SG _____ (1.010-1.035)
BLD _____ (Neg)
PH _____ (5.0-9.0)
PRO _____ (Neg)
URO _____ (0.2-1.0)
NIT _____ (Neg)
LEU _____ (Neg)

URINE MICROSCOPIC

RBC _____ (0-3 / hpf)
WBC _____ (0-5 / hpf)
EPI _____ ((0-5 / hpf)
MUC _____ (Neg)
BACT _____ (Neg - 1+)
CASTS _____ (0-1 Hyaline / hpf)
CRYST _____ (0-3 Nonpath / hpf)
YEAST _____ (Not Present)
OTHER _____

INITIALS

URINE MICROALBUMIN / CREAT RATIO

Microalbumin

Creatinine

A:C Ratio

(Normal: < 20 mg/L)

(Normal: 10-300 mg/dL)

(Normal: < 30 mg/g)

URINE PREGNANCY

_____ (Normal Results: Negative)

RAPID STREP

_____ (Normal Results: Negative)

INFECTIOUS MONO

_____ (Normal Results: Negative)

INFLUENZA A & B

_____ (Normal Results: Negative)

H. PYLORI

_____ (Normal Results: Negative)

GLUCOSE (Whole Blood)

_____ (Normal Fasting Results: 70 - 100 mg/dL)

Fasting / Non Fasting (circle one)

HEMOGLOBIN A1C

_____ (Normal Results: <6% Normal, <7% Optimal, >6% Poor)

SED-RATE

_____ (Normal Results: Male: 0-10 MM/Hr, Female: 0-20 MM/Hr)

FECAL
OCCULT BLOOD

Neg (Normal Results: Negative)
Single Sample 3 Samples (circle one)

VAGINAL WET PREP

Clue

(None/HPF)

Yeast

(None/HPF)

Trich

(None/HPF)

Bact

(Normal Flora)

WBC/Epi

(< 1 WBC / Epi / HPF)

COMPLETED BY

CB

REVIEWED BY

[Signature]

DATE & TIME COMPLETED

4-29-10

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 04/30/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 04/30/2010 12:54 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 05/01/2010 11:58 AM / mhb
		DATE OF BIRTH: 03/30/1945

S: The patient is a 65-year-old white male presents to follow up anemia, abdominal pain, chronic cough. He states that he has no abdominal pain at all. His cough is still there however. Prilosec seems to be working greatly. Labs done and did show anemia. He presents for follow up regarding such. PMH: Hypertension, Type 2 diabetes mellitus, dyslipidemia benign prostate hypertrophy, allergic rhinitis, elevated PSA, recently diagnosed with prostate cancer, under care of urology. SH: Married. Nonsmoker. Denies any recreational drug use. ROS: As above. Otherwise negative.

O: VITAL SIGNS: Weight 240, TEMP 98, pulse 84, respirations 18, blood pressure 120/70. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft. Nontender. No mass. No hepatosplenomegaly appreciated. Epigastric pain not elicited. EXTREMITIES: Show no cyanosis, clubbing or edema.

- A:
1. Anemia.
 2. Hypertension.
 3. Chronic cough.

P: Continue with Prilosec. He has a GI appointment in about 2 weeks. Abdomen doing much better. Stop Lisinopril. He may have an ACE inhibitor induced cough. For his blood pressure Rx Cozaar 50 ½ tablet p.o. daily. Return in 2 weeks. Check CBC, serum iron ferritin and TIBC. Further recommendations predicated upon lab results.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

PAGE 1 OF 1

Lexington Family Practice White Knoll
5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 05/14/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 05/14/2010 9:9 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 05/17/2010 9:17 AM / bck
		DATE OF BIRTH: 03/30/1945

S: This 65-year-old white male presents for evaluation of hypertension and ace inhibitor induced cough. Since switching from lisinopril to Cozaar his cough has gotten much better. He denies any chest pain, shortness of breath, orthopnea or PND. He is being worked up by GI for anemia. He is to have an EGD done next week. The patient also needs a refill of his Flomax, Crestor and Flonase. PMH: Allergic rhinitis, BPH, dyslipidemia, type 2 diabetes mellitus, hypertension. SH/FH: Enclosed in chart. ROS: As above, otherwise, negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender.

A:

1. Hypertension.
2. Dyslipidemia.
3. Allergic rhinitis.
4. Ace inhibitor induced cough.

P: Rx Cozaar 50 mg ½ TAB daily. Refilled Crestor 10 mg daily, Flonase 2 sprays each nostril daily and Flomax 0.4 mg p.c. daily. Followup in 3 months with fasting blood work at that time.


TERRY L NAGEL, DO

CC:

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

85473
81706

PATIENT: WILLIAMS, HOMER

AGE: 65
DOB: 03/30/1946
SEX: M

UNIT/MR NO: M001182016
ACCT NO: H00045460532
SSN: 249-78-5473
REQ NO: 10-0066002
REPORT NO: 0514-0229

ADMITTING DR:
ORDERING DR: ERIC J HEINZELMANN MD

ROOM:
PT LOCATION: HULT
HEIERI GEO

REPORT STATUS: Signed

ORDERED BY: ERIC J HEINZELMANN MD
LOCATION: REG CLI HULT
STUDY TYPE: 0514-0017 ULT/US ABD LTD (EITHER RUQ OR LUQ)

DATE OF EXAM: 05/14/10

CLINICAL DATA: 65M, EPIGASTRIC PAIN

LIMITED ABDOMINAL ULTRASOUND (RUQ)

FINDINGS: The visualized portion of the pancreas is within normal limits. The pancreas is not optimally visualized. There appears to be an increased echo pattern throughout the liver most consistent with diffuse fatty infiltration. This process is mildly heterogeneous without focal mass lesion demonstrated. The sagittal dimension of the liver is estimated at 16 cm. There appears to be normal blood flow in the portal vein with color flow/spectral imaging. The gallbladder contains polyps but no evidence of shadowing stones. The common bile duct measures about 3.5 mm. in diameter. The right kidney appears mildly hydronephrotic, etiology undetermined.

IMPRESSION:

- 1) Diffuse fatty infiltration of the liver.
- 2) Gallbladder polyps. No stones demonstrated.

3) Right hydronephrosis, etiology undetermined. It is possible that the findings observed are related to a mild UPJ obstruction or appearance could alternatively be due to small parapelvic renal cysts as suggested on the CT of 2/11/10.

NOTE: Permanent recorded images were taken.

HEINZELMANN, ERIC J, MD
ORDERED PROCEDURE: 0514-0017 ULT/ABD LTD (76705)
EXAM TECH: LCHOD
REP RELEASED BY: HAMLON RAD 05/14/10 1234
ADD RELEASED BY:
DISC DATE: 0
ED DISC DIAG: LT

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Page 1 of 2

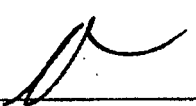
259

PATIENT: WILLIAMS, HOMER

PATIENT. #: 00001275409

XXX-X8-5473

follow up on the hydronephrosis. He is fasting today so we will go ahead and check blood work to include CPK, lipid panel, BMET, HGB A1C. Modify diet. Recheck sooner if worse.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER.		VISIT DATE: 06/07/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 06/07/2010 11:8 AM
PHYSICIAN: TERRY L NAGEL, DO		T: 06/08/2010 11:15 AM / ddl
		DATE OF BIRTH: 03/30/1945

S: This 65-year-old white male presents complaining of heartburn and epigastric discomfort. Prilosec was working and then about 6-days ago it started not working as well. He did see GI, and they do have EGD scheduled for next week. He ended up having ultrasound of the abdomen that showed diffuse fatty liver changes, gallbladder polyps, and no stones demonstrated. Right hydronephrosis was noted, etiology was undetermined; it was possible that these findings were probably related to a mild UPJ obstructions or () could alternatively due to a small parapelvic renal cyst, as suggested on CT scan from February 11, 2010. The patient has appointment with urology tomorrow. Apparently, his first appointment was canceled by urology; he told me it had to be rescheduled for this week. The patient denies any urinary symptoms or any flank pain. His discomfort is in the epigastric area with water brash-type symptoms. He has been having some diarrhea recently as well. He also complains of pain in the right lateral calf. He describes a muscle ache there, kind of like at times. This has been going on for about a week as well. No swelling in the leg. He denies any paresthesias. No back pain or radicular pain. PMH: Significant for type 2 diabetes mellitus, hypertension, dyslipidemia, BPH, allergic rhinitis, elevated PSA/prostate cancer followed by urology. SH: Nonsmoker. Married. Denies any ethanol or recreational drug use. FH: Enclosed in chart.
ROS: As above, otherwise negative.

O: VITAL SIGNS: Stable, afebrile. Please see enclosed in chart. GENERAL: Alert x3, no acute distress. Nontoxic-appearing. HEENT: Unremarkable. TMs clear. Nares clear. Throat clear. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Obese, soft, nontender. BACK: No CVA tenderness. EXTREMITIES: No cyanosis, clubbing or edema. Right calf, no significant redness or swelling. Negative Homans. Negative Moses. No varicosities. Achilles tendon appears to be intact. Some pain in knees bilaterally but this is a little different than discomfort that is complaining of the muscle ache.

A:

1. Gastroesophageal reflux disease.
2. Right leg pain, myalgia.
3. Dyslipidemia.
4. Type 2 diabetes mellitus.

P: Hold Crestor for the next 10-weeks to see how leg pain improves off Crestor; it could be related to statin therapy. Tylenol. Hold on any NSAIDs given his reflux-type symptoms and epigastric pain. Increase Prilosec from once daily to b.i.d. Keep appointment with GI next week as planned. Keep appointment with urology to

Lexington Family Practice White Knoll

PAGE 1 OF 2

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER

VISIT DATE: 07/20/2010

PATIENT #: 00001275409

XXX-X8-5473

D: 07/21/2010 8:6 AM

PHYSICIAN: KEITH D LOBEL, MD

T: 07/22/2010 10:26 AM / gdp

DATE OF BIRTH: 03/30/1945

S: The patient returns with his wife with continued right knee pain which he states is gradually getting worse. He had a work related injury for this Workman's Comp case. See last notes for details. Last visit here was June 18, 2010. He had a positive McMurray's test, concern for meniscal tear versus other internal derangement. We are waiting for his Workman's Comp to authorize MRI. We have been waiting a month now. He is wondering about other alternatives. He is ready to pay out of pocket to get the MRI and hope to get reimbursed through Workman's Comp at a later date but I told him this might be risky. If he goes forward to pay out of pocket, they may refuse reimbursement. Nonetheless he wants to go forward with that. He has been out of work all of this time. He needs FMLA paperwork completed.

O: VITAL SIGNS: Charted. GENERAL: Gait with mild favor in left side. Exam otherwise deferred today.

A: Right knee pain, concern for internal derangement.

P: Get appointment for MRI under self-pay. He knows this can be quite expensive. I told him there is a good chance Workman's Comp will not reimburse if he goes forward before getting authorization. Nonetheless he wants to go forward as prescribed. He apparently has an attorney helping him through this process now. He declines analgesics. FMLA work completed. Return to work date is unknown at this time. Will be predicated in large part on MRI results and orthopedic evaluation if necessary based on those results.

KEITH D LOBEL, MD

cc:

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER**
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: WILLIAMS, HOMER

AGE: 65
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182016
ACCT NO: H00046582591
SSN: 249-78-5473
REQ NO: 10-0100528
REPORT NO: 0726-0023

ADMITTING DR:
ORDERING DR: KEITH D LOBEL MD

ROOM:
PT LOCATION: HMRI
LOBKEI FP

REPORT STATUS: Signed

ORDERED BY: KEITH D LOBEL MD
LOCATION: REG CLI HMRI
STUDY TYPE: 0724-0014 MRI/MRI KNEE

DATE OF EXAM: 07/24/10

CLINICAL DATA: 65M. KNEE PAIN AND SWELLING

JUL 26 2010

MRI OF THE RIGHT KNEE:

Coronal T1 spin echo, coronal T2 spin echo with fat saturation, axial proton density with fat saturation, sagittal T2 and proton density in a 1.5 Tesla magnet.

FINDINGS: Moderate sized knee joint effusion is present with a moderate sized Baker's cyst as well measuring at least 3 cm X 5.2 cm. The anterior and posterior horns of lateral meniscus are intact. The anterior horn of medial meniscus is intact. There is a faint increased signal present in the posterior horn of the medial meniscus but does not appear to reach the articular surface and is likely degenerative signal. ACL and PCL are intact. Extensor tendon is also intact. Patellar cartilage is intact. The medial and patellar retinaculum are intact. Faint amount of edema is present alongside the medial collateral ligament complex which is intact. The lateral collateral ligament complex is intact. There is cartilage thinning for the medial tibiofemoral joint space. Faint marrow edema is also present for the medial femoral condyle. There is no osteochondral fracture however.

IMPRESSION: Nonspecific marrow edema or bone bruise for the medial femoral condyle. Degenerative myxoid signal present posterior horn of the medial meniscus. Moderate sized joint effusion with sizable Baker's cyst as discussed above. No other acute internal derangement noted. Degenerative changes for the medial tibiofemoral joint. Minimal strain for the medial collateral ligament complex.

DHF

EDWIN P PIA MD

LOBEL, KEITH D MD
ORDER#/PROCEDURE: 0724-0014 MRI/KNEE (73721)
EXAM TECH: BKCH
REP RELEASED BY: PIAEDW RAD 07/26/10 11:11
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

*refer orthopedics
ph. notified*

ROOM: HMRI

WILLIAMS, HOMER

Ordering Physician's Copy

Page 1 of 2

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: WILLIAMS, HOMER

AGE: 65
DOB: 03/30/1945
SEX: MUNIT/MR NO: M061182016
ACCT NO: H00046562591
SSN: 249-78-5473
REQ NO: 10-0100546
REPORT NO: 0726-0042ADMITTING DR:
ORDERING DR: KEITH D LOBEL MDROOM:
PT LOCATION: HMRI
LOBKEI FP

REPORT STATUS: Signed

ORDERED BY:
LOCATION:
STUDY TYPE:KEITH D LOBEL MD
REG CLI HMRI
0724-0061 RAD/ORBITS FOREIGN BODY/FRACTURE

DATE OF EXAM: 07/24/10

CLINICAL DATA:

65M. PRIOR HISTORY OF METALLIC FOREIGN BODY. PRE MRI

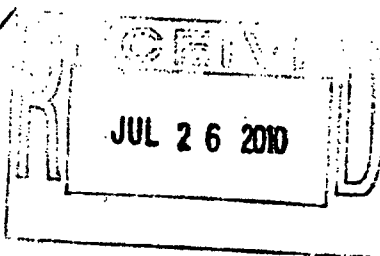
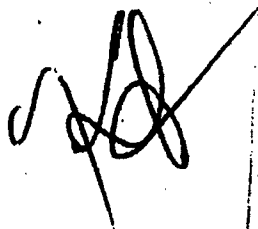
ORBITS FOR OPAQUE FOREIGN BODY (2 VIEWS)

Two views of the orbits for foreign body show no evidence of opaque foreign body.

ASF

EDWIN P PIA MD

REPORT STATUS: Signed

LOBEL KEITH D MD
ORDER# PROCEDURE: 0724-0061 RAD/ORBIT (70200)
EXAM TECH: SOLEV
REP RELEASED BY: PIA EDW RAD 07/26/10 111
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG

PT LOC ROOM: HMRI

WILLIAMS, HOMER

Ordering Physician's Copy

Page 1 of 1

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
7 1-16-07	97 ³	88 20	128/ 72	246 202	GI DOT Ph. OD 20/20 OS 20/20 OU 20/20	Yes	JB
					#865295	Yes	
					CPR	Yes	
					BPA	Yes	
					Dysphagia	Yes	
					DM	Yes	
					✓ PC/BK	Yes	
					Inpt. Consults re: Gastro Dr. Neugebauer, LMU/Hop	Yes	
					Suite 208 1/22/07 at 3:30 consult screening	Yes	
(N) 1/12/07	98.6	84/20	137/ 98	246#	Wife - N/A UTI FEELS LIKE HE HAS UTI	Yes	MJ
					ON 327 yk dabs	Yes	
					UTI BPH	Yes	
					Dysphagia Pneumonia	Yes	
					#124402	Yes	
12-07	Cipro 500mg b.i.d x 10D				Bugs 894-4010	Yes	EP/Lobal
(N) 12-07	98°	94/16	130/ 70	242°	(G2) forms	Yes	(H)
					#185316	Yes	
'1207(S)	Floxacin (0.4mg)				#14 — BDowlg	Yes	
						Yes	

Lexington Family Practice White Knoll

Name: Home Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
11/10/08					Dr. Lamb 139 Sumnerplace Dr.	Yes	
11/10/08					W/lets 11/6/08 @ 2pm Dx: ↑ PSA - faxed	Yes	
					lets to 791-0376 - wif aware, but pt.	Yes	
					may need to change apt. - N/A	Yes	
11/15/08	98.5	76/20	130/80	5'6"	CPE Dot	Yes	
	28	23	70		CPE	Yes	
					T7m 2 pm	Yes	
					W/lets	Yes	
11/15/08					Dr. Lamb 139 Sumnerplace Dr.	Yes	
					Abn EKG Rto Anteroseptal Myocardial Infarction	Yes	
					Amay to read - Pt. aware - N/A	Yes	
					W/lets	Yes	
					W/lets	Yes	
12-2-07					W/lets	Yes	
12/10/08					W/lets	Yes	
					W/lets	Yes	
12/24/08	99°	88-18	237	63	W/lets	Yes	
					W/lets	Yes	
12/24/08	98	101-20	234	63	W/lets	Yes	
					W/lets	Yes	
					W/lets	Yes	
					W/lets	Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
2/9/08	99.3	98-18	120/72	232	② c/o Lower Abd. pain x 3 days; end V pain scale - 8 Now sharper pain Bm - took laxative last pm	Yes	BC
					5'10" 150 Thought 5'10" 150 USG J to Exam - cont	Yes	
					will pt - no used c - fine / skin	Yes	
					6'0" V 6'0" C fine - gas tablet help p > c -	Yes	
					Abdomen → T X-ray	Yes	SED
					ABD 1st	Yes	
					✓ 01	Yes	
					Exam colon	Yes	
					Ch. Abd. Pelvis	Yes	
					1/4/08 @ 1:30 pm DX: abd pain	Yes	
					admission to 358-6127 - W/pt Adm & Adm	Yes	
					1/12/08 - N/A	Yes	
						Yes	
						Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
3/4/08					Consult in GI / Dr. Heitzelmann 8/20/08	Yes	
					9:50 re. abd pain, S. Colonoscopy. Aft mcs / mailed	Yes	
					man. fax labo, notes to 776-8924. (RD)	Yes	
10/08					written Rx nasal spray 29mcg ii sprays per	Yes	
					nostril Qday (3mth supply) & 3 RF; mailed	Yes	
10/08					pt @ 1108 Hollow Creek Rd; Salley, SC 29137	Yes	BS
10/08	97.5	69/16	132/74	236.8	(63) fasting OU, discuss	Yes	SD
CT results					17:10 p.m.	Yes	
1/28/08					Injection (935) ↑ PSA / 1511	Yes	
1/08					Delta d exp 06/30/09 SN PRV. 1007	Yes	
					#546691 K. long 27.5" - set - 1	Yes	
					US Lat	Yes	
					SC Dec	Yes	
11/10/08					Rev. Urologist, Dr. Bomb, 358-6205, Nov 18, 2008 @ 3:15 pm, 811 W. main St.	Yes	
					#209 Rev. SC nan, dx: ↑ PSA, & notes to 358-6207, pt aware	Yes	100%
12/19/08					US 12/19/08 @ 11 AM dx: Cystitis	Yes	
					kidneys - followup of CT done 8/14/08 - order faxed	Yes	
					to 358-6207	Yes	
					Mr. Am home # - NTR	Yes	
					A. Relafen 500mg ± 100 bid # 30 & 30 RF CVS- 957-0625	Yes	
					Wagel - SD pt. aware	Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
4/24/09	97.1	76/20	156/90	231	(14) (13) ① FASTING 6U ② WAK DUE FOR REV 8 F PSA	Yes	PSA
					12/08 NED TO FK TO DR LAMB ③ KIDS R/L F TALK	Yes	
					ALTERNATIVE TO CESTER	Yes	
						Yes	
					PSA to fax to on Camo	Yes	
					(1) 0.5g c.p. - 1mm	Yes	
					(2) 1mm	Yes	
					(3) 5.0mm 15A	Yes	
4/17/09					Pt called asking for muscle relaxer RF - He does not	Yes	
					have a record of ever ordering this & I am unable to	Yes	
					reach pt. by phone as when # rings it is picked up +	Yes	
					recording says system - extel code, system extel code	Yes	
					I screen CVS & they also say he has never been given	Yes	
					for a muscle relaxant at CVS.	Yes	
4/17/09					Refused 500mg i po Bid #30 E RFT @ CVS 957-0605/111	Yes	
4/14/09	97	98-20	156/28	236.8	(14) (13) ① Cloaking Tired / Body aches.	Yes	
					RT mntg (1) Fast 15m	Yes	
					(2) 10-15 min	Yes	
						Yes	
						Yes	
						Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
7-10-09	98.2	80-20	140/70	240.2	(64) "Pinched" nerve @ hip	Yes	SW
	17K 2T				PAIN STATUS LOCATION: @ Hip	Yes	(X) (L) (R) (K) (S) (H) (A) (C) (O) (P) (T) (B) (G) (J) (M) (N) (V) (W) (X) (Y) (Z)
					Follow up visit: Better Yes or No	Yes	
					Pain Scale: 0 1 2 3 4 5 6 7 8 9 10	Yes	
					Pain Quality: Aching / burning / cramping / dull / sharp / throbbing	Yes	
					Discharge Pain Status (when applicable): Intervention - See Dictation	Yes	
					Pharmacy: other education regarding Pain Mgt. Plan	Yes	
					Arthritis Help	Yes	
					Worse	Yes	
					Backs were	Yes	
					points to	Yes	
7-1-09					in spine of	Yes	SW
9-30-09					Celebrex 200mg po daily #30/200 CVS store	Yes	
					E-RX	Yes	PG
7-09	97.5	88, 20	128/80	244	lab results + med refills	Yes	BG
					800024	Yes	
					D 75' and	Yes	
					PNV...	Yes	
10-09-09					COA	Yes	
					P... 150t - found	Yes	
10-09-09					EXAMIN TO US @ 9/27/09 FOR CURRENT WORK & ZRIF	Yes	
					CHANGED TO TAB E-RX DATE 09/30/09 BUT PHARMACY ALREADY REC'D	Yes	
						Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
10/2/09	100.4	95-18	120/70	242	(N) follow up Blood Sugar	Yes	BC
	Recheck 98.5				Tyr 2000	Yes	
		87/4	385			Yes	
11/9/09	97.9	84-18	124/70	239	(N) fasting - Recheck BS	Yes	BC
	89	2006			Tyr 2000	Yes	
1-4-10	98.1	96-20	140/90	3'4"	DOT Phy	Yes	1/3
			140/90	341	00 20/20 OS 20/20 OU 20/20	Yes	
					fasting		
	135/86				CPE	Yes	
				42263	check BP	Yes	
					Tyr 2000	Yes	
					Diabetes	Yes	
1/22/10					PH to RHC to discuss BPC Di Nage!	Yes	1/5
1/25/10	98.1	84-18	134/78	239	(N) BP	Yes	an
					HTN	Yes	
					- Lisinapril 10mg	Yes	
					1/2 Phos	Yes	
2/10/10	98.0	92/16	132/70	234	(N) RIPSUAL (NEW MEDS) (2) FASTING LABS	Yes	ATAS
	75.3				AS BAD COUGH & HAS BEEN TAKING NYQUIL & CLAMID-D	Yes	y
					AS cough HTN - only	Yes	
					not clear symptoms - 2nd		
					271 Tyr 2000 H2O		

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 30 June 45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
N 29/10	98°	112-18	127/70	235	(14) f/u on BP — ✓ on labs	Yes	gm
					HTN — Lisinapril 10, 1/2	Yes	
# 123297					(L) nasal congestion	Yes	
(N) 12/10	99.4	92-18	128/78	233	(105) DOT PE	Yes	BC
# 134817				64"	B3 (B) 20/25 (L) 20/25	Yes	
					(R) 20/25	Yes	

AudiScope™ Screening Results
☐ 20db HL ☐ 25db HL ☒ 40db HL
 Patient: Homer Williams
 Tested by: BC Date: 4/12/10

Y = Response		N = No Response			
Right Ear	N	Y	Y	Y	Y
Left Ear	Y	Y	Y	Y	Y
	500	1000	2000	4000	
	Frequency (Hz)				

Welch Allyn
 4341 State Street Road
 P.O. Box 220
 Skaneateles Falls, NY 13153-0220
 USA

Form 55290 Rev D

(N) 4/23/10	98.6	87/16	120/68	236	(105) Virus-diarrhea, abd. discomfort	Yes	STP
	X Y				dry cough x 1 month	Yes	
					SPO2 95%	Yes	
					diarrhea — resolution	Yes	
					Exacerbated discomfort — constipation	Yes	
# 146584					women 2 feds 9/1/10	Yes	STP

Lexington Family Practice White Knoll

Name: HOMER WILLIAMS

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
4/27/10					appt & consults in GI / Dr. Heinzemann on 5/13/10 @ 2:00 131 Summerplace Dr, W. Va. (794-4585 / 796-8924) Dx: anemia, abd pain. Notes faxed NAV. Mailed CM on Apr.	Yes	(B)
4/30/10	98°	84/18	120/70	240 (65)	Flu, feeling better	Yes	268
				No HTN	Anemia - 1st	Yes	
				#152739	HTN - stop cosy	Yes	
					Colon 50,	Yes	
					1/2 90	Yes	
5/6/10					(4/27/10) Dr. Heinzemann 131 Summerplace Dr W.C. 794-4585 / 796-8924, & notes	Yes	
					Available to fax BBS NAV / Dx: Anemia; ABD Pain	Yes	
					Tracheal appt. 5/13/10 @ 2:00	Yes	Ru
5/14/10	97.3	84/18	122/78	239 (65)	Flu on BP	Yes	DD
					#165532 HTN - Colon	Yes	
					07/17 crister	Yes	
					AT F/omax	Yes	
						Yes	

Lexington Family Practice White Knoll

Name: HOMER WILLIAMS

DOB: 3-30-45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
6-10					appt @ Lex Urological / Dr. Willard on	Yes	
6-9-10					4:00 139 Summerplace Dr, Cole	Yes	
					(796-9412) / 791-0376) Dx: (2) hyperphosphatemia	Yes	
					Notes faxed MAN. They informed pt (B)	Yes	
6-2-10					CUS 957-0645 Avelar 250mcg - IT spray each nostril	Yes	
					daily #3 (3mt supply) REX3 7/10	Yes	
6-2-10	98.7	100/16	134/90	235	(LS) (1) Stomach Acid/pain x 6 days	Yes	
					(2) leg pain, myalgia	Yes	
					Clonidine	Yes	
					186906	Yes	
					5200 - 4/1/10 20	Yes	
					(R) leg pain/muscles	Yes	
					on 2000	Yes	
					TJ 2000 -	Yes	
6/8/10					Re'd msg for PA request on Omeprazole 20mg - called pt	Yes	
					to advise Insurance states he was trying to Rf too early -	Yes	
					PA indicated that Dr. Nagel was wanting him to double up till	Yes	
					his appt @ GI and he states he has enough to last till appt.	Yes	
					At requests that we disregard the PA @ this time	Yes	
						Yes	

Lexington Family Practice White Knoll

Name: Homer Williams

DOB: 3/30/45

Chart #: 85473

Vital Sign / Flow Sheet

Date	Temp	PR/RR	BP	Ht/Wt	Chief Complaint	Pain	Initials
10/10/10	98.8	79-16	148/82	-	C/O (R) Knee pain	Yes	RC
					(R) KNEE POPPED WHILE GETTING OUT OF TRUCK	Yes	
					UNABLE TO GET BACK NOW 2" TO PAIN	Yes	
6-10-10					(R) Knee	Yes	MA
12/14/10	99.8	94-16	138/76	241	F/U (R) Knee #193675	Yes	RC
1-18-10		85-16	124/78	238	(R) SORE (R) leg	Yes	BS
					93% SpO2 #197629	Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	
						Yes	

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 09/23/2010	
PATIENT #: 00001275409	XXX-X8-5473	D:	09/23/2010 9:47 AM
PHYSICIAN: TERRY L NAGEL, DO		T:	09/25/2010 8:40 AM / rpp
		DATE OF BIRTH: 03/30/1945	

S: This 65-year-old white male presents for evaluation of diabetes, hypertension and dyslipidemia. He has history of prostate cancer. He states that his urologist, Dr. Lamb, is requesting that PSA be drawn and sent to him. Overall patient is doing quite well. He states that back in June he was having problems with his knee and ended up having a Baker's cyst. He has been seen by orthopaedics. This is getting better. He does complain of occasional loose stool off and on without any significant timing or pattern. He has seen GI and they could not find anything. PMH: Type 2 diabetes mellitus, dyslipidemia, BPH, allergic rhinitis, hypertension and prostate cancer. SH: Nonsmoker. Denies ethanol and recreational drug use. Married. FH: Enclosed in chart. ROS: Patient is not checking his blood sugar. Again we asked them to check it at least a couple of times a week so we can get some idea where his blood sugars are. He has never been really compliant regarding this. DRUG ALLERGIES: PENICILLIN CAUSES RASH. COUGH WITH LISINOPRIL. HPI: Otherwise negative.

O: VITAL SIGNS: Stable, afebrile, please see enclosed in chart. GENERAL: Alert x3, in no acute distress. Nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No cyanosis, clubbing or edema. Foot exam unremarkable. TX: Flu shot, Pneumovax.

- A:
1. Type 2 diabetes mellitus.
 2. Hypertension.
 3. Dyslipidemia.
 4. Prostate cancer.

P: Check fasting blood work today. Further recommendations predicated on lab results to include BMET, lipid panel, ALT, HGB A1C and PSA. Patient states that he has not had an eye exam in the past several years. Get him set up with an eye doctor. Instructed that he needs to have an eye exam every year since he is a diabetic now. Encouraged to monitor blood sugars. Diet, exercise and weight loss again recommended. Recheck in 6 months, sooner if worse.


TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll
PAGE 1 OF 1

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

PATIENT: WILLIAMS, HOMER		VISIT DATE: 10/04/2010
PATIENT #: 00001275409	XXX-X8-5473	D: 10/04/2010 12:34 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 10/06/2010 10:33 AM / bas
		DATE OF BIRTH: 03/30/1945

S: This is a 65-year-old white male who presents for evaluation of skin tag on his right axilla. Also, he is here to evaluate diabetes. He has not been eating as he should and has not been exercising. He actually is going back to work today after he had been off work for quite a while. He feels he can get his A1C of 7.1% back down to less than 7 simply by watching his diet again and being more active. As far as his lipids are concerned, he had been off his Crestor. He just started back on it a couple of days ago so we will need to recheck this in 10 - 12 weeks. He is tolerating his medicine fine. He will stop it if he develops any muscle aches or weakness. PMH: Significant for type 2 diabetes mellitus, dyslipidemia, hypertension, history of elevated PSA. SH/FH: Enclosed in the chart. ROS: As above, otherwise negative.

O: VITAL SIGNS: Stable and afebrile, enclosed in the chart. GENERAL: Alert x3, in no acute distress, nontoxic-appearing. HEENT: TMs clear. Nares clear. Throat clear. NECK: Supple. No JVD. No thyromegaly. LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender. EXTREMITIES: No clubbing, cyanosis or edema. SKIN: Right axilla with skin tag. TX: Prepped and draped in usual sterile fashion after informed consent obtained, and using approximately 0.1 cc of 1% lidocaine with epinephrine local anesthesia obtained. Used pair of pickups and () scissors, skin tag removed. Hemostasis obtained with Monsel's solution. Band-Aid applied.

A:

1. Skin tag removal.
2. Type 2 diabetes mellitus.
3. Dyslipidemia.

P: Rx Crestor 10 mg daily. Increase exercise. Cut back on simple carbohydrates. Given him some diabetic material today to help him with his diet. His wife is here and we talked about proper foods. We will see him back in 10 - 12 weeks for recheck, sooner if worse.



TERRY L NAGEL, DO

cc:

Lexington Family Practice White Knoll

5535 Platt Springs Road
Lexington, South Carolina 29073

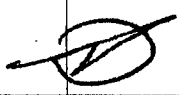
PATIENT: WILLIAMS, HOMER		VISIT DATE: 02/18/2011
PATIENT #: 00001275409	XXX-X8-5473	D: 02/18/2011 3:53 PM
PHYSICIAN: TERRY L NAGEL, DO		T: 02/21/2011 2:15 PM / tab
		DATE OF BIRTH: 03/30/1945

S: Patient is a 65-year-old white male who presents today complaining of back pain. It happened about 10 days ago. He was sitting in his recliner at home, had his dog on him and went to get up without disturbing the dog and he was in an awkward position and pulled his back muscles. He states it gets better once he is up moving around but he gets worse when he sits down for a prolonged time frame and tends to get up. He denies any radicular pain or paresthesias. No bowel or bladder dysfunction. Denies any fevers, chills, night sweats, weight loss. He has had a history of disc problems off and on in the past. **PMH:** Enclosed in chart. **ALLERGIES:** PENICILLIN CAUSES RASH; LISINOPRIL CAUSES COUGH. **SH:** Married. Nonsmoker. **ROS:** As above, otherwise negative.

O: **VITAL SIGNS:** Stable, afebrile. See enclosed in chart. **GENERAL:** Alert x3. No acute distress. Nontoxic-appearing. **HEENT:** Unremarkable. **LUNGS:** Clear. **HEART:** Regular rate and rhythm. **MUSCULOSKELETAL:** Lumbar flexion about 80 degrees, rotation about 45 degrees bilaterally. Palpation of lumbar spine nontender. Minimal paraspinal hypertonicity could be appreciated. **NEUROLOGIC:** Straight leg raise negative bilaterally. Deep tendon reflexes +2/4 patella and Achilles bilaterally and symmetric.

A: Lumbosacral strain.

P: Rx Flexeril 10 mg p.o. every 8 hours p.r.n. spasms. Drowsiness precautions given. Rx Daypro 600 mg p.o. b.i.d. Recheck in 7-10 days if not improving, sooner if worse. Warm compresses to affected area. Stretching exercises recommended.


TERRY L NAGEL, DO

cc:

APA -5

Lexington Medical Center

01/24/96-06/14/10

Pg No: 128-177

LEXINGTON RADIOLOGY ASSOCIATES,
DIAGNOSTIC RADIOLOGY
135 EAST MEDICAL LANE
WEST COLUMBIA, SOUTH CAROLINA 29169-4893
(803) 791-4240

January 24, 1996

96-095

CRIGLER MD, WILLIAM
122 POWELL DR
LEXINGTON, SC 29072

WILLIAMS, HOMER
Billing # 364472
X-Ray # 249-78-5473
Age-50 Sex-Male

CLINICAL DATA:

CHEST (PA & LATERAL) INTERPRETATION - January 23, 1996

Two views of the chest showed clear lung fields. The cardiac and mediastinal shadows appeared normal. The costophrenic angles were sharp. The bony structures were intact.

IMPRESSION: Negative chest.

Lon P. Hamby, M.D.
lsb

[Handwritten signature]

[Handwritten signature]

CC
1-31-96

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER -- LEXINGTON**
811 WEST MAIN STREET
LEXINGTON, SC 29073
PHONE: (803) 358-6120

3M 7:53+HW

PATIENT: WILLIAMS, HOMER

AGE: 62
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182018
ACCT NO: X00003442340
SSN: 249-78-5473
REQ NO: 07-0018537
REPORT NO: 0811-0007

4

ORDERING DR: JAN L. MCBRIDE MD

PT LOCATION: LEXURGZ2
MCBJAN FP

REPORT STATUS: Signed

ORDERED BY: JAN L. MCBRIDE MD
LOCATION: REG ER LEXURGZ2
STUDY TYPE: 0811-0004 LCAT/CT ABDOMEN/PELVIS WO/C

DATE OF EXAM: 08/11/07

CLINICAL DATA: 62M, RIGHT FLANK PAIN

CT ABDOMEN AND PELVIS (WITHOUT CONTRAST):

COMPARISON: None.

TECHNIQUE: Axial CT images were obtained through the abdomen and pelvis without or intravenous contrast as per stone protocol. The lack of intravenous contrast decreases the sensitivity for detection of lesions in all organs.

CT LUNG BASES - FINDINGS: Incidentally images lung bases are clear.

CT ABDOMEN - FINDINGS: The liver demonstrates diffuse decreased attenuation in keeping with hepatic steatosis. Some areas of spurring are identified along the gallbladder. No focal lesions are identified in the spleen, adrenal glands or pancreas. The appearance of the gallbladder is within normal limits. There is mild dilatation of the right intrarenal collecting system. There is one punctate stone within the lower pole of the right kidney (image 40). The left kidney demonstrates multiple rounded low density structures within the central portion of the kidney which appear to be related to parapelvic cysts as the cortical thickening of the renal parenchyma appears within normal limits. No evidence of ureteral dilatation is identified. No lymphadenopathy is noted by CT size criteria. Minimal atherosclerotic calcifications of the aorta are noted. There is no evidence of bowel dilatation to suggest obstruction.

CT PELVIS - FINDINGS: 3 mm stone is identified within the distal right ureter just above the ureterovesical junction. The bladder is decompressed. Posterior and seminal vesicles appear within normal limits for patient's age. Scattered colonic diverticula are noted without associated acute inflammatory changes. No significant free fluid or lymphadenopathy noted in the pelvis.

IMPRESSION:

1. 2 mm distal right ureteral stone. There is minimal hydronephrosis.
2. Punctate nonobstructing right renal calculus.
3. Probable left parapelvic renal cysts. Consider follow-up with renal ultrasound to exclude the possibility of a UPJ obstruction.
4. Hepatic steatosis.

06/13/2011 03:53 pm

HOMER WILLIAMS DOB 03/30/1945

2/2



DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
2720 SUNSET BOULEVARD, WEST COLUMBIA, SC 29169
(803) 791-2400 www.lexingtonlaboratory.com

Cory B. Shaw, MD
John B. Calky, MD
Ron R. Hatcher, MD
Randy W. Davis, MD
E. James Menden, MD
K. Karen R. MLI PhD
William H. Armstrong, MD

Name: WILLIAMS, HOMER
Hospital No.: H001192016
Social Security No.: 249785473

Loc: H1AA

Physician: Lamb, David H, MD (C)

Age: 62Y
Sex: M

Admit Date: 08/14/2007

PHYSICIAN COPY FOR DR: Lamb, David H, MD (C)

MB3864 COLL: 08/13/2007 16:35 REC: 08/13/2007 16:40 PRYS: Lamb, David H, MD (C)

BASIC METABOLIC PANEL

GLUCOSE	113	[70-106]	mg/dL
SODIUM	143	[135-145]	MEQ/L
POTASSIUM	3.9	[3.5-5.5]	MEQ/L
CHLORIDE	108	[98-107]	MEQ/L
CO2	24	[23.0-31.0]	MEQ/L
ANION GAP	10	[7-16]	MEQ/L
BUN	12	[5-25]	MG/DL
CREATININE	1.0	[0.5-1.4]	MG/DL
CALCIUM	8.9	[8.7-10.2]	MG/DL
GFR (WKF estimate)	>60	[>60]	mL/min/

(Multiply result x 1.2 if Afr. Am.)

CBC HEMOGRAM

WBC	8.6	[4.0-11.0]	K/uL
RBC	4.44	[4.60-6.10]	M/uL
HGB	14.4	[13.5-18.0]	gm/dL
HCT	40.8	[41.0-53.0]	%
MCV	91.8	[80.0-98.0]	fL
MCHC	35.2	[32.0-36.0]	gm/dL
RDW	12.8	[11.5-14.5]	%
PLT	205	[130-400]	K/uL

PROTHROMBIN TIME

PROTHROMBIN TIME	13.5	[12.7-15.3]	Sec
INR VALUE	0.95		

The INR Value is intended for assessing only those patients stabilized on long term oral anticoagulant therapy. Therapeutic INR range is 2.0-3.0

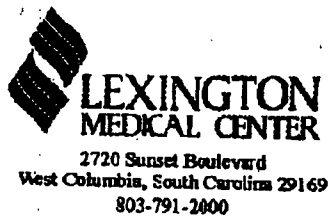
APTT	29.1	[26.1-34.0]	Sec
	Therapeutic Range: [55-90] Sec		

END OF REPORT

WILLIAMS, HOMER
Loc: H1AA

08/13/2007 16:47
Account No: H00030144828
Page: 1

Accredited continuously since 1977-2008 by CAP, COLA 2008-Present



PREOP HISTORY & PHYSICAL

PATIENT: WILLIAMS, HOMER
LOCATION: HIAA
ADM. #: H00030144828
M.R. #: M001182016
ADMITTED: 08/14/2007
D: 08/13/2007 12:00 AM
DISCHARGED:
T: 08/13/2007 9:57 PM / vbk
PHYSICIAN: DAVID H LAMB, MD
DATE OF BIRTH: 03/30/1945

DATE OF SURGERY: 08/14/2007

HISTORY OF THE PRESENT ILLNESS: This patient is a 62-year-old male who had seen me with regards to some right flank pain. The patient had been noticing this for a couple of weeks at least and he seemed to have had a couple of episodes. He was seen in the Emergency Department over the weekend. He had CT scan performed, which showed a 2 mm stone in the right distal ureter with some mild hydronephrosis. Patient has been doing okay since that point but has not noticed passage of the stone and his job requires that he travel so he would prefer to get this taken care of.

PAST MEDICAL/SURGICAL HISTORY: Significant for kidney stones, increased cholesterol, appendectomy, tonsillectomy, adenoidectomy and had eardrum repair.

CURRENT MEDICATIONS: Claritin, Flomax and Crestor.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 163/69.

HEENT: Extraocular movements intact. Pupils equal, round and reactive to light.

CHEST: Clear.

CARDIOVASCULAR: Regular rate and rhythm without murmur.

ABDOMEN: Soft, nontender. No significant CVA tenderness.

EXTREMITIES: No clubbing, cyanosis, or edema.

IMPRESSION: Right distal ureteral calculus with episodic colic.

LEXINGTON MEDICAL CENTER

PLAN: Options have been carefully discussed with him and he understands the risks as well as expected benefits as well as options in terms of therapy. We have elected to proceed with a cystoscopy with right retrograde pyelogram, possible right ureteroscopy with basketing versus laser.

DAVID H LAMB, MD

cc:

PREOP HISTORY & PHYSICAL - H00030144828

Page 2 of 2

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS,HOMER

**AGE: 62
DOB: 03/30/1945
SEX: M**

**UNIT/MR NO: MOD1182015
ACCT NO: H00030144828
SSN: 249-78-5473
REQ NO: 07-0097879
REPORT NO: 0814-0481**

**ADMITTING DR:
ORDERING DR: DAVID H LAMB MD**

**ROOM:
PT LOCATION: HIAA
LAMDAV URO**

REPORT STATUS: Signed

**PRIMARY CARE: TERRY L NAGEL, DO
ORDERED BY: DAVID H LAMB MD
LOCATION: REG SDC HIAA
STUDY TYPE: 0813-0210 RAD/CHEST 2 VIEW - PA & LAT**

DATE OF EXAM: 08/13/07

CLINICAL DATA: 62M, PREOPERATIVE STUDY FOR URETERAL CALCULUS

PA AND LATERAL CHEST SERIES:

FINDINGS: PA upright and lateral views of the chest demonstrate the heart size, mediastinum, and lung fields to be within normal limits.

MK

CHRISTOPHER T MCCARTY MD

REPORT STATUS: Signed

**LAMB,DAVID H,MD
ORDER#/PROCEDURE: 0813-0210 RAD/CX2 (71020)
EXAM TECH: MMBOL
REP RELEASED BY: MCCCHR RAD 08/15/07 1439
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:**

PT LOC/ROOM: HIAA/

WILLIAMS,HOMER

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS,HOMER

**AGE: 62
DOB: 03/30/1945
SEX: M**

**UNIT/MR NO: M001182015
ACCT NO: H00030144828
SSN: 249-78-5473
REQ NO: 07-0098519
REPORT NO: 0822-0130**

**ADMITTING DR:
ORDERING DR: DAVID H LAMB MD**

**ROOM:
PT LOCATION: HIAA
LAMDAV URO**

REPORT STATUS: Signed

**ORDERED BY: DAVID H LAMB MD
LOCATION: REG SDC HIAA
STUDY TYPE: 0814-0023 OR/RETROGRADE UROGRAPHY RIGHT**

DATE OF EXAM: 08/14/07

CLINICAL DATA: 62M, RIGHT URETERAL CALCULUS PROCEDURE DONE IN OR

FLUOROSCOPY:

Fluoroscopy was provided by means of a portable image intensifier. No films were taken.

CDG

RADIOLOGY DEPARTMENT

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0814-0023 OR/RETRO (74420)

EXAM TECH: AFHAR

REP RELEASED BY: RADDEP REF 08/22/07 1024

ADD RELEASED BY:

DISC DATE:

ED DISC DIAG:

PT LOC/ROOM: HIAA

WILLIAMS,HOMER



OPERATIVE NOTE

PATIENT: WILLIAMS, HOMER

LOCATION: HIAA

ADM. #: H00030144828

M.R. #: M001182016

ADMITTED: 08/14/2007

D: 09/04/2007 5:09 PM

DISCHARGED:

T: 09/05/2007 6:40 AM / cir

PHYSICIAN: DAVID H LAMB, MD

DATE OF BIRTH: 03/30/1945

DATE OF PROCEDURE: 08/14/2007

PREOPERATIVE DIAGNOSIS(ES): Right renal colic with right ureteral calculus.

POSTOPERATIVE DIAGNOSIS(ES): Same.

PROCEDURE(S) PERFORMED

1. Cystoscopy.
2. Right retrograde pyelogram.
3. Ureteroscopy.
4. Basketing.

COMPLICATION: None.

SURGEON: David H. Lamb, MD.

SPECIMEN: Stone.

DRAINS: None.

DETAILS OF PROCEDURE: The patient was brought to the Operating Room, placed in the dorsal lithotomy position, and prepped and draped in the usual sterile manner. Cystoscopy was carried out utilizing a 22-French cystoscope. Examination of the anterior and posterior urethra was okay. The bladder was entered and thoroughly inspected with no substantial abnormalities. I did perform retrograde pyelogram on the right

OPERATIVE NOTE - H00030144828

Page 1 of 2

LEXINGTON MEDICAL CENTER

side. There did appear to be a stone in the lower ureter. I introduced a mini ureteroscope and easily advanced this into the ureter and was able to identify the stone. I grasped with a grasping forceps, and it was removed without difficulty. I reinspected the ureter to make sure that it was open, and it did appear to be, so I did not leave the stent. The patient was able to tolerate the entire procedure without difficulty and was returned to the Recovery Room in stable condition.

RIGHT RETROGRADE PYELOGRAM: Obtained utilizing bulb-occlusion technique with an 8-French cone-tip catheter. Contrast was injected under fluoroscopic guidance. There appeared to be a stone in the lower ureter with a negative filling defect. There was mild hydronephrosis.

DAVID H LAMB, MD

cc:

OPERATIVE NOTE - H00030144828

Page 2 of 2

01/11/2008 FRI 15:48 FAX 8039512089
Lexington Medical 1/8/2008 4:17

LTP WHITEHORN
PAGE 019/022 fax server

0003



Department of Pathology and Laboratory Medicine
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Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kim R. McMaster, MD Beverly W. Daniel, MD
B. Jayne Modest, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER
PATIENT ID: H001182016
ACCT #: H0003225038
SOCIAL SECURITY NO.: 249788473
DOB: 03/30/1945
AGE: 62T SEX: M
PHYSICIAN: Nagel, Barry L., MD
LOC: LTPWK

37753-HW
(4)

T13712 CML: 01/08/2008 09:00 REC: 01/08/2008 11:09 REFS: Nagel, Barry L., MD

Appt 1-22-08
(V)

LIPID PROFILE

(CONTINUED)

HDL CHOLESTEROL

33

mg/dL

Low <40 mg/dL
VLDL 40-59 mg/dL
High (Negative risk) >60 mg/dL

LDL

89

mg/dL

Optimal <100 mg/dL
Near optimal 100-129 mg/dL
Borderline high 130-159 mg/dL
High 160-189 mg/dL
Very high >190 mg/dL

VLDL

27

mg/dL

LDL/HDL RATIO

2.7

TC/HDL RATIO

4.5

[<3.50]

[<4.97]

TOTAL HDL

6.5

[0.0-4.5]

mg/dL

TRIG

1.190

[0.46-4.70]

mmol/L

CHOL HEMOGLOBIN

HGB

8.2

[4.0-11.0]

g/dL

HCT

4.73

[4.00-6.10]

mmHg

HCT

13.2

[13.5-18.0]

g/dL

MCV

42.8

[41.0-53.0]

f

MCH

28.6

[20.0-29.0]

g/dL

MCHC

34.7

[32.0-36.0]

g/dL

RDW

13.0

[11.5-14.5]

f

PLT

214

[130-400]

K/dL

EXPERIMENTAL

Rev. Report 1/14/08 Initial (K)
To Dr. _____
Pt. Notified _____
Recorded in EMR: 1/14/08 Initial (K)

PSA has drafted
up keep
appt 1/22.

DM

11/5/08
DM with
anxiety

WILLIAMS, HOMER

WILLIAMS, HOMER

CONTINUED

END

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS,HOMER

**AGE: 64
DOB: 03/30/1945
SEX: M**

**UNIT/MR NO: M001182015
ACCT NO: H00039178264
SSN: 249-78-5473
REQ NO: 09-0048580
REPORT NO: 0424-0498**

**ADMITTING DR:
ORDERING DR: DAVID H LAMB MD**

**ROOM:
PT LOCATION: HMRI
LAMDAV URO**

REPORT STATUS: Signed

**ORDERED BY: DAVID H LAMB MD
LOCATION: REG CLI HMRI
STUDY TYPE: 0424-0001 MRI/MRI PELVIS**

DATE OF EXAM: 04/24/08

CLINICAL DATA: 64M, PROSTATE CANCER STATUS POST BIOPSY THREE WEEK PRIOR

MRI PELVIS:

COMPARISON: Comparison is made to a previous CT imaging of 08/05/2008 and 08/11/2007.

TECHNIQUE: Multiplanar, multisequence high resolution imaging was performed through the pelvis utilizing an endorectal coil.

FINDINGS: There is low signal on T2 weighted imaging in the peripheral zone of the prostate inferiorly with no convincing extra-capsular spread into the retroprostatic angle, seminal vesicles or urinary bladder is evident. No perirectal lymph nodes are evident. There is some signal void artifact in the vicinity of the left retroprostatic angle slightly limiting interrogation in this area. Survey imaging through the pelvis fails to identify any abnormal marrow signal or pathologic inguinal or iliac adenopathy. There is incidental diverticulosis within the distal colon and there is incidental degenerative facet and disc disease in the lower L-spine.

IMPRESSION: Findings in the peripheral zone of the prostate consistent with the given history of prostate malignancy. No convincing MR evidence of stage C or greater disease however. Incidental diverticulosis within sigmoid colon and incidental degenerative change in the lower lumbar spine.

ASF

CHRISTOPHER T MCCARTY MD

REPORT STATUS: Signed

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER - LEXINGTON
811 WEST MAIN STREET
LEXINGTON, SC 29073
PHONE: (803) 358-6120

PATIENT: WILLIAMS, HOMER

AGE: 63
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182016
ACCT NO: X00004179909
SSN: 249-78-5473
REQ NO: 08-0019303
REPORT NO: 0806-0012

ORDERING DR: TERRY L NAGEL DO

PT LOCATION: LEXCTSCAN
NAGTER FP

REPORT STATUS: Signed

ORDERED BY: TERRY L NAGEL DO
LOCATION: REG CLI LEXCTSCAN
STUDY TYPE: 0805-0033 LCAT/CT ABDOMEN/PELVIS W/CON

DATE OF EXAM: 08/05/08

CLINICAL DATA: 63M, ABDOMINAL PAIN.

CT ABDOMEN AND PELVIS (WITH ORAL AND IV CONTRAST):

COMPARISON: 8/11/07

TECHNIQUE: Axial images from lung bases to symphysis with oral and 125 cc of intravenous contrast.

CT ABDOMEN:

FINDINGS: No active disease is seen in the lung bases. The liver density is lower than the spleen and may reflect a mild degree of fatty infiltration. The spleen and pancreas are unchanged. There are parapelvic cysts bilaterally. On the right they are quite small and on the left they are very large. Additionally, very tiny cortical cysts are noted in the kidneys. There may be a calcification in the lower pole of the left kidney however because of the use of IV contrast I cannot confirm this. The kidneys are not obstructed in appearance and the ureters are not dilated. Delayed images obtained through the kidneys show bilateral excretory function. The infundibula are very much attenuated by the cystic masses on the left but the kidney does not appear to be hydronephrotic. There may be some deformity at the ureteropelvic junction.

CT PELVIS:

FINDINGS: There is extensive diverticulosis of the distal colon. The wall is thick but there is no surrounding inflammation seen to confirm acute diverticulitis. The prostate is mildly enlarged and deforms the bladder base.

IMPRESSION:

*LM w/ wife to
call back in am
8/13/08 - SED
Spoke w/ pt
Came into office
@ 11:00 am 8/14/08
SED*

NAGEL, TERRY L, DO
ORDER#/PROCEDURE: 0805-0033 LCAT/ABPELW/C
EXAM TECH: KPGOT
REP RELEASED BY: NEWREB RAD 08/08/08 1329
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM: LEXCTSCAN/

AUG 8 2008

WILLIAMS, HOMER

Ordering Physician's Copy

Page 1 of 2

Handwritten signature/initials

RADIOLOGY
LEXINGTON MEDICAL CENTER - LEXINGTON

Patient Name: WILLIAMS, HOMER
Date of Exam: 08/05/08
page 2 of 2

M001182016
X00004179909
0806-0012

1. Numerous parapelvic cysts are present in the kidneys, larger on the left, both resulting in attenuation of the infundibula, particularly on the left. There is bilateral excretion with no hydronephrosis noted.
2. Extensive diverticulosis of the distal colon. The wall is thick but no surrounding inflammation is seen to confirm acute diverticulitis.

SHM

REBECCA T NEWELL MD

REPORT STATUS: Signed

*NO CT
PT
TO
HAVE
COLONOSCOPY
AS
PLANNED
CTs on
kidney
renewed
kidney US
6 mm
8/13/08*

NAGEL, TERRY L, DO
ORDER#PROCEDURE: 0805-0033 LCAT/ABPELW/C
EXAM TECH: C.KPGOT
REP RELEASED BY: NEWREB RAD 08/08/08 1329
ADD RELEASED BY:
DISC DATE:
ED DISC DIAGN:

PT LOC/ROOM: LEXCTSCAN/

WILLIAMS, HOMER

Ordering Physician's Copy

Page 2 of 2



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Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 63Y SEX: M
ACCT #: H00035292002 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LFWK

T20080 COLL: 07/29/2008 14:20 REC: 07/29/2008 16:49 PHYS: Nagal, Terry L., DO

COMPREHENSIVE METAB

Non fasting

GLUCOSE	* 114	[70-100]	mg/dL
SODIUM	143	[135-145]	MEQ/L
POTASSIUM	4.6	[3.5-5.5]	MEQ/L
CHLORIDE	* 108	[98-107]	MEQ/L
CO2	26	[23.0-31.0]	MEQ/L
ANION GAP	9	[7-16]	MEQ/L
BUN	15	[5-25]	MG/DL
CREATININE	0.92	[0.65-1.25]	MG/DL
Please note new reference range effective 05/08/08 @1200.			
CALCIUM	9.2	[8.7-10.2]	MG/DL
BILIRUBIN, TOTAL	0.7	[0-1.0]	MG/DL
BILIRUBIN, DIRECT	0.1	[0-0.4]	MG/DL
TOTAL PROTEIN	7.1	[6.3-8.2]	GM/DL
ALBUMIN	4.0	[3.5-5.0]	GM/DL
AST (SGOT)	26	[14-50]	U/L
ALT (SGPT)	30	[21-72]	U/L
ALK PHOSPHATASE	74	[50-136]	U/L
GOTP	34	[8-78]	U/L
eGFR	>60	>60	mL/min/

(Multiply result X 1.2 if Afr. Am.)

*NOTED
NORR
PD*

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE1

DATE RECEIVED	7-30-08
DR COMMENT	
DATE FILED AND INITIALED	

85473

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: MD01182016 AGE: 63Y SEX: M
ACCT #: HD0036701084 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LEPK

T53051 COLL: 10/28/2008 09:42 REC: 10/28/2008 17:08 HHS: Nagal, Terry L., DO

ALT (SGPT) 33 [21-72] U/L

BASIC METABOLIC PAN

GLUCOSE	* 124	[70-100]	mg/dL
SODIUM	144	[135-145]	MEQ/L
POTASSIUM	5.0	[3.5-5.5]	MEQ/L
CHLORIDE	* 108 <i>OK</i>	[98-107]	MEQ/L
CO2	26	[23.0-31.0]	MEQ/L
ANION GAP	10	[7-16]	MEQ/L
BUN	17	[5-25]	MG/DL
CREATININE	0.93	[0.65-1.25]	MG/DL
CALCIUM	9.1	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/

(Multiply result X 1.2 if Afr. Am.)

*10/31/08
P/S status rechecked
& calcium & PTH
SHE will follow re test*

*NOTIFY PT
P/S status
status control
5-7 mm in
Diet*

*PSA
continues
to
slowly
increase
refer to
Dr. Lamb*

10/31/08

HEMOGLOBIN A1C 6.7

NORMAL: < 6.0%
OPTIMAL CONTROL: < 7.0%
POOR CONTROL: > 8.0%

LIPID PROFILE

CHOLESTEROL (TOTAL) 166 MG/DL

Desirable <200 mg/dL
Borderline high 200-239 mg/dL
High >240 mg/dL

TRIGLYCERIDE 99 MG/DL

Normal <150 mg/dL
Borderline high 150-199 mg/dL
High 200-499 mg/dL

WILLIAMS, HOMER

WILLIAMS, HOMER

CONTINUED

PAGE 1

RW



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Phone (803) 791-2400 Fax (803) 791-2406

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E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 63Y SEX: M
ACCT #: H00036701084 PHYSICIAN: Nagel, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LBNK

TS3051 COLL: 10/28/2008 09:42 REC: 10/28/2008 17:08 PHYS: Nagel, Terry L., DO

LIPID PROFILE

(CONTINUED)

HDL CHOLESTEROL

36 *fx* MG/DL
Low <40 mg/dL
NHL 40-59 mg/dL
High (Negative risk) >60 mg/dL

LDL

110 MG/DL
Optimal <100 mg/dL
Near optimal 100-129 mg/dL
Borderline high 130-159 mg/dL
High 160-189 mg/dL
Very high >190 mg/dL

VLDL

20 MG/DL

LDL/HDL RATIO

3.1 [<3.55]

TC/HDL RATIO

4.6 [<4.97]

TOTAL PSA

7.3 [0.0-4.5] NG/ML

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE2

FILE

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 63Y SEX: M
ACCT #: H00037933140 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LFWK

W9649 COLL: 01/21/2009 11:05 REC: 01/21/2009 16:57 PHYS: Nagal, Terry L., DO

FAXED
01/26/09

791-0376 FAX PSA
to
DR LAMB

ALZ/10/9 AT NOTED
WESTERN PT
LABS LOOK
GOOD
PSA STILL
↑ to follow
UP WITH
DR LAMB
AS planned
1/27/09

RECEIVED
JAN 22 2009

1-27-09
LMCB
PC

ALT (SGPT)	34	[21-72]	U/L
BASIC METABOLIC PAN			
GLUCOSE	118	[70-100]	mg/dL
SODIUM	143	[135-145]	MEQ/L
POTASSIUM	4.6	[3.5-5.5]	MEQ/L
CHLORIDE	106	[98-107]	MEQ/L
CO2	26	[23.0-31.0]	MEQ/L
ANION GAP	10	[7-16]	MEQ/L
BUN	15	[5-25]	MG/DL
CREATININE	0.94	[0.65-1.25]	MG/DL
CALCIUM	9.6	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/
(Multiply result X 1.2 if Afr. Am.)			
HEMOGLOBIN A1C			
	6.4	NORMAL:	< 6.0%
		OPTIMAL CONTROL:	< 7.0%
		POOR CONTROL:	> 8.0%
LIPID PROFILE			
CHOLESTEROL (TOTAL)	140		MG/DL
		Desirable	<200 mg/dL
		Borderline high	200-239 mg/dL
		High	>240 mg/dL
TRIGLYCERIDE	89		MG/DL
		Normal	<150 mg/dL
		Borderline high	150-199 mg/dL
		High	200-499 mg/dL

WILLIAMS, HOMER

WILLIAMS, HOMER

CONTINUED

PAGE1

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
 E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
 PATIENT ID: M001182016 AGE: 63Y SEX: M
 ACCT #: H00037933140 PHYSICIAN: Nagal, Terry L., DO
 SOCIAL SECURITY NO.: 249785473 LOC: LFPMK

W9649 COLL: 01/21/2009 11:05 REC: 01/21/2009 16:57 PHYS: Nagal, Terry L., DO

LIPID PROFILE

(CONTINUED)

HDL CHOLESTEROL

39 MG/DL
 Low <40 mg/dL
 WNL 40-59 mg/dL
 High (Negative risk) >60 mg/dL

LDL

83 MG/DL
 Optimal <100 mg/dL
 Near optimal 100-129 mg/dL
 Borderline high 130-159 mg/dL
 High 160-189 mg/dL
 Very high >190 mg/dL

VLDL

18 MG/DL

LDL/HDL RATIO

2.1 [<3.55]

TC/HDL RATIO

3.6 [<4.97]

TOTAL PSA

* 6.8 [0.0-4.5] NG/ML



**LEXINGTON
MEDICAL CENTER**
Your partner for health and wellness

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E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 64Y SEX: M
ACCT #: HD0040034407 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LEFWE

FILE

6/11/09
Pt. Nagal - Requested
not fasting - Requested
to have blood drawn before
he goes to class. See pg. 1
to pt. 4

F38069 COLL: 06/04/2009 16:10 REC: 06/05/2009 10:33 PHYS: Nagal, Terry L., DO

BASIC METABOLIC PAN

GLUCOSE	* 187	[70-100]	mg/dL
SODIUM	138	[135-145]	MEQ/L
POTASSIUM	4.3	[3.5-5.5]	MEQ/L
CHLORIDE	103	[98-107]	MEQ/L
CO2	28	[23.0-31.0]	MEQ/L
ANION GAP	7	[7-16]	MEQ/L
BUN	14	[5-25]	MG/DL
CREATININE	0.85	[0.65-1.25]	MG/DL
CALCIUM	9.3	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/

(Multiply result X 1.2 if Afr. Am.)

TSH 1.500 [0.46-4.70] uIU/mL

CBC HEMOGRAM

WBC	6.0	[4.0-11.0]	K/uL
REC	* 4.44 OK	[4.60-6.10]	M/uL
HGB	13.9	[13.5-18.0]	gm/dL
HCT	* 40.3 OK	[41.0-53.0]	%
MCV	90.8	[80.0-98.0]	fL
MCH	34.4	[32.0-36.0]	gm/dL
MCHC	12.6	[11.5-14.5]	%
PLT	167	[130-400]	K/uL

DIFFERENTIAL

% LYMPHOCYTES	* 16 OK	[17-44]	%
% NEUTROPHILS	* 75 OK	[43-72]	%
% MONOCYTES	6	[0-10]	%
% EOSINOPHILS	2	[0-5]	%
% BASOPHILS	1	[0-3]	%
ABS NEUTROPHILS	4.60	[1.7-8.0]	K/uL
ABS LYMPHOCYTES	0.90	[0.7-5.0]	K/uL
ABS MONOCYTES	0.30	[0.0-1.1]	K/uL

RECEIVED
JUN 08 2009

6/10/09
LMCB
BC

WILLIAMS, HOMER

WILLIAMS, HOMER

CONTINUED

PAGE 1



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MEDICAL CENTER**
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E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: WILLIAMS, HOMER

DOB: 03/30/1945

PATIENT ID: M001182016

AGE: 64Y SEX: M

ACCT #: H00040034407

PHYSICIAN: Nagel, Terry L., DO

SOCIAL SECURITY NO.: 249785473

LOC: LFTWK

F38069 COLL: 06/04/2009 16:10 REC: 06/05/2009 10:33 PHYS: Nagel, Terry L., DO

DIFFERENTIAL

(CONTINUED)

ABS EOSINOPHILS	0.10	[0.0-0.6]	K/uL
ABS BASOPHILS	0.00	[0.0-0.2]	K/uL
% NRBC	0	[0]	%
ABS NRBC	0.0	[0.0]	K/uL

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE2



**LEXINGTON
MEDICAL CENTER**
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Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT NAME WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID M001182016 AGE: 64Y SEX: M
ACCT # M00040181190 PHYSICIAN: Nagel, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LFWK

M64715 COLL: 06/15/2009 11:15 REC: 06/15/2009 17:10 PHYS: Nagel, Terry L., DO

GLUCOSE * 112 *prostate* [70-100] mg/dL

HEMOGLOBIN A1C

6.7

NORMAL: < 6.0%
OPTIMAL CONTROL: < 7.0%
POOR CONTROL > 8.0%

*6-22-09
pt. not yb*

FILE

*NOT (PT)
good BS/A1c
BUT needs
to watch
sugars in
diet
He ✓ in
8-12 wks*

*Q
6/22/09*

RECEIVED
R JUN 16 **D**

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE 1

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: WILLIAMS, HOMER
PATIENT ID: M001182016
ACCT #: H00041993262
SOCIAL SECURITY NO.: 249785473

DOB: 03/30/1945
AGE: 64Y SEX: M
PHYSICIAN: Nagel, Terry L., DO
LOC: LFWK

U. Lamb
Fax to 796-7110

FAXED 10-8-09 **FAXED** 11-10-09

W37488 COLL: 10/07/2009 09:45 REC: 10/07/2009 17:36 PRS: Nagel, Terry L., DO

ALT (SGPT) 36 [21-72] U/L

BASIC METABOLIC PAN

GLUCOSE	138	[70-100]	mg/dL
SODIUM	140	[135-145]	MEQ/L
POTASSIUM	4.6	[3.5-5.5]	MEQ/L
CHLORIDE	106	[98-107]	MEQ/L
CO2	25	[23.0-31.0]	MEQ/L
ANION GAP	9	[7-16]	MEQ/L
BUN	21	[5-25]	MG/DL
CREATININE	0.91	[0.65-1.25]	MG/DL
CALCIUM	9.3	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/1.73m ²

(Multiply result x 1.2 if Afr. Am.)

LIPID PROFILE

CHOLESTEROL (TOTAL) 144 MG/DL

Desirable	<200	mg/dL
Borderline high	200-239	mg/dL
High	>240	mg/dL

TRIGLYCERIDE 99 MG/DL

Normal	<150	mg/dL
Borderline high	150-199	mg/dL
High	200-499	mg/dL

HDL CHOLESTEROL 35 ↑ *Examine* MG/DL

Low	<40	mg/dL
NEL	40-59	mg/dL
High (Negative risk)	>60	mg/dL

*10/8/09 PT NOTIFIED
CANCERS
AS TTT PT
↑ BS
REPEAT
FBS NEXT
WEEK / OFFICE VISIT.
Watch
Sugar in
01/07
10/8/07*

RECEIVED
OCT 08 2009



Department of Pathology and Laboratory Medicine
2720 Sunset Blvd
West Columbia, SC 29169
Phone (803) 791-2400 Fax (803) 791-2406

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 64Y SEX: M
ACCT #: H00041993262 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LEFK

W37488 COLL: 10/07/2009 09:45 REC: 10/07/2009 17:36 PHYS: Nagal, Terry L., DO

LIPID PROFILE

(CONTINUED)

LDL	89		MG/DL
		Optimal	<100 mg/dL
		Near optimal	100-129 mg/dL
		Borderline high	130-159 mg/dL
		High	160-189 mg/dL
		Very high	>190 mg/dL
VLDL	20		MG/DL
LDL/HDL RATIO	2.5	[<3.55]	
TC/HDL RATIO	4.1	[<4.97]	
TOTAL PSA	2.1	[0.0-4.5]	NG/ML

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE 2



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E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: WILLIAMS, HOMER
PATIENT ID: MD01182016
ACCT #: HD0043347947
SOCIAL SECURITY NO.: 249785473
DOB: 03/30/1945
AGE: 64Y SEX: M
PHYSICIAN: Nagal, Terry L., DO
LOC: LFWK

M71579 CELL: 01/04/2010 10:10 REC: 01/04/2010 17:32 PHYS: Nagal, Terry L., DO

ALT (SGPT) 26 [21-72] U/L

BASIC METABOLIC PAN

GLUCOSE	115	[70-100]	mg/dL
SODIUM	140	[135-145]	MEQ/L
POTASSIUM	4.9	[3.5-5.5]	MEQ/L
CHLORIDE	106	[98-107]	MEQ/L
CO ₂	26	[23.0-31.0]	MEQ/L
ANION GAP	7	[7-16]	MEQ/L
BUN	16	[5-25]	MG/DL
CREATININE	0.89	[0.65-1.25]	MG/DL
CALCIUM	9.6	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/

(Multiply result X 1.2 if Afr. Am.)

HEMOGLOBIN A1C

HEMOGLOBIN A1C 6.5
NORMAL CONTROL: < 6.0%
OPTIMAL CONTROL: < 7.0%
POOR CONTROL: > 8.0%
eAG (EST. AVG. GLU) 140 MG/DL

LIPID PROFILE

CHOLESTEROL (TOTAL) 156 MG/DL

Desirable <200 mg/dL
Borderline high 200-239 mg/dL
High >240 mg/dL

*NOTED
Normal
1/6/10
Pts wife
aware
PC*

RECEIVED
JAN 06 2010

WILLIAMS, HOMER

WILLIAMS, HOMER

CONTINUED

PAGE 1



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PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 64Y SEX: M
ACCT #: B00043347947 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249785473 LOC: LFWK

M71579 CELL: 01/04/2010 10:10 REC: 01/04/2010 17:32 PHS: Nagal, Terry L., DO

LIPID PROFILE

(CONTINUED)

TRIGLYCERIDE

81 MG/DL

Normal <150 mg/dL
Borderline high 150-199 mg/dL
High 200-499 mg/dL

HDL CHOLESTEROL

44 MG/DL

Low <40 mg/dL
NHL 40-59 mg/dL
High (Negative risk) >60 mg/dL

LDL CHOLESTEROL

96 MG/DL

Optimal <100 mg/dL
Near optimal 100-129 mg/dL
Borderline high 130-159 mg/dL
High 160-189 mg/dL
Very high >190 mg/dL
Goals for therapy depend on NCEP Risk Category

NON HDL CHOLESTEROL

112 MG/DL

Goals for therapy are determined by adding 30 mg/dL to LDL goals for respective NCEP Risk Category

VLDL

16 MG/DL

LDL/HDL RATIO

2.2 [<3.55]

TC/HDL RATIO

3.5 [<4.97]

TOTAL PSA

1.0 [0.0-4.5] NG/ML

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE 2



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E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: WILLIAMS, HOMER DOB: 03/30/1945
PATIENT ID: M001182016 AGE: 64Y SEX: M
ACCT #: H00043919182 PHYSICIAN: Nagal, Terry L., DO
SOCIAL SECURITY NO.: 249795473 LOC: LFTWK

M14077 COLL: 02/08/2010 12:10 REC: 02/08/2010 16:27 PHYS: Nagal, Terry L., DO

BASIC METABOLIC PAN

GLUCOSE	108	[70-100]	mg/dL
SODIUM	141	[135-145]	MEQ/L
POTASSIUM	4.7	[3.5-5.5]	MEQ/L
CHLORIDE	106	[98-107]	MEQ/L
CO2	28	[23.0-31.0]	MEQ/L
ANION GAP	8	[7-16]	MEQ/L
BUN	21	[5-25]	MG/DL
CREATININE	0.89	[0.65-1.25]	MG/DL
CALCIUM	9.7	[8.7-10.2]	MG/DL
eGFR	>60	[>60]	mL/min/

(Multiply result X 1.2 if Afr. Am.)

OK, normal kidney function

NOT TYPED

2/9/10

*2/9/10
LMCB
RC
2/9/10
24.704
V3*

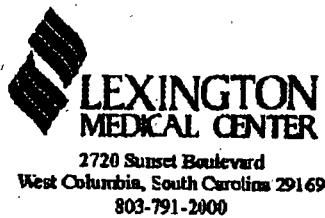
RECEIVED

WILLIAMS, HOMER

WILLIAMS, HOMER

END OF REPORT

PAGE1



HISTORY & PHYSICAL

cc:

PATIENT: WILLIAMS, HOMER

LOCATION: HEDZ2

ADM. #: H00043969807

M.R. #: M001182016

ADMITTED: 02/11/2010

Dictated: 02/11/2010 12:53 PM

DISCHARGED:

Transcribed: 02/11/2010 1:08 PM / kcm

PHYSICIAN: BRIAN WILLARD, MD

DATE OF BIRTH: 03/30/1945

HISTORY OF PRESENT ILLNESS: This is a 64-year-old man who came to the Emergency Department this morning after tripping and falling at his job. He notes he was walking around the back of his truck, he drives a semi, and he tripped over a tire block. He fell on his left side and noticed that he immediately had severe left flank pain and then subsequently had some gross hematuria. He came to the Emergency Department for further evaluation. Evaluation in the Emergency Department revealed that the patient had a left renal laceration with extension into the collecting system causing the gross hematuria, likely a grade 3 laceration. He does have a known history of peripelvic cyst and had some bleeding into the cyst as well. He has been hemodynamically stable. He denies any previous kidney problems that he is aware of. Apparently, he does have a history of prostate cancer. He used to see Dr. Lamb, underwent radiation therapy, and is followed by his primary care physician at this point. He does state that he takes aspirin.

PAST MEDICAL HISTORY: Hypercholesterolemia, hypertension, bladder outlet obstructive symptoms.

PAST SURGICAL HISTORY: Tonsils and adenoids.

ALLERGIES: PENICILLIN.

REVIEW OF SYSTEMS: Otherwise, negative per his report.

SOCIAL HISTORY: Works as a truck driver.

PHYSICAL EXAMINATION

HISTORY & PHYSICAL - H00043969807

Page 1 of 2

LEXINGTON MEDICAL CENTER

VITAL SIGNS: TEMP 97.2, pulse 74, respiratory rate 20, blood pressure 126/80.

GENERAL: Appears well, no acute distress. Appears to be in some pain. Lying on his right side due to left flank pain from the renal injury. Alert and oriented.

LUNGS: Respiratory effort normal. Clear.

BACK: Some left flank pain to palpation.

ABDOMEN: Left upper quadrant pain to palpation.

GU: A 24, 3-way Foley catheter in place with balloon inflated. Draining grossly bloody urine. At bedside, catheter was irrigated. He had a few clots irrigated from the bladder. He was hooked to CBI, which cleared fairly quickly.

DIAGNOSTIC STUDIES: Urinalysis grossly bloody. PT 14.1, INR 1, PTT 29. WBC 9.3, HGB 14.2, HCT 42.6, platelet count 149. Glucose 176, sodium 141, potassium 4.9, chloride 107, CO2 of 28, BUN 17, creatinine 0.89. LFTs normal.

IMPRESSION: Left renal laceration.

PLAN: Admit the patient for strict bedrest and observation with plan on managing this nonoperatively if at all possible. He will be kept n.p.o. Place on continuous bladder irrigation since he does have gross hematuria. Obtain serial labs for monitoring.

DATE _____ TIME _____ AM PM

BRIAN WILLARD, MD

Report Signed:

Report Signer:

HISTORY & PHYSICAL - H00043969807

Page 2 of 2

Lexington Medical Center Triage

Category **3 Potentially Un**

Arrival Date/Time: 2/11/2010 6:58
Triage Time: 7:04
Waiting Room Time: 7:01
Exam Room Time: 7:27

PCP Staff Status: Family Physician
NAGEL, TERRY L, DO

Transported by: Walk-In
Mode: Walked

Police Dept: Custody
Notification: Beat #

Chief Complaint: bloody urine
Onset Time: Location:

Associated Sx / Pertinent History:
blood in urine after falling today at work. States fell on left side. Pain to same.

Past Medical History: Additional:
☐ No Significant PMHx
☐ Asthma ☐ COPD ☐ CAD ☐ Cancer ☐ CHF ☐ CVA
☒ DM ☒ HTN ☐ Psych ☐ Renal ☐ Seizures ☒ Substance Abuse

Medications:
☐ No Meds ☐ Unknown Medications Verified
FLOMAX 0.4MG QD (Q-Daily); CRESTOR 40MG QD (Q-Daily); LISINAPRIL 10MG 1/2 TO 1 QD (Q-Daily)

Allergies: PCN
TB Hx, PPD Pos or No Infectious Exposures?
*If yes to TB or infectious question take precautions

Mental Status / Psychological Eval:
Oriented

Lung Sounds: R L
Clear ☐ ☐
Diminished ☐ ☐
Wheezes ☐ ☐
Rales ☐ ☐
Rhonchi ☐ ☐
Retractions ☐ ☐
Eyes: Equal ☐ ☐
Reactive ☐ ☐
Fixed ☐ ☐
Constricted ☐ ☐
Dilated ☐ ☐
Cataract ☐ ☐

Bladder/Rectal Exam:
Eye: Spontaneous
Verbal: Oriented
Motor: Obeys
Total: 15

Genitals:
Color: Normal
Temp: Normal
Moist: Normal

OB/Gyn:
G P Ab Miscarriages
C 0 0 0

Extremities:
Pulses: All Pulses Intact
ROM: Full ROM

Nutrition: Over Weight

Fall Risk Assessment:
Recent History Of Fall

Plan:
WR Time: 7:01
Triage Nurse: Register, Kelly RN (KFR)
Triage II: KFR
Triage III: KFR

Domestic Violence Assessment:
Are you being hurt by someone you live with or who takes care of you?
Yes/No No
* Mandatory completion of Domestic Violence Referral.

Home Care Planning:
Daily Living: Independent
Living Conditions: Family
Going Home with: Family

Assessing Patient's, Child's or Parent's readiness to learn:
Primary Language: English
Assessed Disability: No Disability
Communication Barrier: ☐
Language Translator: ☐
Motivation Level: Low
Knowledge Level: Low
Comprehension Ability: Low

Patient Name: WILLIAMS, HOMER
Medical Record Number: M001182018
Account Number: H00043988807
DOB: 03/30/1945
Age: 64 Years
Gender: Male

Vitals:
Tem: 97.2
Oral
Rectal
Tympanic

Pulse:
Right
Left: 74

Respirations: 20
Blood Pressure:
Right
Left: 126/80

Pulse Ox: 96%
Weight (Kg): 107 Kg
Height: Head Circumference
Pain Scal: Severe 7 - 8

WBS ☐ LW Completed Tx/Eicped ☐ AMA ☐ AMA Refused ☒ Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS, HOMER

AGE: 64
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182015
ACCT NO: H00043969807
SSN: 249-78-5473
REQ NO: 10-0020837
REPORT NO: 0211-0141

ADMITTING DR: WILLARD, THOMAS B MD
ORDERING DR: DEBORAH B SIMPSON MD

ROOM: 676-1
PT LOCATION: HNT6P2
SIMDEB EM

REPORT STATUS: Signed

ORDERED BY: DEBORAH B SIMPSON MD
LOCATION: REG ER HEDZ2 27
STUDY TYPE: 0211-0045 CAT/CT ABDOMEN/PELVIS W/C

DATE OF EXAM: 02/11/10

CLINICAL DATA: 64M, BLUNT TRAUMA, GROSS HEMATURIA

CT OF THE ABDOMEN AND PELVIS WITH CONTRAST:

TECHNIQUE: Axial CT images were obtained through the abdomen and pelvis following the administration of 125 cc Isovue 370 and oral contrast. Delayed images at four minutes were obtained through the entire abdomen and pelvis.

FINDINGS - ABDOMEN: The visualized lung bases demonstrate some mild atelectasis. No focal lesions are identified in the liver, spleen, adrenal glands or pancreas. The right kidney demonstrates the presence of parapelvic cysts. There are some tiny cortical hypodensities, far too small to characterize. The left kidney also demonstrates the presence of parapelvic cysts. Some of these parapelvic cysts are hyperdense which is a change from the comparison examination of 8/5/08. There is in addition at least two linear defects along the lower pole of the left kidney in keeping with lacerations. There is a small amount of perinephric high density material compatible with hematoma. The hyperdensity within the parapelvic cysts and the collecting system is probably related to acute blood due to the traumatic kidney laceration. Note is made that the left kidney in general has decreased enhancement compared to the right one. The abdominal aorta appears normal in caliber without evidence of periaortic hematoma or definite dissection flaps. There is some fluid tracking along the left retroperitoneum. The bowel appears nondistended. There is no evidence of pneumatosis.

FINDINGS - PELVIS: There is a 6 x 4 cm hyperdensity within the bladder probably related to a blood clot. No significant free fluid or lymphadenopathy noted. There is colonic diverticulosis without definite associated acute inflammatory changes.

Images reviewed on bone windows demonstrate no definite displaced fractures.

IMPRESSION: Findings are compatible with an acute left renal laceration with bleeding into parapelvic cysts and the urinary collecting system. There appears to be a clot within the bladder. Small perinephric hematoma is noted.

The above findings were discussed with Dr. Deborah Simpson at 1000 hours on the date of the examination.

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS, HOMER

AGE: 64
DOB: 03/30/1945
SEX: M

UNIT/MR NO: M001182015
ACCT NO: H00043969807
SSN: 249-78-5473
REQ NO: 10-0020842
REPORT NO: 0211-0239

ADMITTING DR: WILLARD, THOMAS B MD
ORDERING DR: DEBORAH B SIMPSON MD

ROOM: 676-1
PT LOCATION: HNT6P2
SIMDEB EM

REPORT STATUS: Signed

ORDERED BY: DEBORAH B SIMPSON MD
LOCATION: REG ER HEDZ2 27
STUDY TYPE: 0211-0065 RAD/ELBOW COMPLETE LEFT

DATE OF EXAM: 02/11/10

CLINICAL DATA: 64M, FALL

LEFT ELBOW (4 VIEWS):

FINDINGS: Four views of the left elbow demonstrates no definite acute displaced fractures or subluxations. There are advanced degenerative changes and evidence of calcifications overlying the medial as well as the lateral epicondyles as can be seen with chronic calcific epicondylitis. There appears to be a small joint effusion. The later could be related to degenerative disease versus occult trauma. Follow-up is recommended.

ASF

ARIEL A PERTILE MD

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0211-0065 RAD/ELB (73080)
EXAM TECH: DRMAH
HNT6P2/676
REP RELEASED BY: PERALE RAD 02/13/10 1020
ADD RELEASED BY:
JISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

WILLIAMS, HOMER

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: WILLIAMS, HOMER

**AGE: 64
DOB: 03/30/1945
SEX: M**

**UNIT/MR NO: M001182015
ACCT NO: H00043969807
SSN: 249-78-5473
REQ NO: 10-0020843
REPORT NO: 0211-0231**

**ADMITTING DR: WILLARD, THOMAS B MD
ORDERING DR: DEBORAH B SIMPSON MD**

**ROOM: 676-1
PT LOCATION: HNT6P2
SIMDEB EM**

REPORT STATUS: Signed

**ORDERED BY: DEBORAH B SIMPSON MD
LOCATION: REG ER HEDZ2 27
STUDY TYPE: 0211-0066 RAD/CHEST 2 VIEW - PA & LAT**

DATE OF EXAM: 02/11/10

CLINICAL DATA: 64M, FALL, LOWER RIB PAIN

CHEST (2 VIEWS):

COMPARISON: 8/13/07

FINDINGS: Frontal and lateral views of the chest demonstrate low lung volumes. There are no definite focal areas of consolidation, pleural effusion or pneumothorax. The cardiac size is stable. Visualized portion of the spine demonstrates degenerative changes with multiple free-flowing osteophytes noted anteriorly in the mid to lower thoracic spine.

AKH

ARIEL A PERTILE MD

REPORT STATUS: Signed

**ORDER/PROCEDURE: 0211-0088 RAD/CX2 (71020)
EXAM TECH: DRMAH**

HNT6P2/678

PT LOC/ROOM:

REP RELEASED BY: PERALE RAD 02/13/10 1020

ADD RELEASED BY:

DISC DATE:

WILLIAMS, HOMER

DISCHARGE SUMMARY

cc:

PATIENT: WILLIAMS, HOMER

LOCATION: HNT6P2

ADM. #: H00043969807

M.R. #: M001182016

ADMITTED: 02/11/2010

Dictated: 02/17/2010 7:51 AM

DISCHARGED:

Transcribed: 02/17/2010 8:13 AM / lms

PHYSICIAN: BRIAN WILLARD, MD

DATE OF BIRTH: 03/30/1945

ADMITTING DIAGNOSIS(ES): Left renal laceration with gross hematuria.

DISCHARGE DIAGNOSIS(ES): Same.

OPERATIONS/PROCEDURE(S)/TREATMENTS

1. Strict bed rest with nonoperative management of the left renal laceration.
2. Continuous bladder irrigation.
3. Parenteral pain medication.

HISTORY OF PRESENT ILLNESS: Please refer to previously dictated history and physical performed on admission by me.

HOSPITAL COURSE: The patient was admitted to the general surgical floor for nonoperative management of his left renal laceration. The patient did have gross hematuria with clots in the bladder. A 24 French 3 way Foley catheter was placed with gravity drainage and clots were irrigated in the Emergency Department. He was placed on continuous bladder irrigation for the gross hematuria. Over the next few days his urine did clear up and his hemoglobin and hematocrit remained stable. The patient had a significant amount of left flank pain associated with the injury. He did require intravenous pain medications initially for pain control. He was then switched over to oral pain medication with good pain control over the course of his hospital stay. He was initially kept n.p.o. but was then advanced to a diet when it was clear that his hemoglobin and hematocrit were stable. Once his bladder irrigation cleared it was weaned to off. His Foley catheter was removed the day prior to discharge. The patient was able to void adequately with urine that cleared with no clots no passing. He was ready for discharge when noted to be safe and ambulatory on February 17, 2010.

DISCHARGE SUMMARY - H00043969807

Page 1 of 2

LEXINGTON MEDICAL CENTER

DISCHARGE MEDICATIONS: Include his home medications with the exception of the aspirin which he is to hold. Rx Percocet and Colace to be taken as directed.

DISPOSITION: He has been instructed not to lift anything above 15 pounds. He is not to return to work until cleared by me at his follow-up visit. He was given a written excuse for this. He will see me back in the office in 2 weeks.

DATE _____ TIME _____ AM PM

BRIAN WILLARD, MD

Report Signed:

Report Signer:

DISCHARGE SUMMARY - H00043969807

Page 2 of 2

Patient Fact Sheet

Name and Address		Employer	
WILLIAMS, HOMER			
322 CENTER STREET EAST			
PERRY	SC 29137		
Phone:	(803)564-3579	Sex:	M
SS No:	249-78-5473	Marital Status	M
Race:	W	Religion	ME
Birth Date:	3/30/1945	Occupation:	
Patient's Maiden Name:	LURLENE	Phone:	

Nearest Relative	Admission Data
WILLIAMS, NANCY C	Account Number
322 CENTER STREET EAST	Unit Number
PERRY SC 29137	H00043989807
Home Phone: (803)564-3579	Rel: SPO
Business Phone:	Admit Date
WILLIAMS, NANCY C	Admit Time
322 CENTER STREET EAST	ER MD
PERRY SC 29137	2/11/2010
Home Phone: (803)564-3579	8:59
Business Phone:	Triage Time
WALTER P RAWL	Prim Care MD
824 FAIRVIEW ROAD	SIMDEB EM, 01
PELION SC 29123	
Home Phone:	
Business Phone: (803)894-1901	

Guarantor	Emergency Contact
WILLIAMS, HOMER	WILLIAMS, NANCY C
322 CENTER STREET EAST	322 CENTER STREET EAST
PERRY SC 29137	PERRY SC 29137
Home Phone (803)564-3579	Home Phone: (803)564-3579
Business Phone	Rel: SPO
Rel: SP SS: 249-78-5473	Business Phone:
Occ:	WILLIAMS, NANCY C
Employer	322 CENTER STREET EAST
	PERRY SC 29137
	Home Phone: (803)564-3579
	Rel: SPO
	Business Phone:

Patient Fact Sheet

WALTER P RAWL		
824 FAIRVIEW ROAD		
PELION	SC	29123
Home Phone:		Rel:
Business Phone:	(803)894-1901	

Insurance Information

Ins: WALTER P RAWLS	Insured: WILLIAMS, HOMER	
Policy Number: 249785473	Group Number:	Rel: SP
824 FAIRVIEW RD	ATTN SHERI MOSS	
PELION SC	29123	
Phone Number (803)894-1900	FIN WC	
Auth Number		

Patient Name **WILLIAMS, HOMER**Medical Record No. **W001182016**Account Number **H00043985807**Date **2/11/2010****MD Procedures**

Procedure Description	Comments
12:55 MD DS Critical Care Time 31-74 minutes Time 12:56 MD KFR Pulse Ox Time 12:56 MD DS Cardiac Monitor Time 12:56 MD DS Continuous Pulse Ox	99281 CPT 94782-28 CPT

Recommended LOS/CPT/ICD-9 CodePhysician's LOS = **5 99285-26**Nurse's LOS = **5 812 APC****Diagnoses**

Fall Resulting in Striking Against Other Object	E888.1 ICD-9
Renal Laceration	883.0 ICD-9
Hematuria (Gross)	599.7 ICD-9

Notifications

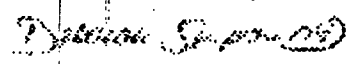
MD Notified	Time Notified	MD Init
WILLARD, THOMAS B., MD Discussed Relevant Hx, Exam, Diagnostic Evaluation & Disposition-Agrees c Plan.	10:01	DS

Secondary Diagnoses

Hypertension	401.9 ICD-9
Diabetes Mellitus	250.00 ICD-9

Disposition	MD	MD Time	Admit
DS	12:56	Admit General Surgery	
Condition	MD	MD Time	Guarded
DS	12:55		

RN	RN Date/ Time	Admit to
MSW	2/11/2010	WILLARD, THOMAS B., MD 14:46

Physician (Print) **Simpson, Deborah MD (DS)**Physician Signature 

Other Physicians

Simpson, Deborah MD (DS)-

Primary RN (Print) **Williams, Mayuri Shah (MSW)**

Other Nurses

Register, Kelly RN (KFR)-Robb, Elaine J., RN (EJR)-Aarons, Darlene K US
(DKA)-Johnston, Kirsten (RAD)-Williams, Mayuri Shah (MSW)-Tedford,
Michelle L (UR)-Bates, John EDT (JAB)-Morales, Denise Fulmer RN
(DFM)-Hammond, Shanon M RN (SMH)-Rawl, Charles S (CSR) EDT-

This chart has been electronically signed via the Empower software.