

19737

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

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

WCC File No 1007936

Darren L Pollack, Employee,

Appellant,

v

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

Respondents

RECORD ON APPEAL

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ATTORNEYS FOR RESPONDENTS

RECEIVED
JUN 13 2012

SC Court of Appeals

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ATTORNEYS FOR RESPONDENTS

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South Carolina Workers' Compensation Commission

1512 Marion Street • Post Office Box 1
Columbia, South Carolina 29202 1715
(803) 737 5723
www.wcc.sc.gov

WCC File # unassigned

Carrier File # _____

Carrier Code # _____

Employer FEIN # _____

Claimant's Name Darren Lee Pollack SSN [REDACTED] Employer's Name Southern Wine & Spirits
Address [REDACTED] Address 332 Bush Drive
City Myrtle Beach State SC Zip 29579 City Myrtle Beach State SC Zip 29579
Home Phone (843) 492 7269 Cell Phone (843) 457 4678 Insurance Carrier Hartford Ins Co of the Midwest
Preparer's Name Stephen B Samuels Law Firm Samuels Law Firm LLC Preparer's Phone # (803) 779 4000

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

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

Date of Injury or Illness 5/20/10☒ Injury ☐ Illness ☐ Repetitive Trauma1a The claimant sustained an injury to back, right leg, groin (Part(s) of Body Injured) On 5/20/10 (Month/Day/Year) in Horry county state of South Carolina1b Body part(s) affected are back, right leg, groinBriefly describe how the accident occurred Lifting full case of liquor

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

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

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

5 Notice of the accidental injury was given to the Employer on 5/20/10 (Month/Day/Year) in the following mannerWritten notice to Joe Green☒ 6 Due to injury the claimant is in need of (check one)☐ (a) medical examination and treatment for☒ (b) additional medical examination and treatment for back, legs and groin☒ 7 Due to injury the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of 6/15/10 and continuing on running award☒ 8 Due to the injury the Claimant has permanent disability of the following nature and extent (check one)☒ (1) General Disability☒ Total☒ (2) Specific Disability☒ Total☒ (3) Wage Loss☐ Partial☒ Partial☐ 9 Due to the injury, the Claimant has a serious bodily disfigurement consisting of10a At the time of the injury the Claimant was paid weekly wages of \$Form 20 needed, and demands accounting of days worked and wages earned as provided by law10b Give names and addresses of all employers for whom the Claimant has worked since the date of the accident
None

11a Further grounds or unusual aspects of claim

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

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

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

14 Estimated time needed for hearing _____

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

Preparer's Signature [Signature]Attorney at Law
Title _____Email stephen@samuelslawfirm.netDate 7-3-10

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

WCC Form # 50
Revised 9/07

50

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

ATTACHMENT

Claimant **Darren Lee Pollack**
WCC File No **Unassigned**

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

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

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

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

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

CERTIFICATE OF SERVICE

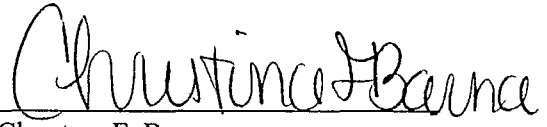
SAMUELS LAW FIRM LLC
1527 BLANDING STREET
P O Box 50349
COLUMBIA SC 29250
(803) 779 4000 ♦ FAX (803) 779 4004

CERTIFICATE OF SERVICE

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

Document served FORM 50 (FILING CLAIM)

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


Christina F. Barna
Paralegal

Dated 7/3/10

South Carolina Workers Compensation Commission

1612 Marion St
P O BOX 1715
Columbia SC 29202 1715
(803) 737 5723



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

Claimant's Name	<u>Darren L. Pollack</u>	Employer's Name	<u>Southern Wine & Spirits of America</u>
Address	<u>[REDACTED]</u>	Address	<u>PO Box 996</u>
City	<u>Myrtle Beach</u>	City	<u>Columbia</u>
State	<u>SC</u>	State	<u>SC</u>
Zip	<u>29579</u>	Zip	<u>29202</u>
Home Phone	<u>()</u>	Carrier	<u>Specialty Risk Services Inc</u>
Work Phone			
Preparer's Name	<u>Cynthia C. Dooley, Esq</u>	Law Firm	<u>Turner, Padgett, Graham & Laney, P A</u>
		Preparer's Phone #	<u>(803) 227 4209</u>

Date of Injury or Illness 3/31/10

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

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

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

Name Stephen B. Samuels, Esquire

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

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

[Signature]
Preparer's Signature

Attorney for Defendants
Title

CDoolley@TurnerPadgett.com
Email

July 27, 2010
Date

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

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



PRE-HEARING BRIEF
WCC File No 1007936

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

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1 Compensation Rate \$689 71 2 AWW Max 2010 Date of Injury 5/20/10
- 3 Type of injury and body part(s) Low back injury
- 4 Facts in controversy Unknown, it appears that claimant is currently receiving medical treatment Claimant was terminated for cause
- 5 Legal issues involved Unknown
- 6 Unusual aspects None
- 7 Witnesses (designate if expert) * Patricia Phillips, Joe Green, Sonny Blocker, Michael Cole, defendants reserve the right to call other witnesses from Southern Wine & Spirits
- 8 Exhibits Priscilla Sumpter vs C R Bard, Inc and Kemper National Insurance Co, Unpublished Opinion No 2002 UP 180 submitted December 19, 2002, filed March 11, 2002, employment file material
- 9 Medical evidence (indicate report pursuant to R 67 612 deposition or appearance)
See APA submissions
- 10 Name, address, and specialty, if any, of the treating physician Dr Brennan
- 11 Impairment rating(s) body part(s), physician and date of opinion
- 12 I am amending my Form 50/51 in the following manner

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

Signature [Signature] Date 10/22/10
Cynthia C Dooley Esq

Email CDooley@TurnerPadget.com

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

Time needed for hearing 1 hour

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R 67 611 and R 67 212 Do not send medical reports
Commissioners reserve the right to admit expert witnesses at hearings

WCC Form # 58
rev 9/07

58

PRE HEARING BRIEF

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



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

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

REQUEST FOR COMMISSION REVIEW

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

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

Please see Attachment to Form 30

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

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

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

Address

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

[Signature]
Preparer's Signature

Attorney for Claimant
Title

January 21, 2011
Date

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

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

ATTACHMENT TO FORM 30

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

WCC File No 1007936

Grounds of Appeal

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W C C FILE NO 1007936

Darren L Pollack,

Employee,

Claimant,

vs

Southern Wine & Spirits of America,

Employer,

AND

Specialty Risk Services Inc ,

Carrier,

Defendants

ORDER

Hearing

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

Appearances

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

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

Purpose of Hearing

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

Decision and Order

Derrick L Williams, Commissioner

Filed

January 7, 2011

STIPULATIONS

Counsel for the respective parties stipulate to the following issues

- (1) The purpose of the hearing is to determine the issues as set forth in Forms 50 and 51 as well as any other issues which may have timely come before the Commission
- (2) Notice of the hearing was timely and properly served upon all parties of interest
- (3) The claimant's average weekly wage and compensation rate are \$1,083 84 and \$689 71 (2010 max), respectively
- (4) Venue, set in Horry County, South Carolina, is proper as agreed upon by all parties
- (5) The claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury to his back on March 31, 2010 while in the employ of the defendant/employer and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case

APA SUBMISSIONS

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

CLAIMANT'S SUBMISSIONS

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

DEFENDANT'S SUBMISSIONS

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

Florence Neurosurgical & Spine

8/9/10

1 page

EXHIBITS

Sumpter v C R Bard

4 pages

Employment File Material

290 pages

STATEMENT OF THE CASE

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

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

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

BIOGRAPHICAL

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

CLAIMANT'S TESTIMONY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINDINGS OF FACT

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

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

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

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

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

6 All issues held in abeyance pending further hearings

CONCLUSION OF LAW

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

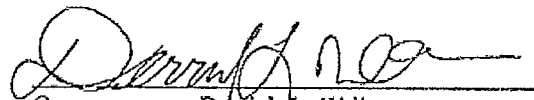
1 Claimant failed to prove that he is entitled to temporary disability benefits See Findings of Fact Nos 1 through 5

ORDER

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

IT IS SO ORDERED

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


Commissioner Derrick Williams

CERTIFICATE OF SERVICE

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

January 7, 2011

By Renee Smith, Administrative Assistant to Commissioner Williams

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

DARREN L POLLACK

EMPLOYEE
CLAIMANT/APPELLANT

-V

SOUTHERN WINE & SPIRITS OF AMERICA

EMPLOYER
DEFENDANT/RESPONDENT

AND

SPECIALTY RISK SERVICES INC

CARRIER
DEFENDANT/RESPONDENT

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

Appellate Panel Decision and Order filed
9/19, 2011

APPEARANCES

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

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

STATEMENT OF THE CASE

The parties were heard by Commissioner Derrick L. Williams November 22, 2010. On January 7, 2011, he issued the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

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

CONCLUSIONS OF LAW

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

ORDER

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

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

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

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

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

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

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

FINDINGS OF FACT

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

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

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

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

19 Pursuant to S C Code § 42-9-260 an employer is required to pay temporary total disability benefits when the employee is out of work due to a reported work related injury. Nothing in this statute can be read for the proposition that an employer may never terminate for cause an employee who is otherwise entitled to receive temporary total disability payments.

20 Claimant was not out of work due to his accepted injury or for the employer's failure to accommodate the work restrictions necessitated thereby. Rather, Claimant was out of work for violating multiple company policies that lead to his termination for cause.

21 The decision of the single commissioner is supported by sufficient legal authority inasmuch as South Carolina law is clear that Claimant is not entitled to temporary total disability payments in light of Southern Wine & Spirit's accommodation of light duty restrictions and his subsequent termination for cause. See S C Code § 42-9-260. However, even under the North Carolina law addressed by Claimant's counsel at oral argument, Claimant is barred from receiving benefits because (1) Claimant was terminated for cause stemming from his own misconduct, (2) the same misconduct would have resulted in termination even if Claimant was not on work restrictions, and (3) the termination was unrelated to his accepted workers' compensation injury.

CONCLUSIONS OF LAW

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

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

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

ORDER

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

AND IT IS SO ORDERED

Full Affirmation

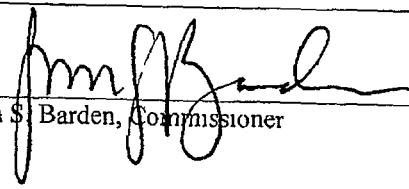
Concur



T. Scott Beck, Commissioner



G. Bryan Lyndon, Commissioner



Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause and has caused the same to be delivered to the attorney or attorneys for said parties.

This 19 day of September 2011
By Valerie D. Deller

Administrative Assistant to the Commissioner

Cynthia C. Dodley
Stephen B. Samuels

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

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

COPY

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

NADINE A GARRETT
COURT REPORTER
POST OFFICE BOX 1205
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803-834-3410

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NADINE A GARRETT
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NADINE A GARRETT
 COURT REPORTER
 803-834-3410

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

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

9 We're here on the Forms 50 and 51

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

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

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

18 MS DOOLEY 255?

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

21 THE COURT I have 249

22 MS DOOLEY 249?

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

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

4 MR SAMUEL Did you do a second one?

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

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

11 Any other objection, Mr Samuels?

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

14 THE COURT Ms Dooley?

15 MS DOOLEY None, Your Honor

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

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

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

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

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

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

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

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

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

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

22 Let's swear the Claimant in, please

23 **DARREN POLLACK,**

24 having been first duly sworn, testified as follows

25 THE COURT Mr Samuels

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Darren Pollack - Direct Examination by Mr Samuels⁷

1 MR SAMUELS Thank you, Your Honor

2 DIRECT EXAMINATION

3 BY MR SAMUELS

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

7 A Yes

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

10 A Yes, they were

11 Q Were you surprised that you got terminated?

12 A Yes, I was

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

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

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1 question?

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

4 A I believe the date was May 27th

5 Q May 27, 2010?

6 A 2010

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

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

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

16 A No

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

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

20 Q And how often were the vehicles washed?

21 A Typically once a month

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

25 A Yes, I have

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1 Q And for example, what might that be?

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

7 Q And are those ordinarily reported?

8 A No

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

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

16 Q What did you do in response to that?

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

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

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

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

- 1 A Yes My supervisor, direct supervisor, Joe Green
2 came down to Myrtle Beach I asked if I could meet
3 with him while he was there, since I was still on
4 suspension, and I did And at that time, Joe said,
5 you know, "Well, by looking at the mark on the
6 vehicle, I think we're going to consider this an
7 accident I need you to fill out an accident report "
8 So, under Joe's directions, I filled out that accident
9 report
- 10 Q And let me show you page 252, 253, and 254 of the
11 Defense APA submission Is this the accident report
12 you filled out?
- 13 A Yes, it is
- 14 Q And is that - was it filled out as dated here, June 2,
15 2010?
- 16 A Yes, it was
- 17 Q When you filled out the accident report, did you have
18 to do anything else?
- 19 A Later on that afternoon I received a phone call from
20 Sonny Blocker, who is Joe Green's supervisor And he
21 told me since it was considered an accident, to go
22 ahead and take your drug test and breath alcoholizer
23 (sic) test at Doctors Care
- 24 Q Did you take the drug test?
- 25 A Yes, I did Immediately

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1 Q Did Southern Wine & Spirits reinstate you?

2 A Yes, they did On that Friday I went and saw the
3 doctor, told Joe what my restrictions were And Joe
4 told me that he could no longer keep me out of work
5 He didn't feel it was necessary And let me come back
6 to work that Friday

7 Q And did you believe that was the end of things?

8 A Yes

9 Q Did they ultimately terminate you?

10 A Yes, they did

11 Q Did they do it immediately upon the learning of the
12 incident of allegedly not reporting an accident?

13 A No, they did not

14 Q When were you actually terminated?

15 A June 15, 2010

16 Q And this was after you had been back working for 13
17 days?

18 A Yes

19 Q Were you working light duty under your doctor's
20 restrictions at the time?

21 A Yes, I was

22 Q After you were terminated, did you apply for
23 unemployment compensation?

24 A Yes, I did

25 Q Were you able to get unemployment compensation?

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1 A No, I am not

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

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

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

9 A Yes, I have

10 Q Have you found any work?

11 A No, I have not

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

14 A Yes

15 Q Did you quit your job?

16 A No, I did not

17 Q Did you try to get fired?

18 A No, I did not

19 Q Did you expect to get fired?

20 A No, I did not

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

23 A No, I did not

24 MR SAMUELS I have no further questions

25 Please answer any questions Ms Dooley has for you

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Darren Pollack Examination by the Court .

13

1 THE COURT Hang on a second

2 EXAMINATION

3 BY THE COURT

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

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

15 Q And that was three days suspension?

16 A Yes

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

21 A Yes

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

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

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Darren Pollack - Cross Examination by Ms. Dooley

14

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

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

9 Ms Dooley

10 CROSS EXAMINATION

11 BY MS DOOLEY

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

15 A On June 15th?

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

17 A Yes, ma'am

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

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

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

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1 properly, is that correct?

2 A Yes

3 Q Which is company policy, is that correct?

4 A To?

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

7 A If there is property damage, yes

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

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

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

15 A Yes, ma'am

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

19 A Yes, ma'am

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

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

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

Darren Pollack - Redirect Examination by Mr. Samuels

16

1 the vehicle was?

2 A No, I do not

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

4 THE COURT Any redirect?

5 MR SAMUELS Yes, Your Honor

6 REDIRECT EXAMINATION

7 BY MR SAMUELS

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

11 A Yes

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

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

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

18 A Yes, it is

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

22 A No Not as I understood it

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

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1 A Yes

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

4 A Yes, I did

5 Q How did you learn that?

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

9 Q Sure

10 A That all -

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

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

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

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

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

4 THE WITNESS Yes, sir

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

7 THE WITNESS It brushed up -

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

11 THE WITNESS Jessie was extremely irate would be
12 -

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

17 THE WITNESS Yes, sir

18 THE COURT Mr Samuels, you can go ahead

19 BY MR SAMUELS

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

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

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

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

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

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

13 A Yes, I did

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

16 A No

17 Q Were you better off working?

18 A Yes, I was

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

22 A Absolutely

23 Q Did you want to lose your job?

24 A No

25 MR SAMUELS No further questions

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

1

EXAMINATION

2 BY THE COURT

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

7 A Since there was property damage to -

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

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

13 THE COURT Any other questions for him?

14 RE-CROSS EXAMINATION

15 BY MS DOOLEY

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

18 A Yes, ma'am

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

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

25 Q You signed saying that you read it?

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1 A That I received it

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

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

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

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

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

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

17 MR SAMUELS No, Your Honor

18 THE COURT Any other witnesses from the
19 Claimant?

20 MR SAMUELS None from the Claimant, Your Honor

21 THE COURT Any witnesses, Ms Dooley?

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

24 THE COURT Sure We can swear Mr Blocker in

25 ///

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Sonny Blocker - Direct Examination by ms. Dooley

22

1 SONNY BLOCKER,

2 having been first duly sworn, testified as follows

3 DIRECT EXAMINATION

4 BY MS DOOLEY

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

7 A Lucius (phonetic) Benjamin Blocker, III

8 Q And where are you employed?

9 A Southern Wine & Spirits in Columbia

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

12 A Sixteen years

13 Q And what is your position?

14 A Plant manager

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

17 A Yes, ma'am

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

20 A He was drivers' supervisor in Myrtle Beach

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

23 A I think it's been about ten years

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

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- 1 A Yes, ma'am
- 2 Q And were you also called upon to make sure that
- 3 company policy was adhered to?
- 4 A I am
- 5 Q And what is the company policy as far as accidents?
- 6 A The policy is that if there is any accident or
- 7 incident, it's supposed to be reported to your
- 8 supervisor immediately
- 9 Q And in that policy, does it call out if it's over a
- 10 certain amount of damage or is it any or how does it
- 11 read?
- 12 MR SAMUEL Your Honor, I object to hearsay
- 13 She's asked him how does it read
- 14 THE COURT Can you rephrase your question?
- 15 BY MS DOOLEY
- 16 Q What is your understanding of the policy?
- 17 A Any incident or accident
- 18 Q Regardless of the amount?
- 19 A Yes, ma'am
- 20 Q And are there also safety meetings that you have or
- 21 the company has?
- 22 A We do quarterly safety meetings at all our branch
- 23 locations and in Columbia
- 24 Q And is that part of what is called out during the
- 25 safety meetings?

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

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

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

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

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

23 MR SAMUELS Beg Your Honor's indulgence

24 THE COURT All right

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

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

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

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

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

24 MR SAMUELS The subpoena?

25 THE COURT No The document

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

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

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

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

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

14 BY MS DOOLEY

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

18 A Yes

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

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

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

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1 A Yes, ma'am I would think so

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

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

5 Q The accident which caused his termination

6 A Yes

7 Q And that involved one of his drivers?

8 A That's correct

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

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

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

7 Q Eventually did he complete a report?

8 A Yes, ma'am

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

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

12 Q And what was the reason for his termination?

13 A Not reporting an accident

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

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

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

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

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Sonny Blocker - Cross Examination by Mr. Samuels

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

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

6 THE COURT Mr Samuels

7 CROSS EXAMINATION

8 BY MR SAMUELS

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

12 A That's correct

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

16 A That's correct

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

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

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

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

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

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

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

5 A The truck has been repaired, but -

6 Q By a body shop?

7 A Yeah But that was in -

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

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

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

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

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

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

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

- 1 result in immediate termination, is that correct,
2 that's the policy?
- 3 A That's correct
- 4 Q But the only person that you're aware of that's been
5 terminate for violating that policy is Mr Pollack,
6 correct?
- 7 A I don't have names and dates, but we've terminated
8 other people for not reporting an accident
- 9 Q You have not reporting anybody for causing something
10 that didn't even need to be repaired, correct?
- 11 A No It would have eventually been repaired
- 12 Q But you haven't terminated anybody for failing to
13 report a similar incident, such as this, correct?
- 14 A I don't remember nothing exactly like that
- 15 Q Now, when you did your investigation, it was on June
16 2, 2010, correct?
- 17 A I'm not sure of the date
- 18 Q Well, you had Mr Pollack fill out an accident report
19 on that date, correct?
- 20 A (No verbal response)
- 21 Q And he complied, correct?
- 22 A Right
- 23 Q And he took a drug test, correct?
- 24 A Yes
- 25 Q So, once you had explained to him that he violated the

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

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

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

6 A (No verbal response)

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

10 A (No verbal response)

11 Q You didn't?

12 A I didn't

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

14 A No

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

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

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

25 A Okay

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

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

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

8 A Yes, sir

9 Q That was light duty with a company doctor

10 A Correct

11 Q Do you know what his actual restrictions were?

12 A No, sir

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

17 A Okay

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

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

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- 1 Q Yes, sir His regular job
- 2 A Yeah I mean, I think he could supervise his people
- 3 without doing any lifting
- 4 Q That was the accommodation what was made for him,
- 5 correct?
- 6 A Yeah
- 7 Q But normally he would be required to do some lifting,
- 8 wouldn't he?
- 9 A He would, if he drove a truck That's correct
- 10 Q And he would also be required to do repetitive
- 11 bending, stooping, squatting, pushing, jerking,
- 12 twisting, and bouncing
- 13 A He could
- 14 Q He'd have to do a good bit of walking He'd have to
- 15 do overhead lifting
- 16 A Sure Some
- 17 Q My point is, if somebody came to you and applied for a
- 18 job as a driver or a driver's supervisor with these
- 19 restrictions, you couldn't hire that person, could
- 20 you?
- 21 A I don't know that I would know that
- 22 Q If you were informed of those restrictions, you
- 23 wouldn't be able to hire that person for that job,
- 24 would you?
- 25 A Like I said, I don't - it's not on an application and

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Sonny Blocker - Redirect Examination by Ms. Dooley

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

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

6 A Not for that position, no, sir

7 MR SAMUELS Thank you I have no further
8 questions

9 THE COURT Any redirect?

10 REDIRECT EXAMINATION

11 BY MS DOOLEY

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

15 A Oh, yes We always try to do that

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

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

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

22 A Absolutely

23 MS DOOLEY Nothing further

24 MR SAMUELS I have a -

25 THE COURT Go ahead

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Sonny Blocker - Re-Cross Examination by Mr. Samuels

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1 RE-CROSS EXAMINATION

2 BY MR SAMUELS

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

5 A I would think so

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

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

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

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

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

15 A I have no idea

16 MR SAMUELS Thank you

17 EXAMINATION

18 BY THE COURT

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

25 A That's correct, sir

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

6 A Right

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

12 A That's correct

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

15 MS DOOLEY I think we're done

16 THE COURT Anything else from the Claimant?

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

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

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

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

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

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

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

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

20 (THE HEARING CONCLUDED AT 1 56 PM)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON) CERTIFICATE

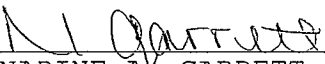
BE IT KNOWN THAT I TOOK THE FOREGOING
WORKERS' COMPENSATION HEARING,

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

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

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

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



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

NADINE A GARRETT
COURT REPORTER
803-834-3410

058/069

P 69



medical office

Doctor Care Radiology Form

Library Interjection and Review



X Ray # 1 267 Office CAROLINGA FOREST Date 03/31/11

Patient Name DOLLER, EXCEL Patient ID 5303Lc DOB [REDACTED] Age 31

Reque Provider Lt Pregnancy Status A Sex M

Operator Signature L History LBP → (R) foot x 5 days @ Trauma

Film Times

☐ Abd Ant 1V 7400	☐ Finger 3V /3140	☒ LS Spine 3V 72100	☐ Sinuses 2V /0210
☐ Abd Ant 3V 7100	☐ Foot 2V 73620	☐ Mandible 3V /0100	☐ Sinuses 3V 70220
☐ Ant 3V 73610	☐ Foot 3V 73630	☐ Nasal 3V 70160	☐ Skull 2V 70750
☐ CS - 3V 72040	☐ Foot FB 2V /3620	☐ Neck ST 2V 70360	☐ Skull 4V /0260
☐ CS - 5V 7700	☐ Forearm 2V 73090	☐ Osteoarthritis 2V 73650	☐ T Spine 2V 72070
☐ C 1V 71010	☐ Hand 2V 73120	☐ Pelvis 1V 72170	☐ Thumb 3V 73140
☐ C 2V 71020	☐ Hand 3V 73130	☐ Ribs 4V 71101	☐ Tib & Fib 2V /3590
☐ C 3V 73070	☐ Hip 2V 73510	☐ Ribs Bilat 4SV /1111	☐ Toes 3V 73660
☐ Cr 2V /22	☐ Humerus 2V 73060	☐ Sacrum 2V 72220	☐ Wrist 2V 73100
☐ Elbow 2V 73071	☐ Knee 2V 73560	☐ Scapula 2V 73010	☐ Wrist w/ Nav 3.5 /3110
☐ ELU 4V 7308C	☐ Knee & Sun 3+1 73564	☐ Shoulder AC 2V /3050	☐ Add View 1V 70001
☐ F 2V /3550	☐ Knee & Tun 3+1 73564	☐ Shoulder 2V 73030	

☐ Urinary X-ray Location _____ # of Views 3 Code 2100

Doctor's Report and Interpretation
+ mostly L5 S₁ + L4 S₅

Right or Left Extremity ☒ R ☐ L
Lead Shielding Used ☐ Y ☒ N
Is Patient Pregnant ☐ Y ☒ N
Circle # of Films Taken 1 2 3 4 5

[illegible]

Do Full

we s (e) action(s) Signature Date

on s ☐ No

e) yes ☐ No

If no steps initiated (describe)

[MED F006 (4-08)]

1280

12 25

DOCTORS CARE

CHECKOUT TIME

TICKET NO.

DATE	TIME	LOCATION	TICKET NO.
04/05/10	12:13pm	DR CAROLINA FOREST	704240
NAME ADDRESS		MONDAY	
FOLIOCK, DARREN		DOB [REDACTED] (71 years)	INSURANCE BALANCE \$85.00
[REDACTED]		GENDER M	ACCOUNT BALANCE \$285.00
M RILEY BLANCH ST 9370		IBG	CURRENT CHARGES [REDACTED]
[REDACTED]		CELL 457-4078	AMOUNT PAID \$20.00
[REDACTED]		RELATION SELF	NEW BALANCE
[REDACTED]		LODAY 7000	CASH CHECK M.O. C.C.
[REDACTED]			1/1
HISTOP		ROS (I or O)	PREVENTIVE (year of last)
Di [REDACTED]		Fever Chills	Circle recommendations
HTN [REDACTED]		N V D Constip	Tetanus Women Men
CV [REDACTED]		SOB CP	Cholesterol LMP PSA
CA [REDACTED]		Headache Fatigue	Colonoscopy PAP Rectal
Su g-t [REDACTED]		UTI Sx & Compl	Flu Shot Mamm
Prex ch [REDACTED]			Pneumovax BMD DEXA
[REDACTED]			Allergies NKOR
[REDACTED]			Medications Lorab, strapred, Flexeril, Advil
[REDACTED]		Chief Complaint	
[REDACTED]		LC LUMBAR EVALUATION - Flu from 03/31/10	
[REDACTED]		Wt 170 Resp 15 Temp 98.7	
[REDACTED]		Micro 03/17/10 - 01815 HPI (4 items)	
[REDACTED]		Pa. better; some numbness in lateral @ leg	
[REDACTED]		5+/- 5+ DTR AT 2x m	
[REDACTED]		12-60 m @ spine	
[REDACTED]		Deliver MCT for now	
[REDACTED]		Lab sent out	
[REDACTED]		Microalbumin EKG	
[REDACTED]		H Pylori HbA1c X Ray	
[REDACTED]		FBS KOH IV	
[REDACTED]		U Preg Wet Prep Inject / Rx	
[REDACTED]		Heme	
[REDACTED]		Lumbar Radiculopathy 7244	
[REDACTED]		Referrals Tests Treatments	
[REDACTED]		Prescriptions / OTC Meds	
[REDACTED]		Side Effects Discussed	
[REDACTED]		PSR Notes	
[REDACTED]		ESTAB	
[REDACTED]		99214 - 132	
[REDACTED]		60	
[REDACTED]		MD DO PA FNP	
[REDACTED]		diagnosis to p [REDACTED]	
[REDACTED]		derel n th (noqua) (mde) has been [REDACTED]	
[REDACTED]		extd health informat to p p [REDACTED]	
[REDACTED]		physici sp [REDACTED]	
[REDACTED]		Palack	
[REDACTED]		Date 04/05/10	
[REDACTED]		care to p kio [REDACTED]	
[REDACTED]		Date	

RETURN TO WORK FORM

GRAND STRAND AREA

☐ AROLINA OREST
00 Middle g Drive
My De h S C 20 79
903-69-00

☐ CONWAY MAIN STREET
1400 Ma Street
Co way S C 29528
381 8208

☐ NORTH MYRTLE BEACH
1714 Highway 17 South
N th Myrtle Beach S C 29582
381-0705

☐ SURFSIDE MEDICAL CENTER
600 Hwy 17 North
Surfside Beach S C 29575
238 461

☐ CONWAY 501
13 C on Street
Co way S C 29526
248 600

☐ GEORGETOWN
1088 North Fraser Street
Georgetown S C 29440
45 7200

☐ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach S C 29 77
626-9378

☐ _____

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Durham

12:25

12:30

approx. 10 (9 boxes)

Duty was as of _____ without accommodations

approx. 10 (9 boxes)

Duty was as of _____ without accommodations

approx. 10 (9 boxes)

Duty was as of _____ without accommodations

approx. 10 (9 boxes)

Duty was as of _____ without accommodations

approx. 10 (9 boxes)

Duty was as of _____ without accommodations

Qm 2 10 50

LEAVE TIME 11:45

P73

08/01

TUE 11 / FAX 343 903 0758 DR CARE CAROLINA FOREST

0056/069

RETURN TO WORK FORM

GRAND STRAND AREA

☐ CAROLINA FOREST
200 Middleburg Rd
Myrtle Beach SC 29579
903 6850

☐ CONWAY MAIN STREET
1400 Main Street
Conway SC 29528
381 8208

☐ NORTH MYRTLE BEACH
1714 Highway 17 So. Bk
North Myrtle Beach SC 29587
361-4705

☐ SURFSIDE MEDICAL CENTER
1000 Hwy 17 North
Surfside Beach SC 29575
238 1461

☐ CONWAY 501
1113 Church Street
Conway SC 29526
248 6269

☐ GEORGETOWN
688 North Faison Street
Georgetown SC 29440
535 7200

☐ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach SC 29577
626-9379

☐ _____

Name

Date

Address

Disability

Comments

Work

☐☐☐☒☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

appropriate boxes)

work as of _____ without accommodations

medical condition

date modified duty _____

work date full duty _____

situation at this office on _____

Time _____

following accommodations as of _____

31 _____ 25 lbs

no loud or fast moving machinery no driving

no ladders or heights

stooping squatting pushing jerking twisting or bouncing

standing and/or sitting

no climbing (includes stairs)

medical improvement (MMI)

this office on _____

Wed 4/15/10

Time

8A-5P

TIO S

Is needed

☒ Diagnosis

Back pain

☐ Do not remove dressing

☐ Home exercise instructions given

☐ Apply ice every _____

☐ Follow instruction sheet given

☐ Apply heat every _____

☐ Bed rest for _____

☐ Immobilizer/keep taped

to Therapy or another physician please complete this section)

Date

Time

in what to do for my follow up care I have received a copy of these instructions for

Date

Date

4/18/10

Apr 30 2010 6 12PM

No 2007 P 2

InMeda

Diagnostic Services of S C, LLC

PATIENT NAME

DARREN POLLACK

DOB

MR#

415909

DATE OF STUDY

4-20-2010

REFERRING PHYSICIAN

B SCOTT

ULTRASOUND SCROTUM

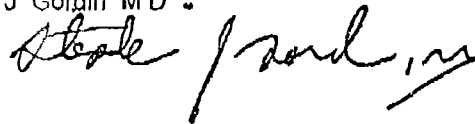
HISTORY Right testicular pain

TECHNIQUE Handheld sonographic evaluation of the

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

IMPRESSION Essentially unremarkable exam

Sonographer J. Gordin MD



SJC:std

WHL

28

4/30/10

4701 C Oleander Dr
Myrtle Beach SC 29577
T (843) 692 0040 F (843) 692 0046

UCF medical affiliates

Laboratory Report



- ☐ STAT
☐ WAITING
☐ NOT WAITING

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

53036	[REDACTED]	32	M	Rev Lumber strain
Medical Record #	DOB	Age	Sex	Clinical Information

URINALYSIS

ROUTINE	MICROSCOPIC
Color <u>Amber</u>	WBC (0-3/hpf)
Appearance <u>Clear</u>	RBC (0-3/hpf)
Glucose (neg)	Epith
Bilirubin (neg)	Casts (neg)
Ketones (neg)	Crystals
Sp Gr (1.00-1.03) <u>1.030</u>	Bacteria
Blood (neg)	Amorphous
pH (5.0-7.0) <u>5.0</u>	Mucous
Protein (neg)	
Urobilin (neg)	
Nitrite (neg)	
Leukocyte (neg)	

Doctor's Care
 200
 Myrtle 4 SC 1.70
 CLIA # 107 131

CHEMISTRY

Glucose mg/dl
 70 - 115 mg/dl

☐ Fasting ☐ Random
☐ Venous ☐ Finger stick

WET PREP KOH

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

MISCELLANEOUS

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

OTHER LABS

1105	1107
Time	Time
Performed By	
Time	
Reviewed By	
Time	
Date	

[LAB F001 (7-07)]



RETURN TO WORK FORM

GRAND STRAND AREA

☐ CAROLINA FOREST
200 Middleburg Drive
Myrtle Beach SC 29579
903-6650

☐ CONWAY MAIN STREET
1400 Main Street
Conway SC 29528
361-8208

☐ NORTH MYRTLE BEACH
1714 Highway 17 South
North Myrtle Beach SC 29582
361-0705

☐ SUNFISIDE MEDICAL CENTER
800 Hwy 17 North
Sunrise Beach SC 29575
238-1461

☐ CONWAY 501
13 Church Street
Conway SC 29526
248-6209

☐ GEORGETOWN
1068 North F Street
Georgetown SC 29540
545-7200

☐ GRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach SC 29577
628-9379

NAME POLLACK, DARRENDATE 4/28/10

ARRIVAL TIME _____

DISCHARGE TIME _____

COMPANY NAME _____

WORK STATUS (Check appropriate boxes)

☐ 1 May perform Full Duty work as of _____ without accommodations☐ 2 Off Duty due to work related condition

Estimated return to work date modified duty _____

Estimated return to work date full duty _____

Return for re-evaluation at this office on _____

Time _____

☒ 3 May work with the following accommodations as of 4/28/10☒ No lifting more than 25 lbs☐ No operation of hazardous or fast moving machinery no driving☐ Ground level work only no ladder or heights☐ No repeated bending stooping squatting pushing jerking twisting or bouncing☐ No continuous standing and/or sitting☐ Minimum walking climbing (includes stairs)☐ Limited use of _____☐ No overhead lifting☐ No high repetitive hand activities for extended periods of time☐ No use of _____☐ 4 Has reached Maximum Medical Improvement (MMI)☒ 5 Return for re-evaluation at this office on 5/5/10Time 12:00 PM

COMMENTS _____

PATIENT DISCHARGE INSTRUCTIONS

Medications ☐ as directed ☐ as needed

Wound care or injury Care

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

EMPLOYEE SIGNATURE Darren Date _____

PHYSICIAN SIGNATURE _____ Date _____

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

Diagnostic & Referral Prescription Form

Patient Name Kollaich, Darren Date _____
 DOB _____ Home Phone _____ Cell Phone _____
 Insur _____ Ins Number _____
 Doctor Care Provider _____

Route (7-14 day) _____

ASAP (48-96 Hours)

STAT (Today)

Refer

Cardiol _____ Dermatol _____ Endocrine _____ ENT _____ GI _____ OB/GYN _____ Heme/Oncology _____ Nephrology _____

Neurology _____ Ophthalmology _____ Orthopedics _____ Psychiatry _____ Psychology _____ Oncology _____ Hematology _____

Surgery _____ Urology _____ Podiatry _____ Other _____

Preferred Provider Office _____

Preferred Date & Time _____

Diagnostic Procedures

CT _____ MRI _____ RA US _____ Doppler (Arterial/Venous) _____ Mammogram _____ DEXA _____ Nuclear Medicine _____

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

Liver _____ Kidney _____ Kidney Stone Protocol _____ Sleep Study _____

Other note _____

Diagnosis Rt hip/groin pain several days

Provider Dr. [Signature]

Appointment Info _____
 Date _____ Time 1:00 pm

Provider In Med

Address _____

Phone _____ Fax _____

Chart Fax _____ Patient Notified _____

Special Instructions _____

* Pt choose to
wait 2 weeks'
Wait for pt. to
call us HK

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

Diagnostic & Referral Prescription Form

Patient Name Darren Pollack Date 5-3-10
DOB 4/6/78 Home Phone (843) 492 7269 Cell Phone Cell 457-4678
Insurance BCBS Ins Number _____
Doctors Care Provider: Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

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

Preferred Provider or Office

Dr. L. Dickinson

Preferred Date & Time _____

Diagnostic Procedures

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

Other _____

Diagnosis

② groin pain - S/P ② hernia repair

Provider Signature

[Signature]

Appointment Info

Date

Time

Provider/Practice

Address

Phone

Fax

Chart faxed

Patient Notified

Special Instructions

DOCTORS CARE

12/10

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
4/1050	12/10		
NAME & ADDRESS			INSURANCE BALANCE
[REDACTED]			ACCOUNT BALANCE
[REDACTED]			CURRENT CHARGES
[REDACTED]			AMOUNT PAID
[REDACTED]			NEW BALANCE
[REDACTED]			CASH CHECK M.O. C.C.
HISTORY (or + or details)			PREVENTIVE (year of last)
Personal Hx	Family Hx	Social Hx	Circle recommendations
DM	DM	Alcohol	Tetanus
HTN	HTN	Tobacco	Cholesterol
CV	MI	Drugs	Colonoscopy
CA	CA	Reg Exer	Flu Shot
Surg	Surg	Occup	Pneumovax
ROS (I or O)			Women
Fever Chills			LMP
N V D Constip			PAP
SOB CP			Mamm
Headache Fatigue			BMD DEXA
UTI Sx & Compl			Men
			PSA
			Rectal
Allergies			Medications
Prev chart rev no sig chg			MCMA
Above Hx reviewed			
WGT	BP	Pulse	Resp
134	86	76	16
Temp	97.9		
Chief Complaint			
a little stiff - Back still a little stiff - 7 surgical eval needed			
PHYSICAL (see reverse) Omit if N/A			
HPI (4 items)			
Doing ok - intermittent numbness lateral @ toes			
p/wearment/ment - Reprints feel dirty			
PE - Stiff ST RLE. Loss @ AS 1-2 + a @			
Pt again declining MRI L-spine - advised would like to see it any day treatable/correctable before permanent damage occurs (he understands & declines MRI for now)			
Tests/Labs (in house)			
CBC			
Strep			
Mono			
U/A			
Labs sent out			
H Pylon			
FBS			
U Preg			
Heme			
Microalbumin			
HbA1c			
KOH IV			
Wet Prep			
EKG			
X Ray			
Inject / Rx			
ASSESSMENT / DIAGNOSIS/ES			
Lumbar radiculopathy 7244			
Patient Care Instructions Discussed			
Lifestyle Modification			
Date to Return			
If worse			
If not better			
For Follow Up			
Go to ER if			
Off Work / School			
Restrictions			
Note if out of state we will call w/ results positive or negative if you haven't heard from us in 5-7 days after the test please call us			
Referrals Tests Treatments			
Prescriptions / OTC Meds			
Side Effects Discussed			
PSR Notes			
99244 - 132			
66			
Start			
1. I voluntarily consent to the health care treatment and diagnostic procedure performed by Doctor Care and its associated physician, nurse and other personnel I am aware that the practice of medicine and the health care profession is a dynamic and constantly evolving field and that the use of new treatments or examinations at Doctor Care may be necessary for the best care of my health.			
2. I understand the two and a half hour procedure and the purpose of the procedure is to provide the best care for my health.			
3. I understand the risks and benefits of the procedure and I agree to the procedure.			
Patient or Authorized Person Signature			
Date			
5-5-10			
4. Work Compensation: I hereby authorize Doctor Care to seek to obtain information from my employer or other professional involved in my care or rehabilitation regarding my medical records.			
Patient or Authorized Person Signature			
Date			



RETURN TO WORK FORM

GRAND STRAND AREA

☐ CAROLINA FOREST
200 Middleburg Dr
Myrtle Beach, SC 29578
903-6850

☐ CONWAY MAIN STREET
1400 Main Street
Conway, SC 29528
381-8208

☐ NORTH MYRTLE BEACH
1714 Highway 17 South
North Myrtle Beach, SC 29582
351-0705

☐ SURFSIDE MEDICAL CENTER
1800 Hwy 7 North
Surfside Beach, SC 29375
238-1481

☐ CONWAY 601
1113 Church Street
Conway, SC 29526
248-6269

☐ GEORGETOWN
1066 North Fraser Street
Georgetown, SC 29405
57200

☐ STRAND MEDICAL CENTER
1220 21st Avenue North
Myrtle Beach, SC 29577
646-9379

NAME Pollack, DarrenDATE 5/5/10ARRIVAL TIME 10 44DISCHARGE TIME 12 15

COMPANY NAME _____

WORK STATUS (Check appropriate boxes)

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

COMMENTS _____

PATIENT DISCHARGE INSTRUCTIONS

Medications ☐ as directed ☐ as needed

Wound Care or Injury Care

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

EMPLOYEE SIGNATURE [Signature] Date 5/5/10PHYSICIAN SIGNATURE [Signature] Date 5/5/10



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

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

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

Employee Name DARREN POLLACK Date 5/20/10

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

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

Tricia Phillips
Authorizing Signature

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO

A Employer Name Address ID No		B MRO Name Address Phone and Fax No	
C Donor SSN or Employee ID No <u>151076045</u>			
D Donor Name Last <u>ROBERTA PAULINA</u>		First <u>JAN</u>	
E Donor ID Verified ☒ Photo ID ☐ Emp Rep			
F Reason for Test ☐ Pre employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow up (23) ☐ Other (specify) (99)			
G Drug Tests to be Performed			
H Collection Site Name <u>151076045</u>		Collection Site Code <u>56-4</u>	
Address <u>111 N. 1st St.</u>		Collector Phone No <u>151076045</u>	
City State and Zip <u>71212</u>		Collector Fax No <u>151076045</u>	

STEP 2 COMPLETED BY COLLECTOR

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

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

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

X <u>6:00 AM</u> Sig <u>111 N. 1st St.</u> (P) (I) (A) (N) (F) (M) (L) (U)		SPECIMEN BOTTLE(S) RELEASED TO ☒ Quest Diagnostics Courier ☐ FedEx ☐ Other Name of Delivery Ser <u>151076045</u> (urring Spec mon to Lab)	
RECEIVED AT LAB X Sig at TA (P) (I) (A) (N) (F) (M) (L) (U)		Primary Specimen Bottle Seal Intact ☐ Yes ☐ No Enter Remark Below	

STEP 5 COMPLETED BY DONOR

X <u>111 N. 1st St.</u> (P) (I) (A) (N) (F) (M) (L) (U)		(PRINT) <u>JAN PAULINA</u> D t (Mo/Day/Yr) <u>8/21/10</u>	
D vt PLO N <u>(647) 457 4678</u>		C gph g No <u>(647) 457 4678</u>	

COPY 3 COLLECTOR COPY

05/20/2010 THU 16 02 FAX 843 90. 8 DR CARE CAROLINA FOREST

May 20 2010 06 00pm P001/001

001/001

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

**Workers' Compensation
Authorization Form**

UCI medical affiliates



Patient Information

X Patient Name Darren Pollack X Date of Injury Unknown 5/20/10

X Type of Injury Unknown lifting box - strained back

Company Information

X Company Name Southern Wine & Spirits of SC X Contact Person Tracie Phillips

X Company Address New Richard St X Phone # 803 695 7630

X WKC Carrier Name SRS X WKC Contact Person Unknown X Fax Ex 153

X WKC Carrier Address PO Box 996 X Phone # 803 695-4436

Name of Temporary Agency _____ Temporary Agency Contact Person _____

Temporary Agency Address _____ Phone # _____

Temporary Agency's WKC Carrier Name _____ Temporary Agency's WKC Contact Person _____

Temporary Agency's WKC Carrier Address _____ Phone # _____

Additional Information

X Is a drug screen required? ☒ Yes ☐ No If Yes What Type? Spanel

X Has the employer filled out a 1st Report of Injury? ☐ Yes ☒ No non-Nick

This certifies that the above information is correct.

I authorize the medical provider to provide medical treatment to the employee named above.

X Signature of Company Authorization Number [Signature] X Date 5/20/10

X Printed Name Tracie Phillips X Position Title HR

Form Information

Form Completed By

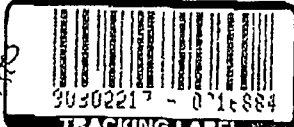
Initials

Center

Date

[WKC-F002 (4-08)]

DOCTORS CARE

ACCOUNT NUMBER		DATE	TIME	LECKOUT TIME	TICKET NO.
52036		05/20/10	04 48pm	7:10	728505
NAME & ADDRESS FOLLACK, DARREN MYRTLE BEACH, SC 29579 843-49C-7269			DOB [REDACTED] GENDER M IBG CELL 457-4678		INSURANCE BALANCE \$0.00 ACCOUNT BALANCE \$0.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE
INSURED POLLACK DARREN INS WC/SOUTHERN WINES AND SPIRITS REASON WPC INJURY * NON NIDA UDS NICKNAME			RELATION OTHER COFAY WPC		CASH CHECK M.O. C.C.
HISTORY (or + or details)		ROS (I or O)		PREVENTIVE (year of last)	
Personal Hx Family Hx Social Hx DM DM Alcohol <u>0.005</u> HTN HTN Tobacco CV MI<50 Drugs CA CVA Reg Exer Surg <u>WPC</u> CA Occup		Fever Chills N V D Constip SOB CP Headache Fatigue UTI Sx Q Compl		Circle recommendations Tetanus Women Men Cholesterol LMP PSA Colonoscopy PAP Rectal Flu Shot Mamm Pneumovax BMD DEXA	
Allergies NKDA		Medications			
Prev chart rev no sig chg Above Hx reviewed		WGT 214 (185/90) Pulse 87 Resp 16 Temp 98.2		Chief Complaint Pt was cleared on WKC comp for back on 5/5/10 to full duty Pt hurt back again today at work	
PHYSICAL (see reverse) Omit if N/A (✓ if nml O if abnml & give details)		HPI (4 items)		 TRACKING LABEL 30302217 - 011884	
General <u>WKC Eval</u> HEENT Neck Nodes Lungs CV Abd Back Ext 2+ GU Neuro Skin/Breasts Tests/Labs (in house) CBC Strep Mono U/A FLU TCS1		Re-injured back same area (only released to full duty 2 weeks ago) while lifting 40# box, felt pain (L) lumbar + shooting down (R) buttox + thigh, calf + outer 2 toes also tingling Q Labs sent out Q H Pylori Q FBS 4/10 now Q U Preg Q Heme Q Microalbumin Q EKG Q X Ray Q KOH IV Q Wet Prep		Due to description Pt agrees to see PMD here X Da Pollack given in all Dependent 40/1000-20 99214-25-113 J1100X4 -16 51030X1 -25 96372 -30 99000-20 #30 (22) 204	
ASSESSMENT / DIAGNOSIS/ES V70		Referrals Tests Treatments		Prescriptions / OTC Meds	
Patient Care Instructions Discussed Lifestyle Modification Date to Return If worse If not better For Follow Up Go to ER if severe pain Off Work / School Restrictions Note if or side tests re order ed wo will call with results po live or negative if you haven't heard from us in 5-7 days after the test, please call us		MRI lumbar spine Dr. Dickinson asap to re-eval status of his (R) herniation happy w/ med Restart med. Lexapro 13 day 2/24/10 1/325 1/2-1 po Q 4-6 PM per pain Flexend 10mg 1/2 1/2 po Q 4-6 PM per pain 05/20/10		Side Effects Discussed PSR Notes ESTAB	
Staff 1. I have read and understand the information and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is a dynamic process and that the information I have been given may change as more information becomes available. I have read and understand the information and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is a dynamic process and that the information I have been given may change as more information becomes available. I have read and understand the information and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is a dynamic process and that the information I have been given may change as more information becomes available.		Signature <u>Da Pollack</u> Date <u>05/20/10</u>		Signature _____ Date _____	



Return To Work Form

☐ 200 Middleburg Dr. c Myrtle Beach SC 29579 (843) 901 6650 ☐ 1000 Hwy 17 North Sideside Beach SC 29575 (843) 218 1461
☐ 1400 Main St. c Myrtle Beach SC 29576 (843) 381 8206
☐ 1111 Ch. H. Sire St. c Myrtle Beach SC 29526 (843) 434 760
☐ 1068 N. 1st St. c Georgetown, SC 29440 (843) 545 7200
☐ 1714 Hwy 17 South N Myrtle Beach SC 29582 (843) 161-0705
☐ 1220 21st Avenue North Myrtle Beach SC 29577 (843) 676 9379

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

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

- ☒ 3 May work with the following accommodations as of 5/20/10

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

- ☐ 4 Has reached Maximum Medical Improvement (MMI)

- ☒ 5 Return for re evaluation at this office on 5/28/10 Time _____

Additional Comments

must have frequent position change/walk or stretch breaks

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

Employee Signature Darren Pollack Date _____

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

DOCTORS CARE

EXAM ROOM TIME 100		DOCTORS CARE		CHECKOUT TIME		TICKET NO.	
ACCOUNT NUMBER	DATE	TIME					
53036	05/28/10	12 22pm	DC CAROLINA FOREST,		200		731846
NAME & ADDRESS POLLACK, DARREN			DOB [REDACTED]		INSURANCE BALANCE \$184.00		
			GENDER M		ACCOUNT BALANCE \$184.00		
MYRTLE BEACH, SC 29575			IBG		CURRENT CHARGES		
843-492-7269			CELL 457-4678		AMOUNT PAID		
WRI			RELATION OTHER		NEW BALANCE		
INSURED POLLACK, DARREN					CASH		
INS WC/SOUTHERN WINES AND SPIRITS					CHECK		
REASON WPC EVAL PROG					M.O.		
NICKNAME			COPAY WKC		C.C.		
HISTORY (or + or details)			ROS (I or O)		PREVENTIVE (year of last)		ALLERGIES
Personal Hx			Fever Chills		Circle recommendations		NKDA
Family Hx			N V D Constip		Totanus Women Men		
Social Hx			SOB CP		Cholesterol LMP PSA		
Alcohol <u>occasional</u>			Headache Fatigue		Colonoscopy PAP		
Tobacco			UTI Sx ? Compl		Flu Shot Mamm		
Drugs					Pneumovax BMD DEXA		
Reg Exer							
Occup							
Prev chart rev no sig chg					Chief Complaint		Medications
Above Hx reviewed					WKC FLU		DEXPAC
WGT	HT	Pulse	Resp	Temp			
211	160	88	10	98.3			
PHYSICAL (see reverse) Omit if N/A			HPI (4 items)				
General			Says he is about the same - No A				
HEENT			also go to ED - since initial problem 3/10				
Neck			I don't recall him mentioning that before				
Nodes			I mention it - self-contingent				
Lungs			SLR @ 60° (supine) @ 60° D5th - strength 5/5				
CV			abd soft w/ GT - Good pulse - bounding 1/4 - then 2nd level				
Abd			Tests/Labs (in house)				
Back			CBC				
Ext			Strep				
GU			Mono				
Nouro			U/A				
Skin/Breasts			FLU TEST				
Tests/Labs (in house)			Labs sent out				
CBC			H Pylori				
Strep			FBS				
Mono			U Preg				
U/A			Heme				
FLU TEST			Microalbumin				
			HbA1c				
			KOHCl IV				
			Wet Prep				
			Inject / Rx				
			849.2				
			9244 E849.3				
			Lumber Radiology, Inc. @ from PC				
			the WKC (-11)				
ASSESSMENT / DIAGNOSIS/ES			ESTAB				
Patient Care Instructions Discussed			Referrals Tests Treatments				
Lifestyle Modification			Prescriptions / OTC Meds				
Date to Return			Side Effects Discussed				
If worse			99214				
If not better			113.00				
For Follow Up							
Go to ER if							
Off Work / School							
Restrictions							
Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.							
SLR							
1. I voluntarily consent to try and all health care treatments, procedures, and services provided by Doctor's Care and its associated physicians, clinicians, and other personnel. I am aware that the use of medical and other health care services is not an exact science and I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care.							
2. I agree to the use and disclosure of my health information for the purposes of obtaining payment for services rendered to me, the patient, treatment and health care operation, and for the use of my health information for research, education, and quality improvement.							
3. I authorize payment of medical benefits to Doctor's Care, its physicians or their designees or service providers.							
Patient or Authorized Person Signature: <u>Dan Pollack</u> Date: <u>05/28/10</u>							
4. Workers Compensation patients hereby authorize Doctor's Care to speak to a representative on my behalf my employer, my insurance carrier, or their professional liability insurer in order to obtain information regarding my medical records and the treatment I have received or will receive.							
Patient or Authorized Person's Signature: _____ Date: _____							



Return To Work Form

200 Middleburg Rd. Myrtle Beach, SC 29579 (843) 656-6500 1100 Hwy 17 North, Suite B, Myrtle Beach, SC 29577 (843) 656-1461
 1400 Main St., Conway, SC 29526 (843) 381-8206
 1111 Chas. I. Street, Conway, SC 29526 (843) 486-2644
 1068 North Fraser St., Georgetown, SC 29440 (843) 545-7200
 1714 Hwy 17 South, Myrtle Beach, SC 29577 (843) 361-0705
 1100 1st Ave., North Myrtle Beach, SC 29577 (843) 626-9179

Name Dan Pollack Arrival Time 12:00 Discharge Time 2:00
 Date 5/28/10 Company Name Southern Wine + Spirits

WORK STATUS (Check Appropriate Boxes)

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

FAXED
 5-28-10
 8:49 PM

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

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

Employee Signature Dan Pollack Date _____

Provider Signature [Signature] Date 7-28-10

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

Diagnostic & Referral Prescription Form

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

Routine (7-14 days) 48 ASAP (48-96 Hours) STAT (Today)

Referrals

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

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery

Urology Podiatry Other _____

Preferred Provider or Office Dr. L. Dickinson 497-6348

Preferred Date & Time _____

Diagnostic Procedures

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

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

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other _____

Diagnosis Recurrent Pilonid abscess 50% hemi-hemorrhage

Provider Signature [Signature]

Appointment Info

Date _____ Time _____

Provider/Practice Dr. Dickinson - GS Spec. Specialist

Address 849 - 82nd Hwy MB 29572

Phone 497-6348 Fax 497-6351

Charted 6/1/10

Patient Notified _____

Special Instructions _____

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

Diagnostic & Referral Prescription Form

Patient Name Pollack, Darren Date 5/28/10
DOB 4/6/78 Home Phone (843) 492-7269 Cell Phone _____
Insurance WCC Ins Number _____
Doctors Care Provider Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

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

Preferred Provider or Office

Carolina Forest Imaging

Preferred Date & Time _____

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

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other _____

Diagnosis

Lumbar Radiculopathy

Provider Signature

[Signature]

Appointment Info

Date

6/17/10

Time

10:30 A

Provider/Practice

CF Imaging

Address _____

Phone

236-7878

Fax

903 8637

Chart Fixed

6/15/10

Patient Notified

yes

Special Instructions

6/20/10 @ 11:15 AM seen today @ 11:00 pmany will try to read "cell report"

1030#2

Cell

CHECKOUT TIME

TICKET NO.

P91



Return To Work Form

☒ 200 Middleburg Dr Myrtle Beach SC 29579 (843) 303-6650 ☐ 1600 Hwy 17 North Surf Bldg SC 29575 (843) 738 1461
☐ 1400 Main Street Hwy SC 29576 (843) 161 8706
☐ 1113 Chisholm St Hwy SC 29526 (843) 248 6269
☐ 1068 North Truse Street Georgetown SC 29440 (843) 545 7210
☐ 1714 Hwy 17 South Myrtle Beach SC 29582 (843) 161 0705
☐ 1220 1st Ave Myrtle Beach SC 29577 (843) 676 9379

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

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

- ☐ 4 Has reached Maximum Medical Improvement (MMI)
☒ 5 Return for re evaluation at this office on Friday 6/11/10 Time 8A 8P

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

Employee Signature [Signature] Date 6/4/10

Provider Signature [Signature] Date 6/4/10



Southern Wine & Spirits
Dedicated to Sales & Service

FAX

DATE 6/10/2010

Number of pages including cover sheet 1

TO Heidi - Doctor's Care

FAX 843-903 0758

RE Darren Pollack

FROM Carole Thompson, RN OCN
Nurse Case Manager

PHONE 954-883-2927

FAX 954-517-7427

Hello

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

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

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

1035 / 3
ROOM TIME

WALKOUT TIME 15

TICKET NO.

06/11/2010 FRI 12 11 FAX 843 903

SWS HUMAN RESOURCES Fax 803-695-4436

Jun 11 2010 03 22pm P002/003

DR CARE CAROLINA FOREST

002/002



Return To Work Form

200 Middleburg Drive, Myrtle Beach, SC 29577 (843) 901-6650 1000 Hwy 17 North, Surfside Beach, SC 29576 (843) 248-1461
 1400 Main Street, Conway, SC 29526 (843) 781-4208
 1113 Church Street, Conway, SC 29526 (843) 248-4069
 1068 North Fraser Street, Georgetown, SC 29440 (843) 540-7200
 1714 Hwy 17 North, N. Myrtle Beach, SC 29582 (843) 541-0785
 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9779

Name: Darren Pollock Arrival Time: 9:42 Discharge Time: 11:51Date: 6/11/10 Company Name: Southern Wine + Spices

WORK STATUS (Check Appropriate Boxes)

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

☐ 4 Has reached Maximum Medical Improvement (MMI)☒ 5 Return for re-evaluation at this office on Friday 6/18/10 Time: 9A-5P

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS

Diagnosis: Lumbar Radiculopathy Medications: ☒ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☒ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☒ apply heat every 8-12° ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

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

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

(MED F016 (8-09))

FACSIMILE COVER SHEET

TO Wlc

COMPANY Doctors Care

PHONE _____

FAX 843 903 0758

DATE 6-11-10

FROM Trina Phillips
SOUTHERN WINE & SPIRITS
HUMAN RESOURCES

PHONE (803) 695-1630
FAX (803) 695-4436

PAGES INCLUDING COVER 3

COMMENTS Please clarify the driving restrictions for
Danish Pollack. Currently he is not driving a commercial
vehicle but has been driving a van based
on the restrictions of 5/20/10.

Thank!

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

Trina Phillips 6/21/10



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

Diagnostic & Referral Prescription Form

Patient Name POLLACK, DARREN Date 6/11/10
 DOB [REDACTED] Home Phone (843) 492-7269 Cell Phone _____
 Insurance WKC Ins Number _____
 Doctors Care Provider Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

Cardiology Dermatology Endocrine FN1 GI OB/GYN Heme/Oncology Nephrology

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery Urology Podiatry Other Physical TherapyPreferred Provider or Office Progressive Physical Therapy

Preferred Date & Time _____

Diagnostic Procedures

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

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

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other _____

Diagnosis Lumbar RadiculopathyProvider Signature [Signature]Appointment Info

Date _____ Time _____

Provider/Practice _____

Address _____

Phone _____ Fax _____

Chart faxed _____ Patient Notified _____

Special Instructions _____



Return to Work Form

☒ 00 M daleburg Di v. My d. H. 1 SC 29579 (843) 903 6650 ☐ 1600 H y 17 North Surfside Pl ch SC 29575 (843) 218 1461
☐ 1400 M Street L. C. w y SC 29526 (843) 381 8206
☐ 1113 Ch rich St Conway SC 29526 (843) 248-6 69
☐ 1068 North Tinsler Street Georgetown SC 29440 (843) 345 7200
☐ 1714 Hwy 17 South, N My d. H. 1 SC 29582 (843) 361 0705
☐ 12 0 21st Avenue, N. d. My d. H. 1 SC 29577 (843) 676 9379

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

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

FAXED
 6/11/10
 12:07 PM

- ☐ 4 Has reached Maximum Medical Improvement (MMI)
☒ 5 Return for re evaluation at this office on Friday 6/18/10 Time 5A-8P

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To Physical Therapy Date _____ Time _____
 For _____

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

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

(MED F016-(8 09))

Jun 14 2010 16 48 28 Via Fax

->

843 903 0758 The Hartford Fax

Page 001 Of 001



Specialty Risk Services Fax Cover Sheet

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

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

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The Hartford Financial Services Group

Comments

Nicci

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

Thanks Rodney

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

06/15/2010 09 53 FAX

0001/0001

uci medical affiliates

Fax Cover Sheet

Provider Fax Form

Progressive
Physical Therapy

TO Doctors Care - Carolina Forest DATE 06/15/2010
FROM Correen Frappale TIME 9 43am
ATTN Dr. Scott PAGES (including cover) 1
RE Darren Pollack CENTER NAME PT Strand
ADDRESS(optional) 1220 21st Avenue North
Myrtle Beach, SC 29577
DESTINATION FAX # (843) 903-0758
CLAIM # or DOB 06/15/2010 SENDER'S FAX # (843) 816 2348
SENDER'S PHONE # (843) 443 9368

☐ URGENT
☒ FYI
☐ APPROVE

☐ REPLY REQUESTED
☐ REVIEW/ADVISE
☐ PER YOUR REQUEST

☐ PLEASE POST TO STAFF
☐ OTHER

COMMENTS.

- ☐ Please see the following Initial Evaluation regarding the above patient.
Please review sign and fax back to _____
- ☐ Please see the following Progress Summary/Discharge Summary on the above patient.
Please review sign and fax back to _____
- ☐ Please see the following Functional Capacity Evaluation regarding the above patient.
Please contact us if you have any questions
- ☒ Other The patient is scheduled for Friday, 06/18/10
Please contact us if you have any questions

ADDITIONAL COMMENTS

Thank you for the referral!

SIGNED/STAMPED



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[PPT F001 (9 07)]



CAROLINA FOREST IMAGING CENTER

199 Village Center Blvd, Suite 110

Phone 843 236 7878 Fax 843 903 8637

Patient Name Pollack, Darren Patient Phone 492-7269 DOB [REDACTED]
 Physician Name (print) DR BRIAN SCOTT Date 6/15/10 Appt Date/Time 6/17/10 10:05 am
 Physician Signature / Credentials B Scott Diagnosis LUMBAR RADICULOPATHY
 Office Contact 903-6650 Comments _____

RADIOLOGY	ULTRASOUND	MAMMOGRAPHY
☐ Abdomen flat and upright ☐ Abdomen Flat Plate/KUB ☐ Ankle ☐ Bone Age ☐ Bone Densitometry/DXA ☐ Calcaneus/Hell ☐ Chest LA/Lateral ☐ Chest, single view ☐ Clavicle ☐ Elbow ☐ Facial Bones ☐ Femur ☐ Finger _____ ☐ Foot ☐ Forearm ☐ Foreign Body Nose to Rectum ☐ Hand ☐ Hip ☐ Humerus ☐ Infant lower extremity ☐ Infant upper extremity ☐ Knee Complete ☐ Knee standing ☐ Patella ☐ Long Bone Measurement ☐ Mandible ☐ Mastoids ☐ Metastatic Bone Survey ☐ Nasal Bones ☐ Orbits ☐ Pelvis AP ☐ Ribs bilateral ☐ Ribs unilateral ☐ Sacroiliac joints ☐ Sacrum/Coccyx ☐ Scapula ☐ Shoulder ☐ Sinuses Ltd ☐ Sinuses complete ☐ Skull ☐ Soft Tissue Neck ☐ Spine Cervical complete ☐ Spine Cervical AP/Lat ☐ Spine Cervical flex/ext ☐ Spine Lumbar ☐ Spine single view ☐ Spine Thoracic ☐ Sternoclavicular Joints ☐ Sternum ☐ TM Joints ☐ Tibia Fibula ☐ Wrist ☐ Zygoma ☐ Toe _____ ☐ Other _____	☐ Aorta ☐ Abdomen, complete ☐ Gallbladder/RUQ ☐ Breast ☐ Carotid ☐ Pelvic ☐ Renal ☐ Pelvic with transvaginal not pregnant ☐ Testicular ☐ Thyroid ☐ Venous Doppler ☐ Venous Mapping ☐ OB limited, follow up ☐ OB 1st trimester ☐ OB greater than 14 weeks ☐ OB 15-18 wk nonfetal eval ☐ OB fetal survey ☐ OB 3rd trimester ☐ Other _____ CT SCAN ☐ Contrast as needed ☐ Chest ☐ Abdomen ☐ Abdomen renal stone ☐ Pelvis renal stone ☐ Pelvis ☐ Extremity upper ☐ Extremity lower ☐ Head ☐ Orbits ☐ Sinuses Ltd ☐ Sinuses Complete ☐ Facial Bone ☐ Temporal Bones ☐ Soft tissue neck ☐ Spine cervical ☐ Spine thoracic ☐ Spine lumbar ☐ CTA chest ☐ CTA aorta w/ bil lower ext ☐ CTA abdominal aorta ☐ CTA head/circle of Willis ☐ CTA carotid ☐ Other _____ Creatinine _____ BUN _____ Date of Labs _____	☐ Bilateral Screening ☐ Unilateral Screening ☐ Bilateral Diagnostic ☐ Unilateral Diagnostic  Please mark any area of abnormality MRI ☐ Contrast as needed ☐ Chest/Mediastinum ☐ Abdomen ☐ MRCP ☐ Pelvis ☐ Brain ☐ Brain Pituitary ☐ Brain IAC ☐ Breast Unil ☐ Breast Bil ☐ TMJ ☐ Orbits/face/neck ☐ Soft tissue neck ☐ Hip ☐ Lower extremity ☐ Lower joint ☐ Upper extremity ☐ Spine cervical ☐ Spine thoracic ☒ Spine lumbar ☐ MRA aorta with AAA protocol ☐ MRA chest ☐ MRA carotid ☐ MRA brain/Circle of Willis ☐ MRA renal ☐ MRA lower ext with PVD protocol ☐ Other _____ Creatinine _____ BUN _____ Date of Labs _____

Physician Signature B Scott

*Fax insurance information and labs when Scheduling Appointment

4#1 1520
EXAM ROOM TIME

DOCTORS CARE

SKOUT TIME

1640

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	LOCATION	TICKET NO.
53006	08/21/10 MONDAY	10:20 am	DR CAROLINA FOREST,	745594
NAME & ADDRESS: DARREN		DOB: [REDACTED]	INSURANCE BALANCE: \$482.00	
GENDER: M		IBG: [REDACTED]	ACCOUNT BALANCE: \$482.00	
MYRTLE BEACH, SC 29579		CELL: 457-4678	CURRENT CHARGES	
843-492-7269		RELATION: OTHER	AMOUNT PAID	
WRK		COPAY: WKC	NEW BALANCE	
INSURED POLLACK, DARREN			CASH	
INS WC/HARTFORD			CHECK	
REASON WKC EVAL PROG			M.O.	
NICKNAME			C.C.	
HISTORY (or + or details)		ROS (I or O)	PREVENTIVE (year of last)	
Personal Hx: DM, HTN, CV, CA, Surg		Family Hx: DM, HTN, MI, CVA	Social Hx: Alcohol, Tobacco, Drugs, Reg Exer, Occu	
Fever Chills, SOB CP, Headache Fatigue, UTI Sx & Compl		Tetanus, Cholesterol, Colonoscopy, Flu Shot, Pneumovax	Allergies: NKOA	
Prev chart rev: no sig chg		Chief Complaint: DOZ 05/20/10 LBP - (MRS. REPORTER CHAIR 1620)	Medications: [REDACTED]	
WGT: 211 lb, BP: 100/80, Pulse: 68, Resp: 16, Temp: 97.4		HPI (4 items): [REDACTED]		
PHYSICAL (see above) Omit if N/A		Tests/Labs (in house): CBC, Strep, Mono, U/A, FLU TEST		
General, HEENT, Neck, Nodes, Lungs, CV, Abd, Back, Ext, GU, Neuro, Skin/Breasts		Labs sent out: Microalbumin, EKG, HbA1c, KOH IV, Wet Prep, Inject / Rx		
ASSESSMENT / DIAGNOSIS/ES: Lumbar Radiculopathy				
Patient Care Instructions Discussed		Referrals Tests Treatments	Prescriptions / OTC Meds	PSR Notes
Lifestyle Modification		Side Effects Discussed		ESTAB
Date to Return				99213
If worse				720
If not better				
For Follow Up				
Go to ER if				
Off Work / School				
Restrictions				
Note: If outside tests are ordered, we will call w/ results positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.				
Staff: [REDACTED]				
1. I voluntarily consent to any and all health care treatment, diagnostic procedures provided by Doctor's Care and its associated physicians, clinic, and other personnel, and I understand that the practice of medicine and other health care professions is an exact science. All the information I understand that no guarantee has been or can be made as to the outcome of the treatment, or diagnosis, or prognosis at Doctor's Care.				
2. I consent to the use and disclosure of my patient's protected health information for purposes of obtaining payment for services rendered to me, the patient, treatment and health care operations consistent with the Doctor's Care and Not for Privacy Practices.				
3. I authorize the payment of medical bills to Doctor's Care physicians or their designees for services rendered.				
Patient or Authorized Person's Signature: [REDACTED] Date: 06/21/10				
4. We hereby compensate patients thereby authorizing Doctor's Care to speak to the media on behalf of my employer and any other professionals involved in my care or consultation regarding my medical records.				
Patient or Authorized Person's Signature: [REDACTED] Date: 06/21/10				



Return To Work Form

☒ 00 Middleburg Drive Myrtle Beach SC 29579 (843) 201 6650 ☐ 1600 Hwy 17 North Suite 111 Myrtle Beach SC 29579 (813) 338 1461
☒ 1400 Main Street Conway SC 29526 (843) 381 8706
☒ 1113 Church Street Conway SC 29526 (843) 748 6667
☒ 1066 North Highway 17 Myrtle Beach SC 29577 (843) 545 7000
☒ 1714 Hwy 17 South Myrtle Beach SC 29577 (843) 161 0705
☒ 1720 North Myrtle Beach SC 29577 (843) 226 9179

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

WORK STATUS (Check Appropriate Boxes)

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

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

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

Employee Signature [Signature] Date 6/21/10

Provider Signature [Signature] Date 6/21/10

(MED F016 (8-09))

DIAGNOSTIC IMAGING REPORT

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

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

EXAMS

000028910 MRI SPINE LUMBAR WO CONTRAST

HISTORY

Low back pain

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

Findings

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

The conus medullaris is normal in position and signal intensity

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

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

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

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

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

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

PAGE 1

Radiology Report

(CONTINUED)

[Signature] 6/30/10

DIAGNOSTIC IMAGING REPORT

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

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

EXAMS

000028910 MRI SPINE LUMBAR WO CONTRAST
<Continued>

facet arthropathy and no significant stenosis

Impression

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

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

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

CC BRIAN S SCOTT

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

PAGE 2

Radiology Report

AM 3 1215



112

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME
53036	06/28/10	11:35am	DC CAROLINA FOREST,
748893			
NAME & ADDRESS		DOB	GENDER
POLLACK, DARREN			M
MYRTLE BEACH, SC 29579		IBG	CELL 457-4678
843-492-7269			
WRK			
INSURED POLLACK, DARREN		RELATION	OTHER
INS WC/HARTFORD			
REASON WKC EVAL PROG			
NICKNAME		COPAY	WKC

INSURANCE BALANCE \$554.00
ACCOUNT BALANCE \$554.00
CURRENT CHARGES
AMOUNT PAID
NEW BALANCE
CASH CHECK M.O. C.C.

Personal Hx DM HTN	Family Hx DM HTN	Social Hx Alcohol Tobacco	ROS (/ or O) Fatigue Wt Loss Fever Chills Nasal Congestion Sinus Pain Sore Throat CP SOB Cough Sputum Wheezing ABD Pain N V D Constip Dysuria Freq Urgency Back Pain Pelvic Pain Vag D/C Headache Syncope Rash	Allergies NEDA
Prev chart rev no sig chg Above Hx reviewed			Medications	
WGT 213	BP 120/82	Pulse 74	Resp 12	Temp 98.4
PHYSICAL (see reverse) Omit if N/A			Chief Complaint	
☐ General ☐ HEENT ☐ Neck ☐ Nodes ☐ Lungs ☐ CV ☐ Abd ☐ Back ☐ Ext ☐ GU ☐ Neuro ☐ Skin/Breasts ☐ IV ☐ Injection ☐ Nebulizer ☐ Procedure ☐ Labs Send Out			F/u LBP. HPI Some soreness low back p Pti No dx other Sps - still in rehab @ 5/2/10 No word from WKC re NS referral PE - p States no longer works for company	☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Heme ☐ Hgb A1C ☐ H Pylon ☐ KOH ☐ Microalb ☐ Mono ☐ Strap ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X Ray

ASSESSMENT / DIAGNOSIS	Lumber Radiology 7244	Full WKC (11)
☐ Patient Care Instructions Discussed ☐ Lifestyle Modification ☐ Preventative Recommendation(s) ☐ Prescriptions / OTC Meds ☐ Side Effects Discussed Date to Return ☐ If worse ☐ If not better ☐ For Follow Up Go to ER if	Referrals Tests Treatments Please call WKC re Neurosurgery referral Lt duty Off Work / School	PSR Notes ESTAB 99213 -72 4A

I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I understand that no guarantee has been or can be made as to the results of the treatment or care given at Doctors Care.

I authorize payment of medical benefits to Doctors Care, my insurer, or the provider for services rendered.

Patient or Authorized Person's Signature: *[Signature]* Date: *[Date]*

I, the undersigned, hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance company, or other professionals involved in my care or rehabilitation regarding my medical record and the treatment I have received or will receive.

Patient or Authorized Person's Signature: _____ Date: _____



Return To Work Form

☒ 700 Middleburg Dr. v Myrtle Beach SC 29578 (843) 907-6650 ☐ 1600 Hwy 17 North Surfside Beach SC 29577 (843) 238 1461
☐ 1400 Main St. cl C y SC 29576 (843) 381 8206
☐ 1113 Ch 1 St. l C y SC 29576 (843) 248-6269
☐ 1068 N rd 1 raser Street Georgetown SC 29440 (843) 545 7200
☐ 1714 Hwy 17 South N Myrtle Beach SC 29582 (843) 361 0705
☐ 1230 21st Avenue N ll Myrtle Beach SC 29577 (843) 626 9379

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

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

- ☐ 4 Has reached Maximum Medical Improvement (MMI) Wed 7/6/10
☒ 5 Return for re evaluation at this office on Wed 7/6/10 Time 8A:50

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To Neurosurgeon Date _____ Time _____
 For _____

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

Employee Signature [Signature] Date _____

Provider Signature [Signature] Date 6/28/10

(MCD F016 (8 09))

FROM ROOM TIME		DATE		TIME		CHECKOUT TIME		TICKET NO.	
53036		07/07/10		09 21am		SCOTT, BRIAN S		753853	
NAME & ADDRESS						DOB		INSURANCE	
POLLACK, DARRIN						[REDACTED]		BALANCE \$329 00	
[REDACTED]						GENDER M		ACCOUNT	
MYRTLE BEACH, SC 29579						IBG		BALANCE \$329 00	
843-492-7269						CELL 457-4678		CURRENT	
WRK						RELATION OTHER		CHARGES	
INSURED POLLACK, DARREN						COPAY W/C		AMOUNT	
INS WC/HARTFORD								PAID	
REASON WCY RE CHECK								NEW	
NICKNAME								BALANCE	
								CASH	
								CHECK	
								M.O.	
								C.C.	
Personal Hx		Family Hx		Social Hx		ROS (I or O) Fatigue Wt Loss Fever		Allergies	
DM		DM		Alcohol occasionally		Chills Nasal Congestion Sinus Pain Sore		NKOR	
HTN		HTN		Tobacco		Throat CP SOB Cough Sputum Wheezing		Medications	
						ing ABD Pain N V D Constip Dysuria		Q	
						Freq Urgency Back Pain Pelvic Pain Vag		Q Med List Reviewed	
						D/C Headache Syncop Rash			
Prev chart rev no sig chg		Above Hx reviewed				U All others negative			
WGT 216		Pulse 76		Resp 16		Temp 97.1			
B/P 118/85						U Pulse Ox		U LMP	
						U Chaperone		U Tetanus	
PHYSICAL (see reverse) Omit if N/A						Chief Complaint			
() LAMK. O if abnml & give details						HPI LLL WKL rev			
☐ General ☐ HEENT ☐ Neck ☐ Nodes ☐ Lungs ☐ CV ☐ ABG ☐ Back ☐ Ext ☐ CNS ☒ Neuro ☐ Skin/Breasts						Approved to see Florence Neurology - Dec LBP - no meds Spill number for Says carry 30 lbs yesterday CPT. both hands - declines adjustment of restrictions - does not want to get hurt worse Strong ST/ST. VATER			
☐ IV ☐ Injection ☐ Nebulizer ☐ Procedure ☐ Labs Send Out						☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Heme ☐ Hgb A1C ☐ H Pylon ☐ KOH ☐ Microalb ☐ Mono ☐ Strap ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X Ray			
ASSESSMENT / DIAGNOSIS									
Lumbosacral Radiculopathy									
☒ Patient Care Instructions Discussed ☐ Lifestyle Modification ☐ Preventative Recommendation(s) ☐ Prescriptions / OTC Meds ☐ Side Effects Discussed Date to Return ☐ If worse ☐ If not better ☐ For Follow Up Go to ER if					Referrals Tests Treatments CONT PT 2 weeks (unless here) NS appt (1st) refer Ho. NS Take Xray/MRI to you to appt Off Work / School				
PSA Notes					ESTAB				
99214					1416				
This failed by Dr. Phillips									
Patient or Authorized Person's Signature: [Signature] Date: 07/07/10									
1. I voluntarily consent to any and all health care, treatment and diagnostic procedures provided by Doctors Care and its associated physicians and other personnel and I understand that the results of the treatment or procedures may be used for research purposes and that I may be contacted for further information or for purposes of obtaining payment for services rendered to me/for patient treatment and health care operations consistent with the Doctors Care Notice of Privacy Practice.									
2. I authorize payment of medical benefit to Doctors Care physician or the physician for services rendered.									
3. I authorize payment of medical benefit to Doctors Care physician or the physician for services rendered.									
4. Workers' Compensation on paid by the Doctors Care and its associated physicians and other professionals involved in my care and the time I have received or will receive.									
Patient or Authorized Person's Signature: [Signature]									



Return to Work Form

☐ 100 Middleburg Dr. Myrtle Beach, SC 29577 (843) 201-6130 ☐ 1600 Hwy 17 N. N. Surf. d. Beach SC 29175 (843) 738 1461
☐ 1400 M. St. L. C. ows St 29526 (843) 781 8 06
☐ 1113 Chapel St. L. C. ows St 29526 (843) 748 6769
☐ 1068 North L. r. set St. r. Geo. g. town St 29440 (843) 745 7 00
☐ 1114 Hwy 17 South N. Myrtle Beach SC 29582 (843) 361 070
☐ 1220 21st A. enue North Myrtle Beach SC 29577 (843) 626 9179

Name POLLACK, DAREN Arrival Time 9 AM Discharge Time 10 AM

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

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

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

Additional Comments

Continue PT

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____

For _____

Address _____

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

Employee Signature [Signature] Date _____

Provider Signature [Signature] Date 7/7/10

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

Diagnostic & Referral Prescription Form

Patient Name Darren Pollock Date 7/8/10
DOB [REDACTED] Home Phone (843) 492 Cell Phone (843) 457-4678
Insurance WCC Hartford-Pedney Richardson Ins Number (800) 541-0139 ext 35757
Doctors Care Provider Brian Scott MD

Routine (7-14 days)

ASAP (48-96 Hours)

STAT (Today)

Referrals

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

Neurology Ophthalmology Orthopedics Psychiatry Psychology Oncology Hematology

Surgery Urology Podiatry Other _____

Preferred Provider or Office Florence Neurosurgery

Preferred Date & Time _____

Diagnostic Procedures

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

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

Liver Pelvis Kidney Kidney Stone Protocol Sleep Study

Other _____

Diagnosis (R) L5 RadiculopathyProvider Signature Brian Scott MD | Hammadur JAppointment InfoDate Aug 9 Time 0830Provider/Practice Florence Neurosurgery - Dr Brennan

Address _____

Phone (843) 673-0122Fax (843) 673-0227Chart faxed 7/8/10Patient Notified 7/7/10Special Instructions Pt notified - needs to take met disk -
cramps

0950



1055

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
53006	07/27/10	09 30am	DC CAROLINA FOREST,	769463
NAME & ADDRESS POLLACK, DARREN MYRTLE BEACH, SC 29579 843-492-7269 WRK INSURED: POLLACK DARREN INS WC/HARTFORD REASON WKC EVAL PROG NICKNAME			DOB [REDACTED] GENDER M IBG CELL 457-4678 RELATION OTHER COFAY	
INSURANCE BALANCE \$213.00 ACCOUNT BALANCE \$213.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE			CASH CHECK M.O. C.C.	
Personal Hx DM HTN Family Hx DM HTN Social Hx Alcohol Tobacco Prev chart rev no sig chg Above Hx reviewed PC			ROS (I or O) Fatigue Wt Loss Fever Chills Nasal Congestion Sinus Pain Sore Throat CP SOB Cough Sputum Wheezing ABD Pain N V D Constip Dysuria Freq Urgency Back Pain Pelvic Pain Vag D/C Headache Syncope Rash Allergies N/A Med cations Cozart Flexeril - naproxen All others negative LMP Chaperone Tetanus Mad List Reviewed	
WGT 173 1/2 Pulse 74 Resp 16 Temp 98.6 PHYSICAL (see reverse) Omit if N/A (✓ if nml, O if abnml & give details) General HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts IVD Injections Nebulizer Procedure Labs Send Out Chief Complaint Backache W/C Back pain - waiting to rest HPI P.T. agrees - 10% back pain P.T. has been helping w/ ROM + strength, out of bed w/ PT doing machine has not met all goals per PT back is not more sore (low back) - not on meds for a while no new activities - trauma still w/ "numbness" 4th & 5th @ toes (tingling) (out of all toes)			CBC EKG FBS Flu Hemo Hgb A1C H. Pylori KOH Microalb Mono Strep U/A U/Preg Wet Prep X Ray	
ASSESSMENT / DIAGNOSIS				
multiple spinal disk bulge/protrusion w/ paraspinal pain Continue PT 3x/week cont heat, massage, ROM Flexeril 5mg 1-2 & 4-6 pm (made up w/ naproxen) Naproxen 500mg po BID Discharge 5/325 1-2 & 4-6 pm Off Work / School				
Patient Care Instructions Discussed Lifestyle Modification Preventative Recommendation(s) Prescriptions / OTC Meds Side Effects Discussed Date to Return If worse If not better For Follow Up Go to ER if severe pain			Referrals Tests Treatments PSR Notes ESTAB 9/2/14 141 (B)	
Staff: [Signature] M.D. DO PA FNP I, the undersigned, am a duly licensed and registered health care provider in the State of South Carolina and I am aware of the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee of health or cure can be made as to the result of the treatment or examination at Doctors Care. I consent to the use and disclosure of my health information for purposes of diagnosis, treatment, and payment for services rendered to me/the patient. I authorize payment of medical benefits to Doctors Care physicians or other designated providers rendered. Patient's Authorized Person Signature: [Signature] Date: 07/27/10 I, the undersigned, am a duly licensed and registered health care provider in the State of South Carolina and I am aware of the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee of health or cure can be made as to the result of the treatment or examination at Doctors Care. I consent to the use and disclosure of my health information for purposes of diagnosis, treatment, and payment for services rendered to me/the patient. I authorize payment of medical benefits to Doctors Care physicians or other designated providers rendered. Patient's Authorized Person Signature: [Signature] Date:				



Return To Work Form

2100 Middleburg Dr Myrtle Beach SC 29579 (843) 901 6650 ☐ 1600 Hwy 17 North Myrtle Beach SC 29575 (843) 278 1461
 1400 Main St Columbia SC 29206 (843) 381 8206
 1113 Clifton St Conway SC 29526 (813) 248-6769
 1068 North 1st St Columbia SC 29204 (843) 545 1200
 1714 Hwy 17 South Myrtle Beach SC 29587 (843) 361 0705
 1220 21st Ave North Myrtle Beach SC 29577 (843) 626 9379

Name Darren Pollack Arrival Time 9:30 Discharge Time 10:55
 Date 7/27/10 Company Name Southern Wine & Spirits

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

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

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

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To Neurology Date _____ Time _____
 For _____

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

Employee Signature Darren Pollack Date _____

Provider Signature Randy A. Cooper Date 7/27/10

[MED-F016 (8 09)]

Pm2

10:10

DOCTORS CARE

10 45

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.	
53036	08/18/10	10:00am	DR CAROLINA FOREST	781408	
NAME & ADDRESS			INSURANCE		
POLLACK, DARREN			BALANCE \$141.00		
DOB [REDACTED]			ACCOUNT		
GENDER M			BALANCE \$141.00		
MYRTLE BEACH, SC 29579			CURRENT		
843-492-7269			CHARGES		
WRK			AMOUNT		
INSURED POLLACK, DARREN			PAID		
INS WC/HARTFORD			NEW		
REASON WKC BACK DOI 05/20/10 EVAL			BALANCE		
NIP/NAME			CASH CHECK M.O. C.C.		
COPAY WKC					
HISTORY (or + or details)		ROS (or O)		PREVENTIVE (year of last)	
Personal Hx Family Hx Social Hx		Fever Chills		Circle recommendations	
DM DM Alcohol		N V D Constip		Tetanus Women Men	
HTN HTN Tobacco		SOB CP		Cholesterol LMP PSA	
CV MI/50 Drugs		Headache Fatigue		Colonoscopy PAP Rectal	
CA QVA Reg Exer		UTI Sx & Compl		Flu Shot Mamm	
Surg Occup				Pneumovax BMD DEXA	
Prev chart rev no sig chg Above Hx reviewed				Allergies	
				NKDA	
				Mod cations	
				Noprasyn	
				Abaxell	
WGT		BPI	Pulse	Resp	Temp
216	130/80	76	16	98.1	
PHYSICAL (see reverse) Omit if N/A					
(✓ if nml O if abnml & give details)					
☐ General ☐ HEENT ☐ Neck ☐ Nodes ☐ Lungs ☐ CV ☐ Abd ☐ Back ☐ Ext ☐ GU ☐ Neuro ☐ Skin/Breasts ☐ Tests/Labs (in house) ☐ CBC ☐ Strep ☐ Mono ☐ U/A ☐ Labs sent out ☐ H Pylori ☐ FBS ☐ U Preg ☐ Heme ☐ Microalbumin ☐ HbA1c ☐ KOH/IV ☐ Wet Prep ☐ EKG ☐ X Ray ☐ Inject / Rx					
Chief Complaint					
WKC Au Back					
HPI (4 items)					
Had appt 8/9/10 - Dr Brennan - Rec. Surgery going to have re-eval for PT - Tuesday - P/a Dr Brennan in a month Some groin pain - nothing new					
ASSESSMENT / DIAGNOSIS/ES					
Lumbar Radiculopathy					
☒ Patient Care Instructions Discussed ☐ Lifestyle Modification Date to Return ☐ If worse ☐ If not better ☐ For Follow Up Go to ER if ☐ Off Work / School Restrictions Note: If outside tools are ordered we will call with results positive or negative. If you haven't heard from us in 5-7 days after the test please call us.		Referrals Tests Treatments Prescriptions / OTC Meds Side Effects Discussed		PSR Notes ESTAB 99213 95 4P Ribs fused to	
Staff: 1. I voluntarily consent to my medical health care treatment and diagnostic procedure provided by Doctor's Care and its associated physicians, clinicians and other personnel. I understand that the practice of medicine and other health care professions is not an exact science and that the state that I understand the obligation has been made as to the results of the treatment to examination. Doctor's Care 2. I consent to the use and release of my medical information for purposes of obtaining payment for services rendered to me, the patient, and the health care provider, as consistent with the Doctor's Care Notice of Privacy Practices. 3. I authorize payment of medical benefits to Doctor's Care physicians or third-party service providers.					
Patient or Authorized Person's Signature: [Signature] Date: [Blank] 4. We acknowledge that patients hereby authorize Doctor's Care to seek reimbursement for my employee, my insurance, my company, other professional services involved in my care or rehabilitation regarding my medical records and the treatment I have received will receive. Patient or Authorized Person's Signature: [Signature] Date: [Blank]					



Return To Work Form

☐ 450 Aiken Mill Dr Aiken SC 980 (803) 648 1464
☐ 511 Bchl Blvd C i ibia SC 29205 (803) 782-4051
☐ 1060 Highway I S I Lug II SC 29078 (803) 438 4759
☐ 977 Knox Abbe II Drive C y e SC 29031 (803) 794 0476
☐ 7651 Gartner F try Road C olumb SC 29209 (803) 783 2661
☐ 1731 N M thews Road Olney burg SC 29116 (803) 536 0613

☐ 44 i Dri e Su u A Columb SC 29206 (803) 718 9522
☐ 247 C mbin Av i i e r gto L SC 9072 (803) 759-5513
☐ 1029 York Street NL A ket SC 9801 (803) 648 4119
☐ 110 Atrm W y C olumbia SC 29223 (803) 788-1153
☐ 4214 Ha d bble Road, i kumbia St 29273 (803) 736 8955
☐ 100 Jm y l a e Lane C olumbia SC 29212 (803) 712 5030
☐ 2475 B d Street, S mter SC 29150 (803) 778 6555
☐ 2836 A pusta R d W Collu h SC 29170 (803) 939 0545
☐ 3 40 Swis i III d West C i mbia SC 29169 (803) 796 4251
☐ 1520 K i A ente N A psta SC 29841 (803) 219 4120

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

WORK STATUS (Check Appropriate Boxes)

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

RETURN FOR RE EVALUATION AT THIS LOCATION ON _____ Time _____

- ☒ 3 May work with the following accommodations as of 8/18/10
☒ No lifting more than 10 lbs
☒ No operation of hazardous or fast moving machinery no driving
☒ Ground level work only no ladders or heights
☒ No repetitive bending stooping squatting pushing jerking twisting or bouncing
☒ No continuous standing and/or sitting
☒ Minimal walking or climbing (including stairs)
☒ Limited use of Back
☒ No overhead lifting
☐ No high repetitive hand activities for extended periods of time
☐ No use of _____

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

Additional Comments

PATIENT DISCHARGE INSTRUCTIONS

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

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

To _____ Date _____ Time _____
 For _____

Address _____

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

Employee Signature [Signature] Date _____

Provider Signature [Signature] Date 8/18/10

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

002/002

06/24/2010 08 01 FAX

0002/0002

**Progressive Physical Therapy -- PT Strand**

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

To M/D
☐ Taxid
☐ Mailed
☐ Given to Patient
☐ Fed. L.C. chart

Physical Therapy Summary

Patient: Darren Pollack

Date of Onset: 05/20/2010

DX/ICD9 Lumbar Strain/Radiculopathy

Mechanism of Injury: repetitive heavy lifting

Date: 06/22/2010

Physician: Dr Brian Scott

Therapist: Kristin Courtney DPT

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

When Better: Rest

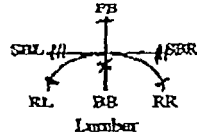
Pain Rating: Current = 2/10 Worse = 7/10, pain is occasional and aching and shooting into right LE

Summary of Significant Findings

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

Key with

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



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

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

Goals

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

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

Reliab Potential: Good

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

Comments: Thank you for this referral

Brian Scott
Physician

Date

6/28/10

Kristin Courtney, DPT
Therapist

Date

6/22/10

06/30/2010 13 02 FAX

0002/0002



Progressive Physical Therapy - PT Strand

Case Manager Radney Richardson
 Claim Number YYCC32306
 Current Level Visit 4 of 4

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

To MD

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

Physical Therapy Summary - Spine

Patient Darven Pollock
 DX/ICD9 Lumbar strain radiculopathy
 DOB [REDACTED] SSN [REDACTED]
 Date of Onset 05/20/2010

Date 6/30/10
 Physician Dr. Brian Scott
 Therapist Kristin Courtney, DPT
 Mechanism of Injury 100 heavy lifting

FAXED

Treatments

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

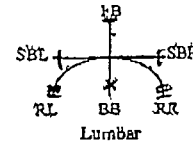
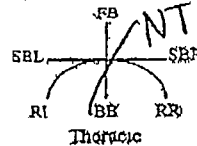
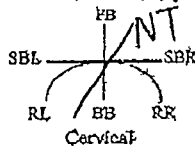
Date of initial evaluation 6/22/10 of last treatment 6/30/10 No of treatments attended 4 No of treatments missed 0

Impression of patient attitude toward regaining function Good ✓ Fair Poor
 Impression of patient compliance with Home Exercise Program Good ✓ Fair Poor

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

AROM Key MMT 0 hip v4/5 all other motions WNL

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



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

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

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

Comments

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

I have read the above progress report and would request that

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

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

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

Kristin Courtney, DPT
 Therapist Date
6/30/10

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

07/16/2010 11 15 FAX

0002/0002



Progressive Physical Therapy - PT Strand

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

To MD

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

Physical Therapy Summary - Spine

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

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

Treatments

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

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

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

Strength 5/5 no c/o pain & @ hip flex All other ROM within normal limits and strength

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

Cervical Thoracic Lumbar

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

Established Goals Include

- ☒ Increase functional capacity ☐ Increase general fitness / endurance ☐ Increase functional capacity in Weight bearing & gait
☒ Education ☐ Ambulate without gait deviations ☐ ADLs
☒ Decrease signs / symptoms ☒ Independent with Clinical Ex Prescription ☒ Work Activities
☒ Increase strength / ROM ☐ Other _____ ☐ Sport Activities

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

Comments

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

I have read the above progress report and would request that

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

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

Darin Scott 7/22/10
 ***Physician/NP/PAC Date

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



FAXED

07/22/10
 @ 1510 @

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

DIAGNOSTIC IMAGING REPORT

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

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

EXAMS

000028910 MRI SPINE-LUMBAR WO CONTRAST

HISTORY

Low back pain

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

Findings

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

The conus medullaris is normal in position and signal intensity

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

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

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

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

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

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

DIAGNOSTIC IMAGING REPORT

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

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

EXAMS

000028910 MRI SPINE-LUMBAR WO CONTRAST
<Continued>

facet arthropathy and no significant stenosis

Impression

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

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

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

CC BRIAN S SCOTT

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

PAGE 2

Signed Report

P119

Florence Neurosurgery & Spine

1204 F Cheves Street Florence SC 29506

ph 843 673 0122 - fax 843 673 0227

www.florenceurology.com

Andrew H Rhea M D

James J Brennan M D

Elizabeth A Snoderly D O

William B Naso M D

Christopher G Paramore, M D

Patient Name DARREIN POI LACK (43005E)

DOB [REDACTED]

Date of Service 08/09/2010

HISTORY AND PHYSICAL

HISTORY

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

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

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

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

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

Medications

Unknown

Allergies

NKDA

Social History

MARITAL STATUS Married living with spouse

OF CHILDREN 0

OCCUPATION Unemployed

SMOKING Has no smoking history

ALCOHOL Minimal alcohol consumption

Family History Positive history of hypertension

Florence Neurosurgery & Spine

1204 E Cheves Street Florence SC 29506

ph 843 673 0122 - fax 843 673 0227

www.florenceurology.com

Andrew H Rhea MD

James J Brennan, MD

Elizabeth A Snoderly DO

William B Naso MD

Christopher G Paramore MD

Patient Name DARREN POLLACK (43005E)

DOB [REDACTED]

Date of Service 08/09/2010

PHYSICAL EXAMINATION

Vitals

VS TEMPERATURE 97.2°F Tympanic

VS PULSE 68 Right Radial Regular

VS BLOOD PRESSURE 129/89 Right Arm Sitting

VS RESPIRATION 20

VS HEIGHT 6ft

VS WEIGHT 210lbs

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

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

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

Chest Clear to auscultation.

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

Abdomen Bowel sounds are positive, soft, nontender.

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

Neuromusculoskeletal

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

Motor Exam 5/5 in all groups tested.

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

Deep tendon reflexes 1+ and symmetrical throughout.

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

Gait Is mildly antalgic and he favors his right leg.

There are no cerebellar changes noted.

Florence Neurosurgery & Spine

1204 E Cheves Street Florence SC 29506

ph 843 673 0122 - fax 843 673 0227

www.florence-neurosurgery.com

Andrew H Rhea M D

James J Brennan, M D

Elizabeth A Snoderly D O

William B Naso, M D

Christopher G Paramore, M D

Patient Name DARREN POLLACK (43005E)

DOB [REDACTED]

Date of Service 08/09/2010

MEDICAL DECISION MAKING

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

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

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

Management Options/Plan

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

cc

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

Date of Visit

8-9-2010

Florence Neurosurgery and Spine

Patient Health History Questionnaire

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

Patient Name DARREN POLLACK Phone # 843-457-4678

Date of Birth [REDACTED] Age 32 Work #

Residence [REDACTED] MYRTLE BEACH, SC 29579

Handedness R L ✓ Height 6'0" Weight 215

HR 68 BP 121/89 R 20 T 92 (male/female) race AW

Who sent you to us? Family Physician? DR. CARL

Chief Complaint (What is the reason for your visit?) LOWER BACK PAIN PAIN GOING DOWN
RIGHT LEG NUMBNESS RIGHT FOOT, OTHER TWO TOES

Date of onset 3/30/10

Therapy to date

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

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

Past Surgical History HERNIA SURG. 2005
RIGHT JAW SURG. 1994

Medications (include dosage) pain med? muscle relaxer?

Allergies NONE

Social History Single Married ✓ Divorced Widowed

Children? 1 How Many?

Occupation UNEMPLOYED Last worked 6/15/10

Do you smoke? Yes No ✓ How much? How many years?

Did you previously smoke? Yes No ✓ How much? Years?

Do you drink alcohol? Yes ✓ No How much? 2 LUK

Did you previously drink alcohol? Yes No How much?

Family Hx HTN

Complaint Related to an injury? Workman's compensation? YES

Other physicians seen for this problem? If so Who?

Patient's Signature Dan R The above is true and correct to the best of my belief

Patient Review of Systems Questionnaire

Constitutional Symptoms

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

Eyes

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

Ears, Nose, Mouth, Throat

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

Cardiac / Circulatory

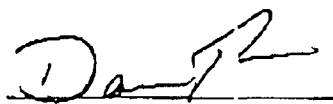
chest pain	☐	☒
swelling of feet / ankles	☐	☒
pain in lower legs when walking	☐	☒
abnormal heart rhythm	☐	☒

Hematologic

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

Patient Signature

Date



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

Genitourinary

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

Gastrointestinal

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

Musculoskeletal

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

Endocrine

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

Respiratory

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

Physician Signature

Date



6/9/10

NAME Darren Pollack DATE _____

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

BACK PAIN QUESTIONNAIRE | LEG PAIN QUESTIONNAIRE

N/A ☐

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

None Mild Moderate Severe
0 1 2 3

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

N/A ☐

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

None Mild Moderate Severe
0 1 2 3

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

II On the diagram below please indicate with an 'X' the severity of your pain in the last week

No Pain | X | Worst Possible Pain

III Which word best describes your pain right now?

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

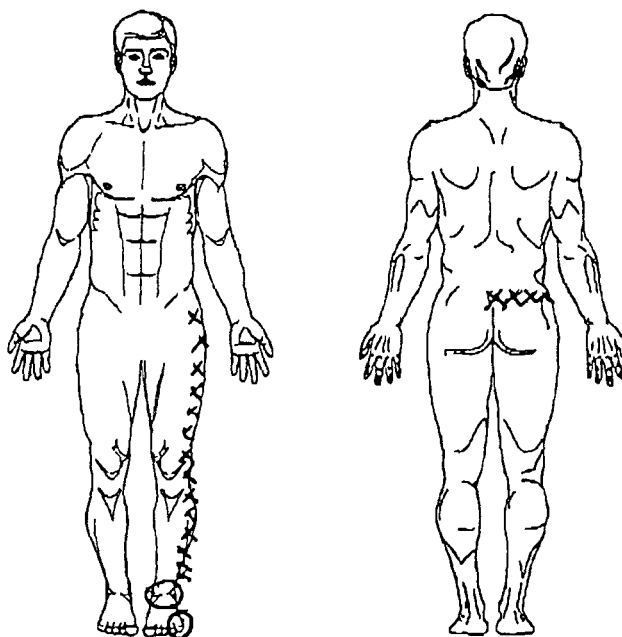
II On the diagram below please indicate with an 'X' the severity of your pain in the last week

No Pain | X | Worst Possible Pain

III Which word best describes your pain right now?

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

Location of Symptoms



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

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

NO PAIN

WORST PAIN

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

Previous Treatments
(Check all that apply)

Surgery

Nerve Blocks

Steroid Injections

TENS Unit

Physical Therapy

Psychological Therapy

Relaxation Training

Biofeedback

Chiropractic Treatment

Other

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

Florence Neurosurgery & Spine

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Andrew H Rhca M D

James J Brennan M D

Elizabeth A Snoderly, D O

William B Naso M D

Christopher G Paramore M D

Patient Name DARREN POLLACK (43005E)

DOB [REDACTED]

Date of Service 08/09/2010

XRAY REPORT

Indication Back and leg pain

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

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

InMed

Diagnostic Services of S C , LLC

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

DOCTORS CARE

OVER-READ OF LUMBAR SPINE SERIES

COMPARISON No previous

HISTORY Low back pain

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

IMPRESSION No acute abnormality

AGREE [X] DISAGREE []

Jason C Lynn, M D

JCL/sdb

Signed and released electronically by Jason C Lynn M D

Date 04/01/10

Time 12 01 a m



Workers Compensation Information Sheet

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

WKC Carrier Info

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

"Delivery Supervisor"

Authorization

Spoke with Fax from Rodney Richardson Date 06/14/10
of Visits Authorized 4
If applicable Auth # Dates Valid to

Additional Auth

Spoke with Date
of Visits Authorized
If applicable Auth # Dates Valid to

Spoke with Date
of Visits Authorized
If applicable Auth # Dates Valid to

☐ Logged

Information Obtained By (PSR In A)

Time In / Time Out

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	PT STRAND, APPT ONLY
** NEW ** 6 31361	06/22/10	09 30am	

NAME & ADDRESS: POLLACK, DARREN
TUESDAY
MYRTLE BEACH, SC 29579
843-492-7269
WRP
INSURED POLLACK, DARREN
INS
REASON LUMBAR RADICULOPATHY
3043 HOLLY BE
NICKNAME

DOB: [REDACTED]
GENDER: [REDACTED]
IBS
FCL 6
CELL
RELATION
COPAY

INSURANCE BALANCE	0.00
ACCOUNT BALANCE	0.00
CURRENT CHARGES	273.00
AMOUNT PAID	0.00
NEW BALANCE	273.00
CASH	
CHECK	
M.O.	
C.C.	

PROCEDURES	CPT	FEE
Evaluation	97001	421.00
OT Evaluation	97002	
Functional Capacity Evaluation	97750	
Physical Performance Test	97750.1	
Work Hardening 2 hours	97545	
Work Hardening add 1 hour	97546	
Acc Sports Ach Program	ASAP	
Strength	STRENGTH	
SFCP	SFCP	
Paraffin Bath	97018	
Whirlpool	97022	
Ultrasound 15 mins	97035	20.00
Iontophoresis 15 mins	97033	
Infrared / LLLT 15 mins	97026	
Therapeutic Exercise 15 mins	97110	48.00
Functional Activities 15 mins	97530	
Electrical Stim (manual) 15 mins	97032	30.00
Massage 15 mins	97124	
Manual Therapy	97140	
Mechanical Traction	97012	
Neuromuscular Re-Educ 15 mins	97112	
Gait Training 15 mins	97116	
Self Care Training 15 mins	97535	54.00
TENS Set Up	64550	
ROM Measure & Report	95851	
Other / Supplies	99070	

Visit Number 1 of 4

Staff [Signature]

Therapist's Signature [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above

Patient or Authorized Person's Signature

Date

Progressive Physical Therapy

Job Task Analysis

Patient Name <u>Darren Pollack</u>	Job Title <u>Delivery Supervisor</u>	Date <u>06/22/10</u>
------------------------------------	--------------------------------------	----------------------

@ Southern Wine & Spirits

Three activities you did every day at work before your injury

- 1 DRIVING → to location
- 2 ~~BEFORE~~ push cases into carts
- 3 LIFTING ~~up~~ pick up boxes

Job Demands and Physical Requirements		
Lifting	Carrying	Pushing/Pulling
Max weight = <u>75</u> <u>kegs</u>	Max weight = <u>75</u>	Max weight = <u>75</u> <u>32#</u> <u>cases on cart</u>
↑ times per day = <u>2</u>	↑ times per day = <u>2</u>	↑ times per day = <u>2</u>
Frequent weight = <u>40#</u>	Frequent weight = <u>40#</u>	Frequent weight = <u>7</u>
↑ times per day = <u>100</u> <u>cases</u>	↑ times per day = <u>100</u>	↑ times per day = <u> </u>
What are you lifting and how high? Example <u>Suitcases, four feet</u> <u>KEGS, 3 feet</u>	What are you carrying how far and do you carry it up stairs or a ladder? <u>CASES OF WINE/WINE</u> <u>DETACHING Depends</u>	What are you pushing/pulling and how far? Up/down a ramp? On a cart etc? <u>CASES OF WINE ON A CART</u> <u>SOMETIMES Pulling upstairs</u>

Place one check mark (going across) saying how often you did the activity at work before you were injured

Activity at Work	Occasional 0 33% of the day	Frequent 33 66% of the day	Constant 67 100% of the day	Never
Standing		✓		
Walking		✓		
Sitting		✓		
Reaching Forward		✓		
Reaching Overhead		✓		
Stooping		✓		
Squatting		✓		
Kneeling				✓
Crawling				✓
Climbing Stairs		✓		
Climbing Ladders	✓			
Use hands/fingers to manipulate		✓		
Balancing		✓		
Trunk rotation			✓	

Completed by D Pollack Date 6-22-10

FAX TO CASE MANAGER

Case Manager Name Rodney Richardson Fax # (860) 392 5333 Date Faxed 06/24/10

Time In / Time Out
9:30 / 10:30

EXAM ROOM TIME

IE 11 ME

TICKET NO.

COUNT NUMBER	DATE	TIME	PATIENT NAME	TICKET NO.
	MONDAY		PATIENT NAME	1062832
				10628342

& ADDRESS POLLACKY DARREN LEE

DOB [REDACTED]
SEX [REDACTED]
AGE [REDACTED]
CELL 143 157 4618

MYRTLE BEACH, SC 2957-
843-472-7269
WRP

INSURED POLLACKY, DARREN LEE
INF WC, SPECIALTY RISK SPECIALT
REASON FOLLOW UP BACK / SPINE
NICKNAME YCC32306

RELATIONSHIP OF CP
CO-OP

INSURANCE BALANCE	\$593.00		
ACCOUNT BALANCE			
CURRENT CHARGES	175.00		
AMOUNT PAID	0.00		
NEW BALANCE	584.00		
CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE	
✓ Evaluation	97001		S "My back has been SORE since coming to therapy" OT/Therapy per grid FA per grid IFC/MHP to L spine 15 min AT PHONE A NOC/AT PAIN/THEREX AT 2 correct body mechanics THING P CONT per PCC
OT Evaluation	97002		
Functional Capacity Evaluation	97750		
Physical Performance Test	97750.1		
Work Hardening 2 hours	97545		
Work Hardening add 1 hour	97546		
Acc Sports Ach Program	ASAP		
Strength	STRENGTH		
SFCP	SFCP		
Paraffin Bath	97018		
Whirlpool	97022		
Ultrasound 15 mins	97035		
Iontophoresis 15 mins	97033		
Infrared / LLLT 15 mins	97026		
Therapeutic Exercise 15 mins	97110	96.00	
Functional Activities 15 mins	97530	59.00	
Electrical Stim (manual) 15 mins	97032	30.00	
Massage 15 mins	97124		Visit Number <u>3</u> of <u>4</u> Staff <u>[Signature]</u> S. [Signature] PTA Therapist's Signature <u>[Signature]</u> Dr. [Signature]
Manual Therapy	97140		
Mechanical Traction	97012		
Neuromuscular Re Educ 15 mins	97112		
Gait Training 15 mins	97116		
Self Care Training 15 mins	97535		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above Patient or Authorized Person's Signature _____ Date _____
TENS Set Up	64550		
ROM Measure & Report	95851		
Other / Supplies	99070		



Return To Work Form

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

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

WORK STATUS (Check Appropriate Boxes)

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

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

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

- ☐ 4 Has reached Maximum Medical Improvement (MMI)
☒ 5 Return for re-evaluation at this office on Wed 7/7/10 Time 8:00 - 5:00

Additional Comments _____

PATIENT DISCHARGE INSTRUCTIONS

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

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

To Neurosurgeon Date _____ Time _____
For _____

Address _____

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

Employee Signature [Signature] Date _____

Provider Signature [Signature] Date 6/28/10

IMFD 001A (R/001)

071
P134

Patient Name Darren Pollack
 Diagnosis (ICD-9) Lumbar Radiculopathy
 Date of Birth [REDACTED]
 Claim Number YYCC32306

Progressive  **Physical Therapy**
 1220 21st Avenue North Myrtle Beach SC 29577
 Phone (843) 443-9368 Fax (843) 916-2348

**FYI ONLY
NOT A BILL**

Specialty Risk Services
 Company Name
Rodney Richardson (860) 392-5333
 Case Manager and Fax Number

2020 68

Week Ending	Faxed	Rx Expires	Attendance This Week	
			Number of Days Scheduled this week	Dates attended this week
06/25/10	06/25/10	30 days P last Tx	2	6/22, 6/24
07/02/10	07/16/10	"	2	6/28, 6/30
07/09/10	07/16/10	"	3	7/6, 7/7, 7/8
07/16/10	07/16/10	"	3	7/12, 7/14, 7/16
07/23/10	07/23/10	"	Ø need auth for add'l Tx	Ø
07/30/10	07/30/10	Need auth - neuro now in mid-August / please call with auth		
08/06/10	08/06/10	"	1	8/5
08/13/10	08/13/10	"	2	8/9, 8/11



medical affiliates

Fax Cover Sheet

Provider Fax Form

Progressive
Physical Therapy

TO Specialty Risk Services

DATE 08/24/2010

FROM Correen Frappaolo

TIME 2:02pm

ATTN Rodney Richardson

PAGES (Including cover) 2/02pm

RE Darren Pollack

CENTER NAME PT Strand

DESTINATION FAX # (860) 392 5333

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

CLAIM # or DOB YYCC32306

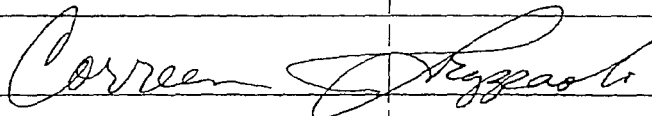
SENDER'S FAX # (843) 916 2348

SENDER'S PHONE # (843) 443 9368

☐ URGENT☐ REPLY REQUESTED☒ FYI☐ REVIEW/ADVISE☐ PLEASE POST TO STAFF☐ APPROVE☐ PER YOUR REQUEST☐ OTHER

COMMENTS

SIGNED/STAMPED



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[PPT F004 (11/07)]

073
P136

Florence Neurosurgery and Spine, PC

1204 East Chives Street Florence SC 29508
Phone (843) 673-0122 Fax (843) 673-0227

ANDREW H RHEA MD
DEA # AR 2335215
Lic # 14354

ELIZABETH A. SNODERY D O
DEA # BS1010699
Lic # DO498

JAMES J BRENNAN MD
DEA # BB 4322985
Lic # 21814

WILLIAM B NASO MD
DEA # BN 2369973
Lic # 16247

CHRISTOPHER C PARAMORE MD
DEA # BP 4606686
Lic # 28426

Name Darren P. Mack Date 8-9-10

☒ Physical Therapy / 105 ☐ Work Hardening ☐ FCE
☐ Cervical Traction

_____ Eval & Treat

_____ Eval Only

Please evaluate and / or treat for L4-D12-RAD
(diagnosis)

23 x a week for 6-8 weeks

[Signature]
(physician)

074

**SOUTHERN WINE & SPIRITS
RECORD OF DISCIPLINARY ACTION**

Employee Name Darren Pollack Date of Warning June 15 2010

TYPE OF VIOLATION

Attendance	☐	Violation of Company Policies/Procedures	☒
Lateness/Early Quit	☐	Insubordination	☐
Rudeness to Employee/Customers	☐	Violation of Safety Rules	☒
Unsatisfactory Work Quality	☐	Willful Damage to Material/Equipment	☐
Carelessness	☐	Failure to Report as Scheduled	☐
Failure to Follow Instructions	☐	Other	☐

EMPLOYER STATEMENT

Nature of Violation On Thursday May 27 2010 Darren responded to a call from one of his employees who had hit a sign at a customer account. Although there was minimal and questionable damage to the sign and no damage to the truck. Darren worked with the employee to properly document the accident including obtaining a police report pictures and plans for a post accident drug screen. Prior to leaving the scene Darren drove the SWS van over to the side of the company truck to discuss something with the driver. As he attempted to leave the account Darren backed the van into the SWS truck bumper leaving a mark down the left side of the van over the gas tank area. Darren did not file an accident report for this incident nor did he contact his supervisor to report the incident. When questioned about the incident Darren stated that he was aware that he had hit the van on the truck bumper but did not think that there was any damage. His written account of the incident provided on June 2 2010 after being questioned by his supervisors states that at the time of the accident he looked at the van twice and did not believe there was damage other than a line of dirt which he now believes to be a coat of wax/paint that is leaving the mark. Mr. Pollack offered no explanation as to why he had not reported the accident to anyone except that he did not think that the dirt mark down the side of the van was an accident nor did he think there was any damage done. Sonny Blocker went to the site on Saturday June 5th and looked at the truck to assess the damage. There is a black mark from the truck bumper approximately 24 inches in length down the side of the van which covers a scratch into the paint of the van.

Southern Wine & Spirits of SC Delivery policies state that All accidents and incidents with a vehicle must be reported whether or not there is damage to the Company vehicle another vehicle or other property and All accidents in a Company vehicle at fault or not must be immediately reported to the Driver Supervisor. Failure to report an accident will result in immediate termination. These policies are reviewed at quarterly driver safety meetings and all delivery supervisors are required to be familiar with these policies as part of their job duties. Darren's failure to report his accident in the SWS van is a direct violation of Company policy regarding the requirement that all accidents must be immediately reported to a supervisor. Darren's employment is therefore being terminated effective immediately.

ACTION TAKEN

☒ Dismissal

EMPLOYEE STATEMENT

☐ I agree with employer's statement ☒ I disagree with employer's statement

Comments As for "hitting" the van on the bumper of the truck, I was not sure if the two vehicles came in complete contact or not. After moving the van, I saw the line on the side of the van. After looking at it see the

PHONE 1 866 880 1SRS (1777) FAX 1 866 879 4SRS (4777) E MAIL reportaclaim@SRSCconnect.com



1 ANOTHER OCCUPIED VEHICLE
2 A PEDESTRIAN

3 ANY PERSONAL INIURY
4 EXTENSIVE PROPERTY DAMAGE

[illegible]

OTHER VEHICLES INVOLVED

VEHICLE 1				VEHICLE 2			
Owner Name			Sex	Owner Name			Sex
Owner Street Address				Owner Street Address			
Owner City State & Zip				Owner City State & Zip			
Home Phone				Home Phone			
Business Phone				Business Phone			
D O B		Age	SS#	D O B		Age	SS#
Vehicle Year Make & Model				Vehicle Year Make & Model			
Vehicle License Plate State				Vehicle License Plate State			
Vehicle Vin #				Vehicle Vin #			
Trailer Year Make & Model				Trailer Year Make & Model			
Trailer License Plate State				Trailer License Plate State			
Trailer Vin #				Trailer Vin #			
Insurance Company			Policy #	Insurance Company			Policy #
Insurance Company Phone #				Insurance Company Phone #			
Agent Name				Agent Name			
Operator Name			Sex	Operator Name			Sex
Operator Street Address				Operator Street Address			
Operator City State & Zip				Operator City State & Zip			
Home Phone				Home Phone			
Business Phone				Business Phone			
Driver's License Number/State				Driver's License Number/State			
B		Age	SS#	D O B		Age	SS#
Passenger Name			Injured? YES NO	Passenger Name			Injured? YES NO
Passenger Name			Injured? YES NO	Passenger Name			Injured? YES NO
Vehicle Parked? YES NO				Was Vehicle Parked? YES NO			
Description of Damage to Vehicle				Description of Damage to Vehicle			
Damage to Property Other Than Vehicles?				Any Damage to Property Other Than Vehicles?			
Property Owner Name				Property Owner Name			
Property Owner Street Address				Property Owner Street Address			
Property Owner City State & Zip				Property Owner City State & Zip			
Description of Damage to Property				Description of Damage to Property			

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Vehicle Accident/Driver's Statement of Events

Date of Accident May 27, 2010

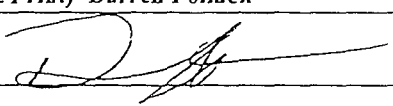
Driver Name Darren Pollack

Write a brief description of how the accident happened

The parking lot at Mona Lisa Liquors is tight. I was attempting to pull out and with the flow of traffic coming it was not possible. I backed the van up watching passenger side not to run over the flower beds. When I looked the other way the side of the van was touching the front bumper of one of our trucks. I got out and looked at the vehicles and it appeared that there was no damage done to either vehicle. There was a line of dirt down the side of the van. I pulled the van forward and drove around the back of the building. I then stopped behind the building looked at the van one more time and everything looked ok. I then proceeded to the warehouse to get started on an accident report for a vehicle that hit a sign in the parking lot of Mona Lisa. I did not think that the dirt mark down the side of the van was an accident nor did I think that there was any damage done. After receiving a phone call from Sonny Block and Joe Green about the incident I drove to the warehouse on June 1, 2010 to look closer at the van. I took Peggy Wise with me as a witness. By looking at the van there is no damage but if you rub your finger over the dirt mark you can feel that there is a coat of wax/paint that is leaving the mark on the side of the vehicle.

Date June 2, 2010

Driver Name (Please Print) Darren Pollack

Driver Signature 

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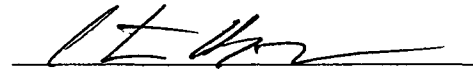
On Thursday May 28th I, Jesse F Richardson, caused a non-DOT accident on Customer property. I immediately called the driver supervisor, Darren Pollock, and he quickly reported to the scene. He took pictures of the incident and called in for a police report. As we were waiting for the Police to show, we got into an argument about when I should take the Drug Screen. I told him that I should stop with my route and go, and he told me no and to finish my route, which consisted of just four more stops. The reason I wanted to go ahead and take the Drug test is because I thought that the Human Resources department said that it was protocol to take the screen immediately after an accident, to avoid possible termination. After we argued, Darren went to the work van & I went to my work truck, obviously upset. He drove over to my truck to settle and let each other apologize to one another. After we said what we did to each other, he backed out of the spot he was in and scratched the van against my truck bumper. Subsequently I called Human Resources to get clarity on non-DOT accidents. That is all that happened at that point.

Jesse F Richardson

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material

Respectfully Submitted,



Stephen B Samuels
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Columbia, South Carolina 29250
(803) 779-4000
Stephen@SamuelsLawFirm.net

Attorney for Appellant

Columbia, South Carolina

June 12, 2012

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

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

WCC File No 1007936

Darren L Pollack, Employee,

Appellant,

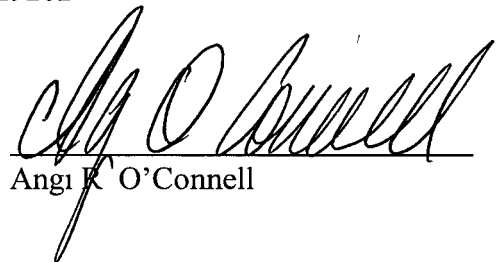
v

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

PROOF OF SERVICE

I certify that I am the paralegal to Stephen B Samuels and I have served the **Record on Appeal** upon the Respondents by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on **June 13, 2012**, addressed as follows

Cynthia C Dooley, Esquire
Carmelo B Sammataro, Esquire
Attorney for Respondents
Turner Padget Graham & Laney, P A
Post Office Box 1473
Columbia, South Carolina 29202


Angi R O'Connell

Columbia, South Carolina

June 13, 2012



Stephen B Samuels, Attorney at Law

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June 13, 2012

VIA HAND DELIVERY

The Honorable Jenny Abbott Kitchings
Clerk of the South Carolina Court of Appeals
1015 Sumter Street
Columbia, South Carolina 29201

RECEIVED
JUN 13 2012
SC Court of Appeals

RE Darren L Pollack v Southern Wine & Spirits of America, and
Specialty Risk Services
Case Tracking No 2011200466
WCC File No 1007936

Dear Ms Kitchings

Please find enclosed the unbound original and fifteen copies of **Record on Appeal** for filing in the above-referenced matter

By copy of this letter and enclosure to Carmelo Sammataro and Cynthia Dooley, counsel of record for the Respondents, we are serving a copy of our **Record on Appeal** upon him as indicated by the attached Proof of Service

Thank you for your consideration in this matter. Please contact us with any questions or if further information is needed from our office

With kindest regards, I am

Yours very truly,

Stephen B Samuels

SBS/aro

Enclosures

cc w/encl Carmelo B Sammataro, Esquire
Cynthia Dooley, Esquire