

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

The Honorable Melody James, Gene McCaskill, and Avery Wilkerson

Case Number 2015-000177

Judy Sanchez, Employee, ... Appellant,

v.

Perry Ellis International, Employer,
and The Hartford, Carrier, ... Respondents,

RECORD ON APPEAL

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0919206

JUDY SANCHEZ,

Employee,

Claimant,

vs.

PERRY ELLIS INTERNATIONAL,

Employer,

AND

THE HARTFORD,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Pickens, S.C. on January 8, 2013.

APPEARANCES:

Claimant appeared and represented by Steven M. Krause, Esquire of Law Offices of Krause, Moorhead and Draisen, P.A. of Anderson, South Carolina.

Defendants represented by George D. Gallagher, Esquire of McAngus Goudelock & Courie, L.L.C. of Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER: Commissioner Susan S. Barden

FILED: March 28, 2013

STIPULATIONS

1. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
2. All parties of interest received timely and proper notice of the hearing.
3. Venue is proper in Anderson, South Carolina.
4. Claimant's average weekly wage is \$447.79 and the corresponding compensation rate is \$298.54.
5. No objections to the APA submissions.

APA SUBMISSIONS

Defendants' Submissions

1. Michael N. Bucci, M.D., Piedmont Neurosurgical Group, 03/25/11-11/04/11, 13 pages;
2. Jay S. Patel, M.D., Oaktree Medical, 12/01/10-11/23/11, 16 pages;
3. Kent H. Kistler, M.D., Neurology Assoc. of Greenville, 10/11/11, 3 pages;
4. Physical Work Performance Evaluation, AnMed Health Rehab Plus, 12/13/11, 11 pages.

Claimant's Submissions

5. Michael N. Bucci, M.D., Piedmont Neurosurgical Group, 06/14/11-07/06/12, 2 pages;
6. Byron Marsh, M.D., 01/31/12, 5 pages;
7. Phillip Hodge, M.D., Southeastern Neurosurgical, 05/14/12, 3 pages;
8. Jay S. Patel, M.D., Pain Management Associates, 12/20/11, 1 page;
9. Christopher Siddén, M.D., Innervision MRI & Imaging, 10/12/11, 2 pages;
10. Wes Phalen, M.D., Anderson Radiology, 01/25/10, 1 page;
11. G. Timothy Baxley, M.D., Clemson Neurology, 05/17/10-12/17/10, 9 pages;
12. Upstate Medical Associates, 08/03/09-09/14/09, 17 pages;
13. Darius Davina, M.D., Oaktree Medical Centre, 10/20/09-04/26/10, 9 pages;
14. Robert Brabham, Ph.D, Psychological and Training Svcs., 07/10/12, 12 pages;
15. Exhibit: Letter from George Gallagher, Esq., 05/21/12, 1 page

STATEMENT OF THE CASE

This claim arises out of a work-related accident on July 27, 2009. Specifically, Claimant alleges that she injured her right shoulder and neck while picking up belts to fill an order. As a result of this accident, Claimant alleges she suffered injuries to her right shoulder and neck. At

the hearing, Claimant contended that she was not at maximum medical improvement and was in need of additional medical treatment for ongoing pain, including a spinal cord stimulator. Further, Claimant contends that she was not at maximum medical improvement because she has developed causally related numbness and tingling in her left arm and hand that requires additional medical evaluation and treatment. Claimant asserts, in the alternative, she is permanently and totally disabled based on either a greater than 50% loss of use to her spine or the total destruction of her earning capacity in the open labor market because her continued employment with Employer is merely "benevolent" or "sheltered". Claimant also alleges an aggravation of pre-existing medical conditions including depression, psychological overlay, high blood pressure, and diabetes.

Defendants submit Claimant has reached maximum medical improvement based on the medical records of several treating physicians. Further, Defendants contend that Claimant's compensable injuries are confined to her neck. Defendants assert they are not responsible for Claimant's carpal tunnel syndrome. Even though they paid for the treatment, there is no evidence that Claimant's carpal tunnel syndrome is related to her specific mechanism of injury on July 27, 2009. See McIntire v. Winn Dixie Greenville, Inc. 275 S.C. 323, 270 S.E.2d 440 (S.C. 1980) (*holding* payment of medical bills cannot be used for admission of liability unless the circumstances surrounding the payment indicated an admission of liability rather than an act of benevolence). Defendants further deny that Claimant suffered any injury to her left arm and/or hand in May 2010 as a result of her July 2009 work-related accident. Defendants admit Claimant is entitled to permanent partial disability compensation for loss of use of the cervical spine based on Dr. Bucci's 10% impairment rating and restrictions, but deny that Claimant has sustained greater than 50% loss of use per §42-9-30, or is otherwise entitled to permanent and total

disability based on a "sheltered employment" theory. Defendants conceded that Claimant may be entitled to further pain management evaluation pursuant to the direction of Dr. Patel, but argued the spinal cord stimulator was not medically necessary based on the fact that Claimant continues to work full time with permanent light duty work restrictions and without taking any prescription medications.

Finally, Defendants deny that Claimant's hypertension and alleged psychological condition is a result of Claimant's work-related accident. Defendants also point out that the alleged psychological issues have never been properly pled. If the Commission finds they were properly pled, they are not causally related to the work-related accident from July 2009.

EVIDENCE OF THE CASE

Hearing Testimony

Claimant testified on her behalf. She testified that she is 52 years old and has a high school education. (Hr'g Tr. 15:20 – 16:1). Claimant has received mathematics training with a prior employer. (Hr'g Tr. 16:4-12). Claimant testified that she worked for Employer as a Finish Ready Merchandise Operator. (Hr'g Tr. 20:22-24). She stated that her job duties included getting the merchandise ready for shipping. (Hr'g Tr. 21:22-23).

Claimant testified she was injured on July 27, 2009. (Hr'g Tr. 23:18-24). On that day Claimant stated that she was working in the Order Filling Department. (Hr'g Tr. 24:1). Claimant testified that she was working in a small space that required a great deal of bending and stooping. (Hr'g Tr. 24:10-25). Claimant's injury was termed a "double crush" injury affecting the right side of Claimant's neck and her right arm (*See* Claimant's APA #5, p. 45; Defendants' APA #1, p. 2, 4-5, 11, and 13).

Claimant testified that she has pain in her neck starting at her shoulder and going up the right side of her neck to around her right ear. (Hr'g Tr. 38:15-20). Claimant had a fusion surgery with Dr. Bucci for her neck pain. (Hr'g Tr. 51:25 - 52:2). Claimant also stated that she has problems with her right arm. (Hr'g Tr. 43:9-10). She stated these problems include pain in her right hand and numbness in her fingers. (Hr'g Tr. 43:11-14). The pain will occasionally move to her right forearm and her index finger is numb. (Hr'g Tr. 43:15-25). Claimant underwent a carpal tunnel release on her right hand. (Hr'g Tr. 51:24 - 52:2). Claimant was released at maximum medical improvement by Dr. Bucci on October 20, 2011. (Defendants' APA #1). Claimant was released again at maximum medical improvement by Dr. Patel on November 9, 2011. (Defendants' APA #2).

Claimant stated that she suffered an acute onset of pain with her left side in May 2012. (Hr'g Tr. 47:8-10). However, Claimant testified that this onset of pain did not occur at work. (Cl. Depo. Tr. 32:25 - 33:3). In fact, Claimant indicated that she "...just woke up and was going to work." (Cl. Depo. Tr. 33:3-4). After waking up, Claimant stated "...[w]hen I woke up that morning, it was just hurting. I couldn't figure out what it was. And by that time, my hand was numb and tingling." (Cl. Depo. Tr. 33:4-6). She also stated that "I just woke up that morning at it was hurting." (Cl. Depo. Tr. 33:16-17). She reported her left side pain that day to her supervisor. (Hr'g Tr. 48:7-10). Claimant stated that her left side pain includes sharp pains in her left shoulder, pains in her left hand, and pain in the left side of her neck. (Hr'g Tr. 49:23 - 50:17).

Claimant testified Dr. Patel provided her with epidural steroid injections in between her shoulder blades. (Hr'g Tr. 52:22 - 53:3). Dr. Patel's records indicate that the injections were administered in the cervical spine for neck and thoracic pain. (Defendants' APA #2). Claimant testified that she does not take any prescription medications at the time of the hearing. (Hr'g Tr.

75:6-18). Claimant testified that she returned to work in November 2011. (Hr'g Tr. 27:22). Claimant stated that when she returned to work, she returned to the same job. (Hr'g Tr. 29:6). She admitted that Employer has made accommodations for her work restrictions. (Hr'g Tr. 31:2-5).

Nathan Lucas also testified at the hearing. Mr. Lucas testified that he is a human resources manager for Employer. (Hr'g Tr. 77:9-10). Mr. Lucas acknowledged that Claimant has work restrictions and that Employer accommodates those lifting restrictions. (Hr'g Tr. 78:3-16). Based on his understanding of Claimant's work, he testified that Claimant was doing 70 to 75% of her job based strictly on the doctor's restrictions. (Hr'g Tr. 79:7-22).

Medical Evidence

Claimant presented to Upstate Medical Associates on August 3, 2009 complaining of "...pain in neck and right shoulder pain from bending over @ work x 1 week." (Claimant's APA #12, p. 68). Claimant followed up on August 10, 2009 and complained of "...right shoulder soreness and neck soreness and stiffness from injury at work." (Claimant's APA #12, p. 73). Claimant followed up again on August 24, 2009 and complained of pain in her neck and upper back. (Claimant's APA #12, p. 80). She stated that she "...had to reach over her heads [sic] that strained her right shoulder and neck." Id.

On October 20, 2009, Claimant presented to Oaktree Medical Centre and Dr. Divina with complaints of "right side pain." (Claimant's APA #13, p. 85). Dr. Divina stated that Claimant's symptoms were "...localized to the neck on the right." (Claimant's APA #13, p. 86). Further, Claimant denied any numbness or tingling or radiation of pain to her fingertips. (Claimant's APA #13, p. 87).

Claimant underwent an MRI on January 25, 2010. During that MRI, Dr. Phelan noted that Claimant has "[n]eck pain with history of workman's compensation injury on 7/27/09, pain is located in the right side of the neck." (Claimant's APA #10, p. 57). On February 2, 2010, Claimant saw Dr. Divina and stated that "...the right side of her neck is still hurting some." (Claimant's APA #13, p. 92). Claimant followed up with Dr. Divina on April 26, 2010 and complained of an onset of tingling and numbness in her right index and middle fingers. (Claimant's APA #13, p. 94). On May 17, 2010, Claimant saw Dr. Baxley for "...numbness and tingling she has been experiencing in her right hand and fingers." (Claimant's APA #11, p. 58).

Dr. Kistler performed an EMG/NCV on October 11, 2011. (Defendants' APA #3, p. 30). This EMG/NCV revealed a "[n]ormal EMG/NCV study without evidence of cervical root, plexus or peripheral nerve injury or denervation, peripheral neuropathy or median or ulnar nerve root entrapment...." Id.

On October 20, 2011, Dr. Bucci noted "...she does not have any recurrent surgical pathology and the preoperative neurological changes have resolved. She does have residual neck and arm pain and she will be referred to Dr. Patel for any treatment suggestion in this regard." (Defendants' APA #1, p. 2). Dr. Bucci determined that Claimant reached MMI on October 20, 2011. (Defendants' APA #1, p. 1). Further, Dr. Bucci stated that Claimant should be referred to pain management and sustained a 10% impairment to her spine and a 10% impairment to her hand. Id.

On November 9, 2011, Dr. Patel noted that Claimant was still have some ongoing pain in her neck and right shoulder but that she was essentially at MMI. (Defendants' APA #2, p. 15). On November 23, 2011, Dr. Patel released Claimant at MMI as of November 9, 2011.

(Defendants' APA #2, p. 14). Dr. Patel also recommended an FCE be performed to determine any work restrictions. Id.

Claimant underwent an FCE on December 13, 2011. (Defendants' APA #4). During this FCE, the evaluator noted that Claimant self-limited on 52% of the 21 tasks she was asked to complete. Id. If self-limiting exceeds 20%, then psychological and/or motivational factors are affecting the test results. Id. Further, he noted that the performance on the self-limiting tasks indicates a minimum rather than a maximum ability. Id. Therefore, the assigned 20-lb. limit through the FCE indicates a minimum amount for Claimant.

On January 31, 2012, Dr. Marsh conducted an IME of Claimant and issued a report. (Claimant's APA #6). In that IME, Dr. Marsh notes that Claimant experiences pain in the right side of the neck with radiation to the right shoulder. (Claimant's APA #6, p. 47). He makes no mention of any left-sided pain. (Claimant's APA #6). Further, Dr. Marsh notes that Claimant had a satisfactory outcome post right carpal tunnel release. (Claimant's APA #6, p. 48). He also indicates that Claimant is at MMI and shows no objective documentation of residual carpal tunnel syndrome. (Claimant's APA #6, p. 48-49). Dr. Marsh indicated that Claimant should be assigned a 0% extremity impairment rating for her carpal tunnel syndrome. (Claimant's APA #6, p. 49).

Dr. Hodge saw Claimant on May 14, 2012 and noted that Claimant complained of right sided neck and shoulder pain. (Claimant's APA #7, p. 51). Claimant also saw Dr. Brabham on July 9, 2012. During that evaluation, Claimant noted that after her accident she was "...experiencing a considerable degree of pain in her neck, as well as right shoulder stiffness and pain." (Claimant's APA #14, p. 96). Dr. Brabham makes no mention of left sided pain. (Claimant's APA #14).

FINDINGS OF FACT

1. Claimant injured her neck in an admitted accident on July 27, 2009.
2. Claimant alleges that:
 - a. Her cervical condition has resulted in causally-related bilateral upper extremity radiculopathy;
 - b. She sustained causally related right arm carpal tunnel syndrome;
 - c. She requires evaluation/treatment for her left arm;
 - d. S.C. Code Ann. §42-9-35 applies in this case because of Claimant's pre-existing diabetes, anxiety/depression, hypertension, etc. (this argument was raised only during Claimant's testimony and not before in the pleadings or in the summary of Claimant's position at the hearing when the record was opened);
 - e. She is not at maximum medical improvement for either arm; and
 - f. Defendants should be required to provide treatment for both arms until she reaches maximum medical improvement.
3. Claimant's alleged aggravation of a pre-existing psychological condition is denied. The reasons for denial are:
 - a. Claimant did not plead psychological overlay on either her Form 50 or Form 58;
 - b. The treatment records do not support Claimant's contention that there was an aggravation—in fact, they show the opposite; and
 - c. Claimant's testimony that she was already taking psychotropic drugs for her prior condition, but that another, new psychotropic medication was recently prescribed because of Claimant's work injuries is not supported by the medical records. In

fact, all the various physicians (Drs. Bucci, Divina, Baxley, Patel, etc.) who documented Claimant's ongoing medications (such as levothyroxine/Synthroid for hypothyroidism, lisinopril for hypertension, Metformin for diabetes, simvastatin for diabetes, and glimepiride for diabetes) and other non-related conditions never list a psychotropic drug of any kind or mention an emotional problem. If Claimant simply forgot to tell Drs. Bucci, Patel, Baxley, and other physicians that she takes a psychotropic drug when they obtained a list of medications, it was incumbent upon her to present other evidence in order to corroborate her testimony that the additional medication was prescribed because of a work-related injury. Instead, Claimant brought this issue up for the first time at the hearing during her testimony. Further, although Claimant alleges an aggravation, she inconsistently told Dr. Brabham that she has "no prior mental health history"; therefore, Claimant would not have taken psychotropic medication prior to the injury in issue. Nonetheless, even Dr. Brabham states that Claimant's level of depression on the Beck Inventory tested as "mild." Finally, medical evidence shows that Claimant's "sleep is good"—7 hours a night. (See Hr'g Tr. p. 64-67 for Claimant's testimony; Hr'g Tr. p. 8-12 for summary of Claimant's position when the record was opened and which contains no reference to the aggravation of any pre-existing condition including, but not limited to, psychological overlay; Claimant's APA #12, p. 68-71, 80-81, and 83-84 which specifically note no psychological problem or symptom; Defendants' APA #2, p. 27-28; Claimant's APA #11, p. 58-59, 64, and 66; Claimant's APA #13 (particularly p. 86-87); Claimant's APA #7, p. 51 where

Claimant reported that she did not feel more sad than usual; Claimant's APA #14, p. 104-105; Defendants' APA #1, p. 11-12 documents all of Claimant's non-work-related conditions and medications; on the date of this record, Claimant's mental status is noted as "normal").

4. Claimant is 52 years of age. (Hr'g Tr. p. 15).
5. Claimant is left hand dominant. (Hr'g Tr. p. 58, 60, and 73-74; Defendants' APA #1, p. 11; Defendants' APA #4, p. 35).
6. Claimant is a high school graduate. She later took mathematics class through a previous employer. (Hr'g Tr. p. 15-16).
7. Claimant's prior employment included work:
 - a. At her family's gas station where she pumped gas, checked oil and air, stocked, and cashiered;
 - b. As an inspector at a sewing plant;
 - c. As an assembler at a power tool manufacturing plant; and
 - d. As a brake tester for an automotive supplier. (Hr'g Tr. p. 17-20);
8. On the date of accident, Claimant's job at Employer's distribution center was in Finish Ready Merchandise (F.R.M). However, when this department was "low on work," Claimant was required to work in other departments. Claimant's employment duties required her to lift at least 40 lbs., push a 50-lb. buggy, reach overhead, and bend frequently. (Hr'g Tr. p. 20-21, 23-30, 32, 37, and 69-71).
9. Claimant is an 8-year employee. This factor does weigh in Claimant's favor and was taken into consideration. However, employment tenure by itself is dispositive of nothing. (Hr'g Tr. p. 23).

10. Claimant's employment is not sheltered or gratuitous. Claimant returned to work and signed a Form 17 on November 19, 2011. Since that time she has not missed work for her work-related injuries. She has received merit increases since returning to work. Nathan Lucas testified that Employer accommodates Claimant's work restrictions and that she is able to perform approximately 75% of her pre-injury job within the restrictions assigned by the doctors. (*See Hr'g Tr.* 78:3-16, 79:7-22).
11. Claimant's injury was termed a "double crush" injury affecting the right side of Claimant's neck and her right arm (*See Claimant's APA #5*, p. 45; *Defendants' APA #1*, p. 2, 4-5, 11, and 13).
12. Because of her injuries, Claimant underwent a cervical fusion surgery and right carpal tunnel release surgery. Claimant's cervical surgical incision, according to medical evidence, was to the "right neck." (*Defendant's APA #1*, p. 8-10; *Claimant's APA #5*, p. 45).
13. Claimant's right hand/arm radiculopathy claim is compensable. Claimant's pre- and post-surgical right shoulder (radicular) and hand complaints are corroborated by numerous medical records. Further, I note that, objectively, Claimant's pre-surgical MRI showed a right-sided disc herniation. (*See Claimant's APA #5*, p. 45; *Defendants' APA #1*, p. 2; *Defendants' APA #2*, p. 15, 19, 23, 27-28, and 32; *Dr. Patel Depo. Tr.* p. 11; *Claimant's APA #10*, p. 57; *Claimant's APA #12*, p. 68; *Claimant's APA #13*, p. 85).
14. Claimant's right carpal tunnel syndrome is compensable. The greater weight of the evidence shows:
- a. Authorized treating physicians (Drs. Bucci and Baxley) refer to Claimant's condition as "double crush syndrome" whereby an impaired nerved at one

location makes a person more susceptible to other nerve entrapments. In none of the records does Dr. Bucci state that the right carpal tunnel condition is unrelated to the injury at issue;

- b. Although not dispositive of the issue, Defendants authorized treatment, including, but not limited to, CTS release surgery;
- c. Dr. Bucci rated the right hand and Defendants later sent Claimant to an IME for another rating to the right hand/arm; and
- d. The basis for Defendants' denial of Claimant's CTS is not premised upon recently discovered evidence showing Claimant has pre-existing/prior median nerve problems about which Defendants were unaware. If this were the case, the undersigned might take an entirely different view of the CTS compensability issue. Even if Defendants are not estopped from denying the CTS (they have provided treatment/ratings from the outset and Claimant has relied on their conduct), the medical evidence supports a finding of compensability for Claimant's CTS;

15. Claimant's left arm and hand are not compensable. This finding is based upon the evaluative/treatment records of every provider whose records were submitted into evidence. I also note:

- a. Claimant admittedly had no pre-surgical complaints regarding her left arm/hand (See testimony of Claimant; medical evidence in its entirety—which does not document a single mention of the left side although Claimant's left upper extremity was specifically examined, e.g. Defendants' APA #2, p. 28).

b. As to post-surgical complaints, there is not a single post-surgical evaluative/treatment record from any of the various providers (at least 7 or more) involved in this case documents a left arm/hand complaint. This includes evaluative/treatment records of Drs. Bucci, Patel (as well as his deposition testimony), Hodge, Marsh, Kistler, and Baxley. These records set forth in detail both the location of Claimant's pain and the nature of her complains as only on the right side. Additionally, the FCE evaluator documented Claimant's complaints during the testing, none of which pertain to the left side. Finally, Claimant's vocational expert notes that *"[a]t the time of this evaluation, Ms. Sanchez continues to experience significant neck and right shoulder/right wrist/right hand pain symptoms and limitations as a result of her on-the-job injuries."* **There is no mention of left arm complaint** by Claimant's own expert. I considered the fact that Claimant says she awakened on May 12, 2012 with left hand problems and reported it to Employer, but there was no further complaint voiced after this date—not even to Claimant's own vocational expert who in detail chronicles all of Claimant's problems as of the date of the evaluation.

(See medical evidence in its entirety; Defendants' APA #4, containing the FCE; Claimant's APA #14, p. 97, 2nd paragraph; *see also* 6th paragraph which also makes no mention of the left upper extremity; p. 98, 1st paragraph, citing **Claimant's complaints during vocational testing**; p. 99, 1st paragraph; p. 107, where the vocational evaluator speaks to the limitations on the use of the right upper extremity, but makes no mention of the left; Hr'g Tr. p. 47-48 and 73).

16. I considered the only record remotely close to documenting a left sided complaint which is referenced in an examination by Stephen Small in August 2009, who states during his examination Claimant had "upper trapezius bilateral" tenderness. However, under subjective complaints, Claimant only complained of right sided problems, which is consistent with the right sided only complaints made to Claimant's vocational expert. Further, Claimant testified that she experienced no left side problems until 2011. Finally, the trapezius is not the left arm or hand, and Claimant specifically mentioned the left hand/arm at the hearing. (Claimant's APA #12, p. 73).

17. Because the undersigned is unable to locate even a single reference by any physician during all the clinical examinations relating to the left arm, I am somewhat puzzled as to why Dr. Bucci would sign off on a "check off" questionnaire relating to the left arm months after he had last seen Claimant, particularly when not one of his own treatment records contains a left hand or arm complaint. I am not persuaded by the questionnaire (Dr. Bucci did not look at the MRI, per the communication submitted to the undersigned), and instead give greater weight to:

- a. Dr. Bucci's treatment records;
- b. The record of Dr. Marsh (whose report is impressive for its detail outlining Claimant's complaints, as well as for the fact that it is clearly not outcome-oriented), which is also devoid of any complaint of left arm pain or numbness; and
- c. The record of Dr. Hodge whose notes are also devoid of any mention of left arm pain or numbness.

Most important to the undersigned is the fact that although Dr. Bucci signed a questionnaire linking "left hand pain and numbness," Claimant did not think enough of this alleged problem to even mention it to her vocational evaluator just three days later. (See Claimant's APA #5, p. 44; Cf. Claimant's APA #14 in its entirety).

18. It is important to note that Dr. Marsh saw Claimant for the one-time visit in January 2012 (during which examination Claimant made no complaint of her left arm). Claimant complained of right side problems only. In July 2012, Dr. Marsh was asked to sign a questionnaire regarding the compensability of left hand pain/numbness. He, understandably, declined to answer the question. (Claimant's APA #6).
19. At the one-time visit with Dr. Hodge, the report from this evaluation sets forth Claimant's complaints ("right sided neck and shoulder pain"), as well as the "location of pain," which again is "right, neck, shoulder." Dr. Hodge notes Claimant's diminished sensation in the right hand during the examination. There is no mention of a left-sided complaint, and this report shows that Claimant's left upper extremity was specifically examined as Claimant is noted to have normal strength bilaterally in her upper extremities. Under Dr. Hodge's "plan," he yet again refers to Claimant's "right arm pain and neck pain." (Claimant's APA #7).
20. According to Dr. Bucci, Claimant's post-surgical EMG was normal, although he notes that Claimant does have some residual neck and arm pain. According to Dr. Bucci, Claimant's post-surgical MRI shows some "minor disc bulging without frank herniation at any level" and no recurrent surgical pathology. I give greater weight to his interpretation than I give to the radiologist's report. **Dr. Bucci notes that the**

radiologist's interpretation is "anatomically impossible." (Defendants' APA #1, p. 2-5; Defendants' APA #3, p. 30).

21. Claimant's testimony that her injections by Dr. Patel were not to her cervical spine (but rather at the area where the bra hooks in the back) are refuted by the records of Dr. Patel. The two ESI injections administered by Dr. Patel were at the C7-T1 level. (Defendants' APA #2, p. 15-16, 21-22, and 25-26; testimony of Claimant).

22. Claimant reached maximum medical improvement on November 9, 2011. I base this finding on:

a. The written opinion of Dr. Bucci who notes that an FCE was not necessary to determine whether or not Claimant had reached MMI (i.e. that she already in fact had reached MMI); and

b. The note of Dr. Patel, the authorized pain management doctor, who also found Claimant at MMI.

(See Defendants' APA #1, p. 1; Dr. Patel Depo. Tr., p. 5, lines 10-24; Defendants' APA #2, p. 14-15; Claimant's APA #8, p. 54).

23. ~~Claimant takes over-the-counter medication only, and has been doing so for more~~ **than one year.** (See Hr'g Tr. p. 74-76; See also Dr. Patel Depo. Tr. p. 21, wherein he testifies that Claimant did not want to take narcotics and her pain "wasn't that significant").

24. The authorized treating physician assigned a 10% impairment rating to the spine. (Defendants' APA #1, p. 1).

25. The authorized treating physician assigned a 10% impairment rating to the right hand.

Defendants' IME (Dr. Marsh) assigned a 0% impairment rating. (See Defendants' APA #1, p. 1; Claimant's APA #6, p. 49).

26. Claimant has a 15-lb. (per Claimant's APA #8, p. 54, dated 12/10/11) lifting restriction (based upon Claimant's FCE—Defendants' APA #2, p. 14, states awaiting the results).

However, the findings of the FCE are not compelling or persuasive. Featuring prominently in the report is the statement that Claimant's "significant self-limiting and inconsistent behavior heavily influenced the test results." In fact, Claimant **self-limited in more than half of the 21 tasks**, when motivated persons, according to the report, self-limit on no more than 20% of test items). What bolsters the findings of the report is the fact that the evaluator specifies and documents the instances where he finds "low effort and inconsistent behavior," such as the fact that Claimant did not produce the expected bell-shaped curve during grip testing. In sum, the evaluator concludes that the FCE results indicate a minimum rather than maximum ability. After the date of the FCE, Dr. Patel assigned a 15-lb lifting restriction but no other restrictions, as he had imposed earlier. (See Claimant's APA #8, p. 54; Defendants' APA #2, p. 17; Defendants' APA #4).

27. On paper, Claimant's lifting restriction is compelling, and would have otherwise left the undersigned to conclude Claimant is permanently and totally disabled. However, I give greater weight to the notes of the FCE evaluator than I give to the restrictions imposed by Dr. Patel based upon the FCE. I also cannot ignore the other inconsistencies set forth herein.

28. I do not find Claimant's pre-existing conditions (diabetes, thyroid deficiency, emotional condition, and hypertension) have been aggravated pursuant to S.C. Code Ann. § 42-9-35. Claimant testified that she was formerly insulin-dependent, but that she can now manage her diabetes with oral medication. Not one medical record states that any prior problem was aggravated. Not one record from any of the more than 7 providers contains any mention of an aggravated (or new) psychological problem or condition. The only evidence in the record of a psychological condition is in the vocational report of Dr. Brabham to whom Claimant was sent in anticipation of litigation, and to whom Claimant denied a prior mental health history. Nonetheless, the Beck Inventory test showed only "mild" depression. (Claimant's APA #14, including p. 96-97).

29. Claimant is able to drive. She drives herself to work, drove to her FCE, and drove to her vocational evaluation. (See Hr'g Tr. p. 42-43; Defendants' APA #4, p. 37; Claimant's APA #14, p. 97).

30. Claimant has no standing restrictions. (See the medical evidence in its entirety).

31. Claimant takes no prescription medications. (See testimony of Claimant in its entirety).

32. I find that Claimant's APA #11, p. 65 contains a typographical error under assessment "chronic left c6 radiculopathy" as evidenced by the previous page (p. 64) under History, line 6, and by the remainder of Dr. Baxley's records (including, but not limited to, p. 66 which refers to Claimant's chronic right C6 radiculopathy), in which there is no left arm complaint or finding.

33. Defendants shall provide lifetime hardware and maintenance. (e.g. repair, replacement, and removal).

34. As to future medicals, I find that Claimant is entitled to pain management. I base this finding on:

- a. The statement of Dr. Bucci, who recommended pain management when he released Claimant at MMI. (See Defendants' APA #1, p. 1-2).
- b. The fact that Dr. Patel on p. 18 of his deposition recommends pain medications; and
- c. The fact that Dr. Hodge recommends pain management on Claimant's APA #7, p. 52.

35. As to the provider for pain management, Claimant is to receive pain management from a different provider than Dr. Patel. This provider is to be selected by Defendants. I base this finding on the fact that Dr. Patel has released Claimant. (Dr. Patel Depo. Tr. p. 6).

36. As to the spinal cord stimulator, Dr. Hodge states that Claimant may benefit "possible" from a trial. This statement does not meet the requirements of S.C. Code Ann. § 42-15-60. Dr. Bucci did not recommend a stimulator or even a trial stimulator, and Dr. Patel relies on the surgeon, but is not ruling this modality out. I agree with Defendants' position that, at this point, the implantation of a spinal cord stimulator is, at best, a future medical. (See Dr. Patel Depo. Tr. p. 6-13, 16-17, and 21-23; Claimant's APA #7, p. 52).

37. As of the date of the hearing, Claimant has returned to work for Employer in F.R.M., but with accommodations. (Hr'g Tr. p. 27-36 and 74).

38. Claimant is awarded 22% permanent partial disability to the spine pursuant to S.C. Code Ann. § 42-9-30(21). I based this finding on the nature of the injury, the surgery involved (a fusion), the fact Claimant performs 75% of her former job, and an **invalid FCE**.

39. Claimant is awarded 10% permanent partial disability to the right hand pursuant to S.C. Code Ann. § 42-9-30(12).

40. Claimant's average weekly wage is \$447.79 with a corresponding compensation rate of \$298.54.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Workers' Compensation Act, §42-1-10, S.C. Code of Laws, et. seq., that:

1. Pursuant to South Carolina Code Ann. §42-15-10 and §42-17-20, jurisdiction and venue are proper.
2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.
3. Pursuant to South Carolina Code Ann. §42-9-30(21), Claimant is entitled to an award of permanent partial disability for her work-related injuries to her neck.
4. Pursuant to South Carolina Code Ann. §42-9-30(12), Claimant is entitled to an award of permanent partial disability for her work-related injuries to her right hand.
5. Pursuant to South Carolina Code Ann. §42-9-35, Claimant has not met her burden of proving an aggravation of any pre-existing condition.
6. Pursuant to South Carolina Code Ann. §42-15-60, Claimant is entitled to an award of future medical treatment in the form of pain management.
7. Pursuant to South Carolina Code Ann. §42-1-40, Claimant's average weekly wage is \$447.79 and her compensation rate is \$298.54.

ORDER

IT IS HEREBY ORDERED that Claimant has met her burden of proving that she sustained a compensable injury to her neck and right hand.

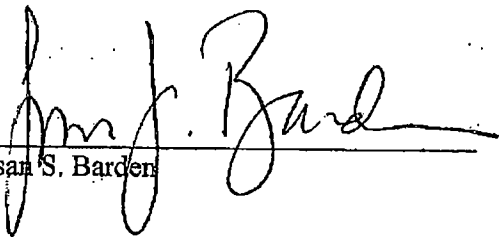
IT IS FURTHER ORDERED that Claimant sustained a 22% permanent partial impairment to her spine and a 10% permanent partial disability to her right hand.

IT IS FURTHER ORDERED that Claimant is entitled to hardware pursuant to the Act.

IT IS FURTHER ORDERED that Claimant is entitled to future medical treatment in the form of pain management.

IT IS FURTHER ORDERED that Claimant is entitled to all allowable benefits under the Act.

AND IT IS SO ORDERED.



Susan S. Barden

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.

March 28, 2013

By: Kristi Love, Administrative Assistant to Commissioner Barden

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

W.C.C. FILE NO: 0919206

Judy Sanchez

EMPLOYEE,
CLAIMANT/RESPONDENT

VS.

Perry Ellis International

EMPLOYER,

AND

The Hartford

CARRIER,
DEFENDANTS/APPELLANTS,

Appellate Panel Review held in Columbia, South
Carolina, on September 17, 2013 per notices timely
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

December 29th, 2014

APPEARANCES: Claimant/Appellant represented by Steven M. Krause
Defendants/Respondents represented by George D. Gallagher

STATEMENT OF THE CASE

Judy Sanchez ("Claimant") sustained admittedly an compensable injury to her neck arising out of and in the course of her employment as an order filler at the Perry Ellis Distribution Center in Seneca, South Carolina on July 27, 2009. Specifically, Claimant injured her neck while lifting boxes of belts to fill an order. After failing conservative treatment, Claimant was ultimately referred to a neurosurgeon, Dr. Bucci, who diagnosed a herniated disc in the cervical spine at C5-C6. Claimant underwent single level fusion/decompression surgery at C5-C6. In addition, Dr. Bucci performed a carpal tunnel release on Claimant's right wrist in conjunction with her cervical spine surgery. Although Defendants never admitted compensability of Claimant's carpal tunnel syndrome, they nevertheless paid for surgical costs and treatment for the carpal tunnel release since it was rendered in conjunction with the compensable cervical spine surgery. Dr. Bucci ultimately released Claimant at maximum medical improvement as of November 8, 2011 and assigned Claimant impairment ratings of 10% to the spine and 10% to the right hand relative to her CTS.

Claimant continued to work with light duty accommodations for Perry Ellis up until her cervical spine surgery and carpal tunnel release. Thereafter, she received temporary total disability benefits for periods she was written completely out of work between May 11, 2011 and November 9, 2011. Thereafter, Claimant returned to work for Perry Ellis on or about November 10, 2011 with permanent work restrictions as outlined in a Functional Capacity Evaluation dated December 13, 2011, including lifting of up to 20 pounds occasionally and 10 pounds frequently for an eight-hour day.

This matter now comes before the Commission pursuant to Defendants' Form 21 request to enter a permanent partial disability award based on Dr. Bucci's impairment rating to the

cervical spine. Although Defendants paid for all medical treatment relative to the right carpal tunnel release, Defendants deny Claimant's entitlement to permanent partial disability compensation relative to the carpal tunnel syndrome. Defendants argue there is no medical evidence establishing that Claimant's carpal tunnel syndrome was related to her specific mechanism of injury- an acute lifting injury. Defendants further submit that payment of medical bills alone does not constitute an admission of liability. See McIntire v. Winn Dixie of Greenville, Inc., 275 S.C. 323, 270 S.E. 2d 440 (S.C. 1980) (holding that payment of medical bills cannot be used for admission of liability unless the circumstances surrounding the payment indicate an admission of liability rather than an act of benevolence).

A hearing in this matter was conducted before Commission Susan Barden on January 8, 2013. At the hearing, Claimant contended that she had not reached maximum medical improvement for all compensable injuries/conditions, and therefore a determination on the extent of her permanent disability is premature. Specifically, Claimant requested additional medical evaluation and treatment for ongoing pain, including a possible spinal cord stimulator. In addition, Claimant alleges she has developed numbness and tingling in her left arm and hand related to her cervical injury that requires further evaluation.

In the alternative, Claimant contends that if she has reached maximum medical improvement, then she is entitled to compensation for permanent and total disability based on either a greater than 50% loss of use of her spine per §42-9-30, or total disruption of her earning capacity per §42-9-10. Regarding her theory for total disability under §42-9-10, Claimant argues that even though she continues to work for Perry Ellis under light duty restrictions, such employment is merely "benevolent" or "sheltered" to the extent that she would be unable to obtain employment in the open labor market, within her residual functional capacity and for

which she is otherwise qualified, in the event she lost her employment with Perry Ellis. Claimant points to correspondence from the defense counsel to her attorney regarding Defendant's insistence that Claimant resign her employment as a condition of a full and final settlement to support the proposition that her employment is "sheltered." In that correspondence, defense counsel stated that Perry Ellis' is currently accommodating Claimant's light duty restrictions, but will not be able to do so on a permanent basis. Finally, Claimant alleges that her compensable spine injury has aggravated other pre-existing medical conditions, including depression/psychological overlay, blood pressure, and diabetes.

In reply, Defendants deny that Claimant's hypertension and alleged psychological condition are have been aggravated by her work-related accident. Defendants specifically point out that the alleged psychological issues have never been properly pled. Defendants further deny that Claimant suffered a compensable injury to her left arm as a result of the July 2009 accident, and/or that any conditions of Claimant's left arm/hand is otherwise a causally related consequence of her compensable injury, based primarily on the following: a) Claimant never complained of any left sided symptoms to her authorized providers before or after her fusion surgery; and b) Claimant herself testified her left hand/arm condition was *acute in onset* on or about May 12, 2012, nearly three years after her work accident and several months following her surgery.

Defendants also deny that Claimant has not sustained a greater than 50% loss of use of the spine under §42-9-30 entitling her to a presumption of permanent and total disability, since the impairment rating from the authorized treating physician is only 10% and Claimant is clearly capable of performing gainful work at light duty. In response to Claimant's argument regarding sheltered employment, Defendants submit defense counsel's statement that Perry Ellis would not

be able to accommodate Claimant's work restrictions on a permanent basis are not proof of an intent to cease accommodating claimant's restrictions. They were uttered in the context of settlement discussions and as an inducement to convince Claimant to consider a resignation of her employment as a condition for a full and final release of Defendants' liability for compensation and medical benefits. The purpose of insisting on Claimant's resignation as a condition of a full and final settlement is ostensibly to negate the risk of further injury through Claimant's continued employment with Perry Ellis after receiving premium consideration for a full and final release of all liability on the instant claim. Further, Claimant's continued employment with Perry Ellis is not merely benevolent or sheltered because she has continued to perform valuable services essential to Perry Ellis' business operations since November 2011 without loss of any pre-accident earning capacity, as well as a

By Order dated March 28, 2013, Commissioner Barden found, *inter alia*, the following: (a) that Claimant sustained compensable injury to her cervical spine and right hand (carpal tunnel release); (b) Claimant did not suffer a compensable injury to her left arm/hand either as a direct result of the compensable accident or as a causally related consequence of her neck injury; (c) Claimant failed to meet her burden of proving that either her pre-existing psychological and other physical conditions – diabetes and hypertension – were aggravated by her compensable neck injury; (d) Claimant is not permanently and totally disabled under §42-9-30 or §42-9-10 “sheltered employment” theory; (e) that Claimant had sustained a 22% permanent partial specific loss of use the spine per §42-9-30 and a 10% permanent partial specific loss of use her right hand; and (f) awarded Claimant ongoing palliative medical evaluation and treatment to maintain her maximum level of functioning under the direction of a provider to be designated by the Defendants.

Thereafter, Claimant timely appealed Commissioner Barden's Order to the Full Commission. Although Claimant's Form 30 alleges 18 exceptions, her grounds for appeal essentially boil down to the following: (1) the Commissioner erred in finding that Claimant's compensable injuries were confined to the cervical spine and right hand; (2) the medical evidence establishes that Claimant's ongoing left arm/hand symptoms stem from her cervical injury; and (3) the hearing Commissioner erred by not finding Claimant permanently and totally disabled under a "sheltered employment" theory based on a misinterpretation of Claimant's FCE results.

During the pendency of this Appeal, Claimant filed a Motion to Admit additional evidence into the record. The additional evidence Claimant sought to be admitted was a purported authorization from the carrier for a nerve conduction study to address ongoing issues with Claimant's disputed left arm/hand condition. Claimant contends that Defendants' authorization for this evaluation constitutes waiver of their denial and somehow "trumps" the hearing Commissioner's denial of compensability of this condition. Defendants initially filed a Return to Claimant's Motion, contending that the purported evidence was not proper for admission into the Record on Appeal in accordance with applicable WCC Regulations. Defendants later withdrew their objection and filed their own Motion to Admit additional evidence to complete the Record on Appeal, specifically, a narrative medical record from Claimant's authorized treating physician, Dr. Shallcross dated June 27, 2013, which they contend further supports Commissioner Barden's finding that Claimant's left arm condition is not related to her cervical spine injury. The parties then entered into a Consent Order dated September 11, 2013 to admit Dr. Shallcross's note into the Record on appeal for the Appellate Panel's consideration.

EVIDENCE OF THE CASE

Hearing Testimony

Claimant testified on her behalf. She testified that she is 52 years old and has a high school education. (Hr'g Tr. 15:20 – 16:1). Claimant has received mathematics training with a prior employer. (Hr'g Tr. 16:4-12). Claimant testified that she worked for Employer as a Finish Ready Merchandise Operator. (Hr'g Tr. 20:22-24). She stated that her job duties included getting the merchandise ready for shipping. (Hr'g Tr. 21:22-23).

Claimant testified she was injured on July 27, 2009. (Hr'g Tr. 23:18-24). On that day Claimant stated that she was working in the Order Filling Department. (Hr'g Tr. 24:1). Claimant testified that she was working in a small space that required a great deal of bending and stooping. (Hr'g Tr. 24:10-25). Claimant's injury was termed a "double crush" injury affecting the right side of Claimant's neck and her right arm (*See* Claimant's APA #5, p. 45; Defendants' APA #1, p. 2, 4-5, 11, and 13).

Claimant testified that she has pain in her neck starting at her shoulder and going up the right side of her neck to around her right ear. (Hr'g Tr. 38:15-20). Claimant had a fusion surgery with Dr. Bucci for her neck pain. (Hr'g Tr. 51:25 – 52:2). Claimant also stated that she has problems with her right arm. (Hr'g Tr. 43:9-10). She stated these problems include pain in her right hand and numbness in her fingers. (Hr'g Tr. 43:11-14). The pain will occasionally move to her right forearm and her index finger is numb. (Hr'g Tr. 43:15-25). Claimant underwent a carpal tunnel release on her right hand. (Hr'g Tr. 51:24 – 52:2). Claimant was released at maximum medical improvement by Dr. Bucci on October 20, 2011. (Defendants' APA #1). Claimant was released again at maximum medical improvement by Dr. Patel on November 9, 2011. (Defendants' APA #2).

Claimant stated that she suffered an acute onset of pain with her left side in May 2012. (Hr'g Tr. 47:8-10). However, Claimant testified that this onset of pain did not occur at work. (Cl. Depo. Tr. 32:25 - 33:3). In fact, Claimant indicated that she "...just woke up and was going to work." (Cl. Depo. Tr. 33:3-4). After waking up, Claimant stated "...[w]hen I woke up that morning, it was just hurting. I couldn't figure out what it was. And by that time, my hand was numb and tingling." (Cl. Depo. Tr. 33:4-6). She also stated that "I just woke up that morning at it was hurting." (Cl. Depo. Tr. 33:16-17). She reported her left side pain that day to her supervisor. (Hr'g Tr. 48:7-10). Claimant stated that her left side pain includes sharp pains in her left shoulder, pains in her left hand, and pain in the left side of her neck. (Hr'g Tr. 49:23 - 50:17).

Claimant testified Dr. Patel provided her with epidural steroid injections in between her shoulder blades. (Hr'g Tr. 52:22 - 53:3). Dr. Patel's records indicate that the injections were administered in the cervical spine for neck and thoracic pain. (Defendants' APA #2). Claimant testified that she does not take any prescription medications at the time of the hearing. (Hr'g Tr. 75:6-18). Claimant testified that she returned to work in November 2011. (Hr'g Tr. 27:22). Claimant stated that when she returned to work, she returned to the same job. (Hr'g Tr. 29:6). She admitted that Employer has made accommodations for her work restrictions. (Hr'g Tr. 31:2-5).

Nathan Lucas also testified at the hearing. Mr. Lucas testified that he is a human resources manager for Employer. (Hr'g Tr. 77:9-10). Mr. Lucas acknowledged that Claimant has work restrictions and that Employer accommodates those lifting restrictions. (Hr'g Tr. 78:3-16). Based on his understanding of Claimant's work, he testified that Claimant was doing 70% to 75% of her job based strictly on the doctor's restrictions. (Hr'g Tr. 79:7-22).

Medical Evidence

Claimant presented to Upstate Medical Associates on August 3, 2009 complaining of "...pain in neck and right shoulder pain from bending over @ work x 1 week." (Claimant's APA #12, p. 68). Claimant followed up on August 10, 2009 and complained of "...right shoulder soreness and neck soreness and stiffness from injury at work." (Claimant's APA #12, p. 73). Claimant followed up again on August 24, 2009 and complained of pain in her neck and upper back. (Claimant's APA #12, p. 80). She stated that she "...had to reach over her heads [sic] that strained her right shoulder and neck." Id.

On October 20, 2009, Claimant presented to Oaktree Medical Centre and Dr. Divina with complaints of "right side pain." (Claimant's APA #13, p. 85). Dr. Divina stated that Claimant's symptoms were "...localized to the neck on the right." (Claimant's APA #13, p. 86). Further, Claimant denied any numbness or tingling or radiation of pain to her fingertips. (Claimant's APA #13, p. 87).

Claimant underwent an MRI on January 25, 2010. During that MRI, Dr. Phelan noted that Claimant has "[n]eck pain with history of workman's compensation injury on 7/27/09, pain is located in the right side of the neck." (Claimant's APA #10, p. 57). On February 2, 2010, Claimant saw Dr. Divina and stated that "...the right side of her neck is still hurting some." (Claimant's APA #13, p. 92). Claimant followed up with Dr. Divina on April 26, 2010 and complained of an onset of tingling and numbness in her right index and middle fingers. (Claimant's APA #13, p. 94). On May 17, 2010, Claimant saw Dr. Baxley for "...numbness and tingling she has been experiencing in her right hand and fingers." (Claimant's APA #11, p. 58).

Dr. Kistler performed an EMG/NCV on October 11, 2011. (Defendants' APA #3, p. 30). This EMG/NCV revealed a "[n]ormal EMG/NCV study without evidence of cervical root,

plexus or peripheral nerve injury or denervation, peripheral neuropathy or median or ulnar nerve root entrapment..." Id.

On October 20, 2011, Dr. Bucci noted "...she does not have any recurrent surgical pathology and the preoperative neurological changes have resolved. She does have residual neck and arm pain and she will be referred to Dr. Patel for any treatment suggestion in this regard." (Defendants' APA #1, p. 2). Dr. Bucci determined that Claimant reached MMI on October 20, 2011. (Defendants' APA #1, p. 1). Further, Dr. Bucci stated that Claimant should be referred to pain management and sustained a 10% impairment to her spine and a 10% impairment to her hand. Id.

On November 9, 2011, Dr. Patel noted that Claimant was still have some ongoing pain in her neck and right shoulder but that she was essentially at MMI. (Defendants' APA #2, p. 15). On November 23, 2011, Dr. Patel released Claimant at MMI as of November 9, 2011. (Defendants' APA #2, p. 14). Dr. Patel also recommended an FCE be performed to determine any work restrictions. Id.

Claimant underwent an FCE on December 13, 2011. (Defendants' APA #4). During this FCE, the evaluator noted that Claimant self-limited on 52% of the 21 tasks she was asked to complete. Id. If self-limiting exceeds 20%, then psychological and/or motivational factors are affecting the test results. Id. Further, he noted that the performance on the self-limiting tasks indicates a minimum rather than a maximum ability. Id. Therefore, the assigned 20-lb. limit through the FCE indicates a minimum amount for Claimant.

On January 31, 2012, Dr. Marsh conducted an IME of Claimant and issued a report. (Claimant's APA #6). In that IME, Dr. Marsh notes that Claimant experiences pain in the right side of the neck with radiation to the right shoulder. (Claimant's APA #6, p. 47). He makes no

mention of any left-sided pain. (Claimant's APA #6). Further, Dr. Marsh notes that Claimant had a satisfactory outcome post right carpal tunnel release. (Claimant's APA #6, p. 48). He also indicates that Claimant is at MMI and shows no objective documentation of residual carpal tunnel syndrome. (Claimant's APA #6, p. 48-49). Dr. Marsh indicated that Claimant should be assigned a 0% extremity impairment rating for her carpal tunnel syndrome. (Claimant's APA #6, p. 49).

Dr. Hodge saw Claimant on May 14, 2012 and noted that Claimant complained of right sided neck and shoulder pain. (Claimant's APA #7, p. 51). Claimant also saw Dr. Brabham on July 9, 2012. During that evaluation, Claimant noted that after her accident she was "...experiencing a considerable degree of pain in her neck, as well as right shoulder stiffness and pain." (Claimant's APA #14, p. 96). Dr. Brabham makes no mention of left sided pain. (Claimant's APA #14).

Additional Medical Evidence Admitted via Consent Order to Complete the Record on Appeal:

As noted earlier, the parties agreed to admit the medical record from Dr. Shallcross dated June 27, 2013 regarding his evaluation and opinion on diagnosis and causal relation of Claimant's alleged left arm/hand condition. Following the EMG and nerve conduction studies authorized by the Defendants, Dr. Shallcross stated in his record "[t]his is an abnormal electro diagnostic evaluation consistent with a moderate left carpal tunnel syndrome. There may well be a very early diabetic peripheral neuropathy (slowing of median motor nerve), however this is very mild and the changes at the wrist are felt to present a true carpal tunnel syndrome. ... There is no evidence of radiculopathy, plexopathy, or ulnar nerve entrapment."

STANDARD OF REVIEW

Pursuant to S.C. Code Ann. §42-17-50, the Appellate Panel of the Full Commission shall weigh the evidence as presented at the initial hearing before the single Commissioner and, if good grounds are shown, make its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the hearing Commissioner. Pack v. State Dept. of Transportation, 381 S.C. 526, 673 S.E. 2d 461 (Ct. App. 2009).

FINDINGS OF FACTS AND RULINGS OF LAW

After thorough review of the evidentiary record presented, consideration of appellate Briefs and able oral arguments presented by counsel for the parties, the undersigned Appellate Panel hereby makes the following Findings of Fact:

1. Claimant injured her neck in an admitted accident on July 27, 2009.
2. Claimant alleges that:
 - a. Her cervical condition has resulted in causally-related bilateral upper extremity radiculopathy;
 - b. She sustained causally related right arm carpal tunnel syndrome;
 - c. She requires evaluation/treatment for her left arm;
 - d. S.C. Code Ann. §42-9-35 applies in this case because of Claimant's pre-existing diabetes, anxiety/depression, hypertension, etc. (this argument was raised only during Claimant's testimony and not before in the pleadings or in the summary of Claimant's position at the hearing when the record was opened);
 - e. She is not at maximum medical improvement for either arm; and
 - f. Defendants should be required to provide treatment for both arms until she reaches maximum medical improvement.

3. Claimant's alleged aggravation of a pre-existing psychological condition is denied. The reasons for denial are:

a. Claimant did not plead psychological overlay on either her Form 50 or Form 58;

b. The treatment records do not support Claimant's contention that there was an aggravation—in fact, they show the opposite; and

c. Claimant's testimony that she was already taking psychotropic drugs for her prior condition, but that another, new psychotropic medication was recently prescribed because of Claimant's work injuries is not supported by the medical records. In fact, all the various physicians (Drs. Bucci, Divina, Baxley, Patel, etc.) who documented Claimant's ongoing medications (such as levothyroxine/Synthroid for hypothyroidism, lisinopril for hypertension, Metformin for diabetes, simvastatin for diabetes, and glimepiride for diabetes) and other non-related conditions never list a psychotropic drug of any kind or mention an emotional problem. If Claimant simply forgot to tell Drs. Bucci, Patel, Baxley, and other physicians that she takes a psychotropic drug when they obtained a list of medications, it was incumbent upon her to present other evidence in order to corroborate her testimony that the additional medication was prescribed because of a work-related injury. Instead, Claimant brought this issue up for the first time at the hearing during her testimony. Further, although Claimant alleges an aggravation, she inconsistently told Dr. Brabham that she has "no prior mental health history"; therefore, Claimant would not have taken psychotropic medication prior to the injury in issue. Nonetheless, even Dr.

Brabham states that Claimant's level of depression on the Beck Inventory tested as "mild." Finally, medical evidence shows that Claimant's "sleep is good"—7 hours a night. (See Hr'g Tr. p. 64-67 for Claimant's testimony; Hr'g Tr. p. 8-12 for summary of Claimant's position when the record was opened and which contains no reference to the aggravation of any pre-existing condition including, but not limited to, psychological overlay; Claimant's APA #12, p. 68-71, 80-81, and 83-84 which specifically note no psychological problem or symptom; Defendants' APA #2, p. 27-28; Claimant's APA #11, p. 58-59, 64, and 66; Claimant's APA #13 (particularly p. 86-87); Claimant's APA #7, p. 51 where Claimant reported that she did not feel more sad than usual; Claimant's APA #14, p. 104-105; Defendants' APA #1, p. 11-12 documents all of Claimant's non-work-related conditions and medications; on the date of this record, Claimant's mental status is noted as "normal").

4. Claimant is 52 years of age. (Hr'g Tr. p. 15).
5. Claimant is left hand dominant. (Hr'g Tr. p. 58, 60, and 73-74; Defendants' APA #1, p. 11; Defendants' APA #4, p. 35).
6. Claimant is a high school graduate. She later took mathematics class through a previous employer. (Hr'g Tr. p. 15-16).
7. Claimant's prior employment included work:
 - a. At her family's gas station where she pumped gas, checked oil and air, stocked, and cashiered;
 - b. As an inspector at a sewing plant;
 - c. As an assembler at a power tool manufacturing plant; and

- d. As a brake tester for an automotive supplier. (Hr'g Tr. p. 17-20).
8. On the date of accident, Claimant's job at Employer's distribution center was in Finish Ready Merchandise (F.R.M). However, when this department was "low on work," Claimant was required to work in other departments. Claimant's employment duties required her to lift at least 40 lbs., push a 50-lb. buggy, reach overhead, and bend frequently. (Hr'g Tr. p. 20-21, 23-30, 32, 37, and 69-71).
9. Claimant is an 8-year employee. This factor does weigh in Claimant's favor and was taken into consideration. However, employment tenure by itself is dispositive of nothing. (Hr'g Tr. p. 23).
10. Claimant's employment is not sheltered or gratuitous. Claimant returned to work and signed a Form 17 on November 19, 2011. Since that time she has not missed work for her work-related injuries. She has received merit increases since returning to work. Nathan Lucas testified that Employer accommodates Claimant's work restrictions and that she is able to perform approximately 75% of her pre-injury job within the restrictions assigned by the doctors. (See Hr'g Tr. 78:3-16, 79:7-22).
11. Claimant's injury was termed a "double crush" injury affecting the right side of Claimant's neck and her right arm (See Claimant's APA #5, p. 45; Defendants' APA #1, p. 2, 4-5, 11, and 13).
12. Because of her injuries, Claimant underwent a cervical fusion surgery and right carpal tunnel release surgery. Claimant's cervical surgical incision, according to medical evidence, was to the "right neck." (Defendant's APA #1, p. 8-10; Claimant's APA #5, p. 45).

13. Claimant's right hand/arm radiculopathy claim is compensable. Claimant's pre- and post-surgical right shoulder (radicular) and hand complaints are corroborated by numerous medical records. Further, I note that, objectively, Claimant's pre-surgical MRI showed a right-sided disc herniation. (See Claimant's APA #5, p. 45; Defendants' APA #1, p.2; Defendants' APA #2, p. 15, 19, 23, 27-28, and 32; Dr. Patel Depo. Tr. p. 11; Claimant's APA #10, p. 57; Claimant's APA #12, p. 68; Claimant's APA #13, p. 85).
14. Claimant's right carpal tunnel syndrome is compensable. The greater weight of the evidence shows:
- a. Authorized treating physicians (Drs. Bucci and Baxley) refer to Claimant's condition as "double crush syndrome" whereby an impaired nerved at one location makes a person more susceptible to other nerve entrapments. In none of the records does Dr. Bucci state that the right carpal tunnel condition is unrelated to the injury at issue;
 - b. Although not dispositive of the issue, Defendants authorized treatment, including, but not limited to, CTS release surgery;
 - c. Dr. Bucci rated the right hand and Defendants later sent Claimant to an IME for another rating to the right hand/arm; and
 - d. The basis for Defendants' denial of Claimant's CTS is not premised upon recently discovered evidence showing Claimant has pre-existing/prior median nerve problems about which Defendants were unaware. If this were the case, the undersigned might take an entirely different view of the CTS compensability issue. Even if Defendants are not estopped from denying the CTS (they have provided treatment/ratings from the outset and Claimant has relied on their

conduct), the medical evidence supports a finding of compensability for Claimant's CTS.

15. Claimant's left arm and hand are not compensable causally related consequences of her work accident and cervical injury. This finding is based upon the evaluative/treatment records of every provider whose records were submitted into evidence. I also note:

- a. Claimant admittedly had no pre-surgical complaints regarding her left arm/hand (See testimony of Claimant; medical evidence in its entirety—which does not document a single mention of the left side although Claimant's left upper extremity was specifically examined, e.g. Defendants' APA #2, p. 28).
- b. As to post-surgical complaints, there is not a single post-surgical evaluative/treatment record from any of the various providers (at least 7 or more) involved in this case documents a left arm/hand complaint. This includes evaluative/treatment records of Drs. Bucci, Patel (as well as his deposition testimony), Hodge, Marsh, Kistler, and Baxley. These records set forth in detail both the location of Claimant's pain and the nature of her complains as only on the right side. Additionally, the FCE evaluator documented Claimant's complaints during the testing, none of which pertain to the left side. Finally, Claimant's vocational expert notes that *"[a]t the time of this evaluation, Ms. Sanchez continues to experience significant neck and right shoulder/right wrist/right hand pain symptoms and limitations as a result of her on-the-job injuries."* There is no mention of left arm complaint by Claimant's own expert. Claimant says she awakened on May 12, 2012 with left hand problems and reported it to Employer, but there was no further complaint voiced after this date—not even to Claimant's

own vocational expert who in detail chronicles all of Claimant's problems as of the date of the evaluation.

(See medical evidence in its entirety; Defendants' APA #4, containing the FCE; Claimant's APA #14, p. 97, 2nd paragraph; *see also* 6th paragraph which also makes no mention of the left upper extremity; p. 98, 1st paragraph, **citing Claimant's complaints during vocational testing**; p. 99, 1st paragraph; p. 107, where the vocational evaluator speaks to the limitations on the use of the right upper extremity, but makes no mention of the left; Hr'g Tr. p. 47-48 and 73); AND

c. Dr. Shallcross confirms in his June 2013 record that Claimant's left arm/hand symptoms are related to carpal tunnel syndrome and not the product of cervical radiculopathy.

16. The Appellate Panel considered the records for any left sided complaints. There is an ancillary reference in an examination by Stephen Small in August 2009, who states during his examination Claimant had "upper trapezius bilateral" tenderness. However, under subjective complaints, Claimant only complained of right sided problems, which is consistent with the right sided only complaints made to Claimant's vocational expert. Further, Claimant testified that she experienced no left side problems until 2011. Finally, the trapezius is not the left arm or hand and Claimant specifically mentioned the left hand/arm at the hearing. (Claimant's APA #12, p. 73).

17. Because the Panel is unable to locate even a single reference by any physician during all the clinical examinations relating to the left arm, we are somewhat puzzled as to why Dr. Bucci would sign off on a "check off" questionnaire relating to the left arm months after he had last seen Claimant, particularly when not one of his own treatment records

contains a left hand or arm complaint. I am not persuaded by the questionnaire (Dr. Bucci did not look at the MRI, per the communication submitted to the undersigned), and give greater weight to:

- a. Dr. Bucci's treatment records;
- b. The record of Dr. Marsh (whose report is impressive for its detail outlining Claimant's complaints, as well as for the fact that it is clearly not outcome-oriented), which is also **devoid of any complaint of left arm pain or numbness**; and
- c. The record of Dr. Hodge whose notes are also **devoid of any mention of left arm pain or numbness**.

Most important to the Panel is the fact that although Dr. Bucci signed a questionnaire linking "left hand pain and numbness," Claimant did not think enough of this alleged problem to even mention it to her vocational evaluator just three days later. (See Claimant's APA #5, p. 44; Cf. Claimant's APA #14 in its entirety).

18. It is important to note that Dr. Marsh saw Claimant for the one-time visit in January 2012 (during which examination Claimant made no complaint of her left arm). Claimant complained of right side problems only. In July 2012, Dr. Marsh was asked to sign a questionnaire regarding the compensability of left hand pain/numbness. He, understandably, declined to answer the question. (Claimant's APA #6).
19. At the one-time visit with Dr. Hodge, the report from this evaluation sets forth Claimant's complaints ("right sided neck and shoulder pain"), as well as the "location of pain," which again is "right, neck, shoulder." Dr. Hodge notes Claimant's diminished sensation in the right hand during the examination. There is no mention of a left-sided complaint.

and this report shows that Claimant's left upper extremity was specifically examined as Claimant is noted to have normal strength bilaterally in her upper extremities. Under Dr. Hodge's "plan," he yet again refers to Claimant's "right arm pain and neck pain." (Claimant's APA #7).

20. According to Dr. Bucci, Claimant's post-surgical EMG was normal, although he notes that Claimant does have some residual neck and arm pain. According to Dr. Bucci, Claimant's post-surgical MRI shows some "minor disc bulging without frank herniation at any level" and no recurrent surgical pathology. I give greater weight to his interpretation than I give to the radiologist's report. **Dr. Bucci notes that the radiologist's interpretation is "anatomically impossible."** (Defendants' APA #1, p. 2-5; Defendants' APA #3, p. 30).
21. Claimant's testimony that her injections by Dr. Patel were not to her cervical spine (but rather at the area where the bra hooks in the back) are refuted by the records of Dr. Patel. The two ESI injections administered by Dr. Patel were at the C7-T1 level. (Defendants' APA #2, p. 15-16, 21-22, and 25-26; testimony of Claimant).
22. Claimant reached maximum medical improvement on November 9, 2011. We base this finding on:
- a. The written opinion of Dr. Bucci who notes that an FCE was not necessary to determine whether or not Claimant had reached MMI (i.e. that she already in fact had reached MMI); and
 - b. The note of Dr. Patel, the authorized pain management doctor, who also found Claimant at MMI.

(See Defendants' APA #1, p. 1; Dr. Patel Depo. Tr., p. 5, lines 10-24; Defendants' APA #2, p. 14-15; Claimant's APA #8, p. 54).

23. Claimant takes over-the-counter medication only, and has been doing so for more than one year. (See Hr'g Tr. p. 74-76; See also Dr. Patel Depo. Tr. p. 21, wherein he testifies that Claimant did not want to take narcotics and her pain "wasn't that significant").

24. The authorized treating physician assigned a 10% impairment rating to the spine. (Defendants' APA #1, p. 1).

25. The authorized treating physician assigned a 10% impairment rating to the right hand. Defendants' IME (Dr. Marsh) assigned a 0% impairment rating. (See Defendants' APA #1, p. 1; Claimant's APA #6, p. 49).

26. Claimant has a 15-lb. (per Claimant's APA #8, p. 54, dated 12/10/11) lifting restriction (based upon Claimant's FCE—Defendants' APA #2, p. 14, states awaiting the results). However, the findings of the FCE are not compelling or persuasive. Featuring prominently in the report is the statement that Claimant's "significant self-limiting and inconsistent behavior heavily influenced the test results." In fact, Claimant **self-limited in more than half of the 21 tasks**, when motivated persons, according to the report, self-limit on no more than 20% of test items). What bolsters the findings of the report is the fact that the evaluator specifies and documents the instances where he finds "low effort and inconsistent behavior," such as the fact that Claimant did not produce the expected bell-shaped curve during grip testing. In sum, the evaluator concludes that the FCE results indicate a minimum rather than maximum ability. After the date of the FCE, Dr.

- Patel assigned a 15-lb lifting restriction but no other restrictions, as had imposed earlier.
(See Claimant's APA #8, p. 54; Defendants' APA #2, p. 17; Defendants' APA #4).
27. On paper, Claimant's summary lifting restriction is compelling evidence of significant disability. However, more weight is given to the notes of the FCE evaluator than to the restrictions imposed by Dr. Patel based upon the summary conclusions of the FCE.
28. Claimant's pre-existing conditions (diabetes, thyroid deficiency, emotional condition, and hypertension) have not been aggravated pursuant to S.C. Code Ann. § 42-9-35. Claimant testified that she was formerly insulin-dependent, but that she can now manage her diabetes with oral medication. Not one medical record states that any prior problem was aggravated. Not one record from any of the more than 7 providers contains any mention of an aggravated (or new) psychological problem or condition. The only evidence in the record of a psychological condition is in the vocational report of Dr. Brabham to whom Claimant was sent in anticipation of litigation, and to whom Claimant denied a prior mental health history. Nonetheless, the Beck Inventory test showed only "mild" depression. (Claimant's APA #14, including p. 96-97).
29. Claimant is able to drive. She drives herself to work, drove to her FCE, and drove to her vocational evaluation. (See Hr'g Tr. p. 42-43; Defendants' APA #4, p. 37; Claimant's APA #14, p. 97).
30. Claimant has no standing restrictions. (See the medical evidence in its entirety).
31. Claimant takes no prescription medications. (See testimony of Claimant in its entirety).
32. Claimant's APA #11, p. 65 contains a typographical error under assessment "chronic left c6 radiculopathy" as evidenced by the previous page (p. 64) under History, line 6, and by the remainder of Dr. Baxley's records (including, but not limited to, p. 66 which refers to

Claimant's chronic right C6 radiculopathy), in which there is no left arm complaint or finding.

33. Defendants will provide lifetime hardware and maintenance. (e.g. repair, replacement, and removal).

34. As to future medicals, I find that Claimant is entitled to pain management. I base this finding on:

- a. The statement of Dr. Bucci, who recommended pain management when he released Claimant at MMI. (See Defendants' APA #1, p. 1-2).
- b. The fact that Dr. Patel on p. 18 of his deposition recommends pain medications; and
- c. The fact that Dr. Hodge recommends pain management on Claimant's APA #7, p. 52.

35. As to the provider for pain management, Claimant is to receive pain management from a different provider than Dr. Patel. This provider is to be selected by Defendants. I base this finding on the fact that Dr. Patel has released Claimant. (Dr. Patel Depo. Tr. p. 6).

36. As to the spinal cord stimulator, Dr. Hodge states that Claimant may benefit "possible" from a trial. This statement does not meet the requirements of S.C. Code Ann. § 42-15-60. Dr. Bucci did not recommend a stimulator or even a trial stimulator, and Dr. Patel relies on the surgeon, but is not ruling this modality out. I agree with Defendants' position that, at this point, the implantation of a spinal cord stimulator is, at best, a future medical. (See Dr. Patel Depo. Tr. p. 6-13, 16-17, and 21-23; Claimant's APA #7, p. 52).

37. As of the date of the hearing, Claimant has returned to work for Employer in her pre-accident position as an F.R.M. operator, but with accommodations. (Hr'g Tr. p. 27-36 and 74).
38. Claimant is awarded 22% permanent partial disability to the spine pursuant to S.C. Code Ann. § 42-9-30(21). I based this finding on the nature of the injury, the surgery involved (a fusion), the fact Claimant performs 75% of her former job, and an **invalid FCE**.
39. Claimant is awarded 10% permanent partial disability to the right hand pursuant to S.C. Code Ann. § 42-9-30(12).
40. Claimant's average weekly wage is \$447.79 with a corresponding compensation rate of \$298.54.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Workers' Compensation Act, §42-1-10, S.C. Code of Laws, et. seq., that:

1. Pursuant to South Carolina Code Ann. §42-15-10 and §42-17-20, jurisdiction and venue are proper.
2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.
3. Pursuant to South Carolina Code Ann. §42-9-30(21), Claimant is entitled to an award of permanent partial disability for her work-related injuries to her neck.
4. Pursuant to South Carolina Code Ann. §42-9-30(12), Claimant is entitled to an award of permanent partial disability for her work-related injuries to her right hand.

5. Pursuant to South Carolina Code Ann. §42-9-35, Claimant has not met her burden of proving an aggravation of any pre-existing condition.
6. Pursuant to South Carolina Code Ann. §42-15-60, Claimant is entitled to an award of future medical treatment in the form of pain management.
7. Pursuant to South Carolina Code Ann. §42-1-40, Claimant's average weekly wage is \$447.79 and her compensation rate is \$298.54.

ORDER

1. **IT IS HEREBY ORDERED** that Claimant has met her burden of proving that she sustained a compensable injury to her neck and right hand only.
2. **IT IS FURTHER ORDERED** that Claimant sustained a 22% permanent partial impairment to her spine and a 10% permanent partial disability to her right hand.
3. **IT IS FURTHER ORDERED** that Claimant is entitled to hardware pursuant to the Act.
4. **IT IS FURTHER ORDERED** that Claimant is entitled to future medical treatment in the form of pain management.
5. **IT IS FURTHER ORDERED** that Claimant is entitled to all allowable benefits under the Act.

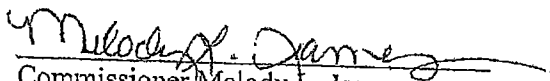
AND IT IS SO ORDERED.

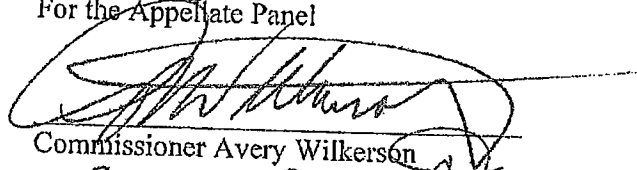
WE CONCUR:

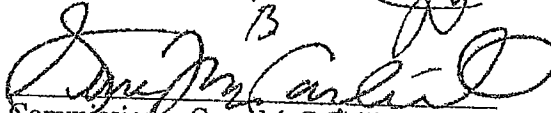
CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on December 29, 2014


Commissioner Melody L. James
For the Appellate Panel


Commissioner Avery Wilkerson


Commissioner Gene McCaskill

1 BY COMMISSIONER BARDEN:

2 OKAY. AND I'M GOING TO ASK YOU TO TURN UP THE
3 VOLUME.

4 BY THE WITNESS:

5 OKAY.

6 BY COMMISSIONER BARDEN:

7 AS IF YOU WERE LIKE A CD PLAYER OR SOMETHING SO
8 THAT WE CAN HEAR, BECAUSE YOU'RE A LITTLE BIT SOFT-
9 SPOKEN. THERE YOU GO. THAT WILL DO IT. THANK YOU,
10 MR. KRAUSE.

11 BY MR. KRAUSE:

12 YES, MA'AM. PLEASE THE COURT.

13 DIRECT EXAMINATION BY MR. KRAUSE:

14 Q. JUDY, I'M GOING TO ASK YOU SOME QUESTIONS AND I'M
15 GOING TO TRY TO SPEED THIS ALONG A LITTLE BIT, AND I
16 DON'T THINK MR. GALLAGHER WILL OBJECT ON SOME OF
17 THESE. BUT YOU ARE A RESIDENT OF ANDERSON COUNTY,
18 SOUTH CAROLINA. IS THAT CORRECT?

19 A. YES, SIR.

20 Q. AND I BELIEVE YOU ARE 52 YEARS OF AGE?

21 A. YES, SIR.

22 Q. YOUR BIRTHDATE IS MARCH 10, 1960. IS THAT RIGHT?

23 A. YES, SIR.

24 Q. YOU HAVE ATTENDED SCHOOL IN ANDERSON AND COMPLETED
25 HIGH SCHOOL?

1 A. YES, SIR.

2 Q. DID YOU OBTAIN ANY OTHER EDUCATION ANYWHERE ELSE?

3 A. NO.

4 Q. OKAY. IN ANY OF YOUR EMPLOYMENT, WERE YOU EVER SENT

5 FOR ANY TRAINING OR GIVEN ANY CLASSES?

6 A. JUST ONE.

7 Q. WHERE WAS THAT?

8 A. AT BOSCH.

9 Q. OKAY. AND WHAT DID BOSCH SEND YOU TO DO?

10 A. IT WAS JUST, YOU KNOW, JUST MATHEMATICS.

11 Q. I'M SORRY?

12 A. MATHEMATICS.

13 Q. MATHEMATICS?

14 A. IT WAS JUST A ---

15 Q. WERE THESE THE TYPE COURSES THAT EMPLOYERS HERE IN

16 ANDERSON ARE SENDING FOLKS, LIKE, TO TRI-COUNTY WHO

17 ARE IN THE BUSINESS TO HELP ---

18 A. YEAH. YES, SIR.

19 Q. --- GET THEIR MATH SKILLS OR OTHER SKILLS UP?

20 A. YES, SIR.

21 Q. OKAY. TO BE ABLE TO DO SOME BASIC MATHEMATICAL

22 EQUATIONS AT WORK?

23 A. YES.

24 Q. OKAY. JUDY, I'VE KNOWN YOU FOR A LONG TIME. IS

25 THAT RIGHT?

1 Q. AND ---
2 A. ON ANTI-LOCK BRAKES.
3 Q. OKAY. BOSCH IS AN AUTOMOTIVE SUPPLIER?
4 A. UH-HUH. YES, SIR.
5 Q. OKAY. AND THEN, YOU WERE TESTING - ARE THESE VERY
6 SMALL OR LARGE TYPE PARTS?
7 A. THEY WERE SMALL.
8 Q. SMALL ENOUGH.
9 A. I HAD TO LOOK THROUGH A MICROSCOPE AND USE TWEEZERS.
10 Q. AND HOW LONG DID YOU STAY AT BOSCH?
11 A. ABOUT THREE YEARS.
12 Q. AND THEN, IS THAT WHEN YOU WENT TO PERRY ELLIS?
13 A. YES, SIR.
14 Q. AND HAVE YOU BEEN AT PERRY ELLIS - ARE YOU STILL AT
15 PERRY ELLIS?
16 A. YES, SIR.
17 Q. DO YOU HAVE ANY OTHER EMPLOYMENT AT ANY OTHER
18 COMPANIES BESIDES THAT ---
19 A. NO, SIR.
20 Q. --- THAT WE'VE DISCUSSED? WHEN YOU WENT TO WORK AT
21 PERRY ELLIS, WHAT DID YOU DO?
22 A. I WENT IN AS AN F.R.M. OPERATOR.
23 Q. AND F.R.M. STANDS FOR WHAT?
24 A. FINISH READY MERCHANDISE.
25 Q. PERRY ELLIS IS AN APPAREL COMPANY, ISN'T IT? IT

1 MAKES CLOTHING AND OTHER THINGS LIKE BELTS AND COATS
2 AND SWIMWEAR, THINGS LIKE THAT?

3 A. UH-HUH. IT'S A DISTRIBUTION CENTER FOR THAT, YEAH.

4 Q. OKAY.

5 A. YES, SIR.

6 Q. OKAY. AND IS THAT WHAT YOU DISTRIBUTE?

7 A. YES, SIR.

8 Q. OKAY. AND THEN, WHEN YOU SAID YOU WERE FINISH READY
9 MERCHANDISE, WHAT WERE YOU DOING WITH THE FINISH
10 READY MERCHANDISE?

11 A. THAT'S WHERE THE MERCHANDISE COMES TO US AND WE'RE
12 THE LAST ONES TO SEE IT BEFORE IT GOES OUT AT
13 SHIPPING.

14 BY COMMISSIONER BARDEN:

15 I'M SORRY. I CAN'T HEAR WHAT YOU ---

16 BY THE WITNESS:

17 IT'S LIKE MENSWEAR OR WOMENSWEAR, IT COMES TO
18 US AND ---

19 BY COMMISSIONER BARDEN:

20 AND WHAT ---

21 BY THE WITNESS:

22 AND THEN, WE LOOK AT IT AND THEN IT GOES FOR
23 SHIPPING.

24 BY COMMISSIONER BARDEN:

25 YOU GET IT READY FOR SHIPPING?

1 LET'S TRY THIS, TOO, JUDY. CAN YOU JUST - NO,
2 YOU'RE FINE. JUST LEAN BACK JUST A LITTLE BIT AND
3 GET YOUR MOUTH AWAY FROM THE MICROPHONE.

4 BY THE WITNESS:

5 OKAY.

6 BY MR. KRAUSE:

7 AND WE'LL TRY THAT, OKAY?

8 BY COMMISSIONER BARDEN:

9 AND HOW LONG HAVE YOU BEEN AT PERRY ELLIS?

10 BY THE WITNESS:

11 EIGHT YEARS.

12 BY COMMISSIONER BARDEN:

13 EIGHT YEARS.

14 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

15 Q. SO, WHEN YOU STARTED AT PERRY ELLIS, YOU WERE IN THE
16 FINISH READY MERCHANDISE DEPARTMENT?

17 A. YES, SIR.

18 Q. WE'VE AGREED THAT YOUR INJURY DATE IS AUGUST THE
19 27TH OF 2009. IS THAT CORRECT?

20 A. JULY.

21 Q. I'M SORRY. JULY. I SAID AUGUST. JULY 27TH.

22 A. YES, SIR.

23 Q. IS THAT RIGHT?

24 A. YES, SIR.

25 Q. ON THAT DATE, WHAT DEPARTMENT WERE YOU WORKING IN?

- 1 A. I WAS ORDER FILLING.
- 2 Q. WAS THAT IN THE FINISH READY MERCHANDISE DEPARTMENT?
- 3 A. NO, SIR.
- 4 Q. OKAY. WHAT DEPARTMENT, THEN, WAS ORDER FILLING?
- 5 A. IT'S JUST ANOTHER DIFFERENT DEPARTMENT. IT'S JUST
- 6 ORDER FILLING. IT'S WHERE THEY FILL THE ORDERS.
- 7 Q. OKAY.
- 8 A. AND IF WE'RE LOW ON WORK, WE GO TO DIFFERENT
- 9 DEPARTMENTS AND WORK.
- 10 Q. TELL ME IN THAT DEPARTMENT WHEN YOU FILL AN ORDER,
- 11 WHAT YOU DO, WHAT WAS YOUR JOB DUTIES, AND HOW DID
- 12 YOU DO IT.
- 13 A. WE HAVE TWO BUILDINGS THERE, AND I WAS IN THE LOWER
- 14 BUILDING. AND ORDER FILLING IS WHERE THE CUSTOMER
- 15 SENDS IN AN ORDER AND THEN THE ORDER FILLERS GOES
- 16 OUT AND PULLS THE ORDER. AND IT WAS MEN'S BELTS
- 17 THAT DAY. AND IT WAS UPSTAIRS, AND WE HAVE SCANNERS
- 18 THAT WE HAVE TO SCAN THE TICKETS. BUT ANYWAY, I WAS
- 19 CONSTANTLY BENDING OVER ALL DAY AND JUST PICKING
- 20 BELTS. AND IT WAS IN A CONFINED AREA, LIKE IT
- 21 WASN'T A LOT OF WALKING. IT WAS JUST IN A SMALL
- 22 SPACE THERE.
- 23 Q. DOES THAT JOB REQUIRE YOU TO BEND OR SQUAT AND
- 24 STOOP?
- 25 A. YES, SIR. IT WAS BENDING ALL DAY.

1 A. YES, SIR.

2 Q. WOULD IT BE MORE THAN THAT?

3 A. YES.

4 Q. WOULD YOU BE DOING THAT ON A FREQUENT BASIS?

5 A. YES.

6 Q. DID YOU HAVE TO CARRY THAT?

7 A. A LOT OF TIMES. WE HAD TO PUT IT UP ON THE
8 CONVEYORS.

9 Q. OKAY. AND REMEMBER THIS, JUDY. WE'RE TRYING TO GET
10 AN IDEA OF WHAT YOU DID BACK THEN, IN TERMS OF YOUR
11 JOB. SO, YOU HAVE TO DESCRIBE THAT FOR US. OKAY?

12 BY COMMISSIONER BARDEN:

13 I KNOW YOU DIDN'T WEIGH THE MERCHANDISE, BUT
14 WE'RE JUST TRYING TO FIGURE OUT WHAT WAS PERHAPS THE
15 HEAVIEST THING YOU HAD TO LIFT, WHETHER IT WAS 50
16 POUNDS OR 40 POUNDS. AND I KNOW YOU DIDN'T WEIGH
17 THEM. YOU DIDN'T PUT THESE THINGS ON A SCALE, BUT
18 JUST AS BEST YOU CAN, GIVE ME AN IDEA OF WHAT YOU
19 HAD TO DO.

20 BY THE WITNESS:

21 AT LEAST 40 POUNDS.

22 BY COMMISSIONER BARDEN:

23 AT LEAST 40 POUNDS.

24 BY THE WITNESS:

25 AT LEAST 40 POUNDS.

DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

- 1
2 Q. DID YOU EVER HAVE TO PUSH ANYTHING, LIKE A CART OR A
3 RACK?
4 A. BUGGIES, YES.
5 Q. BUGGIES? AND HOW MUCH WOULD THOSE BUGGIES WEIGH?
6 A. WELL, IT DEPENDED ON HOW MUCH WAS IN THEM. SOME OF
7 THE BOXES, LIKE I SAID, WOULDN'T HAVE BUT A FEW
8 UNITS. YOU MIGHT HAVE 50 BOXES THERE, AND IT'S NOT
9 HEAVY AT ALL. BUT THEN, AGAIN, YOU MIGHT HAVE SOME
10 BOXES AND THEY MAY HAVE 50 UNITS A PIECE IN BOXES.
11 SO, I COULDN'T PUSH THEM.
12 Q. OKAY. WHAT'S THE MOST YOU, IN TERMS OF WHAT YOU DID
13 BACK THEN, WHAT'S THE MOST YOU WERE PUSHING?
14 A. PROBABLY AT LEAST 50 POUNDS.
15 Q. ALL RIGHT. WE KNOW YOU GOT HURT ON THAT DAY. OKAY?
16 AND THEN, WE ALSO KNOW THAT YOU'VE HAD SOME SURGERY
17 AND YOU'VE BEEN OUT. YOU ALSO RETURNED TO WORK AT
18 PERRY ELLIS, CORRECT?
19 A. YES, SIR.
20 Q. WHEN YOU RETURNED TO WORK AT PERRY ELLIS, DID YOU
21 RETURN - DO YOU REMEMBER WHEN THAT WAS?
22 A. NOVEMBER OF 2011.
23 Q. NOVEMBER 2011?
24 A. IT WAS THE 10TH OR THE 11TH.
25 Q. OKAY.

1 A. I'M NOT SURE WHAT DATE.
2 Q. AND WERE YOU OUT OF WORK BECAUSE OF YOUR SURGERY?
3 A. YES, SIR.
4 Q. DO YOU REMEMBER ABOUT HOW LONG YOU WERE OUT OF WORK
5 FOR?
6 A. I THINK IT WAS LIKE ONE OR TWO DAYS BEING SIX
7 MONTHS.
8 Q. JUST SHY OF SIX MONTHS?
9 A. YEAH. YES, SIR.
10 Q. BY A DAY OR TWO. AND WHEN YOU RETURNED TO WORK,
11 WHAT DEPARTMENT DID YOU RETURN TO?
12 A. F.R.M. DEPARTMENT.
13 Q. ALL RIGHT. NOW, YOU TOLD ME OR YOU TOLD US WHEN YOU
14 GOT HURT, YOU WERE IN THE ORDER FILLING DEPARTMENT.
15 A. YES, SIR.
16 Q. SO, AND THEN YOU RETURNED TO F.R.M.?
17 A. YES, SIR.
18 Q. THAT'S THE FINISH READY MERCHANDISE?
19 A. YES, SIR.
20 Q. WHERE YOU STARTED?
21 A. UH-HUH.
22 BY COMMISSIONER BARDEN:
23 IS THAT A YES?
24 BY THE WITNESS:
25 YES.

DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

- 1
2 Q. SO, YOU RETURNED TO A DIFFERENT DEPARTMENT THAN
3 WHERE YOU GOT HURT?
4 A. YES, SIR.
5 Q. AND DID YOU RETURN TO A DIFFERENT TYPE JOB?
6 A. IT'S THE SAME JOB.
7 Q. OKAY. THE SAME JOB AS YOU HAD WHEN YOU GOT HURT OR
8 THE SAME JOB YOU HAD WHEN YOU FIRST STARTED?
9 A. NO, NOT WHEN I GOT HURT.
10 Q. OKAY. SO, WAS THE JOB DIFFERENT THAT YOU RETURNED
11 TO AS OPPOSED TO THE JOB YOU WERE DOING WHEN YOU GOT
12 HURT?
13 A. YEAH. YES, SIR.
14 Q. IS THAT RIGHT?
15 A. YES, SIR.
16 Q. OKAY. I KNOW SOMETIMES IT'S DIFFICULT. IF YOU
17 WOULD, JUST RELAX, OKAY?
18 A. OKAY.
19 Q. WHEN YOU - WHAT JOB DID YOU RETURN TO DO - WHAT WERE
20 YOU DOING WHEN YOU RETURNED TO WORK AFTER THE
21 SURGERY?
22 A. I WENT BACK TO MY REGULAR JOB IN F.R.M.
23 Q. OKAY. AND TELL ME WHAT THAT WAS.
24 A. THE MERCHANDISE WOULD COME TO US ON BUGGIES AND WE
25 WOULD HAVE TO, A LOT OF TIMES, IT DEPENDS ON WHAT

1 THE CUSTOMERS NEED. THEY MIGHT - WE HAVE TO - WE
2 MAY HAVE TO TEAR OFF PRICE TAGS, PUT ON NEW PRICE
3 TAGS. SOMETIMES WE HAVE TO CUT OFF HANG TAGS, PUT
4 ON HANG TAGS.

5 Q. DID YOU HAVE RESTRICTIONS ON YOU WHEN YOU RETURNED
6 TO WORK AS TO WHAT YOU COULD LIFT?

7 A. YES, SIR.

8 Q. HOW MUCH COULD YOU LIFT THEN?

9 A. TEN POUNDS.

10 Q. HAS THAT RESTRICTION EVER CHANGED FROM THAT ---

11 A. NO, SIR, NO.

12 Q. ARE YOU STILL IN THE SAME DEPARTMENT TODAY, THE
13 F.R.M. DEPARTMENT THAT YOU WERE IN WHEN YOU RETURNED
14 TO WORK AFTER YOUR SURGERY?

15 A. YES, SIR.

16 Q. AND YOU'RE DOING THE SAME THING TODAY THAT YOU DID
17 WHEN YOU RETURNED AFTER SURGERY?

18 A. YES, SIR.

19 Q. DO YOU CARRY ANY ITEMS TODAY, ANY BOXES?

20 A. SOME.

21 Q. OKAY. AND HOW MUCH DO THEY WEIGH?

22 A. PROBABLY NOT OVER FIVE, SIX POUNDS.

23 Q. HAVE - HAS PERRY ELLIS MADE ARRANGEMENTS TO HAVE
24 WHAT'S CALLED ACCOMMODATIONS SO YOU DON'T HAVE TO
25 LIFT THOSE HEAVY BOXES?

1 A. YES, SIR.

2 Q. AND WHAT ACCOMMODATIONS HAVE THEY MADE?

3 A. WELL, THE CO-WORKERS HELPED ME OUT AND NOW THEY'VE
4 JUST HIRED IN A NEW GUY TO, YOU KNOW, DO ALL, PICK
5 ALL OF THE HEAVY LIFTING UP FOR US.

6 Q. OKAY.

7 BY COMMISSIONER BARDEN:

8 SO, LET ME MAKE SURE I UNDERSTAND. IN F.R.M.,
9 WHERE YOU ARE NOW, ARE THERE CO-WORKERS WHO HAVE TO
10 LIFT MORE THAN YOU DO?

11 BY THE WITNESS:

12 YES, MA'AM.

13 BY COMMISSIONER BARDEN:

14 AND SO, YOU DON'T LIFT AS MUCH AS THEY DO? I'M
15 ASKING THIS AS A QUESTION.

16 BY THE WITNESS:

17 YEAH.

18 BY COMMISSIONER BARDEN:

19 THEY HELP YOU? THEY HELP YOU?

20 BY THE WITNESS:

21 YES, MA'AM.

22 BY COMMISSIONER BARDEN:

23 SO, THEY HAVE HEAVIER LIFTING DUTIES THAN YOU
24 DO? IS THAT RIGHT?

25 BY THE WITNESS:

1 YES, MA'AM.

2 BY COMMISSIONER BARDEN:

3 OKAY. SO, WHAT WOULD YOU - WELL, THAT'S OKAY.

4 I GOT WHAT I NEED. YOU LIFT FIVE TO SIX POUNDS NOW.

5 IS THAT RIGHT?

6 BY THE WITNESS:

7 YEAH. NOTHING OVER TEN.

8 BY COMMISSIONER BARDEN:

9 NOTHING OVER TEN, OKAY.

10 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

11 Q. AT PERRY ELLIS, DO YOU ALSO HAVE RACKS WHERE
12 GARMENTS OR ITEMS OR MERCHANDISE WOULD BE HANGING?

13 A. YES, SIR.

14 Q. IS THAT IN THE F.R.M. DEPARTMENT?

15 A. YES, SIR.

16 Q. AND WHEN YOU - HOW TALL ARE THESE RACKS?

17 A. SOME OF THEM ARE - THEY'RE TALLER THAN MY HEAD.

18 Q. AND WHAT GOES ON - WHAT GOES ON THE RACKS?

19 A. WELL, THEY'LL HANG THE GARMENTS UP. AND THEN, YOU
20 KNOW, IF WE HAVE TO TAKE THE TAGS OFF OF THEM OR
21 RETAG THEM, TAKE THE PLASTIC OFF OF THEM OR CHANGE
22 THE HANGERS.

23 Q. ARE YOU ABLE TO DO THAT?

24 A. I CAN'T HANG THEM UP ON THE RACKS.

25 Q. DOES SOMEBODY HAVE TO HANG IT FOR YOU?

1 A. NO. I JUST LAY THEM ON THE TABLE. WE HAVE TABLES
2 AT EACH STATION.

3 Q. YES.

4 A. AND I'LL LAY MINE MOSTLY ON THE TABLES THERE.

5 Q. IS THAT HOW YOU DID IT BEFORE YOU GOT HURT, OR DID
6 YOU LEAVE IT HANGING ON THE RACK?

7 A. I'D LEAVE IT HANGING ON THE RACK.

8 Q. SO ---

9 BY COMMISSIONER BARDEN:

10 DO ANY OTHER EMPLOYEES LAY THEIRS ON THE TABLE
11 OR DO THEY HANG THEIRS ---

12 BY THE WITNESS:

13 NO. EVERYBODY HANGS THEM.

14 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

15 Q. DO YOU - ARE THERE ANY OTHER WAYS THAT YOU DO YOUR
16 JOB? YOU TOLD US ABOUT CUTTING THE TAGS AND ABOUT
17 LIFTING THE BOXES OUT THERE. ARE THERE ANY OTHER
18 WAYS THAT YOU'RE DOING YOUR JOB IN THE F.R.M.
19 DEPARTMENT TODAY THAT DIFFERS OR IS DIFFERENT THAN
20 THE WAY YOU DID THE JOB BACK BEFORE YOU GOT HURT?

21 A. WE DO A LOT OF FOLDING, ALSO, AND I HAVE TO - A LOT
22 OF TIMES, I FOLD THE BOX. IT SOUNDS FUNNY, BUT
23 ANYWAY, I FOLD THE BOX AND THEN SOMETIMES, MOST OF
24 THE TIME HAD TO PUT THE GARMENTS UP ON TOP OF IT AND
25 FOLD IT. BECAUSE I'M CONSTANTLY LOOKING DOWN ALL

1 TIME.

2 Q. ARE YOU TRYING TO RAISE THE HEIGHT OF THE GARMENTS?

3 A. YES, SIR.

4 Q. OKAY. SO, IF THIS WAS THE - USING THE COURT
5 REPORTER'S DESK, IF THIS WAS THE TABLE, IF I'M
6 UNDERSTANDING YOUR TESTIMONY, DOES IT GIVE YOU
7 DIFFICULTY IF YOU'RE DOING WHAT I'M DOING RIGHT NOW,
8 LOOKING DOWN AT MY LEGAL PAD, WRITING, WITH MY HEAD
9 LOOKING DOWN?

10 A. YES, SIR.

11 Q. SO, DO YOU - YOU TAKE A BOX AND YOU PUT IT ON THIS
12 TABLE AND YOU RAISE ITS HEIGHT SO YOUR HEAD DOESN'T
13 HAVE TO ---

14 A. YES, SIR.

15 Q. DID YOU DO THAT BEFORE YOU GOT HURT?

16 A. NO, SIR.

17 Q. DO OTHER EMPLOYEES DO IT THAT WAY?

18 A. NO, SIR.

19 Q. THESE ACCOMMODATIONS ARE - PERRY ELLIS HAS
20 ACCOMMODATED YOU AND ALLOWED FOR THESE
21 ACCOMMODATIONS. IS THAT CORRECT?

22 A. YES.

23 Q. OKAY. AND SO, BESIDES THAT, DO YOU - LET ME ASK A
24 DIFFERENT QUESTION. YOU TOLD ME EARLIER ABOUT
25 BUGGIES THAT YOU USED TO PUSH WHEN YOU GOT HURT. DO

1 YOU PUSH BUGGIES TODAY?

2 A. IF THERE'S NOT BUT A FEW ON THEM, I'LL PUSH THEM,

3 BUT WITH A LOT ON THEM, I DON'T PUSH THEM.

4 Q. ALL RIGHT. WHEN YOU SAY TO ME A BUGGY, I'M

5 ENVISIONING SOMETHING THAT HAS WHEELS ON IT.

6 A. YES, SIR.

7 Q. A CANVAS CART OR A METAL CART OR SOMETHING LIKE THAT

8 THAT'S LIKE A BIN AND THEN YOU PUSH. IS THAT WHAT

9 YOU'RE TALKING ABOUT?

10 A. YES, SIR. WELL, IT'S LIKE - IT'S GOT LIKE A HANG

11 RACK ON IT, TOO, AND IT DOES HAVE WHEELS ON IT.

12 Q. AND THE HANGING RACK, IS THAT WHERE THE GARMENTS ---

13 A. YEAH.

14 Q. --- HANG?

15 A. YEAH, YOU CAN HANG THEM ON THAT, BOTH SIDES.

16 Q. WHEN YOU SAY NOW IT DOES NOT HAVE MUCH IN IT, HOW

17 MUCH WOULD ---

18 A. WELL, SOMETIMES YOU MAY NOT HAVE BUT TEN BOXES.

19 SOMETIMES YOU MIGHT HAVE 50 BOXES ON IT.

20 Q. BUT IN TERMS OF A WEIGHT, IF IT'S AN EMPTY BOX, IT

21 HAS NO WEIGHT. IF IT'S A FULL BOX, IT HAS A LOT OF

22 WEIGHT.

23 A. YEAH.

24 Q. CAN YOU GIVE ME AN IDEA OF HOW MUCH IT - WHEN YOU

25 WOULD PUSH, WHAT'S THE MOST YOU WOULD PUSH?

1 A. IF IT'S - PROBABLY NO MORE THAN EIGHT OR NINE
2 POUNDS. MOST OF THE TIME, I DON'T PUSH THEM AT ALL.
3 Q. WHO PUSHES IT FOR YOU?
4 A. CO-WORKERS WILL PUSH THEM AROUND. THEY'LL PUSH THEM
5 TO THE BACK.
6 Q. THEY HELP YOU OUT?
7 A. YEAH.
8 Q. YOUR CO-WORKERS?
9 A. UH-HUH. YES, SIR.
10 Q. DOES ANYBODY ELSE PUSH THE CO-WORKERS' CARTS OR ARE
11 THEY REQUIRED TO PUSH THEIR OWN?
12 A. NO, THEY GET - THEY GET THEIR OWN.
13 Q. MA'AM?
14 A. THEY GET THEIR OWN.
15 Q. ANYTHING ELSE ON THE JOB THAT YOU'RE DOING TODAY
16 THAT IS DIFFERENT THAN WHAT YOU'VE JUST TOLD ME?
17 A. NO.
18 Q. THOSE ARE THE DIFFERENCES?
19 A. YES, SIR.
20 Q. AND THOSE AREN'T THE WAY - THAT'S NOT THE WAY YOU
21 WOULD DO THE JOB BEFORE YOUR INJURY. IS THAT RIGHT?
22 A. NO. DO YOU HAVE ANY RESTRICTIONS ON ANYTHING
23 OVERHEAD, EITHER LOOKING UP OR DO YOU HAVE ANY
24 RESTRICTIONS ON BENDING OR SQUATTING?
25 A. YES, SIR.

1 YEAH. IT'S ON MY RIGHT SIDE OF MY NECK.

2 BY COMMISSIONER BARDEN:

3 THE RIGHT SIDE OF YOUR NECK?

4 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

5 Q. CAN YOU SHOW US - ARE YOU ABLE TO POINT TO AN AREA?
6 IS IT THE ENTIRE RIGHT SIDE, OR IS IT GREATER ON ONE
7 PARTICULAR PART OF YOUR NECK THAN ANOTHER?

8 A. IT STARTS RIGHT BACK THERE AND IT WILL GO UP THE
9 BACK OF MY NECK, MY HEAD.

10 Q. OKAY.

11 A. YEAH.

12 Q. SO, JUST SO - I'M GOING TO SAY IT SO THE COURT
13 REPORTER ---

14 A. YEAH, IT'S RIGHT IN HERE.

15 Q. YOU'VE GOT YOUR HAND ON, STARTING AT YOUR SHOULDER
16 AND WORKING UP ON THE RIGHT SIDE OF YOUR NECK AND
17 YOU STOPPED AT ABOUT AN INCH OR TWO, MAYBE, ABOVE
18 YOUR RIGHT EAR. AND YOU'RE POINTING TO THE BACK OF
19 YOUR HEAD?

20 A. YES, SIR.

21 Q. AND SO, DID I DESCRIBE IT RIGHT, FROM ABOUT WHERE MY
22 FINGERS ARE?

23 A. YES, SIR.

24 Q. ON MY HEAD, GOING ALL THE WAY DOWN TO HERE?

25 A. YES, SIR.

1 IN, I CAN'T GET TURNED ALL THE WAY AROUND. I HAVE
2 TO PRETTY MUCH JUST SWITCH MY WHOLE BODY AROUND. OR
3 IF SOMEBODY'S IN THE CAR WITH ME, I HAVE TO GET THEM
4 TO HELP ME TO LOOK BECAUSE I CAN'T GET TURNED. I
5 JUST CAN'T TURN ALL THE WAY AROUND.

6 Q. DID YOU HAVE ANY OF THOSE PROBLEMS BEFORE YOUR
7 ACCIDENT?

8 A. NO, SIR.

9 Q. DO YOU HAVE ANY PROBLEMS WITH YOUR RIGHT ARM?

10 A. YES, SIR.

11 Q. WHAT PROBLEMS ARE YOU EXPERIENCING WITH YOUR RIGHT
12 ARM?

13 A. I'M STILL HAVING PAINS IN MY HAND AND I STILL DO
14 HAVE SOME NUMBNESS IN SOME FINGERS.

15 Q. ALL RIGHT. DO YOU - DOES THE PAIN EVER LEAVE YOUR
16 HAND AND AFFECT OTHER PARTS?

17 A. IT GOES UP MY FOREARM.

18 Q. OKAY. SO, LET'S TALK ABOUT YOUR RIGHT ARM.

19 A. YEAH.

20 Q. AND YOU SAID, YOU MENTIONED YOUR HAND.

21 A. YES, SIR.

22 Q. DO YOU HAVE ANY NUMBNESS IN THE HAND ITSELF, IN THE
23 RIGHT HAND?

24 A. JUST THE INDEX FINGER. THE NUMBNESS, YOU KNOW, IT
25 NEVER CAME - IT NEVER WENT AWAY.

1 Q. FROM YOUR SHOULDER BLADE DOWN INTO YOUR ELBOW, LIKE
2 WHERE YOUR BICEP ---

3 A. YEAH.

4 Q. ANY PROBLEMS THERE OR NO PROBLEMS?

5 A. MOST OF THE TIME, NOT THROUGH HERE.

6 Q. OKAY. HOW ABOUT ON THE LEFT SIDE?

7 A. YES, I'M STARTING TO HAVE PROBLEMS THERE.

8 Q. WHEN DID YOU BEGIN TO HAVE PROBLEMS ON YOUR LEFT
9 SIDE?

10 A. MAY OF LAST YEAR, 2012.

11 Q. AND WHERE ---

12 BY COMMISSIONER BARDEN:

13 AND HOW DO YOU PINPOINT IT TO THAT DATE? YOU
14 JUST REMEMBER IT BEING MAY WHEN IT STARTED OR ---

15 BY THE WITNESS:

16 I WOKE UP THAT MORNING TO GO TO WORK AND MY ARM
17 WAS HURTING. AND I THOUGHT I MIGHT HAVE JUST LAID
18 ON IT WRONG OR SOMETHING. AND ANYWAY, IT KEPT
19 HURTING, HURTING. AND ONE OF MY FINGERS, MY OTHER
20 TWO FINGERS ON THIS END, THEY WERE NUMB. AND THEN,
21 MY HANDS, THEY WERE TINGLING, ALL THE FINGERS.

22 BY COMMISSIONER BARDEN:

23 THIS WAS BEFORE OR AFTER YOUR SURGERY?

24 BY THE WITNESS:

25 THESE WERE AFTER MY SURGERY.

1 BY COMMISSIONER BARDEN:

2 AFTER YOUR SURGERY, OKAY.

3 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

4 Q. AND WHILE WE'RE TALKING ABOUT THAT DATE, IN
5 PARTICULAR, DID YOU GO TO WORK?

6 A. YES, SIR. YES.

7 Q. DID YOU REPORT THAT TO ANYBODY AT WORK?

8 A. YES, SIR.

9 Q. WHO DID YOU REPORT IT TO?

10 A. WELL, I TOLD MY SUPERVISOR. AND THEN, BUT I WENT ON
11 UP TO HUMAN RESOURCES AND I THINK I TALKED WITH
12 DEBBIE CANUPP. SHE'S THE RECEPTIONIST THERE, AND I
13 GUESS SHE PROBABLY FORWARDED IT TO NATHAN.

14 Q. OKAY. SO, IT GOT ---

15 A. YES, SIR.

16 Q. --- TO NATHAN?

17 A. UH-HUH.

18 BY COMMISSIONER BARDEN:

19 IS THAT A YES?

20 BY THE WITNESS:

21 YES, MA'AM.

22 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

23 Q. DID YOU ASK FOR ANY MEDICAL TREATMENT ON THAT ARM OR
24 FOR SOMEBODY TO LOOK AT IT?

25 A. YES.

1 BUT I HAVE PAINS JUST UP IN HERE, ALSO.

2 BY COMMISSIONER BARDEN:

3 IN YOUR SHOULDER?

4 BY THE WITNESS:

5 ALSO RIGHT IN HERE.

6 BY COMMISSIONER BARDEN:

7 DOES IT COME ---

8 BY THE WITNESS:

9 IT'S RIGHT HERE.

10 BY COMMISSIONER BARDEN:

11 DOES IT - OKAY.

12 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

13 Q. FROM ---

14 A. IT'S SORE HERE TODAY.

15 Q. YOU JUST SAID IT'S SORE? IS THAT RIGHT?

16 A. YES, BECAUSE I HAD A FEW PAINS THIS MORNING WHEN I
17 GOT UP.

18 Q. OKAY. AND THAT'S UP IN YOUR SHOULDER AREA?

19 A. YES, SIR.

20 Q. IS THAT RIGHT?

21 A. AT THE TOP.

22 Q. OKAY. YOU WENT AND YOU'VE BEEN TREATED BY DR.

23 BUCCI. YOU'VE HAD - HIS RECORDS ARE IN AND WE KNOW
24 YOU'VE HAD SURGERY. YOU HAD A CARPAL TUNNEL

25 RELEASE. YOU'VE HAD A NECK - A FUSION IN YOUR NECK.

1 YOU ALSO WERE SENT OR SAW A DR. PATEL.

2 A. YES, SIR.

3 Q. IS THAT RIGHT?

4 A. YES, SIR.

5 Q. I BELIEVE YOU SAW DR. PATEL ABOUT FOUR TIMES.

6 A. YES, SIR, AT LEAST.

7 Q. DID DR. PATEL - WHEN YOU SAW DR. PATEL ON THOSE
8 OCCASIONS, WHEN YOU ACTUALLY WERE LOOKING AT THE
9 DOCTOR IN THE ROOM, NOT IN THE WAITING ROOM, NOT
10 WAITING, BUT ACTUALLY WITH THE DOCTOR, HOW MUCH TIME
11 DID YOU SPEND WITH HIM?

12 A. PROBABLY ABOUT FIVE MINUTES EACH TIME.

13 Q. DID HE LISTEN TO YOU OR BLOW YOU OFF?

14 A. NO, HE LISTENED ---

15 BY MR. GALLAGHER:

16 I'M GOING TO OBJECT TO THAT QUESTION.

17 BY MR. KRAUSE:

18 I'LL WITHDRAW IT.

19 BY COMMISSIONER BARDEN:

20 THANK YOU.

21 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

22 Q. DID YOU RECEIVE TREATMENT FROM DR. PATEL?

23 A. YES, SIR.

24 Q. WHAT DID HE DO?

25 A. HE - I GOT TWO EPIDURALS.

1 JUST GOES.

2 Q. JUST DROPS?

3 A. IT JUST GOES.

4 Q. WHO DOES THE GROCERY SHOPPING AT YOUR HOUSE?

5 A. BOTH, ME AND MY HUSBAND BOTH.

6 Q. HAVE YOU CHANGED THE WAY YOU GROCERY SHOP?

7 A. YES, SIR.

8 Q. HOW?

9 A. ESPECIALLY LIKE MILK AND STUFF, I HAVE TO BUY IT BY

10 HALF GALLONS NOW INSTEAD OF THE GALLONS. AND I JUST

11 PICK UP, YOU KNOW, LIGHT STUFF OR - BUT MOST OF THE

12 TIME, MY HUSBAND, HE'LL DO ALL THE LIFTING.

13 Q. BESIDES WORKING AND BEING AROUND THE HOUSE, DID

14 Y'ALL HAVE ANY HOBBIES? DID YOU BOAT, GOLF OR DO

15 ANYTHING LIKE THAT?

16 A. NO, SIR.

17 Q. THE HOUSE AND WORK TOOK UP MOST ---

18 A. YEAH, THAT WAS PRETTY MUCH IT.

19 Q. OKAY. LET ME TALK A LITTLE BIT ABOUT YOUR MEDICAL

20 HISTORY, OKAY? WE KNOW ABOUT THIS ACCIDENT. YOU

21 ARE A DIABETIC. IS THAT RIGHT?

22 A. YES, SIR.

23 Q. AND YOU WERE ON INSULIN, BUT I BELIEVE YOU ARE NOW

24 ON ORAL MEDICATION. IS THAT RIGHT?

25 A. YES, SIR. YES.

1 Q. YOU ALSO HAVE HYPERTENSION?

2 A. YES, SIR.

3 Q. HIGH BLOOD PRESSURE?

4 A. YES, SIR.

5 Q. YOU HAVE THYROID ISSUES?

6 A. YES, SIR.

7 BY MR. GALLAGHER:

8 COMMISSIONER, I'M NOT SURE OF THE RELEVANCE OF
9 THESE QUESTIONS.

10 BY MR. KRAUSE:

11 WELL, THE CLAIMANT CLAIMS - THE CLAIMANT'S
12 POSITION IS THAT SHE IS PERMANENTLY AND TOTALLY
13 DISABLED. THOSE CONDITIONS COUPLED WITH THE FACT OF
14 HER INJURY ---

15 BY COMMISSIONER BARDEN:

16 WELL, I MEAN, I MAY BE WRONG ABOUT THIS, BUT I
17 - TO ME, THAT SOUNDS LIKE AN ELLISON ARGUMENT, AND
18 ELLISON WAS - I MEAN, I GUESS YOU'RE QUOTING SECTION
19 35. IS THAT ---

20 BY MR. GALLAGHER:

21 YES, COMMISSIONER, UNLESS HE IS ALLEGING OR CAN
22 PROVE THAT THOSE CONDITIONS WERE AGGRAVATED BY THIS
23 WORK ACCIDENT OR VICE VERSA, THEN THIS IS
24 IRRELEVANT.

25 BY COMMISSIONER BARDEN:

1 AND THAT MAY BE WHERE HE'S GOING. I DON'T
2 KNOW, BECAUSE I HAVEN'T READ THE RECORDS, SO.

3 BY MR. GALLAGHER:

4 I DON'T THINK THERE'S ANY MEDICAL EVIDENCE TO
5 THAT EFFECT, BUT ---

6 BY COMMISSIONER BARDEN:

7 OKAY. WELL ---

8 BY MR. KRAUSE:

9 AND TO CONTINUE, IT'S MY DECISION, BASED UPON
10 MY IDEA, ON THE ACCOMMODATIONS FROM WORK THAT THIS
11 IS A GRATUITOUS EMPLOYMENT FOR THIS EMPLOYEE, AND
12 BASED UPON THIS INJURY AND COUPLED WITH THAT INJURY
13 AS WELL AS THE OTHER MEDICAL CONDITIONS THAT SHE
14 HAS, SHE WILL NOT BE ABLE TO OBTAIN EMPLOYMENT IN
15 THIS ECONOMY, IN THIS MARKETPLACE.

16 BY MR. GALLAGHER:

17 I THINK THAT'S IRRELEVANT, COMMISSIONER.

18 BY COMMISSIONER BARDEN:

19 OKAY. WELL, I'LL HAVE TO MAKE THAT PART OF MY
20 ORDER INSTRUCTIONS, SO PROCEED.

21 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

22 Q. DO YOU ALSO HAVE - HAVE YOU HAD AN ISSUE WITH YOUR
23 RIGHT KNEE?

24 A. I HAVE BEFORE.

25 Q. OKAY. DO YOU HAVE ARTHRITIS IN YOUR LEFT KNEE?

1 A. YES, SIR.

2 Q. NOW, YOU TREATED WITH YOUR GENERAL PHYSICIAN. IS
3 THAT CORRECT, DR. SOUVIRON?

4 A. YES, SIR.

5 Q. DO YOU ALSO HAVE ISSUES INVOLVING ANXIETY OR
6 DEPRESSION?

7 A. YES, SIR.

8 BY MR. GALLAGHER:

9 COMMISSIONER, OBJECTION. CAN I JUST MAKE THIS
10 A RUNNING OBJECTION?

11 BY COMMISSIONER BARDEN:

12 YOU HAVE A RUNNING OBJECTION TO THIS TESTIMONY.

13 BY MR. GALLAGHER:

14 OKAY. THANK YOU.

15 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

16 Q. DO YOU TAKE MEDICATION FOR YOUR ANXIETY OR
17 DEPRESSION?

18 A. YES, SIR.

19 Q. HAS YOUR INJURY AT WORK AND THE PROBLEMS THAT YOU'VE
20 TESTIFIED TO CAUSED THOSE FEELINGS OF DEPRESSION OR
21 ANXIETY TO INCREASE?

22 A. YES, SIR.

23 Q. HOW?

24 A. JUST WORRYING A LOT.

25 Q. WHEN YOU ---

1 A. YOU KNOW, WHAT'S GOING TO ---

2 BY COMMISSIONER BARDEN:

3 LET ME ASK YOU THIS. DO YOU TAKE MEDICATION OR
4 WHAT DO YOU TAKE?

5 BY THE WITNESS:

6 WHAT DO I TAKE?

7 BY COMMISSIONER BARDEN:

8 YES.

9 BY THE WITNESS:

10 LORAZEPAM.

11 BY COMMISSIONER BARDEN:

12 OKAY. HAS THE DOSAGE FOR THAT MEDICATION
13 INCREASED, OR IS IT THE SAME?

14 BY THE WITNESS:

15 IT'S THE SAME, BUT I TAKE ANOTHER ONE. SHE'S
16 JUST PRESCRIBED ME A DIFFERENT ONE.

17 BY COMMISSIONER BARDEN:

18 A DIFFERENT ONE OR AN ADDITIONAL ONE?

19 BY THE WITNESS:

20 YEAH, AN ADDITIONAL ONE.

21 BY COMMISSIONER BARDEN:

22 OKAY.

23 DIRECT EXAMINATION RESUMED BY MR. KRAUSE:

24 Q. AND WHAT IS THAT MEDICATION?

25 A. I THINK I READ IT ON THAT PAPER. I DON'T KNOW THE

- 1 A. YES, SIR.
- 2 Q. OKAY. AND THIS WAS NOT A GRADUAL ONSET OF PROBLEMS
- 3 THAT YOU WERE HAVING. YOU LITERALLY WOKE UP THAT
- 4 MORNING OUT OF THE BLUE AND YOUR ARM WAS HURTING.
- 5 IS THAT CORRECT?
- 6 A. YES, SIR.
- 7 Q. NOW, SINCE YOU HAVE BEEN BACK AT WORK WITH THESE
- 8 PERMANENT ACCOMMODATIONS, PERRY ELLIS HAS ALLOWED
- 9 SOME OF YOUR CO-WORKERS TO ASSIST YOU WITH SOME OF
- 10 THE HEAVIER LIFTING. IS THAT CORRECT?
- 11 A. YES, SIR.
- 12 Q. OKAY. OTHER THAN THE LIFTING, AND I THINK YOU
- 13 MENTIONED EARLIER HANGING ---
- 14 A. THE HANGING.
- 15 Q. HANGING ITEMS, ARE YOU ABLE TO DO ---
- 16 A. BENDING.
- 17 Q. --- THE DUTIES OF YOUR JOB? ARE YOU ABLE TO DO WHAT
- 18 YOUR JOB REQUIRES YOU TO DO?
- 19 A. VERY LITTLE STRETCHING. I CAN'T BE STRETCHING FAR
- 20 UP OVER MY HEAD, OR I CANNOT BE BENDING OVER A LOT.
- 21 Q. HAS ANYONE AT PERRY ELLIS MANAGEMENT, NATHAN OR A
- 22 SUPERVISOR, EVER TOLD YOU THAT YOU WERE NOT
- 23 PERFORMING YOUR JOB SATISFACTORILY?
- 24 A. NO, SIR.
- 25 Q. SINCE YOU WERE DISCHARGED BY DR. PATEL IN NOVEMBER

1 PARTICULAR SITUATION?

2 A. YES, SIR.

3 Q. AND YOU'VE OBVIOUSLY HEARD HER TESTIFY, AND I DON'T
4 THINK WE HAVE ANY BIG DISPUTE ABOUT, YOU KNOW, THE
5 INJURY AND OBVIOUSLY HER COURSE OF HER RETURN TO
6 WORK. BUT I WANT YOU TO TELL ME, IF YOU CAN, SIR,
7 WHAT YOUR UNDERSTANDING OF HER CURRENT WORK
8 RESTRICTIONS ARE PER THE ACTUAL MEDICAL PROVIDERS,
9 NOTWITHSTANDING WHATEVER SHE SUBJECTIVELY COMPLAINS
10 ABOUT.

11 A. OKAY. THE ONLY RESTRICTION THAT I KNOW SHE REALLY
12 HAS IS THE LIFTING RESTRICTION, AND I THINK WHEN WE
13 WERE LOOKING AT THE PAPERWORK, IT SAYS TEN POUNDS.
14 SO, WE DID WHATEVER ACCOMMODATIONS WE NEED TO TO
15 MAKE SURE SHE DOESN'T HAVE TO LIFT ANY MORE THAN TEN
16 POUNDS.

17 Q. AND THAT WAS THE RESTRICTION FROM DR. PATEL. IS
18 THAT CORRECT?

19 A. YES, SIR.

20 Q. NOW, SHE DESCRIBES SOME OTHER RESTRICTIONS THAT SHE
21 HAS THAT SHE SUBJECTIVELY COMPLAINS OF. WERE YOU
22 PERSONALLY AWARE OF THOSE ISSUES?

23 A. NO, SIR. THE REACHING, I DIDN'T, AND THEN THERE WAS
24 A DESCRIPTION OF A BOX TO KEEP THE GARMENTS -I
25 DIDN'T KNOW ANYTHING LIKE THAT, EITHER.

1 Q. IS THAT A BIG DEAL, IN YOUR OPINION, AS FAR AS YOUR
2 VIEW OF HER ABILITY TO DO THE RESTRICTIONS AS YOU
3 UNDERSTAND THEM TO BE?

4 A. I WOULD SAY NO, ESPECIALLY SINCE THE SUPERVISOR
5 HASN'T BROUGHT IT TO MY ATTENTION. SO, I'M ASSUMING
6 THAT IT'S NOT AFFECTING HER PERFORMANCE.

7 Q. NOW, BASED ON YOUR UNDERSTANDING OF HER WORK
8 RESTRICTIONS FROM THE DOCTOR, AND BASED ON YOUR
9 UNDERSTANDING OF HER JOB DESCRIPTION AS IT IS TO BE
10 PERFORMED IN, SAY, ITS CAPACITY, WHAT PERCENTAGE
11 WOULD YOU SAY OF HER JOB IS SHE ABLE TO DO WITHOUT
12 ANY ACCOMMODATIONS? IN OTHER WORDS, OF THE F.R.M.
13 JOB, WHAT PERCENTAGE OF THE DUTIES IS SHE ABLE TO DO
14 WITHIN THOSE RESTRICTIONS?

15 A. JUST WITH THE LIFTING RESTRICTIONS, I WOULD SAY
16 SOMEWHERE IN THAT 70 TO 75 PERCENT RANGE.

17 Q. SO, JUST BASED STRICTLY ON THE DOCTOR'S
18 RESTRICTIONS, AS YOU UNDERSTAND THEM TO BE ---

19 A. RIGHT.

20 Q. SHE'S ABLE TO DO 75 PERCENT OF THE JOB FUNCTION OF
21 AN F.R.M. OPERATOR?

22 A. RIGHT.

23 Q. NOW, YOU HEARD HER TESTIMONY REGARDING THESE OTHER
24 THINGS THAT SHE CANNOT DO THAT THE DOCTORS HAVEN'T
25 SPECIFICALLY ADDRESSED. BASED ON WHAT SHE'S

1 THING?

2 A. YES, SIR.

3 Q. HAVE ANY OF HER SUPERVISORS OR ANYBODY IN THE
4 MANAGEMENT NOTED ANY UNSATISFACTORY PERFORMANCE
5 SINCE MS. SANCHEZ HAS BEEN BACK AT WORK WITH
6 ACCOMMODATIONS?

7 A. NO, SIR.

8 Q. AS THINGS STAND NOW, ARE YOU ABLE TO CONTINUE TO
9 ACCOMMODATE MS. SANCHEZ INDEFINITELY?

10 A. I MEAN, AS THEY STAND TODAY ---

11 Q. YES, SIR.

12 A. YES, WE CAN ACCOMMODATE HER. I MEAN, I DON'T THINK
13 YOU'RE ASKING ME FOR A CRYSTAL BALL ABOUT OUR
14 FUTURE. I DON'T KNOW WHAT OUR BUSINESS MIGHT
15 PERTAIN TO THE FUTURE, BUT AS OF TODAY WITH STATUS
16 QUO, WITH THE RESTRICTIONS SHE HAS, YES, WE CAN
17 ACCOMMODATE HER.

18 Q. I'M NOT ASKING YOU ABOUT A CRYSTAL BALL. MR. KRAUSE
19 MAY ASK YOU ABOUT A CRYSTAL BALL. BUT AS THINGS
20 STAND NOW, IS THERE ANY REASON TO EXPECT THAT MS.
21 SANCHEZ IS IN LINE TO BE TERMINATED BASED ON
22 PERFORMANCE OR ANY OTHER ISSUES RELATED TO THESE
23 ACCOMMODATIONS?

24 A. NO, SIR.

25 Q. ALL RIGHT.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0919206

JUDY SANCHEZ,

Employee,

Claimant,

vs.

PERRY ELLIS INTERNATIONAL,

Employer,

AND

THE HARTFORD,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEVEN
M. KRAUSE, ESQUIRE:

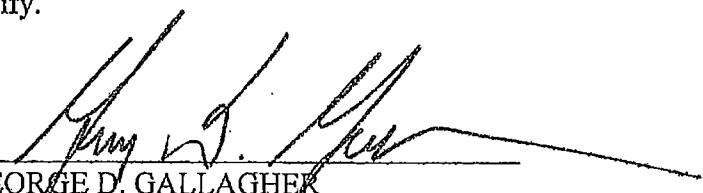
YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South
Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws
(Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.	Michael N. Bucci, M.D.	Piedmont Neurosurgical Group	03/25/11-11/04/11	1-13
2.	Jay S. Patel, M.D.	Oaktree Medical	12/01/10-11/23/11	14-29
3.	Kent H. Kistler, M.D.	Neurology Associates of Greenville	10/11/11	30-32
4.	Physical Work Performance Evaluation	AnMed Health Rehab Plus	12/13/11	33-43

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Nathan Lucas, Terrell Brandon, Minnie Gilmore and/or other representatives from the Employer/Carrier may be called to testify.



GEORGE D. GALLAGHER
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina
December 26, 2012

Nov 08 2011 12:33:57 EST FROM: F2M/17129202671
Nov. 8. 2011 10:33AM
Nov 08 2011 10:30:08 EST FROM: F2M/17129202671

MSG# 51730009-007-1
MSG# 51590654-007-1

PAGE 005 OF 006
No. 0791 P. 3/4
PAGE 003 OF 004



Date: 11-4-11

Employee: Judy Sanchez

**Appt. 10-20-11*

Employer: Perry Ellis International, Inc. Date of Birth: 3-10-60

Claim Number: KYC 57315

Date of Injury: 7-27-11

Dear Dr. Bucit:

I am the Nurse Case Manager assigned to coordinate the medical care and facilitate a timely return to work for the above captioned employee, who sustained an injury/illness at work. As the Nurse Case Manager, I will be working with your office as well as the employee and the employer to ensure a timely recovery and return to work outcome.

It would be appreciated if you would please address the following as related to the industrial injury:

Has the employee reached Maximum Medical Improvement from a NEUROSURGICAL STANDPOINT?

Yes ☒ No ☐

*If yes, please note:

MMI date 10/20/11 *** If not at MMI, date anticipated _____

Full duty NA Permanent restrictions NA

**Please specify restrictions Referred to pain MANAGEMENT

PIR 10 % to SPINE based on AND 10% to

**If no, please note:

Is a FCE needed to determine MMI? Yes ☐ No ☒

If not at MMI, what is your plan to bring the employee to MMI?

[Signature]
**Physician Signature

11/8/11
**Date

Sincerely,
Elaine Bruss, RN, CCM
Nurse Case Manager - Ext. 25440

The information contained in this facsimile message and/or the document transmitted are confidential medical records & intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any examination, use, dissemination

Piedmont Spine and Neurosurgical Group, P.A.

3 St. Francis Dr. Suite 490
Greenville, SC 29601
Phone: (864) 220-4263
Fax: (864) 220-5836

HISTORY AND PHYSICAL REPORT

Judy K Sanchez

ID: 119610

DOB: 03/10/1960 (51 years)

Date of Encounter: 10/20/2011 11:01 AM

History of Present Illness

Patient words: The patient returns following EMG testing of the right upper extremity which was normal. Preoperative EMG testing showed double crush syndrome with right carpal tunnel syndrome and right C6 radiculopathy. However now postoperatively this has returned to normal. Cervical spine MRI scanning, to my review, shows some minor disc bulging without frank herniation at any level. The central canal is open. The radiology report suggested recurrent disc herniation at the fused segment but this is anatomically impossible. The patient is a 51 year old female

History

There is no documented history at this time.

Physical Exam

The physical exam findings are as follows:

Neurologic

Motor:

Tone: - Normal.

Strength: 5/5 normal muscle strength - All Muscles.

Reflexes (Dermatomes): 2/2 Normal - All.

Plantar Reflexes (L4-S2): - Bilateral - Flexion. **Coordination** - Normal. **Gait** - Normal.

Well-healed right hand and right neck incisions

Assessments

double crush syndrome right upper extremity

REVIEW OF FILMS (V72.5)

NECK PAIN - CERVICALGIA (723.1)

Additional Instructions

FOLLOW-UP AS NEEDED

Referrals

Referred to: Patel, Jay S MD (Undefined)

Assessment/Plan Note: She does not have recurrent surgical pathology and the preoperative neurological changes have resolved. She does have residual neck and arm pain and she will be referred back to Dr. Patel for any treatment suggestions in this regard.

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove

One Cannon Drive Greenville, SC 29605

Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Sanchez, Judy
DOB: 3/10/1960
MRN: 666907
PATIENT PHONE: 864-367-5023
PHYSICIAN: Michael Buccell, MD
DATE: 10/12/2011

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

HISTORY: Cervical pain.

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine performed pre and post administration of 20 cc of Magnevist.

COMPARISON: Preoperative study is compared to prior dated 1/25/2010 and operative report dated 5/11/11 used for comparison.

FINDINGS: Patient is status post anterior plate and screw fixation of the C5 and C6 vertebral bodies. Artifact is appreciated from surgical hardware at these levels. There is otherwise good alignment of the anterior and posterior elements. Vertebral body heights and marrow signal intensities appear maintained.

Cranio-cervical junction appears unremarkable. Signal intensity in the imaged cord is unremarkable.

C1-2 and C2-3: Unremarkable.

C3-4: Posterior bulging with a central disc protrusion which has enlarged compared to prior. It is best appreciated on axial T2 image No. 8. Loss of the dorsal and volar CSF space is appreciated with flattening of the cord. Moderate central stenosis. No foraminal stenosis.

C4-5: Uncovertebral arthrosis and posterior disc bulging with superimposed left paracentral and foraminal disc protrusion. These findings are best appreciated on axial T2 and axial T2* images No. 11. There is severe left foraminal stenosis. Moderate central stenosis on axial T2 image No. 12. Degree of stenosis is greater than at the C3-4 level.

C5-6: Uncovertebral arthrosis with posterior bulging and right paracentral and foraminal disc protrusion. Severe right foraminal stenosis and moderate to severe left foraminal stenosis. Moderate to severe central stenosis.

C6-7: Uncovertebral arthrosis with prominent posterior disc bulging and a superimposed left paracentral and foraminal disc protrusion. This is best appreciated on axial T2 and axial T2* images No. 19. Severe left foraminal stenosis. Moderate to severe right foraminal stenosis. Severe central stenosis. Changes to this level have increased compared to prior.

C7-T1: Unremarkable.

On the sagittal T2 weighted imaging, posterior bulging of the T1-2 and T2-3 discs can be seen. No definite central or foraminal stenosis is appreciated.

Imaged soft tissues appear grossly unremarkable. After administration of intravenous contrast, no definite abnormal enhancement is appreciated.

IMPRESSION:

1. Post operative changes at C5-6 as above. Given the operative history, recurrent disc protrusion cannot be excluded.
2. Increased bony and disc degenerative changes at the nonoperative levels as above. These are most advanced at C6-7

Piedmont Spine and Neurosurgical Group, P.A.

3 St. Francis Dr. Suite 490
Greenville, SC 29601
Phone: (864) 220-4263
Fax: (864) 220-5836

*Michael N. Buccl, M.D., F.A.C.S.
Aaron C. MacDonald, M.D., F.A.C.S.
Christie B. Mina, M.D.
D. Mark Melton, M.D.*

10/20/2011 11:01 AM

Jay S Patel, MD
PO Box 484
Easley, SC 29641

RE: Consultation for Judy K Sanchez

It was a pleasure to see your patient, Judy K Sanchez for a consultation in my office.. After my examination of the patient, here are my findings and recommendations:

Assessments

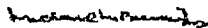
- double crush syndrome right upper extremity
- REVIEW OF FILMS (V72.5)
- NECK PAIN - CERVICALGIA (723.1)

FOLLOW UP AS NEEDED FOLLOW-UP AS NEEDED
Referred to: Patel, Jay S MD (Undefined)

Assessment/Plan Note: She does not have recurrent surgical pathology and the preoperative neurological changes have resolved. She does have residual neck and arm pain and she will be referred back to Dr. Patel for any treatment suggestions in this regard.

It is a pleasure participating in the care of Judy K Sanchez. Please let me know if you have any questions.

Sincerely,



Michael N Buccl, MD

Piedmont Spine and Neurosurgical Group, P.A.

3 St. Francis Dr, Suite 490
Greenville, SC 29601
Phone: (864) 220-4263
Fax: (864) 220-5836

HISTORY AND PHYSICAL REPORT

Judy K Sanchez

ID: 119610

DOB: 03/10/1960 (51 years)

Date of Encounter: 09/20/2011 11:33 AM

History of Present Illness

Patient words: The patient returns overall still is complaining of right upper extremity pain despite physical therapy. She describes pain in the right shoulder and right hand but now it is involving the fourth and fifth digits. The patient is a 51 year old female

History

There is no documented history at this time.

Physical Exam

The physical exam findings are as follows:

Neurologic

Motor:

Tone: - Normal.

Strength: 5/5 normal muscle strength - All Muscles.

Reflexes (Dermatomes): 2/2 Normal - All;

Plantar Reflexes (L4-S2) - Bilateral - Flexion. Coordination - Normal. Gait - Normal.

Well-healed right hand and right neck incisions

Assessments

CERVICAL RADICULOPATHY (723.4)

CARPAL TUNNEL SYNDROME (354.0)

double crush syndrome right upper extremity

Procedures

MRI CERVICAL SPINE WITH / WITHOUT (72156) (1 Units)

NEEDLE EMG, 1 EXTMTY, WWO PARASPINAL (95860) (1 Units)

Additional Instructions

Follow up in 2 weeks or as needed

BON SECOURS ST. FRANCIS - DOWNTOWN
DIAGNOSTIC RADIOLOGY
ONE ST FRANCIS DRIVE , GREENVILLE, SC 29601 (864) 255-1188

NAME: SANCHEZ, JUDY ADMISSION NO: 005130372

SEX: FAGE: 51Y DATE OF BIRTH: 03/10/1960

LOCATION/NS: XR- DATE OF EXAM: Sep 20 2011 10:54AM

MR#: 781025547 PATIENT CLASS: O ACC.#: 9875890 DISCH. DATE:

ORD. PHYSICIAN: MICHAEL BUCCI ORD. PHYSICIAN #: 756904

****Final Report****

Interpreting/Reading Doctor: JOHN F. PARROTT (792268)

Transcribed: n/a on 09/20/2011

Approved: JOHN F. PARROTT (792268) 09/20/2011

Distribution: Attending Doctor: MICHAEL BUCCI

START RESULTS:

ICD Codes / Adm.Diagnosis: /

Examination: SPINE CERV. AP LAT -2102040 - Sep 20 2011 10:54AM

ACCESSION: (9875890)

SPECIAL CASE: (N)

TEACHING CASE: (N)

ACR CODE: (N)

Reason: hnp

REPORT:

Cervical spine AP and lateral views

HISTORY: Herniated cervical disc. Surgery in May.

FINDINGS: AP and lateral views of the cervical spine are compared to previous radiographs 8/9/2011

An anterior plate is present with screws extending into the C5 and C6 vertebrae. Alignment is anatomic. Mild degenerative disc disease is present at C6-C7.

IMPRESSION: Stable postoperative changes at C5-C6

READING DR: (792268)

READING DATE: (09/20/2011 11:01AM)

TRANSCRIBED BY: (N)

RELEASE RESULTS: (Y)

END VIEW:

AS/END:

Thank you for allowing us to participate in the care of this patient. If you would like to discuss this report with a radiologist, please call (864) 255-1188.

BON SECOURS ST. FRANCIS - DOWNTOWN
DIAGNOSTIC RADIOLOGY
ONE ST FRANCIS DRIVE, GREENVILLE, SC 29601 (864) 255-1188

NAME: SANCHEZ, JUDY ADMISSION NO: 005125378

SEX: FAGE: 51Y DATE OF BIRTH: 03/10/1960

LOCATION/NS: XR- DATE OF EXAM: Aug 9 2011 11:17AM

MR#: 781025547 PATIENT CLASS: O ACC.#: 9776581 DISCH. DATE:

ORD. PHYSICIAN: MICHAEL BUCCI ORD. PHYSICIAN #: 756904

****Final Report****

Interpreting/Reading Doctor: JOHN F. PARROTT (792268)
Transcribed: n/a on 08/09/2011
Approved: JOHN F. PARROTT (792268) 08/09/2011

Distribution: Attending Doctor: MICHAEL BUCCI

START RESULTS:

ICD Codes / Adm. Diagnosis: /

Examination: CERVICAL SPINE FLEX EXT ONLY - 2102055 - Aug 9 2011 11:17AM

ACCESSION: (9776581)

SPECIAL CASE: (N)

TEACHING CASE: (N)

ACR CODE: (N)

Reason: c hnp

REPORT:

Cervical spine flexion and extension views

HISTORY: Neck surgery in May. Posterior neck pain.

FINDINGS: Lateral views of the cervical spine in flexion and extension positions are submitted. Comparison is made to previous cervical radiograph 6/14/2011

An anterior plate is present with screws extending into the C5 and C6 vertebrae. There is no significant subluxation on flexion or extension views. Dorsally oriented osteophytes are present at the C6-C7 level.

IMPRESSION: Anterior fusion at C5-C6. This appears unchanged compared to the previous study.

READING DR: (792268)

READING DATE: (08/09/2011 11:35AM)

TRANSCRIBED BY: (N)

RELEASE RESULTS: (Y)

END VIEW:

ASI END:

Thank you for allowing us to participate in the care of this patient. If you would like to discuss this report with a radiologist, please call (864) 255-1188.



HON SECOURS HEALTH SYSTEM

ST. FRANCIS HOSPITAL
DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601

SANCHEZ, JUDY KAY
MRN: 781025547
DOB: 3/10/1960, Sex: F
Arrival: 5/11/2011, D/C: 5/12/2011

Procedure Notes (continued)

Scan on: 05/13/2011 by: Lashell Henry [1816] - Anesthesia

Author: Scanned Document Service: (none) Author Type: (none)
File: 05/11/11 1856 Note Time: 05/11/11 1856

Scan on: 05/11/2011 by: Wendy C McGee [1818] - Procedure/Surgery Docs

On Notes signed by Michael N Bucci, MD at 05/11/11 1554

Author: Michael N Bucci, MD Service: (none) Author Type: Physician
File: 05/11/11 1554 Note Time: 05/11/11 1534

ST FRANCIS DOWNTOWN
One St. Francis Drive
Greenville, S.C. 29601
864-255-1000

OPERATIVE REPORT

NAME: Sanchez, Judy Kay	MR: 781025547
LOC: 07 07111	ACCT: 7147533
DOB: 03/10/1960	PT: I
ADMIT: 05/11/2011	MSV: SUR
SEX: F	
AGE: 51	
DSCH:	

DATE: 05/11/2011

PREPROCEDURE DIAGNOSES

1. Cervical radiculopathy secondary to stenosis and disk herniation.
2. Right carpal tunnel syndrome.

POSTPROCEDURE DIAGNOSES

1. Cervical radiculopathy secondary to stenosis and disk herniation.
2. Right carpal tunnel syndrome.

NAME OF PROCEDURE

1. Anterior cervical spine total discectomy and decompression spinal cord nerve roots, C5-6.
2. Intracervical spine interbody fusion with structure allograft, C5-6.
3. Anterior cervical spine instrumentation with Atlantis plating system, C5-6.
4. Right carpal tunnel release.

SURGEON: Michael N. Bucci, MD

Printed on 6/8/2011 11:06 AM

Page 16



HON SECOURS HEALTH SYSTEM

ST. FRANCIS HOSPITAL
DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601

SANCHEZ, JUDY KAY
MRN: 781025547
DOB: 3/10/1960, Sex: F
Arrival: 5/11/2011, D/C: 5/12/2011

Procedure Notes (continued)

ANESTHESIA: General endotracheal.

ESTIMATED BLOOD LOSS: Minimal.

PREPARATION: Betadine.

COMPLICATIONS: None.

HISTORY OF PRESENT ILLNESS: A 51-year-old lady with double crush syndrome in the right upper extremity. MRI was positive for disk herniation and stenosis at C5-6 with cord compression on the right. EMG was positive for right C6 radiculopathy and right carpal tunnel syndrome. She was admitted for surgery as conservative measures have failed.

OPERATIVE NOTE: The patient brought to the operating room and carefully placed under general endotracheal anesthesia without complications. The right upper extremity was shaved and prepped in usual sterile fashion. A small incision was drawn out on the right palm from the distal wrist crease to the mid palm along the 4th finger ray. This was infiltrated with 1% Xylocaine with epinephrine and incised with a 15 blade sharply down to the palmaris brevis muscle which was transected. Deep retractors were placed. The transverse carpal ligament was transected with a 15 blade to expose the median nerve which was hyperemic. The nerve was decompressed proximally up the forearm and distally to the fat pad and with Metzenbaum scissors and Bassan retractor. No further compression was noted. The nerve was hyperemic as expected. The wound was irrigated until clear. Bleeding points were cauterized. The wound was closed. The subcutaneous tissues were closed with #3-0 Vicryl. Skin was closed with interrupted mattress 4-0 nylon suture and a large hand dressing was placed. This was placed at the patient's side, a neck roll placed gently under the neck and the head gently rested on a Richard's pillow. The right side of the neck carefully prepped with Betadine in the usual sterile fashion. A transverse incision was drawn out to the level of the cricoid cartilage on the right and this was infiltrated with 1% Xylocaine with epinephrine and incised with a 15 blade sharply through skin and platysma. Hemostasis achieved with bipolar cautery. Using rostral to caudal subplatysmal dissection, a plane was created between the carotid artery laterally and the trachea and esophagus medial, and hand held retractors were placed. The longus coli muscles were stripped bilaterally. Anterior osteophytes were removed with Leckell rongeur. Lateral cervical spine x-ray was performed with an 18-gauge spinal needle confirmed to be present in C5-6 disk spaces. The spinal needle was removed and the disk space was opened widely with a 15 blade and cleaned with pituitary rongeurs until clear and a large volume of pathological disk material was removed. The 4 point Cloward drill guide was placed over the interspace and using the 12-mm diameter drill, approximately 19 mm were drilled away with the remaining lip of cortical bone removed with angled curettes and 1 and 2-mm Kerrison rongeurs. The posterior longitudinal ligament was widely opened with 1-mm Kerrison rongeur and the dura was decompressed bilaterally. A ball-tip probe was passed easily along the nerve roots bilaterally without further compression. The wound was irrigated until clear. Thrombin and Surgicel were placed. Progenix was placed. A bone graft obtained for the tissue bank that had been



BON SECOURS HEALTH SYSTEM

ST. FRANCIS HOSPITAL
DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601

SANCHEZ, JUDY KAY
MRN: 781025547
DOB: 3/10/1980, Sex: F
Arrival: 5/11/2011, D/C: 5/12/2011

Procedure Notes (continued)

soaking in bacitracin solution and was cut to a length of 15 mm and _____ with a knife using traction, a bone impactor, and a mallet. The neck was flexed for good position of graft material. A #25 Atlantis plate was secured over the construct and using 4 self-tapping threaded cortical screws, the plate was tightly anchored to the spine. The locking mechanism was engaged and a nice tight fit was achieved. The wound was irrigated until clear. No further bleeding was encountered. Surgicel and thrombin were placed. The wound was closed. The platysma was closed tightly with #3-0 Vicryl. Subcutaneous tissues were closed with #3-0 Vicryl. Skin was closed with Dermabond and Steri-Strips and a pressure dressing was placed. The patient tolerated the procedure well, was awakened, extubated, and taken to PACU in stable condition. There were no obvious complications.

Michael N Bucell, MD A

This is an unverified document unless signed by physician.

TID: wmx CD: 05/11/2011 13:34
JOB: 000046865 DOC#: 368833 ED: 05/11/2011

cc: Michael N Bucell, MD
Referred Self

Electronically signed by Michael N Bucell, MD at 05/11/11 1556

Periop Notes signed by Rebekah S Frick, RN at 05/11/11 1329

Author: Rebekah S Frick, RN Service: (none) Author Type: Registered Nurse
Filed: 05/11/11 1329 Note Time: 05/11/11 1317

Patient transported to radiology by RN for xray.

Electronically signed by Rebekah S Frick, RN at 05/11/11 1348

Periop Notes signed by Rebekah S Frick, RN at 05/11/11 1323

Author: Rebekah S Frick, RN Service: (none) Author Type: Registered Nurse
Filed: 05/11/11 1323 Note Time: 05/11/11 1323

Updated patient's family in room 711.

Electronically signed by Rebekah S Frick, RN at 05/11/11 1323

Periop Notes signed by Rebekah S Frick, RN at 05/11/11 1322

Printed on 6/8/2011 11:06 AM

Page 18

History of Present Illness

Patient words: History of Present Illness (Janice W Blackwell; 3/17/2011 11:54 AM)
Patient reports right sided head and neck pain. She states it is a burning type pain. She also has tingling/numbness in the right hand on occasion. Bending, reaching, and lifting aggravates the symptoms which have been present since 7/29/2009 when she was involved in a work related accident. Conservative measures have failed. MRI is positive for a right-sided disc herniation at C5-6 with cord and root compression. EMG is positive for right C6 radiculopathy and moderate right carpal tunnel syndrome. The patient is a 51 year old female

Problem List/Past Medical (Janice W Blackwell; 3/17/2011 11:56 AM)
Conservative Treatment. Prescription Medications, Physical Therapy, Injections.

Arthritis
High Blood Pressure
High Cholesterol
Diabetes
Migraine
Sleep Apnea. CPAP machine
Thyroid Disease
Sinus surgery x two
Cervical colonization
Tubal ligation
Cholecystectomy

Allergies (Janice W Blackwell; 3/17/2011 11:56 AM)
Erythromycin

Family History (Janice W Blackwell; 3/17/2011 11:57 AM)
High Blood Pressure
Stroke
Cancer
Diabetes
Arthritis
Asthma

Social History (Janice W Blackwell; 3/17/2011 11:57 AM)
LEFT HANDED
No alcohol use
Non-smoker / no tobacco use
Current Work/Study Status. Full-time.

Medication History (Janice W Blackwell; 3/17/2011 11:58 AM)
Levothyroxine Active.
Lisinopril Active.
Metformin Active.
Lantus Insulin Active.
Simvastatin Active.
Gillmepride (4MG Tablet Oral) Active.

Review of Systems (Janice W Blackwell; 3/17/2011 11:54 AM)
General: Present- Weight Loss (Intentional).

Vitals (Janice W Blackwell; 3/17/2011 11:58 AM)
3/17/2011 11:58 AM
Weight: 209 lb Height: 63 in
Weight was reported by patient.
Height was reported by patient.
Body Surface Area: 2.05 m² Body Mass Index: 37.02 kg/m²
Pulse: 79 (Regular)
BP: 131/84 (Sitting, Left Arm, Standard)

The patient is a 51 year old female

History

There is no documented history at this time.

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative.

Eye

Fundi - Bilateral - Normal.

Chest and Lung Exam

Chest and lung exam reveals - on auscultation, normal breath sounds, no adventitious sounds and normal vocal resonance.

Cardiovascular

Cardiovascular examination reveals - normal heart sounds, regular rate and rhythm with no murmurs.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender and No Rigidity (guarding).

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Neurologic

Mental Status: Affect - normal and appropriate. **Speech** - Normal. **Thought content/perception** - Normal.

Cognitive function - Normal.

Cranial Nerves: I **Olfactory** - Normal.

II **Optic** - Normal Bilaterally.

III **Oculomotor** - Normal Bilaterally.

IV **Trochlear** - Bilateral - Normal.

V **Trigeminal** - Normal Bilaterally.

VI **Abducens** - Bilateral - Normal.

VII **Facial** - Normal Bilaterally.

VIII **Acoustic** - Bilateral - Hearing normal. IX **Glossopharyngeal** / X **Vagus** - Normal.

XI **Accessory** - Normal Bilaterally.

XII **Hypoglossal** - Bilateral - Normal.

Eye Movements: Gaze - Bilateral - Extraocular muscles intact. **Nystagmus** - Bilateral - None.

Sensory:

Pain: Intact - Globally.

Motor:

Tone: - Normal.

Strength: 5/5 normal muscle strength - All Muscles.

Reflexes (Dermatomes): 2/2 Normal - All.

Plantar Reflexes (L4-S2) - Bilateral - Flexion. **Coordination** - Normal. **Gait** - Normal.

Except for 4/5 weakness in the right wrist extensors and positive Phalen's test at the right wrist.

Neuropsychiatric

Thought Processes/Cognitive Function - appropriate fund of knowledge, no attention deficit, no impairment of concentration, no impairment of global orientation, no impairment of long term memory and no impairment of short term memory.

Assessments

double crush syndrome right upper extremity

CERVICAL HNP (722.0)

CERVICAL RADICULOPATHY (723.4)

CARPAL TUNNEL SYNDROME (354.0)

REVIEW OF FILMS (V72.5)

Procedures

1 LEVEL ACDF WITH PLATING (63075) (1 Units)

CARPAL TUNNEL SURGERY (64721) (1 Units)

Additional Instructions

Cervical Fusion Procedures Consent

The relative risks of complication include but are not limited to infection, bleeding, spinal fluid leak, major vascular injury, increased pain, weakness/numbness, non-fusion, instrumentation failure, need for re-operation, postoperative hematoma that may require surgical evacuation, dysphonia, dysphasia, carotid, jugular, esophageal and/or tracheal injury, paralysis, incontinence, impotence, heart attack, stroke and death were discussed with patient and family members present. They have been provided the opportunity to ask any questions regarding the surgical procedure. The patient and family members present expressed understanding and agree to proceed with surgery.

Assessment/Plan Note: Anterior cervical discectomy and fusion with allograft bone and plating C5-6 together with right carpal tunnel release.

NOV-23-2011 WED 03:52 PM

Oaktree Medical Center

FAX No. 864-888-2410

P.001

Nov 23 2011 14:54:43 EST FROM: P2M/17129282671

From: 860-647-5000 Page: 2/3

Date: 11/23/2011 2:55:03 PM

MSG# 65382315-007-1

PAGE 002 OF 003

TRUSTED
200
YEARS
THE HARTFORD



Date: 11-23-11

Employee: Judy Sanchez

**Appl. 11-9-11*

Employer: Perry Ellis International, Inc. Date of Birth: 3-10-60

Claim Number: YKYC 87315

Date of Injury: 7-27-11

Dear Dr. Patel:

I am the Nurse Case Manager assigned to coordinate the medical care and facilitate a timely return to work for the above captioned employee, who sustained an injury/illness at work. As the Nurse Case Manager, I will be working with your office as well as the employee and the employer to ensure a timely recovery and return to work outcome.

It would be appreciated if you would please address the following as related to the industrial injury:

Has the employee reached Maximum Medical Improvement from a PAIN MANAGEMENT STANDPOINT?

Yes ☒ No ☐

*If yes, please note:

MMI date 11/9/11 *** If not at MMI, date anticipated _____

Full duty _____ Permanent restrictions ☒

**Please specify restrictions _____

**If no, please note:

Is a FCE needed to determine MMI? Yes _____ No * FCE recommended

If not at MMI, what is your plan to bring the employee to MMI? To determine Work Restrictions

To S. Patel
**Physician Signature

11/23/11
**Date

Sincerely,
Elaine Bragg, RN, GCM
Nurse Case Manager - Ext. 23440

The information contained in this facsimile message and/or the document transmitted are confidential medical records & intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any examination, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please

Nov 23 2011 07:46:30 EST FROM: F2M/17129202671
NOV/22/2011/TUE 04:37 PM Oaktree Medical

MSG# 64577285-007-1
FAX No. 8643430208

PAGE 004 OF 005
P.002/003

Pain Management Associates

205 Central Park Lane
Suite 7-A
Seneca, SC 29678
Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS
Patient Name: JUDY K SANCHEZ
Date of Birth: 03/10/1960

Date of Service: 11/09/2011

REFERRING PHYSICIAN: Dr. Baxley
PRIMARY CARE PHYSICIAN: Dr. Souvriom
CHIEF COMPLAINT: neck and right shoulder

HISTORY OF PRESENT ILLNESS: Patient returns for a follow up visit. Patient states that she had surgery and P.T and still having the same pain in her neck and right shoulder. Pain level today is 6/10

PHYSICAL EXAM:

CONSTITUTIONAL:

GENERAL APPEARANCE: Moderately overweight body habitus. In no acute distress.

GENERAL EXAM:

ASSESSMENT/PLAN:

- Status post industrial injury on 7/27/2009. She began to have pain in her neck apparently radiating down her right arm after work. She had seen Dr. Divina in the past for this. Per his notes she was having pain radiating to digit one and two on the right arm.
- She noted symptoms on 7/27/10 when she was leaving work and walking to her car. No specific inciting event.
- MRI of cervical spine on 1/25/10:
 - C4-5: small central herniation. Moderate central stenosis. Stenosis of both neuroforamina.
 - C5-6: right broad based posterior lateral herniation of the disc. Moderately severe central stenosis. Stenosis of both neuroforamina.
 - C6-7: dislocation and bulging of disc. Hypertrophic degenerative changes of disc space. Subtle left posterior lateral broad based herniation of the disc which abuts the cord and possibly narrows the right AP diameter of the cord. Moderately severe canal stenosis.

PLAN:

- s/p cervical surgery by Dr. buccin in 5/11. per pt, he did c5-6 fusion and CTR. she had minimal improvement overall after surgery.
- she may get slightly better but is essentially at MMI.

History:

- Physical therapy - has had this.
- She has seen Dr. Baxley. EMG done on 8/6/2010: moderate right carpal tunnel and chronic right C6 radiculopathy.
- 50% improved as of 12/29/10 s/p inj on 12/15/10-R C7-T1 ILES.
- she did have facial redness and jitteriness for about 2 days after inj.
- we gave metoprolol which she took after inj on 1/26/11 for 2 days after inj. she stated she didn't have jitteriness.

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

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Nov 23 2011 07:46:51 EST FROM: F2M/17129282671 MSG# 64977285-007-1
NOV/22/2011/TUE 04:38 PM Oak-tree Medical FAX-No. 8643430208

PAGE 005 OF 005

P.003/003

Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 11/09/2011

(she is on lisinipril)

- no improvement s/p inj on 1/26/11-Right C7-T1 LESL

MEDICATION:

- dw her that we'd like to avoid narcotics
- Lortab -was taking 1 tablet takes about 3 times a week,
- ~~amrix~~ -was taking for muscle spasms

WORK:

-on light duty

Electronically Signed by: Jay Patel, M.D. on Wednesday, November 09, 2011

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Record Request Fax# 864-855-1323

Pain Management Associates
205 Central Park Lane, Suite 7A
Phone: (864) 886-8815 Fax: (864) 888-2410

WORK STATUS

Patient Name: Sanchez, Tudy

Patient will be off work for approximately: _____

Patient can return to full duty on: _____

Patient may do modified work as follows:

- ☒ Lifting limited to 10 lbs
- ☒ Bending/stooping: ☒ none ☐ occasional
- ☒ Pushing/pulling: ☐ none ☒ occasional
- ☒ Kneeling/crouching: ☐ none ☒ occasional
- ☐ Alternate sitting/standing/walking
- ☐ Limited Walking/Standing
- ☐ Sitting work only
- ☐ Lifting limited above waist _____ lbs.
- ☐ Lifting limited to above shoulders _____ lbs
- ☐ No overhead work
- ☐ Right/Left arm lifting limit _____ lbs.
- ☐ No/Minimal use of right/left hand
- ☐ Use of splint ☐ at home ☐ at work
- ☐ Work limited by splint
- ☐ Graded return to work/other/instructions: _____

IF THE MODIFIED DUTY ABOVE IS NOT AVAILABLE, EMPLOYEE IS OFF WORK
UNTIL RECHECK APPOINTMENT.

T. S. Petri
Doctor Signature

11/19/11

*** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ***

TIME RECEIVED

March 9, 2011 1:20:19 PM EST

REMOTE CSID

864 888 2410

DURATION

41

PAGES

1

STATUS

Received

MAR-09-2011 WED 01:20 PM

Oaktree Medical Center

FAX No. 864 888 2410

P.001/001

Pain Management Associates

115 Brushy Creek Road

Easley, SC 29642

Phone: (864) 855-1633 Fax: (864) 855-1323

PatientID: 72471JS

Patient Name: JUDY K. SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 03/09/2011

, MD

DATE:

RE: Judy Sanchez

DOB: 03/10/1960

PATIENT'S HOME PHONE: (864) 367-5023

PATIENT'S WORK PHONE:

She has reported some improvement in pain with conservative treatment and epidural injections. However, she pain has continued and she does have some notable findings on MRI. (see MRI report). A third cervical epidural was denied. Recommend Neurosurgery consultation.

Jay S. Patel, MD

Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 02/16/2011

REFERRING PHYSICIAN: Dr. Baxley

PRIMARY CARE PHYSICIAN: Dr. Souvirom

CHIEF COMPLAINT: neck and right shoulder

HISTORY OF PRESENT ILLNESS: Follow up after injection. Patient states that the injection didn't help, still have pain in the back of her neck, right shoulder and numbness in her fingers. VAS 4/10. Takes Lortab PRN

PHYSICAL EXAM:

CONSTITUTIONAL:

GENERAL APPEARANCE: Moderately overweight body habitus. In no acute distress.

GENERAL EXAM:

ASSESSMENT/PLAN:

- Status post industrial injury on 7/27/2009. She began to have pain in her neck apparently radiating down her right arm after work. She had seen Dr. Divina in the past for this. Per his notes she was having pain radiating to digit one and two on the right arm.

- She noted symptoms on 7/27/10 when she was leaving work and walking to her car. No specific inciting event.

- MRI of cervical spine on 1/25/10:

C4-5: small central herniation. Moderate central stenosis. Stenosis of both neuroforamina.

C5-6: right broad based posterior lateral herniation of the disc. Moderately severe central stenosis. Stenosis of both neuroforamina.

C6-7: desiccation and bulging of disc. Hypertrophic degenerative changes of disc space. Subtle left posterior lateral broad based herniation of the disc which abutts the cord and possibly narrows the right AP diameter of the cord. Moderately severe canal stenosis.

PLAN:

- Physical therapy - has had this.

- She has seen Dr. Baxley. EMG done on 8/6/2010: moderate right carpal tunnel and chronic right C6 radiculopathy.

- 50% improved as of 12/29/10 s/p inj on 12/15/10-R C7-T1 ILES.

she did have facial redness and jitteriness for about 2 days after inj.

we gave metoprolol which she took after inj on 1/26/11 for 2 days after inj. she stated she didn't have jitteriness. (she is on lisinipril)

- no improvement s/p inj on 1/26/11-Right C7-T1 ILES.

MEDICATION:

- Lortab -1 tablet takes about 3 times a week.

- amrix-has for muscle spasms

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 02/16/2011

Electronically Signed by: Jay Patel, M.D. on Wednesday, February 16, 2011

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

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Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 01/26/2011

PROCEDURE PERFORMED: INTERLAMINAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE AND EPIDUROGRAM

LEVEL AND SIDE: Right C7-T1

CONSENT: Voluntary informed consent was obtained verbally and in writing. The patient's questions have been answered. The risks, benefits, alternative treatment options, and prognosis have been explained. The risks include but are not limited to infection, allergic reaction, nerve damage, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, seizures, and scar formation.

PERFORMED BY: Jay S. Patel, MD

Diagnosis: Neck/thoracic pain

FINDINGS: During the steps described below, AP and lateral radiographs were saved for documentation and interpreted. Radiographs revealed appropriate placement of the needle tip at the dorsal epidural space between the lamina of C7-T1.

Epidurogram noted excellent flow of contrast in the dorsal epidural space.

STEPS: An IV catheter was placed. The patient was placed in the prone position on the fluoroscopy table, the skin was prepped with anti-septic solution over the appropriate area 3 times, and draped in a sterile fashion.

Using fluoroscopic imaging in the AP projection, the target structure was identified. This is the posterior aspect of the inferior lamina at level and side noted above. The soft tissues overlying this structure were infiltrated with 3-5 cc of 1% lidocaine without epinephrine.

Intermittent and continuous fluoroscopic imaging was utilized for the subsequent steps. A 20-gauge Crawford needle was inserted into the previously anesthetized tissue down to the periosteum of the lamina. It was then walked off superiorly into the epidural space. The epidural space was localized with loss of resistance technique. Aspiration was negative for air, blood, or CSF. Approximately 3 cc of Omnipaque-300 was injected into the epidural space under continuous fluoroscopy. No vascular uptake was noted and a flow of contrast was observed to confirm needle position. The epidurogram was interpreted. Radiographs were saved for documentation purposes. Approximately 1.0 cc of 1% Lidocaine without preservative and without epinephrine was injected. The patient was observed during the next 90 seconds. There were no unexpected signs or symptoms.

Then, a volume of fluid containing approximately 1.5 cc of Dexamethasone (10 mg./ml.) from single use vials and 1.5 cc of normal saline was injected in a slow fractionated manner into the epidural space.

POST-OPERATIVE CONDITION: The patient tolerated the procedure. The patient's condition and vitals signs were stable in the post-operative period. The patient did not have any significant new complaints.

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 01/26/2011

DISCHARGE: The patient was discharged. The patient has been given post-procedure and follow up instructions. The patient has been instructed to call us or go to the emergency room if there are any complications.

Electronically Signed by: Jay Patel, M.D. on Wednesday, January 26, 2011

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

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Page 2 of 2

Pain Management Associates

115 Brushy Creek Road
Easley, SC 29642

Phone: (864) 855-1633 Fax: (864) 855-1323

Patient ID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/29/2010
, MD

REFERRING PHYSICIAN: Dr. Baxley

PRIMARY CARE PHYSICIAN: Dr. Souvrom

CHIEF COMPLAINT: neck and right shoulder

HISTORY OF PRESENT ILLNESS: Follow up visit after injection. Patient states that the injection helped with her spasm, but still having some pain where the pinch nerve is. Numbness is still in her right fingers. VAS 5/10.

PHYSICAL EXAM:

CONSTITUTIONAL:

GENERAL APPEARANCE: Moderately overweight body habitus. In no acute distress.

GENERAL EXAM:

ASSESSMENT/PLAN:

- Status post industrial injury on 6/27/2009. She began to have pain in her neck apparently radiating down her right arm after work. She had seen Dr. Divina in the past for this. Per his notes she was having pain radiating to digit one and two on the right arm.

- MRI of cervical spine on 1/25/10:

C4-5: small central herniation. Moderate central stenosis. Stenosis of both neuroforamina.

C5-6: right broad based posterior lateral herniation of the disc. Moderately severe central stenosis. Stenosis of both neuroforamina.

C6-7: desiccation and bulging of disc. Hypertrophic degenerative changes of disc space. Subtle left posterior lateral broad based herniation of the disc which abuts the cord and possibly narrows the right AP diameter of the cord. Moderately severe canal stenosis.

PLAN:

- Physical therapy - has had this.

- She has seen Dr. Baxley. EMG done on 8/6/2010: moderate right carpal tunnel and chronic right C6 radiculopathy.

- 50% improved as of 12/29/10 s/p inj on 12/15/10-R C7-T1 ILES.

she did have facial redness and jitteriness for about 2 days after inj.

will give her metoprolol to take for 2 days after inj. she is on lisinpril and bp has been slightly high anyway.

- set up another Right C7-T1 ILES.

MEDICATION:

- Lortab - 1 tablet takes about 3 times a week.

JAYPATEL, MD

Pain Management Associates

115 Brushy Creek Road

Easley, SC 29642

Phone: (864) 855-1638 Fax: (864) 855-1323

PatientID: 72471JS

PatientName: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/29/2010

, MD

Electronically Signed by: Jay Patel, M.D. on Wednesday, December 29, 2010

JAY PATEL, MD

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Page 2 of 2

Pain Management Associates

115 Brushy Creek Road

Easley, SC 29642

Phone: (864) 855-1633 Fax: (864) 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/15/2010

, MD

PROCEDURE PERFORMED: INTERLAMINAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE AND EPIDUROGRAM

LEVEL AND SIDE: Right C7-T1

CONSENT: Voluntary informed consent was obtained verbally and in writing. The patient's questions have been answered. The risks, benefits, alternative treatment options, and prognosis have been explained. The risks include but are not limited to infection, allergic reaction, nerve damage, paralysis, epidural hematoma, syncope, headache, respiratory or cardiac arrest, seizures, and scar formation.

PERFORMED BY: Jay S. Patel, MD

Diagnosis: Neck/thoracic pain

FINDINGS: During the steps described below, AP and lateral radiographs were saved for documentation and interpreted. Radiographs revealed appropriate placement of the needle tip at the dorsal epidural space between the lamina of C7-T1.

Epidurogram noted excellent flow of contrast in the dorsal epidural space.

STEPS: An IV catheter was placed. The patient was placed in the prone position on the fluoroscopy table, the skin was prepped with anti-septic solution over the appropriate area 3 times, and draped in a sterile fashion.

Using fluoroscopic imaging in the AP projection, the target structure was identified. This is the posterior aspect of the inferior lamina at level and side noted above. The soft tissues overlying this structure were infiltrated with 3-5 cc of 1% lidocaine without epinephrine.

Intermittent and continuous fluoroscopic imaging was utilized for the subsequent steps. A 20-gauge Crawford needle was inserted into the previously anesthetized tissue down to the periosteum of the lamina. It was then walked off superiorly into the epidural space. The epidural space was localized with loss of resistance technique. Aspiration was negative for air, blood, or CSF. Approximately 3 cc of Omnipaque-300 was injected into the epidural space under continuous fluoroscopy. No vascular uptake was noted and a flow of contrast was observed to confirm needle position. The epidurogram was interpreted. Radiographs were saved for documentation purposes. Approximately 1.0 cc of 1% Lidocaine without preservative and without epinephrine was injected. The patient was observed during the next 90 seconds. There were no unexpected signs or symptoms.

Then, a volume of fluid containing approximately 1.5 cc of Dexamethasone (10 mg./ml.) from single use vials and 1.5 cc of normal saline was injected in a slow fractionated manner into the epidural space.

POST-OPERATIVE CONDITION: The patient tolerated the procedure. The patient's condition and vitals signs were stable in the post-operative period. The patient did not have any significant new complaints.

JAY PATEL, MD

01/19/2011

10:38 Oaktree Medical Center Easley

(FAX) 864 855 1323

P.006/008

Pain Management Associates

115 Brushy Creek Road

Easley, SC 29642

Phone: (864) 855-1633 Fax: (864) 855-1323

PatientID: 72471JS

Patient Name: JUDY K SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/15/2010

, MD

DISCHARGE: The patient was discharged. The patient has been given post-procedure and follow up instructions. The patient has been instructed to call us or go to the emergency room if there are any complications.

Electronically Signed by: Jay Patel, M.D. on Wednesday, December 15, 2010

JAY PATEL, MD

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Page 2 of 2

410410044 4:50:40 PM Page 7 of 8

Phone: 886-8815 Fax: 855-1323

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Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 886-8815 Fax: 855-1323

Patient ID: 7247195

Patient Name: JUDY K. SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/01/2010

GENERAL APPEARANCE: Moderately overweight body habitus, in no acute distress.

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances.
Mood and affect appropriate.

POSTURE: Normal.

GAIT/STATION: Gait intact. Slow guarded

MUSCULOSKELETAL EXAM:

NECK, HEAD, SHOULDER GIRDLE: No erythema, ecchymosis or edema. Generalized tenderness over the neck and shoulder girdle, no tenderness on the right. Stability is grossly normal. Head and neck in neutral position. Flexion moderately restricted, extension moderately restricted, lateral rotation on the left severely restricted, lateral rotation on the right severely restricted. Normal strength and tone.

LEFT UPPER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No muscle or joint tenderness to palpation. No crepitation.

MUSCLE STRENGTH, TONE, ATROPHY: Muscle strength of the major groups is 5/5.
Tone of the major groups is normal. Normal muscle bulk (no atrophy). No fasciculations.

RIGHT UPPER EXTREMITY:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: No muscle or joint tenderness to palpation. No crepitation.

MUSCLE STRENGTH, TONE, ATROPHY: Muscle strength of the major groups is 5/5.
Tone of the major groups is normal. Normal muscle bulk (no atrophy). No fasciculations.

REFLEXES: 1+/4+ biceps bilaterally, 1+/4+ triceps bilaterally, 1+/4+ brachioradialis bilaterally.

SPECIAL TESTS: Negative Spurling's test. Negative Hoffman's test.

ASSESSMENT/PLAN:

- Status post industrial injury on 6/27/2009. She began to have pain in her neck apparently radiating down her right arm after work. She had seen Dr. Divina in the past for this. Per his notes she was having pain radiating to digit one and two on the right arm.

- MRI of cervical spine on 1/25/10:

C4-5: small central herniation. Moderate central stenosis. Stenosis of both neuroforamina.

C5-6: right broad-based posterior lateral herniation of the disc. Moderately severe central stenosis. Stenosis of both neuroforamina.

C6-7: disc extrusion and bulging of disc. Hypertrophic degenerative changes of disc space. Subtle left posterior lateral broad based herniation of the disc which abuts the cord and possibly narrows the right AP diameter of the cord. Moderately severe canal stenosis.

PLAN:

JAY PATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

Pain Management Associates

205 Central Park Lane

Suite 7-A

Seneca, SC 29678

Phone: 864-8815 Fax: 855-1323

Patient ID: 7247115

Patient Name: JUDY K. SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 12/01/2010

- Physical therapy - has had this.
- She has seen Dr. Baxley. EMG done on 8/6/2010: moderate right carpal tunnel and chronic right C6 radiculopathy.
- Right C7-T1 LESI.

MEDICATION:

- Loratab 1 tablet takes about 3 times a week.

Electronically Signed by: Lynne Hammond, RTR on Friday, December 17, 2010

JAY GATEL, MD

Pharmacy Related Fax# 864-886-2410 Medical Records Request Fax# 864-855-1323

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NEUROLOGY ASSOCIATES OF GREENVILLE, P.A.
1130 Grove Road Greenville, SC 29605
Phone (864) 232-9644/ Fax (864) 232-7825

SANCHEZ, JUDY K
DOB: 03/10/1960

Chart #: 233334
Date of Service: 10/11/2011

EMG/NCV

CHIEF COMPLAINT: This patient has a history of diabetes, previous cervical discectomy and fusion and right CTS release. She has persistent pains in the neck, paresthesias in ulnar aspect of the hand.

NCV DESCRIPTION: Motor conduction study of right median and ulnar nerves show normal latencies, amplitudes and conduction throughout including elbow segment.

Sensory conduction study of right median and ulnar nerves palmar and distal segments show normal sensory conduction in both nerves.

EMG DESCRIPTION: Coaxial needle study was performed in multiple muscles in right upper extremity and cervical paraspinal groups per worksheet. Insertional, resting and volitional activity appear normal throughout with recruitment proportional to effort throughout. No neuropathic or myopathic abnormality noted.

IMPRESSION: Normal EMG/NCV study without evidence of cervical root, plexus or peripheral nerve injury or denervation, peripheral neuropathy or median or ulnar nerve entrapment noted.

Kent H Kistler, M.D. / Kgg

cc: Michael Bucci, M.D.

201110173002308

Page 1 of 1

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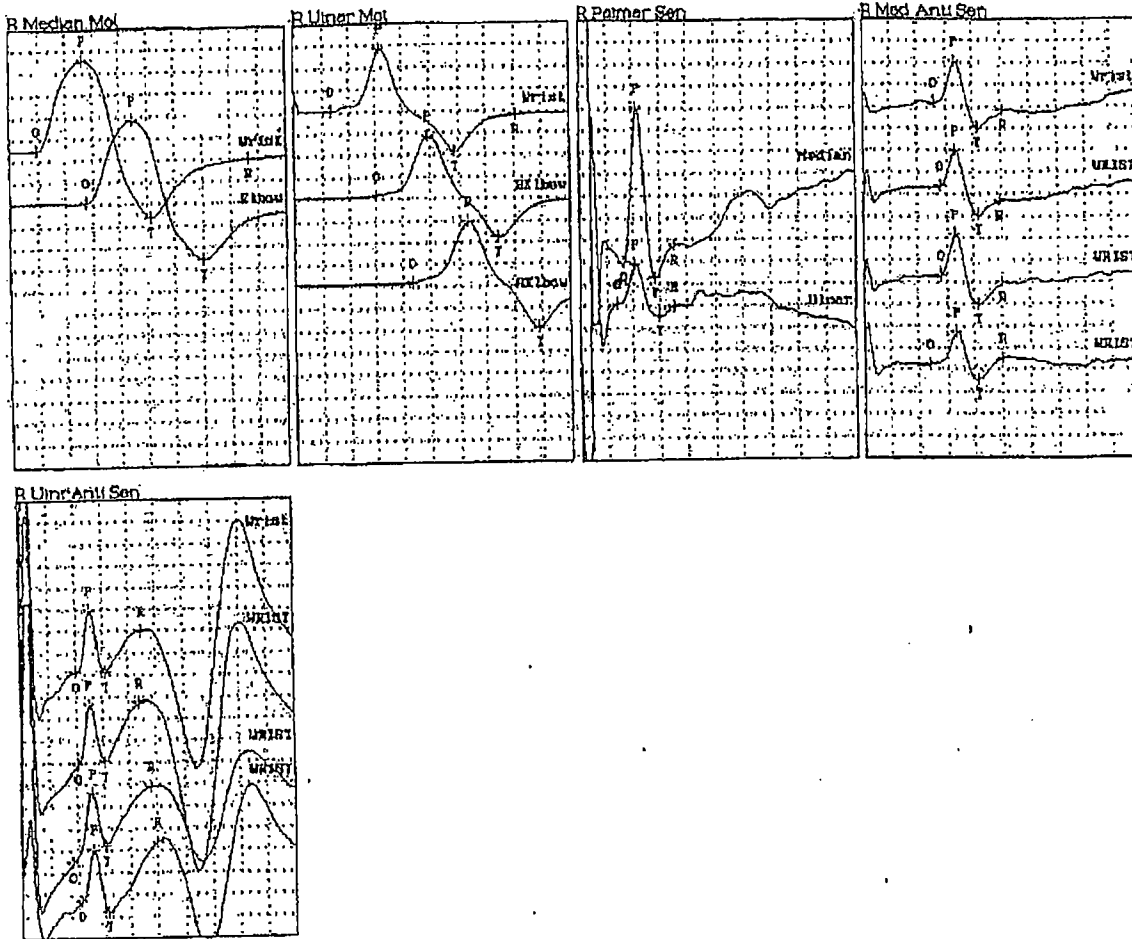
Neurology Associates of Greenville
1130 Grove Road
Greenville, SC 29605

10/11/11 1:54 pm

Patient: SANCHEZ, JUDY
Patient ID: 233334
Sex: Female

Age/DOB: 03/10/1960

Physician: KENT KISTLER
TECHNICIAN ANGELA
Ref Phys: BUCCI



Nerve Conduction Report:

Motor Nerves

Nerve	Site	Distal Lat Norm	Distal Lat Peak	Amplitude Norm	Area Norm	Duration Norm	Seg Base	Delta	Distance	Velocity Norm
R Median APD										
26.7°C	Wrist	3.92	4.4	0.17	29.810	5.84	Elbow-Wrist	3.59	20.00	55.7
	Elbow	7.50		7.44	26.740	5.00				

201110173002308

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SANCHEZ, JUDY

10/11/11 1:54 pm 2

Nerve	Site	Onset Lat (ms)	Norm Lat (ms)	Norm Amplitude (uV)	Norm Area (uVms)	Norm Duration (ms)	Seq Name	Delta (ms)	Distance (cm)	Velocity (m/s)	Norm Vel	
R Ulnar	ADM			0-P (uV)	Reg	Reg		0				
29.5°C	Wrist	-2.69	+3.5	5.83	>5.6	11.712	5.91	Elbow-Wrist	3.41	21.00	61.3	>49
	Elbow	6.13		5.41		12.701	6.03	Elbow-Wrist	6.00	39.00	65.0	
	Elbow	8.69		5.51		10.838	5.41					

Sensory Nerves

Nerve	Site	Norm Peak Lat (ms)	Norm Peak Lat (ms)	Norm Amplitude (uV)	Norm Area (uVms)	Norm Duration (ms)	Seq Name	Delta (ms)	Distance (cm)	Velocity (m/s)	Norm Vel
R Palmar	Wrist			P-T (uV)	Reg	Reg		P			
29.4°C	Median	2.16	<2.2	155.5	8.072	1.02	Median-Wrist	2.16	.....	.....	.....
	Ulnar	2.68		47.72	0.819	1.11	Ulnar-Wrist	2.68	.....	.....	.....
R Med Antl 2nd Dig				P-T (uV)	Reg	Reg		P			
29.4°C	Wrist	3.33	<3.5	60.74	>10.0	0.020	1.20	Wrist-2nd Dig	3.33	13.00	39.1
	Wrist	3.31		58.64	0.016	0.92	Wrist-Wrist	0.02	.....	.....	.....
	Wrist	3.30		61.26	0.028	0.91	Wrist-Wrist	0.02	.....	.....	.....
	Wrist	3.33		43.12	0.016	1.34	Wrist-Wrist	0.03	.....	.....	.....
R Ulnar Antl 5th Dig				P-T (uV)	Reg	Reg		P			
29.3°C	Wrist	2.55	<2.8	57.34	>5.0	0.026	1.05	Wrist-5th Dig	2.55	11.00	43.2
	Wrist	2.52		52.66	.....	.....	Wrist-Wrist	0.03	.....	.....	.....
	Wrist	2.55		48.70	.....	.....	Wrist-Wrist	0.05	.....	.....	.....
	Wrist	2.55		56.58	0.020	0.05	Wrist-Wrist	0.00	.....	.....	.....

EMG Report:

Side	Muscle	Nerve	Root	1HS	FIBS	PSW	AMP	DUR	MIS	REC	IP	Comment
R	APB	Median	C6-T1	Med	Med	Med	Med	Med	2	Med	Med	
R	Extensor	Radial	C7-T8	Med	Med	Med	Med	Med	2	Med	Med	
R	1st Dorsal	Ulnar	C6-T1	Med	Med	Med	Med	Med	2	Med	Med	
R	Flexor Dig Sup	Ulnar	C7-T8	Med	Med	Med	Med	Med	2	Med	Med	
R	Biceps	Muscle	C5-6	Med	Med	Med	Med	Med	2	Med	Med	
R	Deltoid	Antilla	C5-6	Med	Med	Med	Med	Med	2	Med	Med	
R	Triceps	Radial	C6-T8	Med	Med	Med	Med	Med	2	Med	Med	
R	Cerv Parasp	Radial	C1-T1	Med	Med	Med	Med	Med	2	Med	Med	

RIGHT HAND CTS RELEASE MAY 2011- PAIN IN HAND, NECK - NUMBNESS AND
TINGLING IN LITTLE, RING AND MIDDLE FINGERS - GRIP WEAKER - PT IS A DIABETIC

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FAXCORE AnMed Health Rehab P. Page 083



WPE™ Summary

Physical Work Performance Evaluation™

AnMed Health Rehab Plus

100 Healthy Way, Suite 1110, Anderson, SC 29621

Phone 864-261-3099 Fax 864-261-6617

Please note that significant self-limiting and inconsistent behavior heavily influenced test results.

Name: Sanchez, Judy
Injury/Onset Date: 07/27/2009
Evaluation Date: 12/13/2011
Test Start, End, Duration: 1:10 PM, 4:13 PM, 3:02 hours
Diagnosis: Herniated Discs Cervical
Height, Weight: 5'3", 193lb
Starting BP, HR, Pain: 137/82, 80 bpm, Pain 3 out of 10

This report summarizes the results of the ErgoScience FCE Physical Work Performance Evaluation™. This evaluation is substantiated by reliability and validity research conducted at the University of Alabama at Birmingham and reported in the *Journal of Occupational Medicine*, September 1994¹

Minimal Overall Level of Work: Falls within the Light range. Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exist 3/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. **NOTE:** The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible. *Please note that the overall level of work was significantly influenced by the client's self-limiting and inconsistent behavior. Therefore, the Light level of work indicates a minimum ability rather than a maximum ability. A maximum overall level of work cannot be determined at this time due to the self-limiting and inconsistent behavior. Please see the Task Performance Table for specific abilities.*

Tolerance for the 8-Hour Day: Based on this evaluation, the client is capable of sustaining the Light level of work for an 8-hour day/40-hour week.

Self Limiting Behavior: The client self-limited on 52% of the 21 tasks. Performance on the self-limiting tasks indicates a minimum rather than a maximum ability. A maximum on these tasks could not be determined due to the self-limiting behavior. Self-limiting behavior means that the client stopped the test before a maximum effort was reached. Possible causes of self-limiting behavior include: (1) pain; (2) psychosocial issues such as fear of reinjury, anxiety, or depression; and/or (3) attempts to manipulate test results. Although it is difficult to determine the causes of self-limiting behavior, our research indicates that motivated clients self-limit on no more than 20% of test items. If the self-limiting exceeds 20%, then psychosocial and/or motivational factors are affecting test results.

- Self Limiting < 20% of tasks = Within normal limits¹
- Self Limiting 21% to 39% of tasks = Exceeds normal limits¹
- Self Limiting > 40% of tasks = Significantly exceeds normal limits¹

¹When compared to a motivated group of patients who participated in research.

¹ Lechner DJ, et al. *Journal of Occupational Medicine*. September 1994 Volume 36, No. 9; pages 997-1004.

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FAXCORE Allied Health Rehab P Page 004



PNVPTM Summary
Sanchez, Judy

ADDITIONAL CLIENT STATEMENTS ABOUT SELF-LIMITING BEHAVIOR

The client's stated reasons for self-limiting behavior are listed beside each self-limited task in the Task Performance Summary section of this report. In addition, the client made the following statements about self-limiting behavior during the evaluation:

- * "my hand is hurting pretty bad"
- * Hand and neck really hurt
- * Hand is throbbing, neck hurts
- * "Pulling on that side"
- * increased pain in neck
- * Throbbing in hand
- * that one hurts
- * can't do that
- * Hurting real bad
- * it hurts
- * that hurts

RESULTS OF FORMAL CONSISTENCY OF EFFORT TESTING

- * The ErgoScience FCE utilizes a formal consistency of effort protocol established and validated by Stokes et al.² In this protocol, three (3) different statistical calculations on grip strength testing data are performed. These results are then combined with any evidence of clinical inconsistencies or self-limiting behavior observed during the ErgoScience FCE. The final consistency of effort conclusion indicates the strength of all of this evidence combined.
- * Combining the results of the clinical consistency comparisons, the presence of self-limiting behavior and the three formal consistency cross comparisons of the grip strength data, indicates that there is very strong evidence of low effort and inconsistent behavior. See addendum for details of the formal consistency of effort scoring criteria.

SUBJECTIVE PAIN STATEMENTS

The client made the following subjective pain statements during the test:

- * Hand and neck is throbbing, aching, pulling, won't let up now
- * These pain statements were consistent with the observed movement patterns.

PAIN BEHAVIORS AND THEIR IMPACT ON TEST RESULTS

The client demonstrated the following pain behaviors during the test:

- * rubbed right side of neck, rubbed right hand, facial grimacing
- * These pain behaviors were consistent with the observed movement patterns.
- * These pain behaviors correlated with the client's self-reported pain.
- * These pain behaviors did not affect test performance

OTHER EXTERNAL FACTORS THAT MIGHT IMPACT TEST RESULTS

No external factors noted that might impact test results.

BODY MECHANICS AND MOVEMENT PATTERNS

The client demonstrated safe body mechanics and movement patterns during the test.

BRIEF SUMMARY OF MEDICAL HISTORY

Order filling job, constantly bending over all day. At end of day Right side of neck started hurting. Next morning couldn't move neck or head. Went to Doctor the next Monday, he gave me medicine, had some injections. Had surgery May 11, 2011, Titanium plate and screws in neck, Carpal Tunnel surgery on Right.

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FAXCORE AmMed Health Rehab P Page 005

BrigoScience™

Summary
Sanchez, Judy

UPPER EXTREMITY FUNCTION

Client has a diagnosis involving the upper extremities. Ability to tolerate:

- * Handling Constantly
- * Fingering Constantly
- * Reaching at Waist Constantly
- * Reaching below Waist Frequently
- * Feeling Constantly

Client's left hand is dominant.

BRIEF MUSCULOSKELETAL SCREEN

- * Active Cervical ROM from 16 degrees extension, flexion 50 degrees, extension 13 degrees, side bend right 12, Left 34, Rotation Right 45, Left 60, Bilateral UE AROM within functional limits, MMT's within functional limits, Right EK and Flexion 3/5.

TEST LENGTH AND REST BREAKS

The test lasted 3:02 hours. Short pauses of 2-3 minutes between tasks occur while the evaluator is setting up equipment and documenting scores. No additional rest breaks were taken.

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FAXCORE AnMed Health Rehab P Page 006



PWPE Summary
Sanchez, Judy

TASK PERFORMANCE

Please note that the results noted below in italics and marked SL are tasks on which the client self-limited. On these self-limiting tasks, the performance represents a minimal rather than a maximal performance. On those tasks we cannot determine a maximum performance.

Tasks	Client Performance	Self-Limiting Reasons	Maximum Abilities ¹
Floor to waist lift	16 lb Occas.-SL	Pain	?
Waist to eye level lift	15 lb Occas.-SL	Pain	?
Two handed carrying	14 lb Occas.-SL	Pain	?
One handed carrying	17.5 R/15 lb-SL	Pain	?
Pushing	14 lb Occas.-SL	Pain	?
Pulling	14 lb Occas.-SL	Pain	?
Sitting	Frequently		Frequently
Standing	Frequently		Frequently
Work arms over head-reaching	Occasionally-SL	Pain	?
Work bent over-standing/sloping	Occasionally-SL	Pain	?
Work kneeling	Frequently		Frequently
Work bent over-sitting	Occasionally-SL	Pain	?
Work squatting/crouching	Occasionally		Occasionally
Work arms over head-scapine	Occasionally-SL	Pain	?
Climbing stairs	Frequently		Frequently
Repetitive squatting	Frequently		Frequently
Walking	Frequently		Frequently
Crawling	Occasionally-SL	Pain	?
Climbing a ladder	Frequently		Frequently
Repetitive trunk rotation-sitting	Occasionally		Occasionally
Repetitive trunk rotation-standing	Occasionally		Occasionally
Balance on level surfaces	Adequate		Adequate
Forward Reaching	Constantly		Constantly

1 Occasionally ~ up to 1/3 of the day, Frequently ~ 1/3 to 2/3 of the day, Constantly ~ 2/3 to the full day. Frequent lifting ~ 20% of Occasional; Constant lifting ~ 30% of Occasional.

2 NIOSH The uptakes: 1 (0-10 percentile), 2 (67-89 percentile), 3 (34-66 percentile), 4 (11-33 percentile), 5 (0-10 percentile).

3 Pounds of force is the amount of force the client exerted during the pushing and pulling tasks. If pushing or pulling is required for work, the force required for the task should be measured with a force gauge for comparison.

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ErgoScienceTM

PWPETM Summary
Sanchez, Judy

MAJOR AREAS OF DYSFUNCTION

- * Dynamic Strength
- * Position Tolerance

FACTORS UNDERLYING PERFORMANCE

- * Decreased range of motion in Cervical Spine
- * Generalized de-conditioning
- * Pain in R side of neck and R hand
- * Self-Limiting behavior

EXIT INTERVIEW

- * There were no changes in musculoskeletal status from beginning to end.
- * Pain Score: 7
- * Gait pattern leaving the evaluation is similar compared to gait pattern used upon arriving for test.
- * The client drove herself to the evaluation.
- * The client reported that this test was harder than her job.

Evaluator: Kristen Monahan-MPT
Phone: 864-261-3099

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FAXCORE AnMed Health Rehab P Page 008



PW/PE Summary
Sanchez, Judy

Consistency of Effort Testing and Conclusion

The ErgoScience FCE utilizes a formal consistency of effort protocol established and validated by Snook et al.² In this protocol, three (3) different statistical calculations on grip strength testing data are performed. These results are then combined with any evidence of clinical inconsistencies or self-limiting behavior observed during the ErgoScience FCE. The final consistency of effort conclusion indicates the strength of all of this evidence combined.

Statistical Test 1.

Right Hand

The standard deviation of sustained maximum right grip strength across 5 handle positions was 6.62, indicating a relatively flat bell shaped curve and low effort on the bell shaped curve test for the right hand.²

Left Hand

The standard deviation of sustained maximum left grip strength across 5 handle positions was 6.09, indicating a relatively flat bell shaped curve and low effort on the bell shaped curve test for the left hand.²

Statistical Test 2.

The Rapid-Exchange Grip (REG) is 16 pounds different from the peak slow sustained grip. Clinical studies demonstrate² that this difference is significant and provides evidence of low effort.

Statistical Test 3.

A regression analysis was calculated based on the peak effort of sustained grip and the maximum REG. This calculation indicates that the patient gave a low effort on grip strength tests.²

Self-Limiting Behavior

Self-Limiting behavior was > 20%.

Clinical Inconsistencies

No additional significant clinical inconsistencies were noted during the FCE.

Conclusion Regarding Consistency of Effort. Combining the results of the clinical consistency comparisons, the presence of self-limiting behavior and the three formal consistency cross comparisons of the grip strength data, indicates that there is very strong evidence of low effort and inconsistent behavior.²

²Snook, HM et al. Identification of Low-effort Patients Through Dynamometry. Journal of Hand Surgery. Vol 20A, No 6, November, 1995, pp. 1047 - 1055.



Conditions for Positive Results (backsliding low effort) on Statistical Calculations

- 1) SD of 5-position grip testing on right or left grip of ≥ 7.5
- 2) Difference between BEG and peak grip of 2-position grip testing of ≥ 12 lb.
- 3) Regression equation results of ≥ 3.5

Criteria for Consistency of Effort Determination

- 1) Significant clinical inconsistencies or SL behavior present - all 3 statistical calculations are positive - Very Strong evidence of low effort and inconsistent behavior.
- 2) Significant clinical inconsistencies or SL behavior present - 2 of the 3 statistical calculations are positive - Strong evidence of low effort and inconsistent behavior.
- 3) Significant clinical inconsistencies or SL behavior present - 1 of the 3 statistical calculations are positive - Significant evidence of low effort and inconsistent behavior.
- 4a) Significant clinical inconsistencies present - 0 (none) of the 3 statistical calculations are positive - Significant evidence of low effort and inconsistent behavior.
- 4) No significant clinical inconsistencies and no SL behavior present - all 3 statistical calculations are positive - Moderate evidence of low effort and inconsistent behavior.
- 5) No significant clinical inconsistencies and no SL behavior present - 2 of the 3 statistical calculations are positive - Weak evidence of low effort and inconsistent behavior.
- 6) No significant clinical inconsistencies and no SL behavior present - 1 of the 3 statistical calculations are positive - Very Weak evidence of low effort and inconsistent behavior.
- 6a) No significant clinical inconsistencies but SL behavior present - 0 (none) of the 3 statistical calculations are positive - Very Weak evidence of low effort and inconsistent behavior.
- 7) No significant clinical inconsistencies and no SL behavior present - 0 (none) of the 3 statistical calculations are positive - No evidence of low effort and inconsistent behavior. Patient gave full maximum effort on all aspects of the test.

DATA DETAILS

Note: For each task, client participation is rated as:

Appropriate - Client and therapist agree on stopping task. Full physical effort given.

Overextending - Therapist stops task. Client willing to continue despite maximum being reached. Full physical effort given.

Self-limiting - Client stops task before objective signs indicate that a maximum physical effort has been reached.

Lift - Floor to Waist - Self-limiting

- * Completed 16 lbs safely
- * Pain Score = 5.00
- * Pain Location = R hand, 4 in neck
- * Ending HR = 93

Signs of Effort

- * Elbow Extension
- * Increased Time to Complete Repetitions
- * Vertical Trunk Alignment Decreases
- * Increased Thoracic Kyphosis with Protraction of the Shoulder Girdle

Climbing Stairs - Appropriate

- * Completed 100 of 100 - 100% of task
- * Pain Score = 4.00
- * Pain Location = R hand
- * Ending HR = 112
- * Within Normal Limits

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FOXCORE Allied Health Rehab P. Page B10..



PWPT™ Summary
Sanchez, Judy

Repetitive Squatting - APPROPRIATE

- * Completed 25 of 25 - 100% of task
- * Pain Score = 5.00
- * Pain Location = R hand and Right side of Neck
- * Ending HR = 127
- * Minimal Deviations
 - o Loss of Vertical Trunk Alignment

Lift - Waist Height to Eye Level - Self-Limiting

- * Completed 15 lb safely
- * Pain Score = 6.00
- * Pain Location = R hand and Neck
- * Ending HR = 105

Signs of Effort

- * Face Red/Perpiration
- * Elbow Extension
- * Increased Time to Complete Repetitions
- * Box Resting Against Chest
- * decreased use of upper extremity

Bilateral Carry - Self-Limiting

- * Completed 14 lb safely
- * Pain Score = 7.00
- * Pain Location = R hand and R Neck
- * Ending HR = 106

Signs of Effort

- * Accessory Muscles
- * Elbow Extension
- * Increased Time to Complete Repetitions
- * Cadence Quickens
- * Increased Knee Flexion During Carry

Unilateral Carry - Self-Limiting

- * Left completed 15 lb safely Right completed 15 lb safely
- * Pain Score = 7.00
- * Pain Location = R side of neck, & hand
- * Ending HR = 118

Signs of Effort

- * Lateral Trunk Lean
- * Hands Slip/Difficulty Holding Box
- * Cadence Quickens

Maximum Dynamic Pushing - Self-Limiting

- * Completed 14 lb safely
- * Pain Score = 7.00
- * Pain Location = R side of neck, & hand
- * Ending HR = 105

Signs of Effort

- * Forward Lean Increases
- * Elbow Position Changes from Sub-Max
- * Progressive Wrist Extension
- * Scapular Winging

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PAMPE™ Summary
Sanchez, Judy

Maximum Dynamic Pulling - Self-Limiting

- * Completed 14 lb safely
- * Pain Score = 7.00
- * Pain Location = R side of neck, 6 hand
- * Ending HR = 112

Signs of Effort

- * Elbow Position Changes from Sub-Max
- * Sled Swerves
- * Step Length Decreases
- * Increased Thoracic Kyphosis with Protraction of the Shoulder Girdle.

Sit/Up Tolerance - Appropriate

- * Completed 5:00 of 5:00 minutes - 100% of task
- * Position Adjustments = 1
- * Pain Score 1 Min = 6
- * Pain Location 1 Min = Right Neck, Right hand
- * Minimal Deviations
- * Decreased Hip Flexion

Standing Tolerance - Appropriate

- * Completed 5:00 of 5:00 minutes - 100% of task
- * Position Adjustments = 1
- * Pain Score 1 Min = 6
- * Pain Location 1 Min = R side of neck, 6 hand
- * Minimal Deviations
- * decreased cervical flexion

Work Arms Overhead & Standing - Self-Limiting

- * Completed 4:39 of 5:00 minutes - 93% of task
- * Position Adjustments = 2
- * Pain Score 1 Min = 5 3 Min = 6 5 Min = 7
- * Pain Location 1 Min = R side of neck, 5 hand 3 Min = R side of neck, 6 hand 5 Min = R side of neck, 7 hand
- * Minimal Deviations
- * Decreased Neck Extension
- * Decreased Lumbar Extension

Work Bent Over / Stooping - Self-Limiting

- * Completed 1:19 of 5:00 minutes - 24% of task
- * Position Adjustments = 3
- * Pain Score 1 Min = 6
- * Pain Location 1 Min = R side of neck, 6 hand
- * Moderate Deviations
- * Decreased Weight Bearing on One Leg
- * Increased Hip and Knee Flexion (Bilateral or Unilateral)

Kneeling - Appropriate

- * Completed 5:00 of 5:00 minutes - 100% of task
- * Position Adjustments = 1
- * Pain Score 1 Min = 7 3 Min = 6 5 Min = 7
- * Pain Location 1 Min = R side of neck, 7 hand 3 Min = R side of neck, 6 hand 5 Min = R side of neck, 7 hand
- * Minimal Deviations
- * Increased Hip Flexion with Anterior Pelvic Tilt
- * Increased thoracic kyphosis

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FAXCORE Allied Health Rehab P..Page 012

ErgoScienceTM

BSAPLTM Summary
Sánchez, July

Work Bent Over Sitting - Self-Limiting

- * Completed 1:29 of 5:00 minutes - 30% of task
- * Position Adjustments = 1
- * Pain Score 1 Min = 7
- * Pain Location 1 Min = R side of neck, 7 hand
- * Moderate Deviations
 - o Supporting Body Weight through Legs
 - o Increased Thoracic Flexion
 - o Scapular Protraction
 - o Inability to Assume Normal Position Due to Obesity

Squatting - Appropriate

- * Completed 5:00 of 5:00 minutes - 100% of task
- * Position Adjustments = 5
- * Pain Score 1 Min = 6 3 Min = 7 5 Min = 7
- * Pain Location 1 Min = R side of neck, 6 hand 3 Min = R side of neck, 7 hand 5 Min = R side of neck, 7 hand
- * Moderate Deviations
 - o Decreased Lumbar Flexion
 - o Increased Thoracic Flexion
 - o Scapular Protraction
 - o Decreased Ankle Dorsiflexion of "Up" Leg

Work Arms Overhead Standing - Self-Limiting

- * Completed 4:01 of 5:00 minutes - 80% of task
- * Pain Score 1 Min = 6 3 Min = 6
- * Pain Location 1 Min = R side of neck, 6 hand 3 Min = R side of neck, 6 hand
- * Minimal Deviations
 - o Inability to Lift Flat

Walking - Appropriate

- * Completed 5:00 of 5:00 - 100% of task
- * Pain Score = 6.00
- * Pain Location = R side of neck, 6 hand
- * Ending HR = 103
- * Minimal Deviations
 - o Decreased Hip Extension
 - o Decreased arm swing

Crawling - Self-Limiting

- * Completed 15 of 50 - 30% of task
- * Pain Score = 7.00
- * Pain Location = R side of neck, 7 hand
- * Ending HR = 103
- * Moderate Deviations
 - o Decreased Weight Bearing on Palms
 - o Decreased Weight Bearing through Upper Extremities
 - o Decreased Lordosis
 - o Decreased Tilting of Pelvis in Transverse Plane as Leg Advances

Climbing a Ladder - Appropriate

- * Completed 40 of 40 - 100% of task
- * Pain Score = 7.00
- * Pain Location = R side of neck, 7 hand
- * Ending HR = 115
- * Minimal Deviations
 - o Takes one Step at a Time rather than One Foot over the other
 - o See-Saw Motion of Trunk

12/14/11 09:22:36

PAXCORE AnMed Health Rehab P Page B13

Erigo Science™

PWPP™ Summary
Sanchez, Judy

Repetitive Trunk Rotation - Sitting - Appropriate

- Completed 25 of 25 = 100% of task
- Pain Score = 7.00
- Pain Location = R side of neck, 7 hand
- Ending HR = 111
- Moderate Deviations
 - o Decreased Weight Shift
 - o Decreased Shoulder Flexion
 - o Excessive Lateral Tilting of Trunk to Sub for Trunk Rotation/Shoulder Flexion

Repetitive Trunk Rotation - Standing - Appropriate

- Completed 25 of 25 = 100% of task
- Pain Score = 7.00
- Pain Location = R side of neck, 7 hand
- Ending HR = 109
- Moderate Deviations
 - o Decreased Trunk Rotation
 - o Decreased Weight Shift
 - o Decreased Shoulder Flexion
 - o Excessive Lateral Tilting of Trunk to Sub for Trunk Rotation/Shoulder Flexion

**BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0919206**

JUDY SANCHEZ,

EMPLOYEE/CLAIMANT,

-VS-

**PERRY ELLIS INTERNATIONAL,
INC.,**

EMPLOYER,

THE HARTFORD,

**CARRIER,
DEFENDANTS.**

**NOTICE OF WITNESSES
AND WRITTEN MEDICAL
REPORTS TO BE
INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
JUDY SANCHEZ**

**TO: THE HONORABLE SUSAN BARDEN, COMMISSIONER,
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
GEORGE D. GALLAGHER, ESQ., ATTORNEY FOR DEFENDANTS**

YOU ARE HEREBY NOTIFIED THAT STEVEN M. KRAUSE, pursuant to the provision of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of Judy Sanchez, to wit:

CLAIMANT'S EXHIBITS:

PHYSICIAN	FACILITY	DATE OF REPORT	PAGES
5. Michael Bucci, MD	Piedmont Neurosurgical Group	6/14/11 – 7/6/12	44-45
6. Byron Marsh, MD		1/31/12	46-50
7. Phillip Hodge, MD	Southeastern Neurosurgical	5/14/12	51-53
8. Jay Patel, MD	Pain Management Associates	12/20/11	54
9. Christopher Sidden, MD	Innervision MRI & Imaging	10/12/11	55-56
10. Wes Phalen, MD	Anderson Radiology	1/25/10	57
11. G. Timothy Baxley, MD	Clemson Neurology	5/17/10 – 12/17/10	58-67
12. Various FNP	Upstate Medical Associates	8/3/09 – 9/14/09	68-84
13. Darius Davina, MD	Oaktree Medical Centre	10/20/09 – 4/26/10	85-95
14. Robert Brabham, Ph.D	Psychological and Training Svcs.	7/10/12	96-108

OTHER EXHIBITS:

15. Letter from George Gallagher, Esq.

5/21/12

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YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

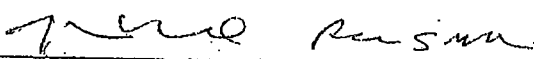
YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

1. Judy Sanchez
2. Tammy Iverson

Respectfully submitted,

KRAUSE, MOORHEAD AND DRAISEN, P.A.


STEVEN M. KRAUSE SC Bar No. 3571
207 E. Calhoun Street
Anderson, SC 29621
Attorney for the Claimant
(864) 225-4000

December 28, 2012

RE: Judy Sanchez
Date of Injury: 7/27/09

It is my opinion to a reasonable degree of medical certainty that the following statements are most probably true:

1. Judy Sanchez's left hand pain and numbness are causally related to her injury on 7/27/09.

☒ yes ☐ no

If the answer to #1 is yes, please answer #2. If not, please go to #3.

2. Ms. Sanchez is in need of additional medical care for her left hand.

☒ yes ☐ no

3. I agree with Dr. Phillip Hodge that Ms. Sanchez would benefit from pain management and a possible trial of the spinal stimulator.

☒ yes ☐ no

4. I would recommend additional medical treatment for Ms. Sanchez as follows:

per pain management


MICHAEL N. BUCCI, MD

7/6/12
DATE

Piedmont Spine and Neurosurgical Group, P.A.

3 St. Francis Dr. Suite 490
Greenville, SC 29601
Phone: (864) 220-4263
Fax: (864) 220-5836

HISTORY AND PHYSICAL REPORT

Judy K Sanchez

ID: 119610

DOB: 03/10/1960 (51 years)

Date of Encounter: 06/14/2011 11:59 AM

History of Present Illness

Patient words: The patient returns following cervical fusion and right carpal toe release. She describes shoulder pain on the right. The nerve pain is improving. X-rays of the cervical spine show stable appearance her fusion C5-6. The patient is a 51 year old female

History

There is no documented history at this time.

Physical Exam

The physical exam findings are as follows:

Neurologic

Motor:

Tone: - Normal.

Strength: 5/5 normal muscle strength - All Muscles.

Reflexes (Dermatomes): 2/2 Normal - All.

Plantar Reflexes (L4-S2) - Bilateral - Flexion. Coordination - Normal. Gait - Normal.

Well-healed right hand and right neck incisions

Assessments

- double crush syndrome right upper extremity
- REVIEW OF FILMS (V72.5)

Flex/Ext Cervical Spine (72052) (1 Units)

Follow up in 2 months Follow up in 2 months or as needed

Neck exercises

Michael N. Bucci

Michael N Bucci MD

Judy K Sanchez

Patient # 119610

DOB: 03/10/1960 (51 years)

Tuesday, July 26, 2011

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45

Byron P. Marsh, M.D.

*Certified, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons*

123-C W. G. Acker Drive
Pickens, SC 29671

Telephone (864) 878-1231
Fax (864) 878-6656

January 31, 2012

Brookside Consultants, Inc.
120 Madison Street, Suite 100
Chittenango, New York 13037

EMPLOYER: Kerry Ellis International, Inc

EMPLOYEE: Judy K. Sanchez
CLAIM #: YKY87315C
DATE OF LOSS: 07/27/2009

Re: SANCHEZ, JUDY

I was asked to provide an independent medical evaluation on the above claimant for delineation of permanent partial impairment after cervical discectomy and fusion and carpal tunnel release on the right hand performed on 05/11/2011. Medical records from a number of physicians including Darius A. Divina, D.O.; Michael N. Bucci, M.D.; Jay S. Patel, M.D., as well as physical therapy reports, radiographic reports, plus the patient provided a disk of her postoperative cervical spine MRI scan, dated 10/12/2011 for my review. Specific questions for my response are included in the IME cover letter dated 01/02/2012 by Dana Kotowski from Hartford. I contacted Ms. Kotowski to further delineate my desired responses, i.e., whether my response should address an impairment rating regarding the cervical spine or the carpal tunnel release or both. Ms. Kotowski advised I was to address only the carpal tunnel release impairment.

HISTORY OF PRESENT ILLNESS: The patient and the provided medical records indicate the patient complaining of neck and right shoulder pain when evaluated by Darius A. Divina, D.O. on 10/20/2009. The patient's alleged date of injury was 07/27/2009. The patient reported she noted stiffness and pain in the right side of the neck and shoulder after bending over all day; however, she is frequently required in the performance of her duties lifting boxes weighing 2-15 pounds repeatedly. She picks up the boxes and puts them at waist level and/or at shoulder level. She was at limited duty at that time after evaluation by worker's compensation physician. Conservative measures including physical therapy and medication were prescribed.

Brookside Consultants, Inc.
January 31, 2012
Page 2

Re: SANCHEZ, JUDY

When conservative measures failed to provide improvement, an MRI scan of the cervical spine was obtained on 01/25/2010. The study reportedly shows central disk herniation at C3-C4 and C4-C5 plus a right-sided broad-based posterolateral C5-C6 disk herniation as well as a subtle broad-based left posterolateral C6-C7 disk herniation. Neurologist, Timothy Baxley, M.D., performed EMG and nerve conduction studies on 08/06/2010 showing "double crush" syndrome with chronic right C6 radiculopathy as well as moderate right carpal tunnel syndrome. Pain management referral was accomplished, which included cervical epidural steroid injection. Injections were administered on 12/15/2010 and 01/26/2011. When symptoms persisted, evaluation was accomplished by Michael Bucci, M.D., on 03/17/2011. Anterior cervical discectomy and fusion with plating and carpal tunnel release on the right were scheduled and were accomplished on 05/11/2011 by Dr. Bucci at St. Francis Hospital, Greenville, South Carolina. At followup with Dr. Bucci on 09/20/2011, the patient was "still complaining of right upper extremity pain, prescribed physical therapy. She describes pain in the right shoulder and right hand, but now it is involving the 4th and the digits." Postoperative x-rays obtained on 09/20/2011 showed successful fusion at the C5-C6 level. "Mild degenerative disk disease is present at C6-C7." Postoperative cervical spine MRI was accomplished on 10/12/2011. Findings of C5-C6 are noted "vertebral arthrosis with posterior bulging and right paracentral and foraminal disk protrusion. Severe right foraminal stenosis and moderate-to-severe left foraminal stenosis. Moderate-to-severe central stenosis." Findings at C6-C7 reportedly showed "uncovertebral arthrosis with prominent posterior disk bulging and a superimposed left paracentral and foraminal disk protrusion. This is best appreciated on axial T2 and axial T2 images #19; severe left foraminal stenosis, moderate-to-severe right foraminal stenosis, severe central stenosis, changes to this level had increased compared to prior." Postoperative EMG/NCV show "normal EMG/NCV study without evidence of cervical root, plexus, or peripheral nerve injury or denervation, peripheral neuropathy or median or ulnar nerve entrapment noted." Study was accomplished by Kent Kistler, M.D. On 10/20/2011, the patient was felt to be at maximum medical improvement by Dr. Bucci. No further surgical lesion was found. The patient was referred back to Dr. Patel. On 11/09/2011, Dr. Patel's note indicate the patient "had minimal improvement overall after surgery." Dr. Patel agreed the patient was "potentially at MMI." The patient has returned to work. She remains at limited duties, avoiding heavy lifting.

PRESENT SYMPTOMS: The patient continues to suffer from pain in the right side of the neck with radiation to the right shoulder. There are no complaints of paresthesia and numbness in the median nerve distribution at present. The patient continues to take analgesic and antiinflammatory medication. She has appreciated no significant change in symptoms over the past 3 months.

Brookside Consultants, Inc.
January 31, 2012
Page 3

Re: SANCHEZ, JUDY

PHYSICAL EXAMINATION: Regarding the right hand, Phalen test and Tinel sign are negative. The patient has a strong abductor pollicis brevis. Surgical incision is well healed.

Regarding the cervical spine, the patient exhibits reproduction of symptoms in the right side of the neck with radiation to the right shoulder when performing cervical flexion and extension. Turning and tilting the head also tends to slightly aggravate symptoms. Peripheral sensation is within normal limits. Biceps reflexes are symmetric. Triceps reflexes are absent on the right and 2+ on the left. Muscular testing from deltoid to intrinsic shows symmetric strength except for the triceps, which is slightly weaker on the right.

RADIOGRAPHS: Review of cervical spine MRI obtained postoperatively on 10/12/2011 shows apparently successful fusion at C5-C6. Significant degenerative changes with protrusion of the disk is noted at C6-C7.

IMPRESSION:

1. Status post C5-C6 cervical discectomy and fusion and plating, with successful arthrodesis, but with residual foraminal and central canal stenosis, evident on postoperative MRI.
2. Progression of C6-C7 cervical disk protrusion with foraminal and central canal stenosis.
3. Satisfactory outcome post right carpal tunnel release.

RESPONSES TO QUESTIONS IN THE IME COVER LETTER:

1. What are your findings and diagnoses and their relationship with the injury in question:

Response: Findings and diagnoses are noted above. In my opinion, the residual symptoms are related to the injury in question.

2. Has a healing plateau been reached in relation to the work injury?

Response: In my opinion, the patient's diagnosis carpal tunnel syndrome has been alleviated by surgical release and has reached maximum medical improvement. In my judgement, the patient's cervical spondylitis with right upper extremity radiculopathy is relatively stable at present; however, radiographically, the patient has shown progression of deterioration at the C6-C7 disk level plus there is radiographic evidence of residual spondylitis at C5-C6 despite arthrodesis.

3. Is continued care and or treatment required? If so, please describe the type, length, and duration.

Brookside Consultants, Inc.
January 31, 2012
Page 4

Re: SANCHEZ, JUDY

Response: In my judgement, the patient does not require further treatment for right carpal tunnel syndrome and may be considered at maximum medical improvement. The patient has demonstrated her willingness to return to work despite residual symptoms. In my judgement, there is evidence of deterioration of the C6-C7 disk, both clinically and radiographically, despite the fact that there are no findings no suggest radiculopathy on EMG/NCV performed by Dr. Kistler. I feel the patient deserves reevaluation and/or second opinion by a spine surgeon.

4. Would there be any permanent disability sustained as a result of the injury? If so describe and give a percentage according to AMA Guidelines.

Response: I was advised by Ms. Kotowski that my charge is to assess any residual impairment as a result of carpal tunnel syndrome. I referred to the AMA Guidelines, 6th edition. According to section 15.2, diagnosis-based impairment on page 387, the patient demonstrates no objective documentation of residual carpal tunnel syndrome. Consequently, the impairment rating is zero. I would further document that according to table 15-23 on page 449, the patient shows a normal nerve conduction test and is potentially asymptomatic regarding the carpal tunnel syndrome. She has normal physical findings regarding carpal tunnel syndrome, which is associated with 0% extremity impairment rating.

I trust this information provides satisfactory response to questions posed. If there are further questions regarding my evaluation and rating of Ms. Sanchez, please advise.

Sincerely,



Byron P. Marsh, M.D.

BPM/DTV/oper90 N190382

RE: Judy Sanchez
Date of injury: 7/27/09

It is my opinion to a reasonable degree of medical certainty that the following statements are most probably true:

1. Judy Sanchez's left hand pain and numbness are causally related to her injury on 7/27/09.

_____ yes

_____ no

Refer to Dr. Bucci

If the answer to #1 is yes, please answer #2.

2. Ms. Sanchez is in need of additional medical care for her left hand.

_____ yes

_____ no

Refer to Dr. Bucci

Byron P. Marsh
BYRON P. MARSH, MD

DATE

7/18/12

May. 14. 2012 3:17PM
Summary View

SOUTHEASTERN NEUROSURGICAL

No. 1553 P. 1
Bobbie Moore 803-748-7526 Page 1 of 3

Progress Note

Patient: SANCHEZ, JUDY
DOB: 03/10/1960 Age: 52 Y Sex: Female
Phone: 864-367-5023
Address: 225 OAKDALE RD, TOWNVILLE, SC-29689
Pop: June P Souvlon, MD

Provider: Phillip J. Hodge
Date: 05/14/2012

Subjective:

CC:

1. WC 2nd Opinion 7.27.09. Patient states right sided neck and shoulder pain. Patient states pain score today is a 6/10. Patient states bending, lifting heavy objects, looking up or down aggravates the pain. Hx of neck and carpal tunnel in 5.2010..

HPI:

Pain:

Pain Screening: Any pain at this time? Yes, Pain is new onset, Location of pain: right, neck, shoulder (s), Quality/Description of pain: constant, radiating, burning, stabbing, throbbing, What, if any, medication have you taken for this pain? Lortab, Pain Scale used: Number Scale 6/10, Is your pain satisfactorily controlled now? No.

Previous Treatments / Therapies:

Physical therapy: 2x.

ROS:

Musculoskeletal:

Loss of muscle strength yes. Muscle pain no. Painful joints no. Weakness no.

Integumentary:

Bruiuses easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no.

Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Medical History: Shingles, Diabetes II, Thyroid deficiency, Hypertension.

Surgical History: neck fusion 5.2010, carpal tunnel 5.2010, sinus surgery, gall bladder, Tubal 2000.

Family History: Family: Hypertension, asthma, arthritis, stroke, dementia

Social History: Alcohol women 18 yrs and older Alcohol Intake: patient sometimes drinks

Allergies: N.K.D.A.

May. 14. 2012 3:17PM
Summary View

SOUTHEASTERN NEUROSURGICAL

No. 1553 P. 3
Page 3 of 3

Provider: Philip J. Hodge

Patient: SANCHEZ, JUDY DOB: 03/10/1960 Date: 05/14/2012

Electronically signed by Philip Hodge on 05/14/2012 at 03:19 PM EDT

Sign off status: Pending

Dec 20 2011 15:51:35 EST FROM: F2M/17129202671

09/14/2010 00:30 8648551323

MSG# 88321178-007-1

OAKTREE MEDICAL CTR

PAGE 004 OF 017

PAGE 02/15

From: 860-547-5000 Page: 15/15

Date: 12/14/2011 12:02:57 PM

Dec 14 2011 12:02:42 EST FROM: F2M/17129202671

MSG# 03043500-008-1

PAGE 015 OF 015



Date: 12-14-11

Employee: Judy Sanchez

Employer: Perry Ellis International, Inc. Date of Birth: 3-10-80

Claim Number: YKYC 87315

Date of Injury: 7-27-11

Dear Dr. Patel:

I am the Nurse Case Manager assigned to coordinate the medical care and facilitate a timely return to work for the above captioned employee, who sustained an injury/illness at work. As the Nurse Case Manager, I will be working with your office as well as the employee and the employer to ensure a timely recovery and return to work outcome.

It would be appreciated if you would please address the following as related to the Industrial Injury:

I have included the FCE report for your review.

Has the employee reached Maximum Medical Improvement from a PAIN MANAGEMENT STANDPOINT?

Yes ✓ No

*If yes, please note:

MMI date 11/9/11 *** If not at MMI, date anticipated

Full duty Permanent restrictions ✓

**Please specify restrictions lifting limited to 15 lb.

Elaine Bruss
**Physician Signature

12/20/11
**Date

Sincerely,
Elaine Bruss, RN, CCM
Nurse Case Manager - Ext. 25440

The information contained in this facsimile message and/or the document transmitted are confidential medical records & intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any examination, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the above number and return the original message to us at the above address via the U.S. Postal Service. Thank you.

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove

One Cannon Drive Greenville, SC 29605

Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Sanchez, Judy
DOB: 3/10/1960
MRN: 666907
PATIENT PHONE: 864-367-5023
PHYSICIAN: Michael Buccell, MD
DATE: 10/12/2011

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

HISTORY: Cervical pain.

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine performed pre and post administration of 20 cc of Magnevist.

COMPARISON: Preoperative study is compared to prior dated 1/25/2010 and operative report dated 5/11/11 used for comparison.

FINDINGS: Patient is status post anterior plate and screw fixation of the C5 and C6 vertebral bodies. Artifact is appreciated from surgical hardware at these levels. There is otherwise good alignment of the anterior and posterior elements. Vertebral body heights and marrow signal intensities appear maintained.

Craniovertebral junction appears unremarkable. Signal intensity in the imaged cord is unremarkable.

C1-2 and C2-3: Unremarkable.

C3-4: Posterior bulging with a central disc protrusion which has enlarged compared to prior. It is best appreciated on axial T2 image No. 8. Loss of the dorsal and volar CSF space is appreciated with flattening of the cord. Moderate central stenosis. No foraminal stenosis.

C4-5: Uncovertebral arthrosis and posterior disc bulging with superimposed left paracentral and foraminal disc protrusion. These findings are best appreciated on axial T2 and axial T2* images No. 11. There is severe left foraminal stenosis. Moderate central stenosis on axial T2 image No. 12. Degree of stenosis is greater than at the C3-4 level.

C5-6: Uncovertebral arthrosis with posterior bulging and right paracentral and foraminal disc protrusion. Severe right foraminal stenosis and moderate to severe left foraminal stenosis. Moderate to severe central stenosis.

C6-7: Uncovertebral arthrosis with prominent posterior disc bulging and a superimposed left paracentral and foraminal disc protrusion. This is best appreciated on axial T2 and axial T2* images No. 19. Severe left foraminal stenosis. Moderate to severe right foraminal stenosis. Severe central stenosis. Changes to this level have increased compared to prior.

C7-T1: Unremarkable.

On the sagittal T2 weighted imaging, posterior bulging of the T1-2 and T2-3 discs can be seen. No definite central or foraminal stenosis is appreciated.

Imaged soft tissues appear grossly unremarkable. After administration of intravenous contrast, no definite abnormal enhancement is appreciated.

IMPRESSION:

1. Post operative changes at C5-6 as above. Given the operative history, recurrent disc protrusion cannot be excluded.
2. Increased bony and disc degenerative changes at the nonoperative levels as above. These are most advanced at C6-7

PATIENT: Sanchez, Judy

MRN: 666907

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

where severe stenosis is present. No cord edema noted.

Christopher Sidden, M.D.

CS / SL

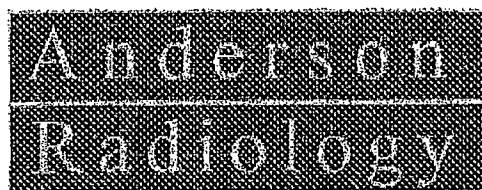
DD: 10/12/2011

DT: 10/12/2011

Job: 13749944

This document has been electronically reviewed and signed by Christopher Sidden, M.D.

This document has been electronically reviewed and signed by Christopher Sidden, M.D.



2110 N Hwy 81
Anderson, SC 29621
Telephone: (864) 225-6286
Fax: (864) 231-6738

PATIENT: Sanchez, Judith
DOB: 3/10/1960
MRN: 666907
PHYSICIAN: Darin Divina, DO
DATE: 1/25/2010

EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain with history of workman's compensation injury on 07/27/09, pain is located in the right side of the neck.

TECHNIQUE: Standard sagittal and axial MRI sequences of the cervical spine were performed without intravenous contrast.

FINDINGS: There are no prior studies available for comparison. There is mild straightening of lordosis. There is no abnormal marrow signal. The cord is negative for abnormal signal. Visualized intracranial anatomy is negative. Sellar region is normal.

At the C3-4 level, there is desiccation and bulging of the disc. There is a broad-based central herniation of the disc, which abuts the cord. There is moderate central canal stenosis. There is stenosis of the right neural foramen.

At the C4-5 level, there is desiccation and bulging of the disc and minor hypertrophic degenerative changes of the disc space. There is a small central disc herniation. There is moderate central canal stenosis. There are stenoses of both neural foramina.

At the C5-6 level, there is desiccation and bulging of the disc and hypertrophic degenerative changes of the disc space. There is a right broad-based posterolateral herniation of the disc, which abuts and narrows the AP diameter of the right cord. There is moderately severe central canal stenosis. There are stenoses of both neural foramina.

At the C6-7 level, there is desiccation and bulging of the disc and hypertrophic degenerative changes of the disc space. There is a subtle left posterolateral broad-based herniation of the disc, which abuts the cord and possibly narrows the right AP diameter of the cord. There is moderately severe central canal stenosis. There are stenoses of both neural foramina.

There are other levels of degenerative changes, which are less significant.

IMPRESSION:

1. Central herniation of the C3-4 disc.
2. Small central herniation of the L4-5 disc.
3. Right broad-based posterolateral herniation of the C5-6 disc.
4. Subtle broad-based left posterolateral herniation of the C6-7 disc.
5. Degenerative changes with central canal stenoses as discussed.

Thank you for this consultation.

Wes Phelan, M.D.
WP/1q

DD: 1/25/2010
DT: 1/26/2010

CLEMSON NEUROLOGY, PC

G. Timothy Baxley, M. D.
Susan V. Breazeale, APRN

Trudy Lovejoy, N. P.

220 Keowee Trail

Clemson, S. C. 29631

Phone 864-653-4071 * Fax 864-653-4074

May 17, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

HISTORY: The patient is here regarding the numbness and tingling she has been experiencing in her right hand and fingers. She says this has been going on for approximately three weeks. She says she has been having pretty constant neck pain since 07/27/2009 after she had spent a significant portion of her day at her job including bending, picking up and lifting things. She says she did not notice it while she was performing these activities. She just started noticing it after she was heading home and having some stiffness which did not improve. She did finally have some images which showed central herniation of the C3-4, small central herniation of L4-L5, right broad-based posterior lateral herniation at C5-C6, subtle broad-based left posterolateral herniation of C5-C6, and degenerative changes with central canal stenosis. This was performed in January 2010. She had been seeing Dr. Divina. She says Lortab does seem to help. She may take one Lortab every 2 to 3 days which helps alleviate that pain. She says she continues to work at this time but she is doing a different job function where she is working with hangers, hanging things up. She has had two rounds of physical therapy recently.

PAST MEDICAL HISTORY: History of hypertension, hyperlipidemia, diabetes, hypothyroid, sleep apnea and utilized CPAP. Denies any history of seizures, MS, cancer, MI, stroke, DVT, COPD or CHF.

PAST SURGICAL HISTORY: Had sinus surgery in December of 2008, gallbladder, cholecystectomy in 1986, tubal and cervical ablation.

FAMILY HISTORY: MOM'S SIDE: Hypertension, hyperlipidemia, heart attack and ulcer.
DAD'S SIDE: Cancer. SIBLING: Hypertension, hyperlipidemia, sleep apnea.

MEDICATIONS: She is currently taking:

1. Levothyroxine 200 mcg a day.
2. Lisinopril 10 mg 1 daily.
3. Glyburide 4 mg 1 in the a.m., half in the p.m.
4. Simvastatin 80 mg 1 a day.
5. Metformin 500 mg 4 p.o. daily.

ALLERGIES: Erythromycin.

SOCIAL HISTORY: Works at Perry Ellis International, is an FRM operator and her job function is folding, hanging things, change prices and lifting at times. Denies smoking, alcohol or illicit

May 17, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

PAGE TWO

drug use.

REVIEW OF SYSTEMS: Appetite is too good. Fluid intake is good. Sleep is 7 on the 8 hours a night. Bowels are good. Bladder is good.

PHYSICAL EXAMINATION: Temperature is 98.7, pulse 96, respirations 16, blood pressure 159/90, weight 226. The patient is alert and oriented. Pleasant, well groomed. Clear bilateral breath sounds in upper and lower lobes. S1 and S2. No bruits. DTRs are 1+ to 2+. Strength is 5/5 upper and lower extremities. No decreased range of motion. Active bowel sounds. Tongue to midline. No paralysis. Positive PERRLA.

ASSESSMENT:

1. Dysesthesia, right upper extremity.
2. Neck pain with central herniation of C3-C4, broad-based left posterolateral herniation at C6-C7 and degenerative changes at C4-C5, C5-C6 and C6-C7.

PLAN:

1. Nerve conduction and EMG of right upper extremity and neck.
2. Flector patch to neck b.i.d. p.r.n.
3. Regular meals, regular sleep and increase water.
4. Follow-up after with Dr. Baxley due to workmen's comp.

Thank you very much for allowing us to participate in her care. This is a very pleasant patient.

Trudy A Lovejoy, NP

George Timothy Baxley, M.D.

#fn/90160

DD: May 18, 2010

DT: May 18, 2010

JOB#: 22741031/Doc#: 40066022

cc: Dr. June Soubrion 225-0233

FAXED
5/20/10
Jm

CLEMSON NEUROLOGY, PC

G. Timothy Baxley, M. D.

Susan V. Breazeale, APRN

Trudy Lovejoy, N. P.

220 Keowee Trail

Clemson, S. C. 29631

Phone 864-653-4071 * Fax 864-653-4074

EMG/NCS

August 06, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

The patient returns for EMG/NCS. This is necessary due to the right upper extremity pain. This was ordered by Trudy Lovejoy. The patient's right median F right median antidromic sensory, right ulnar sensory, right median antidromic sensory, right radial sensory, right median motor, right ulnar motor, right ulnar F nerves are studied. Pertinent findings include non-reproducibility of the right median F. There was delayed onset of the right medial orthodromic, right median antidromic was normal. Right median motor was of delayed onset and decreased amplitude. At that point EMG was performed of the right abductor pollicis brevis, abductor digiti minimi, flexor pollicis longus, flexor digitorum sublimis, and C6 paraspinal.

PERTINENT FINDINGS: Include decreased interference pattern at the right abductor pollicis brevis, and distant spontaneous activity of the right C6 paraspinal.

IMPRESSION:

1. Electrically moderate right carpal tunnel syndrome.
2. Chronic right C6 radiculopathy.
3. No evidence for ulnar or radial nerve derangement.

PLAN/RECOMMENDATIONS: She needs a pain clinic referral. We are going to send her back to Oak Tree who recently referred her here. I think she would be better served under their pain management. She was apparently to have a neurosurgical referral. Certainly, she does have radiographic, clinical, and now electric evidence for right C6 radiculopathy.

Thank very much to Oak Tree.



George Timothy Baxley, MD

GTB/fn/88997

DD: August 09, 2010

DT: August 09, 2010

JOB#: 00159542/Doc#: 30012011

cc: Oak Tree

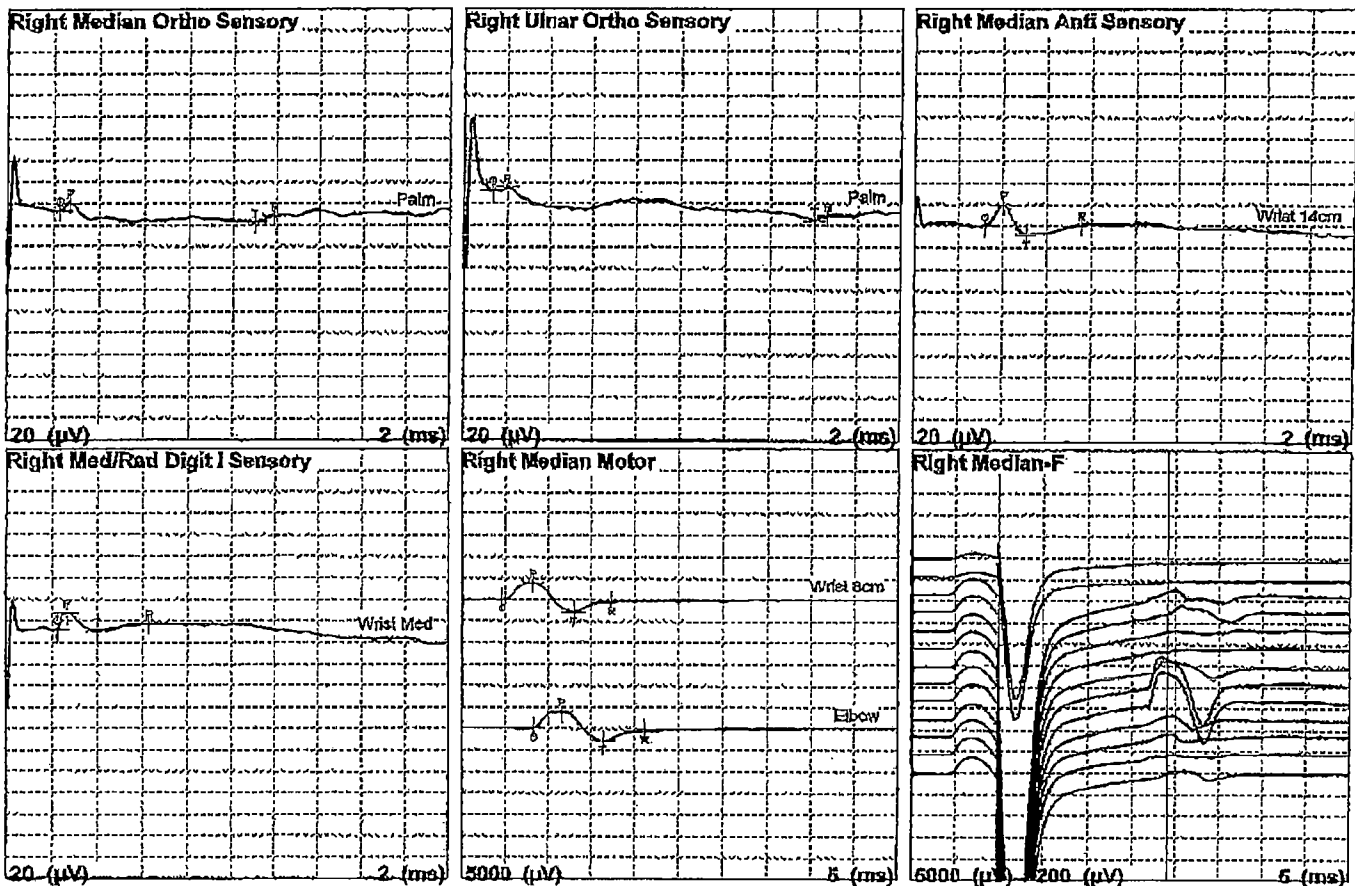
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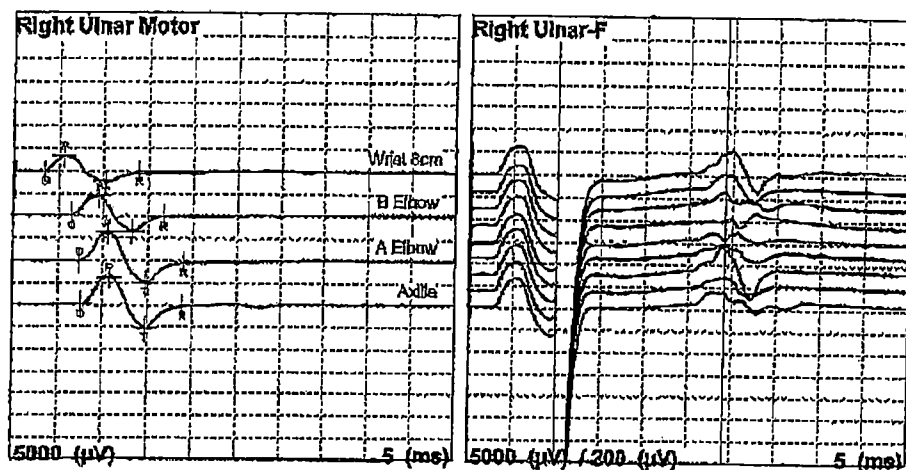
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Clemson Neurology
G. Timothy Baxley, MD
107 Wall Street, Suite 2
Clemson, SC 29631
864-653-4071
864-653-4074 fax

Patient: SANCHEZ, JUDY DOB: 3/10/60 Physician: Baxley
ID#: SANCHEZ_JUDY_100806_ Height: Technician:
Sex: Female Weight: Ref Phys:





Motor Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median (Abd Pol Brev)										
Wrist 8cm		4.69	<4.2	3.95	>5.0	Elbow-Wrist 8cm	3.67	19	51.77	>50.0
Elbow		8.36		3.98						
Right Ulnar (Abd Dig Min)										
Wrist 8cm		3.52	<4.2	3.35	>3.0	B Elbow-Wrist 8cm	2.89	18	62.28	>50.0
B Elbow		6.41		4.27		A Elbow-B Elbow	0.94	9	95.74	
A Elbow		7.34		6.28		Axilla-A Elbow	0.23			
Axilla		7.58		6.33						

Sensory Nerves

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (uV)	Norm Amp (uV)	Segment Name	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Ortho (Wrist)										
Palm		2.69		18.86		Palm-Wrist	2.69	8	29.74	
Right Ulnar Ortho (Wrist)										
Palm		2.03		30.90		Palm-Wrist	2.03			
Right Median Anti (2nd Digit)										
Wrist 14cm		4.06	<4.2	28.45	>10.0	Wrist 14cm-2nd Digit	4.06	14	34.48	>39.0
Right Med/Rad Digit I (1st Digit)										
Wrist Med		2.66		16.80		Wrist Med-1st Digit	2.66	10.0	37.59	

FWave/HReflex

NR	Lat1 (ms)	Lat2 (ms)	Delta (ms)	Amp (uV)
Right Median-F (APB)				
	29.12	0.00	29.12	

Right Ulnar-F (ADM)

29.22	0.00	29.22
-------	------	-------

Patient History:

Medications:

Conclusions:

CLEMSON NEUROLOGY, PC

G. Timothy Baxley, M. D.
Susan V. Breazeale, APRN
Trudy Lovejoy, N. P.
220 Keowee Trail
Clemson, S. C. 29631

Phone 864-653-4071 * Fax 864-653-4074

September 17, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

HISTORY: The patient is here as a followup to discuss the results of her nerve conduction study that she had had due to the symptoms she had been experiencing since 07/25/2009. She says the arm pain is not as bad but it is experienced intermittently where she continues having the numbness in her right first, second, and third digits depending on what she is doing at work. Nerve conduction study was performed that shows electrically moderate right carpal tunnel and a chronic right C6 radiculopathy. There was no evidence ulnar or radial nerve derangement. Recommendations were she needs a Pain Clinic referral and is going to send her back to Oaktree who has recently referred her here. I think she can be served better under their Pain Management. She apparently was going to have a neurosurgical referral as well. She says her neck pain fluctuates, on average it is a 4-5/10, worst is 6-7/10, and best is a 2/10 with some occasional spasms. She says she noticed irritation with her neck and arm pain. Certain things like if she is tagging items, hanging things on hangers such as clothes and bathing suits, lifting items off of the conveyer belt, pulling belts off the box, which she is currently on light duty at work. The Lortab does seem to be helping but continues having this pain which she has had in the past.

MEDICATIONS:

1. Levothyroxine 200 mcg a day.
2. Lisinopril 10 mg daily.
3. Glyburide 4 mg 1 tab in the morning, 1/2 tab in the p.m.
4. Simvastatin 80 mg daily.
5. Metformin 500 mg 4 tabs p.o. daily.

ALLERGIES: Erythromycin.

SOCIAL HISTORY: Is walking.

REVIEW OF SYSTEMS: Appetite is good. Fluid intake is good. Sleep is okay. Bowels are fine. Bladder is good.

PHYSICAL EXAMINATION: VITAL SIGNS: Temperature is 98.6. Pulse 81, respirations 16, blood pressure 131/83. Weight is 222 pounds. GENERAL APPEARANCE: She is alert, oriented, pleasant, well groomed. LUNGS: Clear bilateral breath sounds, upper and lower lobes. HEART: S1 and S2. No bruits. NEUROLOGIC: DTRs are 1-2 plus. Strength is 5/5.

September 17, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

PAGE TWO

She has no problems with decreased range of motion. ABDOMEN: Active bowel sounds.
HEENT: Tongue to midline. No paralysis.

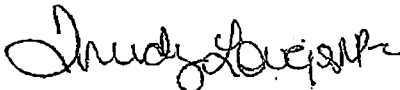
ASSESSMENT:

1. Right carpal tunnel.
2. Chronic left C6 radiculopathy.
3. C3-C4-C6-C7 herniated disc and broad based left posterolateral herniation C6-C7.

PLAN:

1. Custom fit a carpal tunnel brace right at night. If no results then ☒ will refer to Hand Surgery Center.
2. Referral to Palm Management Dr. Patel back at Oaktree.
3. Regular meals, regular sleep, increase water, encourage walking.
4. Follow up in 3 months p.r.n.

Thanks very much for allowing us to participate in her care, a very pleasant patient.



Trudy A Lovejoy, NP



George Timothy Baxley, M.D.

#in/420002

DD: October 13, 2010

DT: October 13, 2010

JOB#: 00174785/Doc#: 30015925

cc: Dr. June Soubrion 225-0233

FAXED
10-14-10
12

CLEMSON NEUROLOGY, PC

G. Timothy Baxley, M. D.
Susan V. Breazeale, APRN
Trudy Lovejoy, N. P.
220 Keowee Trail
Clemson, S. C. 29631
Phone 864-653-4071 Fax 864-653-4074

December 17, 2010

Patient Name: SANCHEZ, JUDY

DOB: 03/10/1960

HISTORY: The patient is here as a followup regarding her neck pain. Says she has seen, just got in with Dr. Patel. Had injections two days ago. Had not had a spasm in her neck since the last two days, but does continue to have some soreness in her trapezius, numbness in her right hand, waxes and wanes in nature depending on what type of strenuous activity she is doing at work. Certain activities do irritate it more than others, such as if she is having to hang a lot of things up at work. The patient did have a nerve conduction study which does say electrically moderate right carpal tunnel syndrome, which she would benefit from custom-fitted carpal tunnel brace on the right and chronic right C6 radiculopathy. There was no evidence of ulnar radial nerve derangement.

MEDICATIONS: Currently taking is:

1. Levothyroxine 200 mcg once daily.
2. Lisinopril 10 mg once daily.
3. Glyburide 4 mg, 1 in the morning, and half in the p.m.
4. Simvastatin 80 mg once daily.
5. Metformin 500 mg, 4 p.o. daily.
6. Actos daily.

SOCIAL HISTORY: Denies smoking, alcohol use, or any illicit drug use.

REVIEW OF SYSTEMS: Appetite is good. Fluid intake is good. Sleep is good. Bowels are fine. Bladder is good.

ALLERGIES: The patient is allergic to erythromycin.

PHYSICAL EXAMINATION: VITAL SIGNS: Temperature is 98.9, pulse 71, respirations 16, blood pressure 144/81. Weighs 219 pounds. The patient is alert, oriented, pleasant, and well-groomed. Clear bilateral breath sounds upper and lower lobes. S1, S2. No bruits. DTRs are 1-2+. Strength is 5/5. Active bowel sounds. Tongue to midline. No paralysis. Positive PERLLA. No nystagmus.

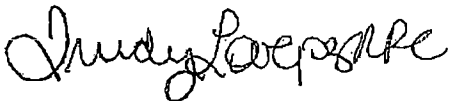
ASSESSMENT:

1. RIGHT CARPAL TUNNEL.
2. CHRONIC LEFT C6 RADICULOPATHY.
3. C3, C4, C6, C7 HERNIATED DISKS.

PLAN:

1. I gave a new prescription for a custom-fitted carpal tunnel brace which I have really encouraged to utilize to help with the carpal tunnel on the right side. Prescription given back in September 2010. As of yet, she has not been able to get that obtained through her insurance.
2. Continue with pain management. If no results, we would recommend neurosurgical evaluation.
3. Followup here on a p.r.n. basis.
4. Have given her some Soma samples, #16 tablets. May take q. h.s. p.r.n. May take up to b.i.d.

Thanks very much for allowing us to participate in her care, a very pleasant patient.



Trudy A Lovejoy, NP



George Timothy Baxley, M.D.

/fn/90578

DD: December 17, 2010

DT: December 17, 2010

JOB#: 00189908/Doc#: 40078550

cc: George Timothy Baxley, MD

Dr. June Soubrion 225-0233

Dr. Patel 855-1323

Workmen's Compensation 1-877-905-6428

1 Note 8/3/2009 9:31:00 AM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/03/2009 09:31AM, Examiner: Nancy Smith

Chief complaint

The Chief Complaint is: PT. GO PAIN IN NECK AND RIGHT SHOULDER PAIN FROM BENDING OVER @ WORK X 1 WEEK JPN.

History of present illness

Judy Sanchez is a 49 year old female.
 * Musculoskeletal symptoms Pt. here as a Worker's Comp pt that states that several days ago, about a week ago, she was placed on another job where she had to reach over her head. Later after she left work, she began to really hurt.

Personal history

No recent change in medical history.

Family history unchanged.

Social history unchanged.

Review of systems

Head symptoms: No head symptoms.

Neck symptoms: No neck symptoms.

Eye symptoms: No eye symptoms.

Otolaryngeal symptoms: No otolaryngeal symptoms.

Breast symptoms: No breast symptoms.

Cardiovascular symptoms: No cardiovascular symptoms.

Pulmonary symptoms: No pulmonary symptoms.

Gastrointestinal symptoms: No gastrointestinal symptoms.

Genitourinary symptoms: No genitourinary symptoms.

Endocrine symptoms: No endocrine symptoms.

Hematologic symptoms: No hematologic symptoms.

Musculoskeletal symptoms: Musculoskeletal symptoms.

Neurological symptoms: No neurological symptoms.

Psychological symptoms: No psychological symptoms.

Skin symptoms: No skin symptoms.

Physical findings**Vital signs:****Vital Signs/Measurements**

Tympanic membrane temperature

RR

PR

Blood pressure

Value

Date

97.3 F

04:21PM

14 per min

04:21PM

68 bpm

04:21PM

122/84 mmHg

04:21PM

General appearance:

* Well developed. * Well nourished. * In no acute distress.

Head:

Appearance: * Head normocephalic.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Thyroid: * Showed no abnormalities.

Eyes:

General/bilateral:

7/27/2010

Judy Sanchez 600589

1 8/3/2009 9:31:00 AM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/03/2009 09:31 AM, Examiner: Nancy Smith, FNP

Chief complaint

The Chief Complaint is: PT C/O PAIN IN NECK AND RIGHT SHOULDER PAIN FROM BENDING OVER @ WORKX 1 WEEK/PN.

History of present illness

Judy Sanchez is a 49 year old female.

• Musculoskeletal symptoms Pt here as a Worker's Comp pt that states that several days ago, about a week ago, she was placed on another job where she had to reach over her head. Later after she left work, she begin to really hurt.

Personal history

No recent change in medical history.

Family history unchanged.

Social history unchanged.

Review of systems

Head: No head symptoms.

Neck: No neck symptoms.

Eyes: No eye symptoms.

Otolaryngeal: No otolaryngeal symptoms.

Breasts: No breast symptoms.

Cardiovascular: No cardiovascular symptoms.

Pulmonary: No pulmonary symptoms.

Gastrointestinal: No gastrointestinal symptoms.

Genitourinary: No genitourinary symptoms.

Endocrine: No endocrine symptoms.

Hematologic: No hematologic symptoms.

Musculoskeletal: Musculoskeletal symptoms.

Neurological: No neurological symptoms.

Psychological: No psychological symptoms.

Skin: No skin symptoms.

Physical findings

Vital Signs/Measurements

Tympanic membrane temperature

RR

PR

Blood pressure

Value

Date

97.3 F

8/03/2009

14 per min

8/03/2009

68 bpm

8/03/2009

122/84 mmHg

8/03/2009

Well developed, well nourished, and in no acute distress.

Head normocephalic.

The neck demonstrated no decrease in suppleness and the thyroid showed no abnormalities.

PERRLA.

No adenopathy.

The lungs were clear to auscultation and no abnormal breath sounds/voice sounds were heard.

JVD not increased. Heart rate and rhythm normal, no gallop was heard, and no pericardial friction rub was heard. No murmurs were heard, no bruit in the carotid artery, arterial pulses were normal, and edema not present.

The bowel sounds were normal, the abdomen was soft, no abdominal tenderness, no abdominal mass was

Pupils: ° PERCLA.

Lymph Nodes:

° No adenopathy.

Lungs:

° Clear to auscultation. ° Normal breath sounds/voice sounds.

Cardiovascular system:

Jugular Venous Distention: ° JVD not increased.

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° No gallop was heard. ° No pericardial friction rub heard.

Murmurs: ° No murmurs were heard.

Carotid Arteries: ° No bruit in the carotid artery.

Arterial Pulses: ° Normal.

Edema: ° Not present.

Abdomen:

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Spleenic Findings: ° Spleen was not enlarged.

Musculoskeletal system:

General/Bilateral: ° Normal movement of all extremities Full ROM noted in her right shoulder but with mild/moderate pain elicited.

Neurological:

Sensation: ° No sensory exam abnormalities were noted.

Motor: ° Strength was normal.

Coordination/Cerebellum: ° No bilateral incoordination was noted.

Gait And Stance: ° Normal.

Psychiatric Exam:

° Mood was not anxious. ° Affect was congruent with the mood.

Skin:

° General appearance was normal. ° No generalized cyanosis. ° Not dry. ° Not generally warm.

Tests**HCPES:**

Value

INJECTION - DEXAMETHASONE ACETATE - 1 MG 8 units total;

HCPES:

Value

INJECTION - DEXAMETHASONE SODIUM PHOSPHATE - 1 MG 4 units total

Assessment

• Shoulder joint pain

• Cervicalgia

Therapy

Recommended the following: Return in one week. Light duty no pulling or lifting >20 lbs. Avoid the extra job that caused her the pain.

Plan

Relafen 500 mg tablet, SIG: 1 tab(s) orally 2 times a day for 30 day(s) with food. Dispense: 60 tab(s). Refill: 2.

Practice Management

New outpatient expanded h&p - straightforward decisions 99202. Total face to face time was unspecified.

7/27/2010

Judy Sanchez 600589

palpated, the liver was not enlarged, and the spleen was not enlarged.

Normal movement of all extremities Full ROM noted in her right shoulder but with mild/moderate pain elicited.

No sensory exam abnormalities were noted, motor strength was normal, and no bilateral incoordination was noted. Gait and stance were normal.

The mood was not anxious and the affect was congruent with the mood.

The skin general appearance was normal and no generalized cyanosis. The skin was not dry and the skin was not generally warm.

Tests

Injection - Dexamethasone Acetate - 1 mg 8 units total.

Injection - Dexamethasone Sodium Phosphate - 1 mg 4 units total.

Assessment

Shoulder joint pain.

- Cervicalgia

Therapy

Recommended the following: Return in one week. Light duty no pulling or lifting >20 lbs. Avoid the extra job that caused her the pain.

Plan

Relafen 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) with food. Dispense: 60 tab(s). Refill: 2.

Practice Management

New outpatient expanded h&p - straightforward decisions 99202; Total face to face time was unspecified

0047504

Garbry, McAlpine, Mr.
Henry Kuntze, D.A.C.
April 1935, D.A.C.
Stephen L. Small, FNP
Nancy Smith, DNP

ENCOUNTER SUMMARY

Converted Appt.

Patient Name: Sanchez, Judy
Chart No:
Phone: (864) 287-0746
Age: 49 yrs

Date: 08/10/2009
Doctor of Record: Henry Ramirez
Examiner: Stephen Small

I. SUBJECTIVE

Chief Complaint: Recheck right shoulder injury W/C

Subjective Text: DOL 7-27-9 Right shoulder soreness and neck soreness and stiffness from injury at work.

II. OBJECTIVE

Objective Text: Exam of the right shoulder and neck shows mild improvement over Nancys visit last week with motion degree. Her shoulder has normal motion. Her neck still is moderately restricted lateral rotation. Tenderness is upper trapezius bilateral.

III. ASSESSMENT

Assessment Text: Myalgia, cervicalgia, cervicof sprain.

Current Problems:

Description	Identified	Status	Category	Condition
Myalgia	08/10/2009		diagnostic	
ADDENDA: 08/11/2009				
Neck Pain	08/03/2009		diagnostic	
ADDENDA: 08/03/2009				
Sprain - Neck	08/10/2009		diagnostic	
ADDENDA: 08/11/2009				
Shoulder Pain	08/03/2009		diagnostic	
ADDENDA: 08/03/2009				

IV. PLAN

Plan Text: Continue light duty one more week. Recommended she stay in her own department but if pulled should not perform any order pulling. Minimize work above her head. She will return in one week to see Nancy for followup

Orders:

Description	Code	Level	Problems	Reviewed
Procedures				
Kenalog	J3301	1	Myalgia	
Kenalog	J3301	1	Sprain - Neck	

08/12/2009 12:00:00 AM

Page 1

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ANTZENING

PHYSICAL ASSESSMENT FOR JOB PLACEMENT

Patient Name: Judy Sanchez
Assessment Date: 8-3-09

General: None 1 1
Degree of: Minimal 1 1
Injury: Slight 1 1
Moderate: ✓
Severe: 1 1

1. Diagnosis:

Shoulder Strain
Back Strain

2. ☐ Patient is released to return to his/her regular job without restriction on DATE (See Section 6)

☒ Patient is released to return to work with the restriction(s) noted below on 8/3/09 DATE

3. In a workday, the patient can: "Occasionally" equals 33% "Frequently" equals 66-88% "Continuously" equals 89-100% (these are his estimates only)

PHYSICAL CAPABILITIES

	Occasionally	Frequently	Continuously
Bend	✓	✓	✓
Squat	✓	✓	✓
Claw	✓	✓	✓
Climb	✓	✓	✓
Twist	✓	✓	✓
Walk on Rough Ground	✓	✓	✓
Reach Above Shoulder	✓	✓	✓
Work at Heights	✓	✓	✓

Up to 5 pounds	✓	✓	✓
6 - 10 pounds	✓	✓	✓
11 - 20 pounds	✓	✓	✓
21 - 50 pounds	✓	✓	✓
51 - 100 pounds	✓	✓	✓

Up to 5 pounds	✓	✓	✓
6 - 10 pounds	✓	✓	✓
11 - 20 pounds	✓	✓	✓
21 - 50 pounds	✓	✓	✓
51 - 100 pounds	✓	✓	✓

HANDS AND ARMS

Patient can use hands and arms for repetitive motion such as:

Simple Grasping:

Right: Yes ✓ No 1 1
Left: Yes ✓ No 1 1

Fine Manipulating:

Right: Yes ✓ No 1 1
Left: Yes ✓ No 1 1

Pushing & Pulling:

Right: Yes ✓ No 1 1
Left: Yes ✓ No 1 1

FEET AND LEGS

Patient can use foot and legs for repetitive movements in operating 100% continually

Right: Yes ✓ No 1 1 Left: Yes ✓ No 1 1 Right: Yes ✓ No 1 1

ENDURANCE Hours

	1	2	3	4	5	6	7	8	9	10
Sit										
Walk										
Stand										

The patient takes pain medication: ✓
Occasionally: 1 1 Frequently: 1 1

4. Remarks (other functional limitations):

5. ☒ Patient will next be examined by W Smith FNP on 8/10/09 @ 4:00pm
PHYSICIAN DATE

☐ No follow-up examination appears necessary at this time.

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Judy Sanchez 600589

7/27/2010

1 8/10/2009 4:05:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/10/2009 04:05PM, Examiner: Stephen T. Small, FNP

Chief complaint

The Chief Complaint is: Recheck right shoulder injury W/C.

Tests

- Ordered Injection - Triamcinolone Acetonide (Kenalog) - per 10 mg 120 mg IM

Assessment

- Neck sprain
- Cervicalgia
- Myalgia and myositis



Upstate
Medical
Associates, P.A.

Calhoun Medicine, MD
Manny Ramirez, PA-C
April Ross, PA-C
Robert L. Small, MD
Bridget Smith, FNP

Patient Name: Quely Sanchez

Address: _____ Date: 8/17/09

Please excuse from: ☒ Work ☐ School

This patient has been under my care since: 8/3/09

May return to work/school on: _____

Restrictions: ☐ None ☒ Light Duty

Comments: No lifting >20lbs
No pulling heavy boxes
No worker filling order

UP Smith, PCNP
Signature

15575 Wells Hwy, Sencen, SC 29878
Phone: 864.886.2000 Fax: 864.888.3618 Email: upstatemedical@hsc.com

Judy Sanchez 600589

8/17/2009

1 Note 8/17/2009 2:22:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/17/2009 02:22PM, Examiner: Nancy Smith

Chief complaint

The Chief Complaint is: PT HERE FOR RECHECK ON NECK STATES STILL A LITTLE SORE BUT BETTER
JPN

Physical findings

Vital signs:

Vital Signs-Measurements

Tympanic membrane temperature

RR

HR

Blood pressure

Value

97.4 F

14 per min

72 bpm

122/74 mmHg

Date

8/19/2009

8/19/2009

8/19/2009

8/19/2009

Tests

HCPCS

Value

INJECTION-KETOROLAC TROMETHAMINE-PER 15 MG (TORADOL) 4 units total

JANITZENING.

PHYSICAL ASSESSMENT FOR JOB PLACEMENT

Patient Name Judith Sanchez
 Assessment Date 8-10-09

General None 1
 Degree of Minimal 2
 Impairment Slight 3
Moderate 4
Severe 5

1. Diagnosis: Cervical strain, carpalgia, myalgia

2. ☒ Patient is released to return to his/her regular job without restrictions on. (Skip to Section 5)

☒ Patient is released to return to work with the restriction(s) noted below on 8-17-09 DATE

3. In a workday, the patient can: "Occasionally" equals 1-33% "Frequently" equals 34-66% "Continuously" equals 67-100% i.e. all day, all shift, all states city)

PHYSICAL CAPABILITIES

	Not at All	Occasionally	Frequently	Continuously
Bend:				
Squat:				
Crawl:				
Climb:				
Twist:				
Walk on Rough Ground:				
Reach Above Shoulders:				
Work at Height:				

Up to 5 pounds:				
6 - 10 pounds:				
11 - 20 pounds:				
21 - 50 pounds:				
51 - 100 pounds:				

Up to 5 pounds:				
6 - 10 pounds:				
11 - 20 pounds:				
21 - 50 pounds:				
51 - 100 pounds:				

HANDS AND ARMS

Patient can use hands and arms for repetitive action such as:

Simple Grasping
 Right: Yes ☒ No ☐
 Left: Yes ☒ No ☐

Fine Manipulating
 Right: Yes ☒ No ☐
 Left: Yes ☒ No ☐

Pushing & Pulling
 Right: Yes ☒ No ☐
 Left: Yes ☒ No ☐

FEET AND LEGS

Patient can use feet and legs for repetitive movement as in operating foot controls:

Right: Yes ☒ No ☐
 Left: Yes ☒ No ☐
 Both: Yes ☒ No ☐

ENDURANCE Hours

	1	2	3	4	5	6	7	8	9	10
Sit										
Walk										
Stand										

The patient takes pain medication: Occasionally

Occasionally ☐ Regularly ☐

4. Remarks (other functional limitations):

She is improving, cannot care.

5. ☒ Patient will next be examined by: Nancy Smith on 1 week DATE

☐ No follow-up examination appears necessary at this time.

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Judy Sanchez 600589

7/27/2010

1 8/17/2009 2:22:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/17/2009 02:22PM, Examiner: Nancy Smith, F N P

Chief complaint

The Chief Complaint is: PT HERE FOR RECHECK ON NECK STATES STILL ALITTLE SORB BUT BETTERJPN.

Physical findings

Vital Signs/Measurements

Tympanic membrane temperature

RR

PR

Blood pressure

Value

97.4 F

14 per min

72 bpm

122/74 mmHg

Date

8/19/2009

8/19/2009

8/19/2009

8/19/2009

Tests

Injection - Ketorolac Tromethamine - per 15 mg (Toradol) 4 units total.

Judy Sanchez 600589

7/27/2010

1 Note 8/24/2009 2:09:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/24/2009 02:09PM, Examiner: Nancy Smith, FNP

Chief complaint

The Chief Complaint is: PT HERE FOR CHECK UP ON NECK AND UPPER BACK PT STATES STILL BOTHERING HER JPN.

History of present illness

Judy Sanchez is a 49 year old female.

• Musculoskeletal symptoms Pt here for F/U for Worker's Comp where she was placed on another job where she had to reach over her heads that strained her right shoulder and neck. She has had some relief with Relafen but had to go off it due to it hurting her stomach. She has not had to work that job since but is still having a lot of pain.

Personal history

No recent change in medical history.

Family history unchanged.

Social history unchanged.

Review of systems

Head: No head symptoms.

Neck: No neck symptoms.

Eyes: No eye symptoms.

Otolaryngeal: No otolaryngeal symptoms.

Breasts: No breast symptoms.

Cardiovascular: No cardiovascular symptoms.

Pulmonary: No pulmonary symptoms.

Gastrointestinal: No gastrointestinal symptoms.

Genitourinary: No genitourinary symptoms.

Endocrine: No endocrine symptoms.

Hematologic: No hematologic symptoms.

Musculoskeletal: Musculoskeletal symptoms.

Neurological: No neurological symptoms.

Psychological: No psychological symptoms.

Skin: No skin symptoms.

Physical findings

Vital Signs/Measurements

Tympanic membrane temperature

RR

PR

Blood pressure

Value

97.3 F

16 per min

78 bpm

122/78 mmHg

Date

8/26/2009

8/26/2009

8/26/2009

8/26/2009

Well developed, well nourished, and in no acute distress.

Head normocephalic.

The neck demonstrated no decrease in suppleness and the thyroid showed no abnormalities.

PERRLA.

No adenopathy.

The lungs were clear to auscultation and no abnormal breath sounds/voice sounds were heard.

JVD not increased. Heart rate and rhythm normal, no gallop was heard, and no pericardial friction rub was heard. No murmurs were heard, no bruit in the carotid artery, arterial pulses were normal, and edema not present.

The bowel sounds were normal, the abdomen was soft, no abdominal tenderness, no abdominal mass was

Judy Sanchez 600589

7/27/2010

palpated, the liver was not enlarged, and the spleen was not enlarged.

Normal movement of all extremities Moderate loss of ROM and increase pain on the right shoulder and neck.

No sensory exam abnormalities were noted, motor strength was normal, and no bilateral incoordination was noted. Gait and stance were normal.

The mood was not anxious and the affect was congruent with the mood.

The skin general appearance was normal and no generalized cyanosis. The skin was not dry and the skin was not generally warm.

Assessment

- Shoulder joint pain
- Neck sprain
- Cervicalgia
- Myalgia and myositis

Therapy

Recommended the following: Therapy at Hummel's therapy for 4 weeks - 3 x's a week, Encouraged Alieve 2 tabs BID. Medrol Dose Pack today.

Pt's cell phone number 287-0746
Jantzen 882-3393.

Plan

MEDROL Dose Pak. SIG: orally Take as directed. Dispense: 1 ea, Refill: 0.

Practice Management

Etab outpatient detailed h&p - moderate complexity decision 99214; Total face to face time was unspecified

Judy Sanchez 600589

7/27/2010

1 8/31/2009 2:36:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 8/31/2009 02:36PM, Examiner: Nancy Smith, F N P

Chief complaint

The Chief Complaint is: PT HERE FOR RECHECK ON NECK FROM WORK INJURY PT STATES NO BETTERJPN.

Physical findings

Vital Signs/Measurements
Tympanic membrane temperature
RR
PR
Blood pressure

Value	Date
96.6 F	9/01/2009
16 per min	9/01/2009
70 bpm	9/01/2009
126/74 mmHg	9/01/2009

1 Note 9/14/2009 2:05:00 PM

Judy Sanchez, Gender: F, DOB: 3/10/1960, Encounter Date and Time: 9/14/2009 02:05PM, Examiner: Nancy Smith

Chief complaint

The Chief Complaint is: W/C recheck - still is not better.

History of present illness

Judy Sanchez is a 49 year old female.

• Musculoskeletal symptoms Pt here for recheck for right shoulder pain due to a strain on a job that is not normally her job several weeks ago. She is currently taking therapy and taking an antiinflammatory. She has been applying heat and ice. Pt still c/o that it really hurts esp with activity.

Personal history

No recent change in medical history.

Family history unchanged.

Social history unchanged.

Review of systems

Head symptoms: No head symptoms.

Neck symptoms: No neck symptoms.

Eye symptoms: No eye symptoms.

Otolaryngeal symptoms: No otolaryngeal symptoms.

Breast symptoms: No breast symptoms.

Cardiovascular symptoms: No cardiovascular symptoms.

Pulmonary symptoms: No pulmonary symptoms.

Gastrointestinal symptoms: No gastrointestinal symptoms.

Genitourinary symptoms: No genitourinary symptoms.

Endocrine symptoms: No endocrine symptoms.

Hematologic symptoms: No hematologic symptoms.

Musculoskeletal symptoms: Musculoskeletal symptoms.

Neurological symptoms: No neurological symptoms.

Psychological symptoms: No psychological symptoms.

Skin symptoms: No skin symptoms.

Physical findings**Vital signs:**

Vital Signs/Measurements	Value	Date
Tympanic membrane temperature	98.1 F	9/15/2009
RR	14 per min	9/15/2009
PR	72 bpm	9/15/2009
Blood pressure	126/72 mmHg	9/15/2009

General appearance:

° Well developed. ° Well nourished. ° In no acute distress.

Head:

Appearance: ° Head normocephalic.

Neck:

Suppleness: ° Neck demonstrated no decrease in suppleness.

Thyroid: ° Showed no abnormalities.

Eyes:

General/bilateral:

Pupils: ° PERRLA.

Lymph Nodes:

° No adenopathy.

Lungs:

° Clear to auscultation. ° Normal breath sounds/voice sounds.

Cardiovascular system:

Jugular Venous Distention: ° JVD not increased.

Heart Rate And Rhythm: ° Normal.

Heart Sounds: ° No gallop was heard. ° No pericardial friction rub heard.

Murmurs: ° No murmurs were heard.

Carotid Arteries: ° No bruit in the carotid artery.

Arterial Pulses: ° Normal.

Edema: ° Not present.

Abdomen:

Auscultation: ° Bowel sounds were normal.

Palpation: ° Abdomen was soft. ° No abdominal tenderness. ° No mass was palpated in the abdomen.

Hepatic Findings: ° Liver was not enlarged.

Splenic Findings: ° Spleen was not enlarged.

Musculoskeletal system:

General/bilateral: ° Normal movement of all extremities Right shoulder has moderate pain on ROM. Esp with abduction and extension. The area around the upper neck is also tender. There is no bruising or swelling noted.

Neurological:

Sensation: ° No sensory exam abnormalities were noted.

Motor: ° Strength was normal.

Coordination / Cerebellum: ° No bilateral incoordination was noted.

Gait And Stance: ° Normal.

Psychiatric Exam:

° Mood was not anxious. ° Affect was congruent with the mood.

Skin:

° General appearance was normal. ° No generalized cyanosis. ° Not dry. ° Not generally warm.

Assessment

- Shoulder joint pain
- Neck sprain
- Cervicalgia
- Myalgia and myositis

Therapy

Recommended the following: Will refer to Orthopedics. Will call Worker's Comp to get approval.

Practice Management

Estab outpatient expanded h&p - low complexity decisions 99213; Total face to face time was unspecified

FRM OPZ.

2-50 lbs

bend over.

Neck

Q Munk

Q Radiology

Schw

Dr 7

Wk 5 m

7/10

WC

Light duties

16 lbs 20 lbs

DCC: Genuinely

Placing

OAKTREE MEDICAL CENTRE, PC

DEPARTMENT OF ORTHOPEDICS

DR. DARIUS DIVINA

DOS: 10/20/09

DOB: 3/10/60

Patient Name: Judy Sanchez

DOSX:

Account #: 12471

Vitals:

DOI: July 27, 2009

Height: 5'3"

Referring Dr:

Weight: 221

Narcotic Contract:

BP: 118/84

DT x 4 (10/20/09)

(12 units)

med team

x 3/10/05

Perry Ellis

History:

neck Right side pain

bend over at work for most of day & when finished

shift very stiff & painful on ~~Sept 27~~ July 27, 2009.

some better but still pain & occas. pain to shoulder.

*Rays at Seneca no MRI or anything else.

Dr. Note:

(8/09) Flexeril in beginning - upset stomach

steroid & anti-inflammatory shots 14 wk PT some relief

Star

Q Cervical
Ant pain

Q Seated neck pain

From A pain lying

Q Spinal

Cervical pain

Plan:

DT 3/10

PM OPZ

Refus 10/27
16 lbs 20 lbs
bent over
shd

tons unit
Narz

non-steroidal

Amex 152 7/10/09 #20

celebrex 200 7/10/09 #60

10/20/09 7/10/09 #30

4093133560001.003

Orthopedic Associates

Phone: (864)855-1633 Fax: (864)855-1323

Patient ID: 72471JS

Patient Name: JUDY SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 10/20/2009

CHIEF COMPLAINT: Judy Sanchez is a 49 year old new patient seen in our office today. The patient complains of shoulder symptoms.

HAND DOMINANCE: The patient is left hand dominant.

HISTORY OF PRESENT ILLNESS:

SHOULDER SYMPTOMS: Symptoms are localized to the neck on the right.

PAST MEDICAL HISTORY:

MEDICAL: Diabetes, headaches, thyroid disease.

SURGICAL: Cholecystectomy, tubal ligation, D&C, sinus surgery x2.

CURRENT ALLERGY LIST:

NO KNOWN ALLERGIES

CURRENT MEDICATION LIST:

LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG, 1 tab po qd

LISINAPRIL ORAL TABLET 10 MG, 1 tab po qd

METFORMIN HCL ORAL TABLET 500 MG, 4 tabs po qd

GLIMEPIRIDE ORAL TABLET 2 MG, 1 tab po qd

SIMVASTATIN ORAL TABLET 80 MG, 1 tab po qd

ACTOS ORAL TABLET 15 MG, 1 tab po qd

FAMILY HISTORY:

GENERAL FAMILY ILLNESS: Positive history of hypertension, positive history of hypercholesterolemia, positive history of heart disease/stroke.

SOCIAL HISTORY:

MARITAL STATUS: Patient is married.

OCCUPATION: Perry Ellis/Jantzen

TOBACCO USE: Has no smoking history.

ALCOHOL: Does not give any significant history of alcohol usage.

ILLCIT DRUG USE: No history of illicit drug use or prescription misuse.

REVIEW OF SYSTEMS:

MUSCULOSKELETAL: See HPI.

NEUROLOGICAL: Has headaches.

DARIUS DIVINA, DO

OAKTREE ORTHOPAEDICS

**115 Brushy Creek Road
Easley, SC 29642**

Phone: 864-855-1633

Fax: 864-855-1323

PATIENT'S NAME: JUDY SANCHEZ
DATE OF BIRTH: 03/10/60
MRN: 72471
DATE OF INJURY: 07/27/09
DATE OF SERVICE: 10/20/09

CHIEF COMPLAINT: Neck pain.

HISTORY OF PRESENT ILLNESS:

This 49-year-old female presents to my clinic today in regard to the above. The patient states on the above-mentioned date, she was bending over at work for most of the day, which she usually does. When she finished, she had increased stiffness and increased pain of her neck. She denies, at any time, any numbness or tingling and/or radiation of pain to her fingertips. The patient did see her Workers' Compensation doctor one week after her alleged injury. The patient works as an FRM operator. She lifts, at any time, anything from 2-15 pound boxes, which she bends over and picks up and puts at waist level and/or shoulder level. Since the alleged injury, the patient has been on light duty with no lifting greater than 20 pounds with occasional bending and reaching. She did undergo approximately 12 visits of physical therapy with minimal relief. At present, for the past three weeks, she has been on medical leave due to a personal issue. The patient states she did take Flexeril early in her treatment, but it upset her stomach.

The patient's complete history and physical as well as medication survey has been reviewed by me and included in the chart.

ALLERGIES:

None

CURRENT MEDICATIONS:

Levothyroxine
Lisinopril
Metformin
Glipizide
Simvastatin
Actos

PAST MEDICAL HISTORY:

Sleep apnea
Diabetes
Headaches, which include migraine headaches at times

Continued . . .

PAST SURGICAL HISTORY:

Sinus surgery x 2
D&C
Cholecystectomy
Tubal ligation

SOCIAL HISTORY:

The patient denies any tobacco or alcohol use. She currently works for Perry Ellis/Jantzen as an FRM operator.

FAMILY HISTORY:

Father is alive at age 74 in good health. Mother deceased at age 55 from complications from bleeding ulcers.

PHYSICAL EXAMINATION:

Ht: 5' 3" Wt: 221 lbs. BP: 118/84 P: -- R: -- Temp: Afebrile

General: The patient is alert and oriented x 3 and in no acute distress.

Physical examination of her cervical spine shows full active and passive range of motion. There is increased right-sided pain on palpation. She has equal grip strength. The patient is neurovascularly intact without paresthesias to her upper extremities. Negative Spurling's maneuver.

X-rays were taken today in my office, which show a lack of lordosis and anterior spurring to the lower vertebra, but no acute obvious osseous abnormalities, fractures, dislocations, or spondylolisthesis.

ASSESSMENT/PLAN:**1. CERVICAL PAIN.**

I took the opportunity, in great detail, to discuss the patient's symptoms. I recommended physical therapy three times a week for six weeks including iontophoresis and a TENS Unit. Amrix 15-mg one PO q.h.s. dispense #20, with no refills was prescribed. Celebrex 200-mg one PO b.i.d. dispense #60, with no refills and Ryzolt 100-mg one PO q. day dispense #30, with no refills were prescribed. Her work note states she may start on 10/22/09 and may not lift greater than 20 pounds, occasional overhead activity, shoulder level reaching, and outstretched reaching. A narcotic contract was signed today. I will see her back in four weeks for reevaluation. All information was understood and all questions were answered. She is well in agreement with my treatment plan.

Darius Divina, DO
Board Certified Orthopedic Surgeon

DD:ats6

Voice File: 1020-031

Transcription dictated but not read in order to expedite records.

Orthopedic Associates
Phone: (864) 855-1633 Fax: (864) 855-1323

Patient ID: 7247193

Patient Name: JUDY SMITH

Date of Birth: 03/10/1960

Date of Service: 10/20/2009

Addendum - 11/06/2009 10:55 am

The patient was ordered a RS2m muscle stimulator to assist in relief of neck pain, to reduce muscle spasms, and prevent disuse atrophy.

Electronically Signed by: Jennifer Huff on Friday, November 06, 2009

WATSON, DO

Page 2 of 2

OAKTREE MEDICAL CENTRE, PC
DEPARTMENT OF ORTHOPEDICS
DR. DARIUS DIVINA

DOS: 1-12-10 DOB: 3-10-60

PATIENT NAME: Judy Sanchez DOSx: _____

ACCOUNT #: 72471 VITALS: _____

DOI: 7-27-09 HEIGHT: _____

REFERRING Dr: _____ WEIGHT: _____

NARCOTIC CONTRACT: _____ BP: _____

HISTORY: MRI #4
MRI Not Done (no apt given)

Pain - same (still sore today)
TENS - used as needs (depends on what help is doing)
- says she is having problems w/ unit

Dr. NOTES:

Innervision
states ~~DO~~ w/C
Denied

ASSESSMENT:

PLAN:

Orthopedic Associates

Phone: (864)855-1633 Fax: (864)855-1323

PatientID: 72471JS

Patient Name: JUDY K. SANCHEZ

Date of Birth: 03/10/1960

Date of Service: 01/13/2010

PATIENT'S HOME PHONE: (864) 287-0746

PATIENT'S WORK PHONE: (864) 760-8872

PATIENT GENERATED CALL: SHANA WITH THE HARTFORD CALLING REGARDING PATIENT. THERE IS A LOT OF MISCOMMUNICATION GOING ON SHE SAYS. EVERYTHING HAD BEEN APPROVED SHE SAID FOR MRI AND FOR HER TO FOLLOW UP YESTERDAY, BUT WHEN PATIENT ARRIVED SHE WAS SENT AWAY AFTER WAITING FOR AN HOUR. SHANA WOULD LIKE JENNIFER TO CALL HER BACK SOON AS POSSIBLE TO FIND OUT WHAT IS GOING ON.

CALL BACK # 1-877-673-922-2549 ?????

REF# YKYC873

ACTION: Called and talked with Shana and she was expecting us to call One Call for MRI set up on pt. Miscommunication, I thought she said she would have One Call call us to get info on pt. Called One Call and got it set up/ Shana notified. Pt came in for appt on 1/12/10 w/o MRI appt and was told needed MRI/ she was in exam room for 15 min.

DARJUS DIVINA, DO

OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Pasley, SC 29642

Phone: 864-855-1638

Fax: 864-855-1323

PATIENT'S NAME: JUDY SANCHEZ
DATE OF BIRTH: 03/10/60
MRN: 72471
DATE OF INJURY: 07/27/09
DATE OF SERVICE: 03/02/10

HISTORY OF PRESENT ILLNESS:

The patient is here for her MRI results. She states the right side of her neck is still hurting some. She states she has been working many hours and sometimes she applies a heating pad to her shoulder, which does help her.

All patient history as recorded in the initial history and physical remains the same today's date.

EXAMINATION:

Physical examination of her cervical spine shows overall decreased range of motion.

I reviewed her MRI. Please see attached note.

ASSESSMENT/PLAN:

I. CERVICAL PAIN.

I would like to refer her to Dr. McDonald due to the MRI findings. She is to avoid lifting, stooping, and kneeling until further notified. She is to follow-up on an as-needed basis.

Darius Divina, DO
Board Certified Orthopedic Surgeon

DD:ats6
Voice File: 0303-031

Transcription dictated but not read in order to expedite records.

OAKTREE MEDICAL CENTRE, PC
DEPARTMENT OF ORTHOPEDICS
DR. DARIUS DIVINA

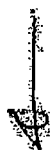
DOS: 2/2/10 DOB: 3/10/60
PATIENT NAME: JANU SANCHEZ DOS: _____
ACCOUNT#: 72471 VITALS: _____
DOB: 7/27/09 HEIGHT: _____
REFERRING DR: _____ WEIGHT: _____
NARCOTIC CONTRACT: _____ RPI: _____

HISTORY: MRI results

Ⓟ side of neck still hurting some
been working alot, sometimes in shoulder
using heating pad after work

DR. NOTES:

Neck



RDM

ASSESSMENT:

Cervical pain

PLAN:

Refer to DR. MacDonald
No lift, NO stooping,
NO bending

OAKTREE ORTHOPAEDICS

108 Montgomery Road
Anderson, SC 29621

Phone: 864-231-7373

Fax: 864-231-7379

PATIENT'S NAME: JUDY SANCHEZ
DATE OF BIRTH: 03/10/60
MRN: 72471
DATE OF SERVICE: 04/26/10

HISTORY OF PRESENT ILLNESS:

The patient was being followed on an as needed basis. She told me she was not approved for a neurosurgeon appointment, but they did approve a neurologist appointment, which is next Tuesday. The patient states three weeks ago, she had some increasing numbness and tingling to her right index and middle fingers. This is new to her.

All patient history as recorded in the initial history and physical remains the same today's date.

EXAMINATION:

Physical examination shows decreased sensation to her right index and right middle fingers. She has continued cervical spine pain.

ASSESSMENT/PLAN:

1. CERVICAL SPINE PAIN WITH RADICULAR TYPE SYMPTOMS.

At this point, I told her that I still feel that a neurosurgeon is what she needs, not a neurologist. We may be looking at a surgical decompression of her spine. With that said, I did fill out her workers' compensation note. Lortab 10/325 one PO q4-6h p.r.n. pain dispense #40, with no refills was prescribed. She is to follow-up on an as needed basis.

Darius Divina, DO
Board Certified Orthopedic Surgeon

DD:ats6
Voice File: 0426-023

Transcription dictated but not read in order to expedite records.

OAKTREE MEDICAL CENTER, PC
DEPARTMENT OF ORTHOPAEDICS
DR. DARIUS DIVINA

DOS: 4/20/10 DOB: 3-10-60

Patient Name: Judy Sanchez DOSx: _____

MRN# 72471

Vitals:

DOI: _____

Height: _____

Referring Dr: _____

Weight: _____

Narcotic Contract: _____

BP: _____

History: F/U Visit

3 wks ago
numbness to
THUMB

Increased pain & numbness in Right arm.

- Workman's Comp will not approve Neuro Surgeon
but she does has appt w/ Neurologist

Dr. Notes:

to next

times

Assessment:

(10) neck +
(18) middle.

Consent

Plan:

Avoid left, stoop,
kneel.

Costak 10/325 #110

178

PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210

bobnorabraham@bellsouth.net

PH: 803-731-0588 FAX: 803-731-0589

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

ROB BRABHAM, JR., MRC, CRC

NORA HEAPE, RN, BA

BETH BURNETT, BA, ED.

DENISE YARBOROUGH, ADMIN. ASST.

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Judy K. Sanchez

ID Number: xxx-xx-5290

Date of Birth: 03-10-1960

Age at Evaluation: 52

Date of Evaluation: 07-09-2012

Date of Report: 07-10-2012

Referral and Background Information: Ms. Sanchez is a 52-year-old Merchandiser Operator for the Perry Ellis Men's Wear Distribution Center, work she has performed for nearly 8 years. She was referred for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job repetitive injuries she sustained on 07-27-2009. This evaluation took place in the office of Ms. Sanchez's attorney located in Anderson, SC.

Ms. Sanchez indicated that on 07-27-09 she was temporarily assisting in an alternate position as an Order Puller that required she spend the entire day bending, picking up and lifting men's belts. After doing that work for many hours she was experiencing considerable pain, but did not initially appreciate the seriousness of her injuries, and actually completed that work day. However, after a full day of that activity she was experiencing a considerable degree of pain in her neck, as well as right shoulder stiffness and pain.

To her credit, she actually returned to work the following day, but was unable to bend or lift anything of significant weight due to worsening pain symptoms. She was subsequently diagnosed as suffering from cervicalgia, a neck strain, myalgia, and myositis. She also then began to experience right upper extremity/right wrist/right hand pain symptoms and was diagnosed at that time as also suffering from dysesthesia in the right upper extremity.

Despite conservative treatment including prescription medications, physical therapy and epidural steroid injections, Ms. Sanchez continued to experience significant pain symptoms and limitations. Following multiple diagnostic tests, including an MRI and an EMG/NCS, Ms. Sanchez was subsequently diagnosed with neck pain with a central herniation of C3-4, a broad-based left posterolateral herniation at C6-7, degenerative changes at C4-5, C5-6, and C6-7, right C6 radiculopathy, right carpal tunnel syndrome, cervical HNP, cervical radiculopathy, and double crush syndrome in the right upper extremity.

On 05-11-11, Ms. Sanchez underwent multiple surgical procedures described as a "...anterior cervical spine total discectomy and decompression of spinal cord nerve roots, C5-6...Intracervical spine interbody fusion with structure allograft, C5-6...anterior cervical spine instrumentation with plating at C5-6...right carpal tunnel release..." However, despite those procedures, she continued to experience significant pain symptoms and limitation. Following further diagnostic tests, she was diagnosed with progression of deterioration at the C6-7 disk, radiographic evidence of residual spondylitis at C5-6, severe continued foraminal stenosis at C5-6 on the right, moderate canal stenosis at C6-7, and chronic radiculopathy at C6.

At the time of this evaluation, Ms. Sanchez continues to experience significant neck and right shoulder/right wrist/right hand pain symptoms and limitations as a result of her on-the-job injuries.

Ms. Sanchez indicated that she was out of work for about 6 months following surgery, from May through about November 2011. However, she then again returned to work after that 6-month leave of absence. It is clear, however, that even though at the time of this evaluation Ms. Sanchez continues to work in a light duty capacity, she is able to do so only under what clearly constitute "special work conditions".

Her current accommodations include not being expected to lift or perform any physical activities that exceed her restrictions and she indicates that she is provided with a "helper" to perform much of the lifting requirements of her job. She also indicates that she is not expected to work the "typical" overtime as do other workers. Previously she was grateful for that opportunity, but cannot do so anymore. However, in spite of these current special conditions and accommodations, she is "convinced" that as soon as this worker's compensation claim is resolved, she will be terminated due to her inability to perform the full range of her regular job duties. She has no expectation that her employer can or will be able to provide permanent accommodations. This expectation of "sooner or later" losing her job clearly adds to the anxiety and depression that she is experiencing as a result of her repetitive on-the-job injuries.

She and her husband have been married for 10 years, her second marriage. They have no children together, but Ms. Sanchez has a 23-year-old daughter from a prior "relationship". Mr. Sanchez is a Landscaper.

Ms. Sanchez arrived promptly for this evaluation and drove herself. She reported that she continues to drive to work on a daily basis, about a 40-minute trip one way, but with considerable neck and right upper extremity pain when seated in a relatively fixed position maneuvering the steering wheel, as driving requires. As will be noted, by the completion of her workday and the return drive to her home at the end of that time she is "miserable" with pain and requires an hour or two to "recover" sufficiently for even a light evening routine of household activities.

Her general appearance, hygiene and personal grooming were good. She is 5' 3" in height, and weighs about 196 pounds, a reported loss of about 30 pounds due to deliberate dieting related to her diabetic condition. She wears glasses for reading. She does not require the use of a hearing aid.

She does not require the use of any assistive device for mobility or stability. She wriggled and changed positions throughout the evaluation, citing neck and right upper extremity pain.

At the time of this evaluation Ms. Sanchez continues to work on a full-time basis, albeit in a light duty capacity. However, she is no longer able to work any over-time hours (8-10 hours per week) and, thus, she has experienced a loss of earning capacity due to her ongoing medical conditions and physical limitations.

Sources of Information:

Medical Records from:

Nancy Smith, FNP	Kent Kistler, M.D.
Neurology Associates of Greenville, P.A.	
Oaktree Medical Centre, PC	
Oaktree Orthopaedics	Darius Divina, DO
Phillip Hodge, M.D.	
Anderson Radiology	Wes Phelan, M.D.
Innvision MRI & Imaging	Christopher Sidden, M.D.
Piedmont Spine and Neurosurgical Group, P.A.	Michael Bucci, M.D.
St. Francis Downtown	Michael Bucci, M.D.
Pain Management Associates	Jay Patel, M.D.
Clemson Neurology, PC	G. Timothy Baxley, M.D.
Byron Marsh, M.D.	
ErgoScience (FCE)	Kristen Bouchard, MPT

Psychological Testing and Evaluation Results:

Wechsler Adult Intelligence Scale – Fourth Edition
Wide Range Achievement Test – Revision 4
Beck Depression Inventory – II
Diagnostic Screening for Anxiety
Clinical Interview and Behavioral Observations
Mental Status Examination

Activities of Daily Living: She lives with her husband in a mobile home. She gets up each day at about 5:30 AM to get ready for work. She is able to handle her basic personal grooming and toilet needs without assistance, but continues to experience significant hand "stiffness" in the morning hours upon awakening. She is no longer able to take a tub bath due to her inability to "push up" with her hands as a result of ongoing carpal tunnel symptoms. Thus, she now takes showers only. She also noted that she now wears shoes with "loose" laces, or no laces at all, due to ongoing carpal tunnel symptoms in the right wrist and hand which interfere with her ability to tie her shoes.

She continues to perform one-handed chores around the home, but requires frequent breaks when doing so. She indicated that she is no longer able to perform any yard work or gardening, as well as any heavy task due to having the use of only the left hand.

As noted previously, she continues to experience significant difficulty with any use of the right hand and, therefore, is unable to grip and grasp objects thereby resulting in dropping and breaking objects frequently.

She is able to shop alone, but only occasionally does so. She requires items be packaged for ease of carrying when she is required to shop. She indicated that following each 8-hour workday she is "exhausted" and experiences worsening pain symptoms. She continues to perform home exercises as taught in physical therapy related to her ongoing carpal tunnel symptoms.

Following each 8-hour work day, Ms. Sanchez indicated that she returns home and "rests" in a big chair for about 1-2 hours prior to performing her evening chores, as a result of worsening pain symptoms. She watches television to pass the time in the evenings.

She returns to bed at about 11 PM and gets about 6 hours of sleep. She noted, and medical records confirm, a prior history of sleep apnea which requires that she use a C-PAP machine while sleeping each night.

As a direct result of her on-the-job injuries she is now able to participate in far fewer social or leisure activities than was the case prior to her injuries. She also admits that she has inadequate patience and is easily irritated. She indicated that her relationships with friends, family and others have also changed as a result of her medical conditions. She noted she could no longer sew, knit, or crochet, or play/care for her children/grandchildren/great-grandchildren, all activities she enjoyed prior to her on-the-job injuries. She indicated that since the date of her injuries she attempted to perform yard work on one occasion. However, she noted that that activity resulted in three days of increased pain and, therefore, she no longer performs any such activity.

She noted she has difficulty concentrating and sustaining attention to complete nearly any tasks. Her sexual activity has also changed as a result of her medical conditions, which adds to the depression she is experiencing. The overall quality of her life has clearly been greatly diminished by her injuries.

Educational Background: She graduated from Pendleton High School in 1978. She noted that she participated on various sports teams and in multiple clubs/organizations while attending high school, confirmation of her good health at that time. She has received no further formal training and has no military experience.

Work History: Ms. Sanchez has a stable work history. At the time of her on-the-job repetitive use injuries, she was working primarily as a Merchandiser Operator, but also was expected to perform other duties as needed, all at the Perry Ellis Men's Wear Distribution Center for whom she has worked for nearly 8 years. She earns \$10.54 per hour, now working only 40 hours per week. As noted previously, Ms. Sanchez is no longer able to work any overtime as she had prior to her injuries and, thus, has lost an additional 8-10 hours per week.

Ms. Sanchez indicated that by the end of each work week she continues to experience increasing pain symptoms which are worsening month by month. Thus, she is experiencing considerable anxiety as to if and how long she will be able to continue even her light duty assignment on a long-term basis.

Work as a Merchandiser Operator is defined by The Dictionary of Occupational Titles as unskilled and Medium in physical demands. In her regular job duties she was required to lift approximately 50 pounds, bend, stoop, and reach on a regular basis as part of her essential job duties. However, at present in her light duty capacity, she now has an assigned "helper" to assist with lifting activities throughout a work day.

Prior work experience included work as an Assembler of power tools for Ryobi for approximately 6 years. She also previously worked as an Inspector for Hartwell Clothing for about 5-6 years. Prior work experience also included work in a family-owned Exxon Station for approximately 20+ years, including "while I was growing up". She has never held an office/sedentary position, and has no office/computer skills.

She insisted that in her ongoing employment she has had no personnel or performance problems. She enjoys her co-workers, her colleagues and gets along well with her supervisors. Clearly it is the on-the-job repetitive injury in 2009, which began her medical problems which have been the primary basis for her inability to maintain gainful employment.

Medical Problems: The medical aspects of her injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references have vocational significance and are noted accordingly.

On 08-03-09, Nancy Smith, FNP noted, "...pain in neck and right shoulder pain from bending over at work x 1 week...musculoskeletal symptoms...about a week ago she was placed on another job where she had to reach over her head...later after she left work she began to hurt...shoulder joint pain...cervicalgia...light duty...no pulling or lifting greater 20 pounds...avoid the extra job that caused her the pain...Relafen...injection administered..."

On 08-10-09, Nancy Smith, FNP indicated, "...right shoulder soreness...neck soreness and stiffness...injury at work...mild improvement...neck still moderately restricted lateral rotation...tenderness in upper trapezius bilateral...myalgia, cervicalgia, cervical sprain...continue light duty one more week...stay in own department, but if pulled should not perform any order pulling...minimize work above her head..." On 08-17-09, Nancy Smith, FNP performed another injection into the neck.

On 08-24-09, Nancy Smith, FNP noted, "...has had some relief with Relafen, but had to go off due to it hurting her stomach...has not had to work that job since, but is still having a lot of pain...shoulder joint pain...neck sprain...cervicalgia...myalgia and myositis...recommend therapy...Aleve and Medrol Dose Pack..."

On 09-14-09, Nancy Smith, FNP indicated, "...currently taking therapy and on antiinflammatory...has been applying heat and ice...still complains that it really hurts, especially with activity...shoulder joint pain...neck sprain...cervicalgia...myalgia and myositis..."

On 10-20-09, Dr. Darius Divina noted, "...works as an FRM operator...lifts, at any time, anything from 2-15 pound boxes, which she bends over and picks up and puts at waist level and/or shoulder level...since the alleged injury, has been on light duty with no lifting greater than 20 pounds with occasional bending and reaching...did undergo approximately 12 visits of physical therapy with minimal relief...cervical pain... recommend physical therapy three times a week for six weeks including iontophoresis and a TENS unit...Amrix, Celebrex, Ryzolt...may start work on 10/22/09...may not lift greater than 20 pounds, occasional overhead activity, shoulder level reaching, and outstretched reaching..."

An Addendum by Dr. Divina on 11-06-09 indicated, "...ordered an RS2m muscle stimulator to assist in relief of neck pain, to reduce muscle spasms, and prevent disuse atrophy..."

An MRI of the cervical spine performed by Dr. Wes Phelan on 01-25-10 concluded, "...central herniation of the C3-4 disc...small central herniation of the L4-5 disc...right broad-based posterolateral herniation of the C5-6 disc...subtle broad-based left posterolateral herniation of the C6-7 disc...degenerative changes with central canal stenoses..."

On 02-02-10, Dr. Divina noted, "...right side of her neck is still hurting...has been working many hours and sometimes she applies a heating pad to her shoulder, which does help...cervical pain...avoid lifting, stooping, and kneeling until further notified..."

On 04-26-10, Dr. Divina indicated, "...she was not approved for a neurosurgeon appointment, but they did approve a neurologist appointment, which is next Tuesday ...three weeks ago, she had some increasing numbness and tingling in her right index and middle fingers...cervical spine pain with radicular type symptoms...I still feel a neurosurgeon is what she needs, not a neurologist...we may be looking at a surgical decompression of her spine...Lortab..."

On 05-17-10, Dr. George Baxley noted, "...numbness and tingling in her right hand and fingers...has been going on for approximately three weeks...constant neck pain since 7/27/09 after she had spent a significant portion of her day at her job including bending, picking up and lifting things...did not notice it while she was performing these activities ...just started noticing it after she was heading home and having some stiffness which did not improve...Lortab seems to help...she continues to work at this time, but she is doing a different job function where she is working with hangers, hanging things up... has had two rounds of physical therapy recently...dysesthesia, right upper extremity... neck pain with central herniation of C3-4, broad based left posterolateral herniation at C6-7 and degenerative changes at C4-5, C5-6, and C6-7...recommend nerve conduction and EMG of right upper extremity and neck...Flector patch to neck..."

An EMG/NCS conducted by Dr. Baxley on 08-06-10 concluded, "...electrically moderate right carpal tunnel syndrome...chronic right C6 radiculopathy...she needs a pain clinic referral...I think she would be better served under pain management at Oak Tree...she was apparently to have a neurosurgical referral...certainly she does have radiographic clinical, and now electric evidence for right C6 radiculopathy..."

On 09-17-10, Dr. Baxley indicated, "...arm pain is not as bad, but it is experienced intermittently where she continues having the numbness in her right wrist, second, and third digits depending on what she is doing at work...nerve conduction study shows electrically moderate right carpal tunnel and a chronic right C6 radiculopathy...recommended a Pain Clinic referral...certain things like if she is tagging items, hanging things on hangers such as clothes and bathing suits, lifting items off of the conveyor belt, pulling belts off the box, which she is currently on light duty at work...Lortab does seem to be helping, but continues having this pain...right carpal tunnel...chronic left C6 radiculopathy...C3-C4-C6-C7 herniated disc and broad based left posterolateral herniation C6-7...custom fit a carpal tunnel brace right at night...if no results will refer to Hand Surgery Center..."

On 12-17-10, Dr. Baxley noted, "...had injections two days ago...does continue to have some soreness in her trapezius, numbness in her right hand, waxes and wanes in nature depending on what type of strenuous activity she is doing at work...certain activities irritate it more than others, such as if she is having to hang a lot of things up at work...electrically moderate right carpal tunnel syndrome, which she would benefit from custom-fitted carpal tunnel brace on the right and chronic right C6 radiculopathy...C3, C4, C6, C7 herniated disks...gave a new prescription for a custom-fitted carpal tunnel brace which I have really encouraged to utilize to help with the carpal tunnel on the right side...prescription given back in September 2010...as of yet she has not been able to get that obtained through her insurance...continue with pain management...Soma..."

On 03-17-11, Dr. Michael Bucci noted, "...right sided head and neck pain...burning type pain...tingling/numbness in right hand on occasion...bending, reaching, and lifting aggravates the symptoms...present since...involved in a work related accident...conservative measures have failed...MRI is positive for a right-sided disc herniation at C5-6 with cord and root compression...EMG is positive for right C6 radiculopathy and moderate right carpal tunnel syndrome...double crush syndrome right upper extremity...cervical HNP...cervical radiculopathy...carpal tunnel syndrome...recommend anterior cervical discectomy and fusion with allograft bone and plating C5-6 together with right carpal tunnel release..."

On 05-11-11, Dr. Bucci performed several surgical procedures described as "...anterior cervical spine total discectomy and decompression spinal cord nerve roots, C5-6...intracervical spine interbody fusion with structure allograft, C5-6...anterior cervical spine instrumentation with Atlantis plating system, C5-6...right carpal tunnel release..."

On 06-14-11, Dr. Bucci indicated, "...describes shoulder pain on the right...nerve pain is improving...double crush injury to right upper extremity...neck exercises..."

An EMG/NCS conducted by Dr. Kent Kistler on 10-11-11 concluded, "...history of diabetes, previous cervical discectomy and fusion and right CTS release...has persistent pain in the neck, paresthesias in ulnar aspect of the hand..."

An MRI of the cervical spine performed by Dr. Christopher Sidden on 10-12-11 concluded, "...post operative changes at C5-6...recurrent disc protrusion cannot be excluded...increased bony and disc degenerative changes at the nonoperative levels...most advanced at C6-7 where severe stenosis is present..."

On 11-08-11, Dr. Bucci indicated, "...has reached maximum medical improvement from a neurosurgical standpoint...MMI as of 10/20/11...referral to pain management...10% to spine and 10% to right hand..."

On 11-09-11, Dr. Jay Patel noted, "...had surgery and PT and still having the same pain in her neck and right shoulder...6/10...status post cervical surgery in 5/11...minimal improvement overall after surgery...may get slightly better, but is essentially at MMI...light duty...lifting limited to 10 pounds...no bending/stooping...occasional pushing, pulling, kneeling, crouching..." (Ms. Sanchez noted that these restrictions and limitations clearly will not permit her to perform the full range of her previous job duties, adding to her anxiety, as noted earlier as to "if and when" her employment will be terminated due to her inability to perform her job duties.)

On 11-23-11, Dr. Patel indicated, "...has reached maximum medical improvement from a pain management standpoint...MMI as of 11/09/11...permanent restrictions..."

An FCE conducted by Kristen Bouchard, MPT on 12-13-11 concluded, "...falls within the Light range..." (Once again, this confirmed Ms. Sanchez's fears about her ability to maintain her employment over the long-term.)

On 12-14-11, Dr. Patel noted, "...permanent restrictions...lifting limited to 15 pounds..."

On 01-31-12, Dr. Byron Marsh indicated, "...continues to suffer from pain in the right side of the neck with radiation to the right shoulder...continues to take analgesic and antiinflammatory medication...has appreciated no significant change in symptoms over the past 3 months...status post C5-6 cervical discectomy and fusion and plating, with successful arthrodesis, but with residual foraminal and central canal stenosis, evidence on postoperative MRI...progression of C6-7 cervical disk protrusion with foraminal and central canal stenosis...satisfactory outcome of right carpal tunnel release...the residual symptoms are related to the injury in question...patient's cervical spondylitis with right upper extremity radiculopathy is relatively stable at present...however, radiographically the patient has shown progression of deterioration at the C6-7 disk level, plus there is radiographic evidence of residual spondylitis at C5-6 despite arthrodesis...has demonstrated her willingness to return to work despite residual symptoms..."

On 05-14-12, Dr. Philip Hodge noted, "...right sided neck and shoulder pain...6/10 ...bending, lifting heavy objects, looking up or down aggravates the pain...cervical radiculopathy...hypertension...diabetes, controlled...neck pain...has right arm pain and neck pain after a work related injury in 2009...ultimately had a C5-6 ACDF and right carpal tunnel release by Dr. Bucci in 2011...symptoms did not improve after this and continues to have occasional right arm pain...postoperatively her only treatment has been PT...continues to work in a light duty capacity...follow up MRI shows severe continued foraminal stenosis at C5-6 on the right and moderate canal stenosis at C6-7>C4-5...EMG shows chronic radiculopathy at C6...despite the fact that she has continued neural compression, the duration of her symptoms and chronic findings on EMG suggest that additional decompression would be of no benefit...I feel that she would benefit from chronic pain management and a possible trial of spinal cord stimulation..."

At the time of this evaluation, Ms. Sanchez is still prescribed Celexa for the "stress" related to her medical conditions resulting from her on-the-job injuries. She takes over-the-counter Motrin for pain. She also continues to be prescribed Synthroid, Lisinopril, Crestor and Metformin related to pre-existing diabetic and cholesterol conditions.

References to pain in records exist over an extended period of time. She indicated treatment has included prescription medications, physical therapy, a TENS Unit, epidural steroid injections, Duragesic patches, and a formal pain management program. When asked to describe her pain, she indicated that since her on-the-job injuries she experiences pain at a level 6-7 on a 10-point scale, 7-days per week at the end of each work day. She noted movement, daily activities and work exacerbate the pain. She indicated that she is never pain free. Once again, it is worth noting that she describes increasing limitations resulting from pain day by day, week by week as her attempts to continue working progress. She acknowledges she has little expectation of being allowed to continue to work under such limitations, but also acknowledges that she has little or no expectation that she could continue to do so for the years that she needs to yet work before becoming eligible for retirement benefits. At her date of birth, she would need to work until at least the age of 67.

Mental Status Evaluation: She was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. She noted no prior mental health history. However, due to increasing stress related to her ongoing symptoms despite her full cooperation with all recommended treatment, she is now prescribed Celexa.

She described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. Her depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; and is easily distracted with memory difficulties. These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning.

These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of her depression, she denies any suicidal attempts or plans at this time.

In addition to her depression, she is also experiencing considerable anxiety, related to her awareness that in spite of her full cooperation with any and all medical procedures suggested, she continues to experience debilitating pain now more than three years following her injuries.

She does not use illegal drugs, and does not use tobacco products. She drinks alcohol occasionally, but without any problems.

Psychological Test Results: She appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of her current levels of functioning.

On the Wechsler Adult Intelligence Test – Fourth Edition, she obtained a Full Scale IQ score of 85. Relative to examinees of comparable age, she is currently functioning within the "Low Average" range of intelligence on this standardized measure of intellectual ability. This is about consistent with what would be expected of a high school graduate 30+ years ago.

On the Wide Range Achievement Test – Revision 4, her Reading Standard Score of 54 is a 9.6 grade level score, her Arithmetic Standard Score of 41 is only an 8.7 grade level score. Surprisingly, her Spelling Standard Score of 42 is actually a 12.2 grade level score. Her reading and arithmetic academic skills are not sufficient for use in work settings in which such skills would be essential.

On the Beck Depression Inventory-II, she obtained a Raw Score of 19, defined as a "Mild" level of depression.

She also described credible, but diagnostically significant symptoms sufficient to conclude that she is in fact experiencing a level of anxiety. Her anxiety is worsened by the fact that she has cooperated fully with all suggested medical treatment and allied care, but has continued to worsen over a period of years.

Diagnoses: After observing her during this evaluation, and from careful review of records of past behavior and levels of functioning, she is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. She is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. She is also anxious about her future, especially since she realizes that her past work is no longer an option for her, an anxiety-provoking thought for someone at the age of 52. Finally, her multiple losses, personal, financial, social and leisure, all have led to a level of depression. Depression and anxiety are the two most common psychiatric symptoms experienced by adults following major lifestyle changes.

Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder

311 Depressive Disorder NOS

300.02 Generalized Anxiety Disorder

These medical/mental conditions are in addition to her other physical medical problems that are well documented in her files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include her age of 52, already defined as "approaching advanced age", a negative factor; her high school graduate educational background is positive, but is somewhat offset by her lower than expected reading and arithmetic academic skills; her stable work history would be positive but is offset by her inability to perform the full range of work that would be expected of her; she requires "special work conditions" in order to maintain her current employment, although she is quite anxious as to how long those accommodations will be provided; due consideration must also be afforded to the pain that she experiences following each work day which requires that she spend 1-2 hours "resting" upon her return home from work; and her depression and anxiety also interfere with her ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on nearly forty-seven years of vocational rehabilitation and psychology experience, that should she be unable to continue her present work, albeit under "special work conditions", she would then be unable to engage in any other full-time gainful, competitive employment. Her inability to perform work without special accommodations is clearly the result of her on-the-job repetitive injuries in July 2009.

The rationale for my opinion is essentially based on the following observations:

Credibility: She appeared credible in her description of her limitations and remaining functional capacities. As a result of the limitations on her neck and right shoulder/right wrist/right hand, she cannot complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

As noted previously, Ms. Sanchez indicated that she has tentatively been approved for Social Security Disability Benefits. The approval of these benefits adds to her credibility.

Medications: She is prescribed numerous medications, and is carefully compliant with dosages and times as prescribed, and has been so since her injuries. However, she experiences the usual and predicted side-effects of medication, including feelings of fatigue and an inability to function at optimal levels while taking her medications.

Pain Factors and Attendance Implications: She continues to experience significant pain at such levels as to interfere with her ability to sustain much physical activity following an 8-hour day of light duty work. As noted, with each passing week it takes "longer and longer to recover" from a day's work, or from the week's work. She has grave doubts about her ability to long continue even if she was given that opportunity, which she does not expect to happen.

Limitations on Use of Right Upper Extremity: As noted multiple times throughout this report, Ms. Sanchez is now assigned a "helper" to assist in the lifting requirements of her regular job duties as she is restricted to performing only light duty work. Persons who have severely limited use of even one arm experience a significant reduction in the occupational base which otherwise might have been considered. The inability to use both upper extremities results in functional capacity somewhere between sedentary and light work. Such individuals are unable to perform the usual full range of even sedentary work because the vast majority of even unskilled sedentary jobs require the good use of both hands.

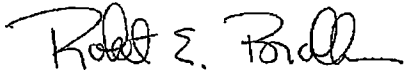
This is a finding noted in Social Security Regulations (SSR 83-12) and is often cited. Additionally, gainful employment by definition requires that one be able to use the upper extremities for a full 8-hour workday, without the need to rest for prolonged periods of time, something she is unable to do in her present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in her file, should, for whatever reasons, she be unable to continue her restricted light duty work with the assistance of a helper, she would then be unable to effectively perform the essential duties in any other gainful work activity. It is also clear that the unfortunate combination of factors and characteristics she now faces are directly related to the injuries she sustained while working.

Should she be unable to continue in her restricted light duty work assignment under the special work conditions noted in this report, she would then be unable to perform any other substantial gainful work activity, which exists in the SC or the national economy. Directly as a result of her on-the-job repetitive use injuries the only services she could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists in the absence of special work arrangements.

The opinions noted in this report are offered within a reasonable degree of professional certainty, based on nearly 47 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter.

If you have any questions, or if I could address additional issues, please do not hesitate to contact me.

A handwritten signature in black ink, appearing to read "Robert E. Brabham". The signature is fluid and cursive, with the first name "Robert" and last name "Brabham" clearly distinguishable.

Robert E. Brabham, Ph.D.
Licensed Psychologist (SC #77)
Master's in Rehabilitation Counseling



ATTORNEYS AT LAW

Reply To
GEORGE D. GALLAGHER
Direct Dial: (803) 227-2234
ggallagher@mgclaw.com
COLUMBIA

May 21, 2012

Steven M. Krause, Esquire
Law Offices of Krause, Moorhead and Draisen, P.A.
207 East Calhoun Street
Anderson, South Carolina 29621

RE: Judy Sanchez v. Perry Ellis and The Hartford
Date of Accident: July 27, 2009
WCC File No.: 0919206
Our File No.: 2071.12016
Claim No.: YKY 87315 C

Dear Steve:

Please find enclosed our Form 21 request for a hearing to pay permanent disability compensation that we are re-filing in the above-referenced claim. In addition, I am enclosing a copy of a second surgical opinion from Dr. Philip Hodge for your review in case you have not already received it. You will note that Dr. Hodge does not feel that further surgery is indicated. As such, I am hoping you are in agreement that we can focus on settlement.

To that end, my clients would like to extend an offer to clincher this claim for [REDACTED]

[REDACTED] In addition [REDACTED] clincher amount, Perry Ellis would like to extend an offer [REDACTED] for your client's resignation and release of employment law claims. Although Perry Ellis is currently accommodating your client's work restrictions, they will not be able to do so on a permanent basis. [REDACTED]

With kind regards, I remain

Very truly yours,

George D. Gallagher

GDG/smg
Enclosures

cc: Dana Kotowski, The Hartford

Progress Note

Patient: SANCHEZ, JUDY
DOB: 03/10/1960 **Age:** 53 Y **Sex:** Female
Phone: 864-356-0454
Address: 225 OAKDALE RD, TOWNVILLE, SC-29689
Pcp: June P Souvlon, MD

Provider: David Shallcross, MD
Date: 06/27/2013

Subjective:

CC:

1. WC/ NCS in the left hand.

HPI:

Pain:

Since last visit, Ms. Sanchez has continued to have numbness and pain in her left hand. She has numbness in a median distribution. She had carpal tunnel release on the right side last year. This helped a lot with the numbness and feeling of weakness in her hand, but she has continued to have some tenderness at the base of her hands.

Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale 6/10.

Medical History: Shingles, Diabetes II, Thyroid deficiency, Hypertension, Sleep Disorder, High cholesterol.

Surgical History: neck fusion 5.2010, carpal tunnel 5.2010, sinus surgery, gall bladder, Tubal 2000.

Hospitalization/Major Diagnostic Procedure: see surgical hx.

Family History: Family: Hypertension, asthma, arthritis, stroke, dementia Brother: diabetes Paternal Grandfather: cancer Maternal Grandmother: Heart Disease

Social History: Interpersonal/family relationships: Married. WORK STATUS: working full time. Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete. Smoking Status > 13 years old Are you a: Never smoker. Lives With: spouse. Occupation: Perry Ellis Int. - Operator.

Medications: glimepiride 4 mg tablet 1 tab(s) once a day, Lorazepam 0.5 mg tablet 1 tab(s) 3 times a day, Lortab 7.5 500 mg-7.5 mg tablet 1 tab every 8 hours as needed for pain, max 3 per day, Kombiglyze XR 5mg/500mg 1 tab, Simvastatin 80mg 1 daily, Levothyroxine 200 mcg (0.2 mg) tablet 1 tab(s) once a day, Lisinopril HCTZ 20/12.5 mg tablet 1 tablet once a day, Medication List reviewed and reconciled with the patient

Allergies: Erythromycin.

Objective:

Vitals: Ht 63, Ht Cm 160.02, Wt lbs 203, Wt kg 92.08, BMI 35.96, HR 74, Pain score 6, RR 16, O2 Sat 98.

Examination:

General Exam:

On exam, she has tenderness at the MCP joint of the first digit on both hands. She has intact grip strength. She has no muscle atrophy. On the left side, she has median sensory distribution loss. On the right, she is intact.

Assessment:

Assessment:

1. Neck Pain - 723.1 (Primary)
2. Radiculopathy - 729.2
3. Carpal tunnel syndrome - 354.0

Plan:

1. Carpal tunnel syndrome

Referral To: Michael Bucc

Reason: Left CTS release

2. Others Increase Lortab 7.5 tablet, 500 mg-7.5 mg, 1 tab, orally, every 6 hours as needed for pain, max 4 per day, 30 days, 120, Refills 0.

EXHIBIT

1

Increase Lortab to four a day. She will be referred back to Dr. Buccì for a left carpal tunnel release. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
DLS/jp/062713.

Procedures:

Screening nerve conduction studies were performed. Please see accompanying data. In short, the left median sensory distal latency is prolonged with normal SNAP amplitude. Right median sensory distal latency is normal. Right and left ulnar sensory distal latency are normal. Left median motor distal latency is normal with slightly diminished CMAP amplitude and a very marginally diminished nerve conduction velocity. Ulnar motor distal latency is normal with normal CMAP amplitude. Median and ulnar F-waves are normal.

EMG performed with monopolar electrode in left APB, first dorsal interosseous, pronator teres bicep, and tricep is normal. There are no abnormal resting potentials. Wave forms and recruitment patterns are normal.

IMPRESSION: This is an abnormal electrodiagnostic evaluation consistent with a moderate left carpal tunnel syndrome. There may well be a very early diabetic peripheral neuropathy (slowing of median motor nerve), however, this is very mild and the changes at the wrist are felt to represent a true carpal tunnel syndrome. The right side has been adequately decompressed, but she likely has some arthritic change at the base of her thumb. There is no evidence of radiculopathy, plexopathy, or ulnar nerve entrapment.

Immunizations:**Therapeutic Injections:****Labs:****Preventive:**

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up: 4 Weeks (Reason: pa)

Provider: David Shallcross, MD

Patient: SANCHEZ, JUDY **DOB:** 03/10/1960 **Date:** 06/27/2013



GREENVILLE HEALTH SYSTEM

Upstate Medical Rehabilitation

Upstate Medical Rehabilitation

111 Doctors Drive
Greenville, SC 29605

Phone: (864) 797-7100 Fax: (864) 797-7105

3

Patient: Judy Sanchez DOB: 3/10/1960 Physician: David L. Shallcross, M.D.
Sex: Female Height: " Ref Phys:
ID#: Weight: lbs.

Nerve Conduction Studies Anti Sensory Summary Table

Site	Stim	Norm Peak	P-T Amp	Norm P-T	Site1	Site2	Delta-0	Distal	Con Vel	Norm Vel
(cm)	(mV)	(mV)	(mV)	(mV)			(ms)	(cm)	(m/s)	(m/s)
Left Median Anti Sensory (2nd Digit) 22.6°C										
Wrist	4.1	<3.6	42.7	>10	Wrist	2nd Digit	2.8	14.0	50	>39
Right Median Anti Sensory (2nd Digit) 23.3°C										
Wrist	3.0	<3.6	29.3	>10	Wrist	2nd Digit	2.3	14.0	61	>39
Left Ulnar Anti Sensory (5th Digit) 22.8°C										
Wrist	2.4	<3.7	44.0	>15.0	Wrist	5th Digit	2.0	14.0	70	>38

Motor Summary Table

Site	Stim	Norm Peak	P-T Amp	Norm P-T	Site1	Site2	Delta-0	Distal	Con Vel	Norm Vel
(cm)	(mV)	(mV)	(mV)	(mV)			(ms)	(cm)	(m/s)	(m/s)
Left Median Motor (Abd Pollicis Brevis) 23.1°C										
Wrist	4.1	<4.2	4.6	>5	Elbow	Wrist	5.4	26.0	48	>50
Elbow	9.5		2.3							
Left Ulnar Motor (Abd Digit Quinti) 23.5°C										
Wrist	2.4	<4.2	5.2	>3	B Elbow	Wrist	4.2	0.0		>53
B Elbow	6.6		4.1							

F Wave Studies

NR	F Lat (ms)	Fat Ratio (ms)	L-R F Lat (ms)	L-R Lat Norm
Left Median (Mkrs) (Abd Pol Brev) 23.3°C				
	28.97	<33		<2.2
Left Ulnar (Mkrs) (Abd Dig Min) 23.7°C				
	26.31	<36		<2.5

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Paw	Amp	Dur	Poly	Reert	Int/Pat	Comment
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	nml
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	nml
Left	Pronator Teres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	nml
Left	Extindicis	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	1st Dorsi	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	nml
Left	Abd Pol Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	nml
Left	Cervical Parasp Mid	Rami	C4-6	Nml	Nml	Nml		Nml	0			
Left	Cervical Parasp Low	Rami	C7-8	Nml	Nml	Nml		Nml	0			
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

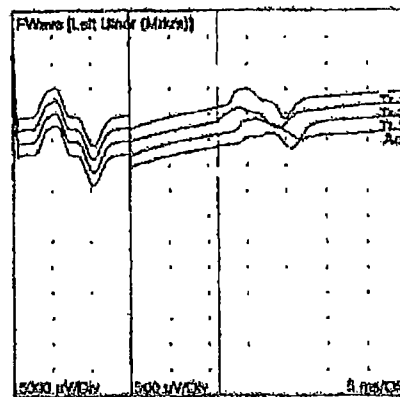
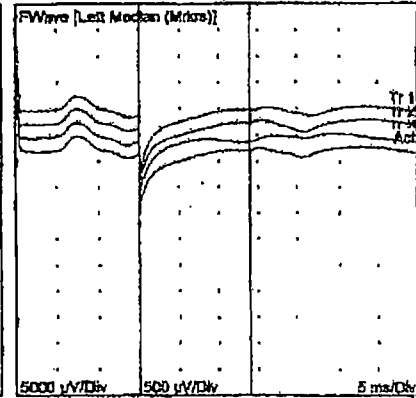
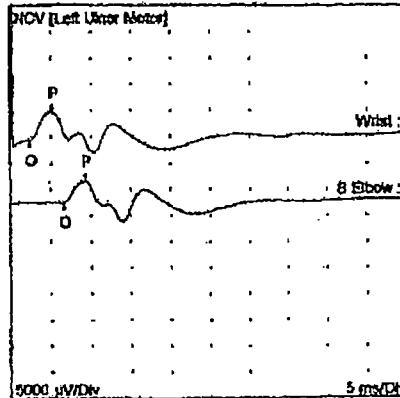
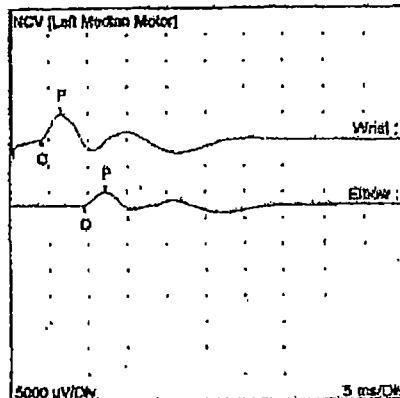
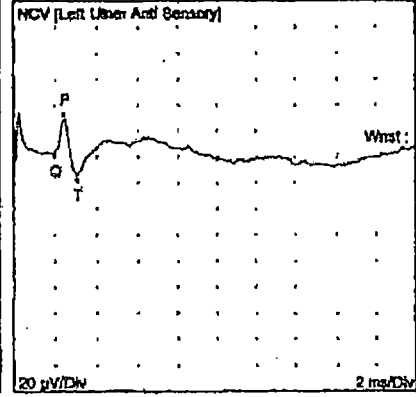
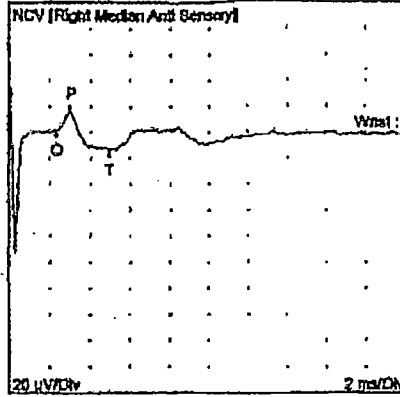
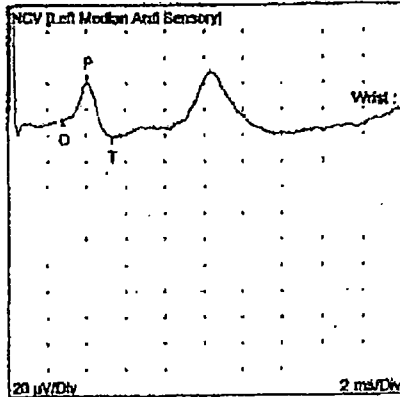
Patient: Sanchez, Judy

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Right	Pronator/Teres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtInd/Ext	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Cervical Parasp Mid	Rami	C4-6	Nml	Nml	Nml	Nml	Nml	0			
Right	Cervical Parasp Low	Rami	C7-8	Nml	Nml	Nml	Nml	Nml	0			

Waveforms:



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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.

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