THE STATE OF SOUTH CAROLINA
In the Court of Appeals

ORIGINAL

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APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

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RECEIVED
FEB 29 2016
SC Court of Appeals

Case No.: 2015-000810

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Paula Y. Tucker.....Appellant,

v.

SC Department of Mental Health,
and State Accident Fund,.....Respondents.

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**RECORD ON APPEAL**

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1122060 & 1308013

PAULA Y. TUCKER, CLAIMANT/APPELLANT,

VERSUS

SC DEPARTMENT OF MENTAL HEALTH,

and

STATE ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

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**APPELLATE PANEL DECISION AND ORDER**

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Appellate Panel Review held in Columbia, South Carolina on September 15, 2014 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed:

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APPEARANCES:

Claimant was represented by Frank A. Barton, Esquire, on behalf of the Mullis Law Firm, 1229 Elmwood Ave., Columbia, SC 29202-7757.

Defendants were represented by Ellen H. Goodwin of The South Carolina State Accident Fund, P.O. Box 102100, Columbia, South Carolina 29221-5000.

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## STATEMENT OF THE CASE

Claimant initially suffered an alleged injury by accident to her left arm, left shoulder, neck, left wrist, left hand, entire back and right leg/hip, thigh, knee, shin and foot on 04/05/11, when she dropped a bar of soap and fell. She was initially seen at KershawHealth Medical Center on 10/28/11. She was next seen at Doctor's Care Wateree on 7/14/12. She then obtained care with Dr. Olajide Balogun between 1/21/13 and 5/20/13. She also underwent physical therapy from 2/19/13 through 5/08/13 with Kershaw Physical Therapy. She received pain management from Dr. Steven Storick from 5/29/13 – 8/06/13. Defendants denied any injury by accident in the course and scope of employment.

Claimant also alleged she sustained injury/aggravation to her left arm, left shoulder, neck, left wrist, left hand, entire back and right leg/hip, thigh, knee, shin and foot on 6/16/13, when she was arising from a kneeling position on the floor and bending to remove items from the oven. She further alleged her right leg gave out and she fell on the kitchen floor. Defendants denied any injury by accident in the course and scope of employment.

As a result of these accidents, claimant contended she was permanently and totally disabled. The claims were tried on September 30, 2013, after which an Order was issued finding the claims to be compensable and awarding claimant 10% to the back and 8% to the shoulder. The Order further instructed Defendants to pay claimant temporary total disability benefits from 6/16/13 – 9/30/13, along with paying for or reimbursing claimant for unpaid medical treatment for both claims, limited to medical treatment and providers submitted to the WCC via APA submissions at the time of the hearing.

Claimant appealed to the Full Commission. The hearing Commissioner issued the following Findings of Fact:

## FINDINGS OF FACT

1. Claimant sustained a compensable injury by accident to her back (including neck and lower back) and left shoulder on April 5, 2011. Claimant received medical treatment at the direction of the Fund and was ultimately released to return to work full duty and did so. I find Claimant does not have any permanent disability from the 4/5/11 injury. WCC File No. 1122060 is now closed.
2. Claimant sustained a second compensable work-related injury to her back (neck and lower back) and left shoulder on June 16, 2013. I find the June 2013 exacerbated and aggravated Claimant's pre-existing back and left shoulder condition from the 2011 work-related injury.
3. Claimant received appropriate medical care including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physicians. Dr. Storick had released Claimant to return to work light-duty; however Claimant had informed him she was out of work.
4. Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding.
5. There is insufficient evidence in the record to support a finding of permanent and total disability. The most recent reference to Claimant's ability to work came

from Dr. Storick, Claimant's pain management physician, who felt claimant could work in a light duty capacity.

6. I find this claim is governed by Section 42-9-30.
7. Claimant has sustained 10% PPD to her back as a result of her neck and lower back injury.
8. Claimant has sustained 8% PPD to her left shoulder as a result of the 6/16/13 injury.
9. Claimant is entitled to back payment of TTD from June 16, 2013 through September 30, 2013.
10. Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physician ns weighed heavily on this finding as well.
11. All benefits are to be paid in lump sum.
12. Defendants are responsible for unpaid medical treatment Claimant received as a result of both the 2011 and 2013 claims, but all claims for payment shall be limited to medical treatment and providers submitted to the Commission via APA submissions at the time of the hearing.

The hearing Commissioner further made Conclusions of Law as follows:

## CONCLUSIONS OF LAW

Based on the evidence submitted in this case, the testimony given, the stipulations entered into, and the foregoing Findings of Fact, this Commissioner makes the following Conclusions of Law:

1. That pursuant to Section 42-3-180, the South Carolina Workers' Compensation Commission has jurisdiction in this proceeding and venue in the County of Richland is proper pursuant to Section 42-17-10;

2. Pursuant to Section 42-1-130, the Claimant was a covered employee at the times in question, and pursuant to Section 42-1-140, the Defendant Employer was a covered employer under the Act;

3. That the Claimant sustained injuries by accident arising out of and in the course of her employment pursuant to Section 42-1-160;

4. That this claim is governed by Section 42-9-30.

Appellant then filed a timely Form 30 Application for Review stating the following grounds for review:

1. The hearing commissioner erred as a matter of law in finding that this claim was governed by Section 42-9-30 where, to the contrary, Section 42-9-30 governs claims for scheduled injuries to a single body part; here, the commissioner found that Claimant had sustained compensable injuries to her neck, lower back and left shoulder.

2. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant had sustained compensable injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, right leg, right knee and right foot as the result of the first accident on April 5, 2011.

3. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant's compensable conditions included back pain, sciatica, and aggravation of the injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, and right leg as the result of the second work accident on June 16, 2013.

4. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant had sustained compensable injury by accident to her back (including neck & lower back) and left shoulder on April 5, 2011, and that Claimant "received medical treatment at the direction of the Fund" where Claimant actually was not provided medical treatment for the injuries sustained on April 5, 2011, for some six months, i.e. October, 2011, and thereafter, medical care was largely denied, including the recommended treatment with an orthopaedic doctor.

5. The hearing commissioner erred as a matter of fact in finding, "Claimant received appropriate medical care, including conservative treatment consisting of physical therapy and pain management," where Claimant actually did not receive "appropriate" medical care after the June 16, 2013 accident; but instead, her medical care was denied and her appointments cancelled - - although Claimant was instructed by Dr. Oliver not to return to work until she had been seen by an orthopaedic doctor no such care was authorized so that Claimant was not able to return to work. The hearing commissioner herself found that Claimant was entitled to temporary total benefits from June 16, 2013, the date of the second accident, until the date of September 30, 2013, hearing as the result of the failure to provide medical care.

6. The hearing commissioner erred as a matter of law in concluding: "Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding," where any such finding was irrelevant to the determination of MMI.

7. The hearing commissioner erred as a matter of fact in finding that Claimant had received appropriate medical care and that she had reached MMI where even the hearing commissioner found that Claimant was not able to return to work after the second accident because the recommended medical care had not been authorized or provided that, therefore, back payment of TTD from June 16, 2013 through September 30, 2013 was required.

8. The hearing commissioner erred as a matter of fact in finding, "Claimant received appropriate medical, including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physician," where, to the contrary, Claimant was not provided the care of an orthopaedic doctor as recommended, and she is in need of further and continuing medical care and evaluation for her work injuries.

9. The hearing commissioner erred in allowing her decision as to whether or not Claimant had reached maximum medical improve e t to be affected by the fact that Claimant had asked her doctors about long term disability. The hearing commissioner erred as a matter of law and fact in allowing the fact that Claimant had asked her doctors about long term disability to "weigh heavily" in determining that Claimant had reached MMI where the hearing commissioner was, instead, required to evaluate whether there was further medical care which could then to reduce Claimant's disability [sic].

10. The hearing commissioner erred as a matter of law and fact in concluding that Claimant had reached MMI as of the date of the hearing despite being informed that claimant had a further referral appointment and surgery scheduled for after the hearing on September 30, 2013.

11. The hearing commissioner erred as a matter of law and fact in finding that Claimant's asking her doctors about long term disability was a negative factor which properly "weighed heavily" against finding that Claimant was in need of further medical care, given the fact that: Claimant's pain had continued unimproved; her condition had failed to benefit materially from conservative treatment and physical therapy; she had been required to perform work beyond her restrictions, resulting in increased pain and swelling; she was then put out of work altogether as the result of her restrictions and the carrier's refusal to provide medical care.

12. The hearing commissioner erred as a matter of law and fact in finding that there was insufficient evidence to support a finding of permanent and total disability where the Commissioner herself acknowledged that the most recent reference to Claimant's ability to work was Dr. Storick's opinion that Claimant could work in a light duty capacity, given that Claimant is a manual laborer without the experience, training or ability to obtain or perform less physically demanding work in the national or South Carolina economy.

13. The hearing commissioner erred in determining that Claimant has sustained only 10% PPD to her back as a result of her neck and lower back injuries where Claimant sustained an injury to her low back with radiation, Claimant had endured constant pain in her back and neck, so that she was unable to continue working.

14. The hearing commissioner erred in determining that Claimant has sustained only 8% PPD to her shoulder where, as a result of injuries, including the injury to her shoulder, Claimant had constant pain and she was, therefore, unable to continue working.

15. The hearing commissioner erred as a matter of law and fact in finding that Claimant has sustained only 8% PPD to her shoulder where Claimant's doctors have noted that her persistent pain in the left shoulder and arm continues and diagnosed her with tendinosus [sic] of the shoulder.

16. The hearing commissioner erred as a matter of law and fact in finding: "Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding as well."

17. The hearing commissioner erred as a matter of law in finding that while Defendants were responsible for unpaid medical treatment Claimant had received after both the 2011 and 2013 claims, such was limited only to medical treatment and providers submitted via APA submissions at the time of the hearing, where

Defendants should be found responsible for all causally related medical care provided.

Oral arguments were delivered by the parties on 09/15/14. All proffered testimony has been taken. Such, together with all documentary evidence and legal briefs, has been delivered to the individual members of the Full Commission and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1976, as amended), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Frank A. Barton, Esquire, for the Claimant and Ellen H. Goodwin for the Defendants appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their briefs and viewed the record as a whole, the Appellate Panel hereby makes the following Findings of Fact and Conclusions of Law:

## FINDINGS OF FACT

It is found by a preponderance of the substantial evidence as a fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.

2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held 9/30/13 and oral arguments held 9/15/14.

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3. Venue is proper set in Richland County, South Carolina.

4. Claimant has an average weekly wage of $474.78 and a compensation rate of $319.20, pursuant to the Form 20 for the June 16, 2013 accident.

5. Claimant sustained a compensable injury by accident to her back (including neck and lower back) and left shoulder on April 5, 2011. Claimant received medical treatment at the direction of the Fund and was ultimately released to return to work full duty and did so. We find Claimant does not have any permanent disability from the 4/5/11 injury. WCC File No. 1122060 is now closed.

6. Claimant sustained a second compensable work-related injury to her back (neck and lower back) and left shoulder on June 16, 2013. We find the June 2013 exacerbated and aggravated Claimant's pre-existing back and left shoulder condition from the 2011 work-related injury.

7. Claimant received appropriate medical care including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physicians. Dr. Storick had released Claimant to return to work light-duty; however Claimant had informed him she was out of work.

8. Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding.

9. There is insufficient evidence in the record to support a finding of permanent and total disability. The most recent reference to Claimant's ability to work came from Dr. Storick, Claimant's pain management physician, who felt claimant could

work in a light duty capacity and that he had "not much else [he] could offer her". (Claimant's APAs, p. 65.)

10. We agree that this claim is governed by Section 42-9-30.

11. Medical records indicate that "Extensive workup has only noted mild age-appropriate degenerative changes." Nerve studies "showed no evidence of radiculopathy." (Claimant's APAs, p. 65.) It was further noted that Claimant's range of motion was "normal in the neck and low back in flexion and extension." (Claimant's APAs, p. 59.)

12. There was no medical evidence in the record that Claimant's impending cervical surgery was causally related to her work-related accidents.

13. No vocational evaluation was submitted by either party.

14. Claimant has sustained 10% PPD to her back as a result of her neck and lower back injury.

15. Claimant has sustained 8% PPD to her left shoulder as a result of the 6/16/13 injury.

16. Claimant is entitled to back payment of TTD from June 16, 2013 through September 30, 2013.

17. Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physician ns weighed heavily on this finding as well.

18. All benefits are to be paid in lump sum.

19. Defendants are responsible for unpaid medical treatment Claimant received as a result of both the 2011 and 2013 claims, but all claims for payment shall be limited to medical treatment and providers submitted to the Commission via APA submissions at the time of the hearing..

## CONCLUSIONS OF LAW

Accordingly, as provided by the South Carolina Code Section 42-17-50, it is the determination and finding of this Appellate Panel:

1. That pursuant to Section 42-3-180, the South Carolina Workers' Compensation Commission has jurisdiction in this proceeding and venue in the County of Richland is proper pursuant to Section 42-17-10;
2. Pursuant to Section 42-1-130, the Claimant was a covered employee at the times in question, and pursuant to Section 42-1-140, the Defendant Employer was a covered employer under the Act;
3. That the Claimant sustained injuries by accident to her neck, back and left shoulder arising out of and in the course of her employment pursuant to Section 42-1-160;
4. That this claim is governed by Section 42-9-30 because Claimant did not meet her burden of proving she is permanently and totally disabled based on the available medical reports and other evidence in the record.
5. The preponderance of the evidence supports the Findings of Fact and Conclusions of Law made by the hearing Commissioner.

## ORDER

IT IS, THEREFORE, ORDERED: The Order of the hearing Commissioner is AFFIRMED.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Avery B. Wilkerson, Commissioner

JR.

T. Scott Beck, Commissioner

Melody L. James., Commissioner

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 Eugenia Hollmon on March 23, 2015*

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**DECISION AND ORDER**

**OF**

**THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

WCC File No. 1122060 & 1308013

| | |
|---|---|
| Paula Tucker, | ) |
| **Employee,** | ) |
| **Claimant,** | ) |
| v. | ) |
| | ) |
| Department of Mental Health, | ) |
| **Employer,** | ) |
| | ) |
| S.C. State Accident Fund, | ) |
| **Carrier,** | ) |
| Defendants | ) |

| | |
|---|---|
| HEARING: | Held in Columbia, South Carolina on September 30, 2013. |
| APPEARANCES: | Claimant represented by Frank A. Barton and the Mullis Law Firm, Columbia, South Carolina with Frank A. Barton appearing.<br><br>Defendants represented S.C. State Accident Fund, Columbia, South Carolina with Ellen Goodwin appearing. |
| PURPOSE OF HEARING: | To determine issues raised by Forms 50 and 51. |
| DECISION AND ORDER: | The Honorable Aisha Taylor, Commissioner. |

Filed: _____, 2014

## APA SUBMISSIONS

Pursuant to notices timely filed and served, the following records were submitted into evidence pursuant to the South Carolina Administrative Procedures Act:

**W.C.C. 1122060:**

**By the Claimant:**

| | | | | |
|---|---|---|---|---|
| 1. | KershawHealth Medical Center | | 10/28/11 | 1 - 4 |
| 2. | Doctor's Care- Wateree | | 7/14/12 | 5 - 11 |
| 3. | Compendium Services medical event, | | 7/13/12 | 12 - 18 |
| 4. | Dr. Olajide Balogun | ApexCare | 1/21/13 – 5/20/13 | 19 - 44 |
| 5. | KershawHealth Physical Therapy | | 2/19/13 – 5/8/13 | 45 - 52 |
| 6. | Dr. Steven Storick | Palmetto Health Pain | 5/29/13 – 8/6/13 | 53 - 65 |
| 7. | Exhibits: | | | |
| | Client Documentation; letters from Employer, 12a | | | 66 - 75 |
| | Employer Report of Injury and WC Election Forms | | | 76 - 78 |
| | Documents from Personnel File | | | 79 - 94 |

**By the Defendants:**

| | | | | |
|---|---|---|---|---|
| A. | S.C. Dept. Mental Health | | 7/17/12 | 1-2 |
| B. | KershawHealth Medical Center | | 10/28/11 | 3-16 |
| C. | Doctor's Care | | 7/14/12 | 17-18 |
| D. | Dr. Olajide Balogun | Apex Care | 1/21/13-5/20/13 | 19-35 |
| E. | KershawHealth Medical Center | | 1/22/13-6/13/13 | 36-37 |
| F. | Palmetto Health Baptist | | 5/29/13-6/13/13 | 38-46 |
| G. | Dr. Steven Storick | Pain Mgmt. Ctr. | 5/29/13-5/30/13 | 47-56 |

**W.C.C. 1308013:**

**By the Claimant:**

| | | | |
|---|---|---|---|
| 1. | KershawHealth Medical Center | 6/16/13 | 1 – 18 |
| 2 | Doctor's Care- Wateree | 6/21/13 | 19 – 26 |
| 3 | Exhibits: | | |
| | Compendium Services 6/20/13 ltr, emails, prescription auth, | | 27 - 33 |
| | Form 20 with attachments | | 34 - 39 |
| | Employee/Supervisor Notification with work note | | 40 - 41 |
| | Kershaw Health Medical Center Referral note 6/16/13 | | 42 - 43 |
| | Employer Report of Injury and WC Election Forms | | 44 - 45 |
| | Employer/Carrier email, 12a, procedures for filing | | 46 - 55 |

**By the Defendants:**

| | | | |
|---|---|---|---|
| A. | KershawHealth Medical Center | 6/16/13 | 1-2 |
| B. | Doctor's Care | 6/21/13 | 3 |
| C. | S.C. Department of Mental Health | 6/21/13 | 4 |

## STIPULATIONS

Prior to the commencement of this hearing, the following stipulations were entered into between the parties:

1. The South Carolina Workers' Compensation Commission has subject matter jurisdiction in this case and venue is proper in the County of Richland;

2. Claimant has an average weekly wage of $ 478.78 with a compensation rate of $ 319.20

## STATEMENT OF THE CASE

Claimant sustained injuries to her neck, left shoulder, left arm, right leg and right hip arising out of and in the course of her employment on April 5, 2011. (W.C.C. No. 1122060). The accident was reported to Claimant's supervisor that same day. However, no first report of

injury was filed and the employer did not initially authorize Claimant to receive medical treatment. Upon the employer's eventually providing authorization for her to go to Doctor's Care, Claimant was diagnosed with a back injury and significant restrictions were imposed, including no driving, bending, stooping, lifting, and no climbing. The employer denied Claimant's request for further medical treatment and she was not allowed to return to Doctor's Care for the second scheduled visit. Therefore, Claimant continued to work even though much of her assigned work was outside her medical restrictions.

On June 16, 2013, Claimant sustained a second compensable accident. (W.C.C. 1308013). As the result of the second accident, the condition of her back, neck, left shoulder, and arm were aggravated so that Claimant did not return to work after the second accident. Claimant requested causally related medical care as well as temporary total disability benefits from the day after the second accident, i.e., June 17, 2013, and continuing.

Claimant took the position that both claims were compensable and that she was entitled to medical care and temporary benefits. Claimant submitted the Form 12A, first report of injury for the first accident which was filed with the Commission on July 18, 2012. The 12A indicates that the employer was notified of Claimant's April 5, 2011, accident on April 5, 2011, when the accident was reported to Claimant's supervisor, Monica McKiver. The First Report of Injury indicates that, on April 5, 2011, Claimant slipped on a bar of soap at work, with injuries to her left arm, shoulder, elbow, wrist, hand, entire back and right leg, hip, thigh knee, shin and foot.

The employer took the position that both accidents were denied. Counsel explained that the first accident was denied because the "reporting is very unclear and hazy." Counsel indicated that, from the time of the first accident on April 4, 2011, Claimant had no medical care until she

finally went to the emergency room on her own in October 2011. Counsel explained that the second accident was denied because the employer had obtained medical records showing that Claimant had problems with her back, shoulder, and arm prior to the second accident on June 16, 2013. However, counsel indicated that the medical records pre-existing the 2013 claim related to the injuries from the first accident and that the records were dated after the first accident.

## EVIDENCE OF THE CASE

Claimant started work at Hill House, a facility run by the Department of Mental Health in February of 2004. On April 4, 2011, as she started her work day, Claimant had no existing problems with her back, neck, left arm, left shoulder, right leg or with her hips. At that point, Claimant was able to perform all of her job duties with no pain and no physical impairment. However, on April 4, 2011, as Claimant was entering a client's room, she slipped on a bar of soap and fell. Claimant recalled, "When I realized that I was slipping, I tried to brace the fall with my left hand on the wall to keep from falling, but I still ended up falling and hitting the floor." As the result of this work accident, Claimant had pain in her left arm, shoulder, hand, neck, back, and right leg.

Claimant reported the accident to her Hill House supervisor, Monica McKiver that same day. Claimant testified that she told McKiver that she had slipped and fallen and that she needed to go to a doctor. However, Ms. McKiver was herself going out on medical leave the very next day and she responded to Claimant in what Claimant described as an ugly tone: "I don't have time to fill out no paperwork and then report this stuff because I got to get you all schedules and stuff ready 'cause I'm going out on medical leave." Claimant testified that when she went back some 15 minutes later to ask Ms. McKiver "If you can't fill out the paperwork, who can?" Ms.

McKiver had gone for the day. Ms. McKiver was out on medical leave for the next six to eight weeks. No medical care was authorized immediately after the April 5, 2011, accident. However, on October 28, 2011, Claimant went to the KershawHealth Medical Center's emergency room for the pain in her back. The KershawHealth E.R. report indicates that Claimant had sciatica and pain in her right hip radiating to her leg.

When Claimant's supervisor returned from medical leave, Claimant asked her to please do the paperwork so that she could go to the doctor. However, Claimant's supervisor looked at her and said, "What? That should have been filled out when it happened. That should have been written up then. If I write that up now, you know how crazy Richard get about them reports; he get fool about them reports and he'll fire you." (Tr. p. 23). However, contrary to Ms. McKiver's prediction, when the situation was explained to Executive Director, Richard Guess, Mr. Guess did not fire Claimant; instead, he had Ms. McKiver fill out a First Report of Accident indicating that the accident was reported to her on the day it took place, April 4, 2011, and he sent Claimant to Doctors' Care for treatment of her injuries.

The Doctors Care report of July 14, 2012, notes the prior KershawHealth ER diagnosis of sciatica and complaints of daily pain in the left arm, neck and now back and right leg. Claimant was placed on significant work restrictions, including a five pound lifting limitation with no repetitive bending or stooping, no continuous standing or sitting, no overhead lifting, and only minimal walking. Claimant provided the report with restrictions to her employer; however, no further medical treatment was authorized and Claimant's return appointment with Doctor's Care was denied and cancelled.

On January 21, 2013, Claimant saw Dr. Balogun, asking him to lift the restrictions imposed by Doctor's Care. Claimant recalled that, despite her restrictions, when she returned to work after the April 5, 2011, accident, she was performing the same duties she performed at the time of her accident. Claimant indicated that a number of her duties and functions were beyond her restrictions. However, in January 2013, Claimant's supervisor gave her a letter asking Claimant to have the work restrictions removed. Claimant accordingly went to see Dr. Balogun in an effort to have her work restrictions removed. Claimant indicated that, in addition to the request from her supervisor, she had other reasons for wishing to have her restrictions lifted. Claimant recalled that her supervisor had constantly threatened her with a change to the third shift if her restrictions continued. Claimant indicated that her two youngest children are six and fourteen years old and she had no one with whom to leave them if she had actually been forced to work at night. However, Dr. Balogun refused to lift the restrictions, noting, "she says her supervisors are going to change her shift if restrictions are not lifted and she really cannot afford that." Dr. Balogun noted pain in the left shoulder, back and bilateral hips; he referred Claimant for physical therapy and for x-rays to be taken.

On June 16, 2013, Claimant was still performing her regular duties in the Hill House kitchen. Claimant testified that, even before she fell that day, she had been hurting and that it hurt her to retrieve the heavy pots to cook in. Claimant's right leg was weak and numb and the kitchen floor was kind of slick, causing Claimant to slip and fall down. After she fell, when Claimant tried unsuccessfully to get up, 911 was called. However, because Claimant was the only worker there to monitor the patients, it was over an hour before she was allowed to leave in the ambulance to go to the hospital. Claimant was taken to the KershawHealth Medical Center.

Claimant testified that her injuries from the second accident on June 16, 2013 were essentially aggravations of the injuries sustained in the first accident, including injuries to her back, left side, left shoulder, left leg, right leg, and right side.

When Claimant was seen at Doctors Care after the second accident, she was seen by Dr. Oliver. Dr. Oliver took Claimant out of work and recommended that she see an orthopedic doctor for her back. Dr. Oliver advised Claimant not to return to work until she had been seen by an orthopedic. Therefore, as the result of her injuries and because the employer did not authorize Claimant to see an orthopedic, she was not able to return to work. Claimant testified that she needs further medical treatment for her back and her other injuries. Claimant requested that the Commission order her employer to provide causally related medical care and to pay temporary total disability benefits from June 17, 2013, the first day she was taken out of work as the result of the 2013 work accident and continuing.

## MEDICAL EVIDENCE

In October 2011, Claimant went to the emergency room for the pain in her back. The October 28, 2011, ER report indicates that Claimant had sciatica and pain in her right hip radiating to her leg.

On July 14, 2012, Doctors' Care records indicate that Claimant had daily pain in her left arm/neck and in her low back, radiating to the right leg. Doctor's Care noted that Claimant had pain on extremes of ROM, left shoulder pain, a positive exam of the cervical and lumbar spine, and pain in her right hip. Claimant was diagnosed with "cervical strain, left shoulder pain, sciatica, and LBP." Claimant was prescribed Naprosyn, Sterapeud DS, and Methocarbamal for muscle spasm. Doctors' Care imposed restrictions of no lifting over five pounds, no driving, no

ladders or heights, no repetitive bending stooping, squatting, pushing, jerking, twisting, or bouncing and no continuous standing or sitting. Claimant was restricted to minimal climbing, including stairs, with no operation of hazardous or fast moving equipment, Doctors' Care scheduled Claimant for a return visit.

On February 8, 2013, Dr. Balogun noted that the pain in Claimant's hips, back and shoulder were worse and that she reported constant pain. Claimant continued to ask Dr. Balogun to remove driving restrictions; however, the doctor noted that she was still unable to use her left shoulder to drive. On March 8, 2013, Dr. Balogun noted that the pain in the left arm and lower back persisted. He noted that Claimant had not seen much difference as the result of physical therapy and that she wondered if she should apply for long term disability. Dr. Balogun advised that they had not gone through all the diagnostic and treatment options, so that long term disability was premature. On April 4, 2013, Dr. Balogun noted that Claimant's left shoulder and arm pain was no better and that it hurt to move and that her low back pain with radicular symptoms had not improved.

On April 17, 2013, lumbar MRI showed mild disc desiccation at L4-5 with a concentric disc bulge at L4-5 and a very small disc protrusion at L5-S1 on the right. MRI of the left shoulder revealed fluid in the joint with increased signal and thickening of the rotator cuff tendon consistent with tendinosis, but without full thickness tear.

On April 18, 2013, Dr. Balogun noted findings consistent with tendinosis in the shoulder and a disc protrusion to the right at L4-L5. Dr. Balogun referred Claimant to a pain clinic and for physical therapy for her shoulder. He noted that she was not a surgical candidate, but that she might benefit from ESI for neuritis or radiculitis due to displacement of a lumbar intervertebral

disc. On May 20, 2013, Dr. Balogun noted that the pain in her left shoulder persisted without change despite physical therapy. Claimant reported that her work exceeded her restrictions and that her work aggravated her pain and caused swelling in her shoulder. Dr. Balogun further noted continued back and shoulder pain.

On May 29, 2013, Claimant was seen by Dr. Storick at Palmetto Health Pain Management. Dr. Storick assessed Claimant with chronic left neck, shoulder and arm pain; chronic right back and leg pain; possible cervical spondylosis versus left shoulder abnormality; and early L4-5 degenerative disc disease with a possible right lateral disc protrusion. Dr. Storick proposed a cervical ESI to try to calm the pain, indicating if she continued to be symptomatic, a cervical MRI would be the next step. On May 30, 2013, Dr. Storick placed Claimant at light duty with restrictions including a lifting limit of ten pounds; a pulling and pushing limit of ten pounds; no climbing bending, stooping, kneeling, or crawling and no overhead work with the left arm. On June 1, 2013, Dr. Storick released Claimant to return to "regular duty with no restrictions;" however, he continued to limit her lifting, carrying, pushing and pulling to ten pounds, with no overhead work with the left arm and no climbing, bending, stooping, kneeling, or squatting.

On August 6, 2013, Dr. Storick noted: "significant neck pain and into her left shoulder and down the arm. She also has ongoing low back pain down her legs. Cervical MRI was noted for mild to moderate stenosis at C3-4 with foraminal narrowing at that level and C4-5 more significant right than the left. Recent nerve studies were noted for moderate left carpal tunnel syndrome but no evidence of radiculopathy. I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point." Dr. Storick noted that Claimant needed to follow up

with her primary care physician.

## FINDINGS OF FACT

Based on the stipulations of the parties and the evidence presented, both in the form of submissions under the Administrative Procedures Act and hearing testimony,

**IT IS FOUND AS FACT:**

1. Claimant sustained a compensable injury by accident to her back (including neck & lower back) and left shoulder on April 5, 2011. Claimant received medical treatment at the direction of the Fund and was ultimately released to return to work full duty and did so. I find Claimant does not have any permanent disability from the 4/5/11 injury. WCC File No. 1122060 is now closed.

2. Claimant sustained a second compensable work-related injury to her back (neck & lower back) and left shoulder on June 16, 2013. I find the June 2013 exacerbated and aggravated Claimant's pre-existing back and left shoulder condition from the 2011 work-related injury.

3. Claimant received appropriate medical care including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physicians. Dr. Storick had released Claimant to return to work light-duty; however Claimant had informed him she was out of work.

4. Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding.

5. There is insufficient evidence in the record to support a finding of permanent and total disability. The most recent reference to Claimant's ability to work came from Dr. Storick, Claimant's pain management physician, who felt claimant could work in a light duty capacity.

6. I find this claim is governed by Section 42-9-30.

7. Claimant has sustained 10% PPD to her back as a result of her neck and lower back injury on 6/16/13.

8. Claimant has sustained 8% PPD to her left shoulder as a result of the 6/16/13 injury.

9. Claimant is entitled to back payment of TTD from June 16, 2013 through September 30, 2013.

10. Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding as well.

11. All benefits are to be paid in a lump-sum.

12. Defendants are responsible for unpaid medical treatment Claimant received as a result of both the 2011 and 2013 claims, but all claims for payment shall be limited to medical treatment and providers submitted to the Commission via APA submissions at the time of the hearing.

## CONCLUSIONS OF LAW

Based on the evidence submitted in this case, the testimony given, the stipulations entered into, and the foregoing Findings of Fact, this Commissioner makes the following Conclusions of Law:

1. That pursuant to Section 42-3-180, the South Carolina Workers' Compensation Commission has jurisdiction in this proceeding and venue in the County of Richland is proper pursuant to Section 42-17-10;

2. That pursuant to Section 42-1-130, the Claimant was a covered employee at the times in question, and pursuant to Section 42-1-140, the Defendant Employer was a covered employer under the Act;

3. That the Claimant sustained injuries by accident arising out of and in the course of her employment pursuant to Section 42-1-160;

4. That this claim is governed by Section 42-9-30.

## ORDER

Based on the Findings of Fact and Conclusions of Law, the undersigned Commissioner Orders as follows:

It is **ORDERED** that Defendants shall pay to Claimant benefits for the 10% permanent partial disability to her back;

It is **FURTHER ORDERED** that Defendants shall pay to Claimant benefits for the 8%

permanent partial disability to her left shoulder.

It is **FURTHER ORDERED** that Defendants shall pay to Claimant temporary total disability benefits for the period from June 16, 2013, through September 30, 2013;

It is **FURTHER ORDERED** that Defendants shall pay the cost or reimburse Claimant for unpaid medical treatment Claimant received as a result of both the 2011 and 2013 claims; however, all claims for payment shall be limited to medical treatment and providers submitted to the Commission via APA submissions at the time of the hearing.

It is **FINALLY ORDERED** that all benefits are to be paid in a lump sum.

**AND IT IS SO ORDERED.**

Taylor

Commissioner Aisha Taylor

S. C. Workers' Compensation Commission

_____, 2014

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 Renee Smith on May 14, 2014***

*South Carolina Workers' Compensation Commission*
*P.O. Box 1715 · 1612 Marion Street*
*Columbia, South Carolina 29202-1715*
*(803) 757-5700*

WCC File # 1122060; 1308013
Carrier File #
Carrier Code #
Employer FEIN

Paula Tucker (Claimant's Name) 247-35-3877 (SSN)
S.C. Department of Mental Health (Employer's Name)
1501 Malven Hill Dr. (Address) Camden, (City) SC (State) 29020 (Zip)
2414 Bull Street (Address) Columbia (City) SC (State) 29202 (Zip)
( ) (Home Phone #) ( ) (Work Phone #)
State Accident Fund (Insurance Carrier)
Frank A. Barton (Preparer's Name) (803) 799-9577 (Phone #)

Request for Commission Review by ☒ claimant ☐ employer (check one) Date of Injury 4-5-2011 & 6-16-20

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

See Attached

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

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

Ellen Goodwin, State Accident Fund
(Name, Address)

on the 28th day of May, 2014 by ☐ first class mail; ☐ personal service; ☒ certified mail.

Frank A. Barton (Preparer's Signature) Attorney (Title) 5-28-2014 (Date)

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

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If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

Paula Tucker v. S.C. Department of Mental Health
WCC#: 1122060 & 1308013

1. The hearing commissioner erred as a matter of law in finding that this claim was governed by Section 42-9-30 where, to the contrary, Section 42-9-30 governs claims for scheduled injuries to a single body part; here, the commissioner found that Claimant had sustained compensable injuries to her neck, lower back, and left shoulder;

2. The Hearing Commissioner erred as a matter of law and fact in failing to find that Claimant had sustained compensable injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, right leg, right knee and right foot as the result of the first accident on April 5, 2011;

3. The Hearing Commissioner erred as a matter of law and fact in failing to find that Claimant's compensable conditions included back pain, sciatica, and aggravation of the injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, and right leg as the result of the second work accident on June 16, 2013;

4. The Hearing Commissioner erred as a matter of fact in finding, that Claimant sustained a compensable injury by accident to her back (including neck & lower back) and left shoulder on April 5, 2011, and that Claimant "received medical treatment at the direction of the Fund" where Claimant actually was not provided medical treatment for the injuries sustained on April 5, 2011, for some six months, i.e., until October, 2011, and thereafter, medical care was largely denied, including the recommended treatment with an orthopaedic doctor.

5. The Hearing Commissioner erred as a matter of fact in finding, "Claimant received appropriate medical care, including conservative treatment consisting of physical therapy and pain management," where Claimant actually did not receive "appropriate" medical care after the June 16, 2013, accident; but instead, her medical care was denied and her appointments cancelled - - although Claimant was instructed by Dr. Oliver not to return to work until she had been seen by an orthopaedic doctor no such care was authorized so that Claimant was not able to return to work. The Hearing Commissioner herself found that Claimant was entitled to temporary total benefits from June 16, 2013, the date of the second accident, until the date of the September 30, 2013, hearing as the result of the failure to provide medical care;

6. The Hearing Commissioner erred as a matter of law in concluding: "Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding," where any such finding was irrelevant to the determination of MMI.

7. The Hearing Commissioner erred as a matter of fact in finding that Claimant had received appropriate medical care and that she had reached MMI where even the Hearing Commissioner found that Claimant was not able to return to work after the second accident because the recommended medical care had not been authorized or provided and that, therefore, back payment of TTD from June 16, 2013 through September 30, 2013 was required.

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8. The Hearing Commissioner erred as a matter of fact in finding, "Claimant received appropriate medical care, including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physician," where, to the contrary, Claimant was not provided the care of an orthopaeidc doctor as recommended, and she is in need of further and continuing medical care and evaluation for her work injuries.

9. The Hearing Commissioner erred in allowing her decision as to whether or not Claimant had reached maximum medical improvement to be affected by the fact that Claimant had asked her doctors about long term disability. The Hearing Commissioner erred as a matter of law and fact in allowing the fact that Claimant had asked her doctors about long term disability to "weigh heavily" in determining that Claimant had reached MMI where the Hearing Commissioner was, instead, required to evaluate whether there was further medical care which could then to reduce Claimant's disability;

10. The Hearing Commissioner erred as a matter of law and fact in concluding that Claimant had reached MMI as of the date of the hearing despite being informed that Claimant had a further referral appointment and surgery scheduled for after the hearing on September 30, 2013;

11. The Hearing Commissioner erred as a matter of law and fact in finding that Claimant's asking her doctors about long term disability was a negative factor which properly "weighed heavily" against finding that Claimant was in need of further medical care, given the fact that: Claimant's pain had continued unimproved; her condition had failed to benefit materially from conservative treatment and physical therapy; she had been required to perform work beyond her restrictions, resulting in increased pain and swelling; she was then put out of work altogether as the result of her restrictions and the carrier's refusal to provide medical care;

12. The Hearing Commissioner erred as a matter of law and fact in finding that there was insufficient evidence to support a finding of permanent and total disability where the Commissioner herself acknowledged that the most recent reference to Claimant's ability to work was Dr. Storick's opinion that Claimant could work in a light duty capacity, given that Claimant is a manual laborer without the experience, training or ability to obtain or perform less physically demanding work in the national or South Carolina economy;

13. The Hearing Commissioner erred in determining that Claimant has sustained only 10% PPD to her back as a result of her neck and lower back injuries where Claimant sustained an injury to her low back with radiation, Claimant had endured constant pain in her back and neck, so that she was unable to continue working.

12. The Hearing Commissioner erred in determining that Claimant had sustained only 8% PPD to her left shoulder where, as the result of her injuries, including the injury to her shoulder, Claimant had constant pain and she was, therefore, unable to continue working.

13. The Hearing Commissioner erred as a matter of law and fact in finding that Claimant had sustained only 8% to the left shoulder where Claimant's doctors have noted that her persistent pain in the left shoulder and arm continues and diagnosed her with tendinosus of the shoulder.

14. The Hearing Commissioner erred as a matter of law and fact in finding: "Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding as well."

15. The Hearing Commissioner erred as a matter of law in finding that while Defendants were responsible for unpaid medical treatment Claimant had received after both the 2011 and 2013 claims, such was limited only to medical treatment and providers submitted via APA submissions at the time of the hearing, where Defendants should be found responsible for all causally related medical care provided.

**BEFORE THE SOUTH CAROLINA**
**WORKERS' COMPENSATION COMMISSION**

WCC File Nos. 1122060 & 1308013

| | | |
|---|---|---|
| Paula Tucker, **Employee, Claimant,** | ) | |
| v. | ) | **BRIEF OF CLAIMANT-APPELLANT** |
| Department of Mental Health, **Employer,** | ) | |
| S.C. State Accident Fund, **Carrier,** Defendants | ) | |

## STATEMENT OF THE CASE

Paula Tucker, Claimant, sustained injuries to her back, neck, left shoulder, left arm, right leg and right hip arising out of and in the course of her employment on April 5, 2011. (W.C.C. No. 1122060). The accident was reported to Claimant's supervisor that same day. However, no first report of injury was filed and the employer did not initially authorize Claimant to receive medical treatment. After she complained to the Executive Director, Claimant was finally authorized to go to the doctor on July 14, 2012, well over a year after her accident was reported. Upon the employer's finally providing authorization for her to go to Doctor's Care, Claimant was diagnosed with a back injury and significant restrictions were imposed, including no driving, bending, stooping, lifting, and no climbing.

The employer denied Claimant's request for further medical treatment and she was not allowed to return to Doctor's Care for a second scheduled visit. Therefore, Claimant continued to work even though much of her assigned work was outside her medical restrictions. Claimant was constantly pressured by her supervisor to have those restrictions lifted and her job was threatened if the restrictions continued in place. Claimant's supervisor notified her that the

restrictions imposed would prevent her from performing the essential functions of her job. (APA p. 18). However, Claimant continued to try to work while reporting to her doctors that the work she was required to perform was beyond her restrictions.

On June 16, 2013, Claimant sustained a second compensable accident. As the result of the second accident, the condition of her back, neck, left shoulder, and arm were aggravated so that Claimant was not able to return to work after the second accident. Claimant requested causally related medical care as well as temporary total disability benefits from the day after the second accident, i.e., June 17, 2013, and continuing. The parties agreed that the average weekly wage would be held open so that additional evidence on the issue could be submitted. ,

Claimant took the position that both claims were compensable and that she was entitled to medical and temporary benefits. Claimant submitted the Form 12A, first report of injury for the first accident which was finally filed with the Commission on July 18, 2012. The 12A indicates that the employer was notified of Claimant's April 5, 2011, accident on April 5, 2011, when the accident was reported to Claimant's supervisor, Monica McKiver. The First Report of Injury indicates that, on April 5, 2011, Claimant slipped on a bar of soap at work, sustaining injuries to her left arm, shoulder, elbow, wrist, hand, entire back and right leg, hip, thigh, knee, shin, and foot.

In October, 2011, when Claimant went to the emergency room on her own for the pain in her back, the ER report indicated that Claimant had sciatic a and pain in her right hip radiating to her leg. On July 14, 2012, Doctors' Care records indicate that Claimant had daily pain in her left arm/neck and in her low back, radiating to the right leg. Doctor's Care noted that Claimant had pain on extremes of ROM, left shoulder pain, a positive exam of the cervical and lumbar spine, and pain in her right hip. Claimant was diagnosed with "cervical strain, left shoulder pain,

sciatica, and LBP." Doctors' Care imposed restrictions of no lifting over five pounds, no driving, no ladders or heights, no repetitive bending stooping, squatting, pushing, jerking, twisting, or bouncing and no continuous standing or sitting. Claimant was restricted to minimal climbing, including stairs, with no operation of fast moving equipment, Doctors' Care scheduled Claimant for a return visit; however, that visit was not authorized.

In January 2013, Claimant's supervisor gave her a letter asking Claimant to have the work restrictions removed or face a change in shift. The letter advised, "Also discussed with her that if still restricted from her essential job duties...there is a possibility that she will have to switch shifts until her restrictions are lifted due to the fact that these essential duties need to be completed on a daily basis and, at this point, you are not able to perform them since you are under the care of the doctor." (APA p. 18). Claimant recalled that her supervisor had constantly threatened her with a change to the third shift if her restrictions were continued. Claimant indicated that she had no one with whom to leave her two youngest children if she had actually been forced to work at night. Claimant advised her primary care doctor that she needed to work and she asked Dr. Balogun to remove her driving restrictions; however, the doctor noted that she was still unable to use her left shoulder to drive. On February 8, 2013, Claimant's Dr. Balogun, noted that the pain in Claimant's hips, back and shoulder was worse and that she reported constant pain.

On March 8, 2013, Dr. Balogun noted that the pain in the left arm and lower back persisted. He noted that Claimant had not seen much difference as the result of physical therapy and that she wondered if she should apply for long term disability. Dr. Balogun advised that they had not gone through all the diagnostic and treatment options, so that long term disability was premature despite the fact that she had been taken out of work. On April 4, 2013, Dr. Balogun noted that Claimant's left shoulder and arm pain was no better, that it hurt to move her shoulder and arm, and that her low back pain with radicular symptoms had not improved. On

April 17, 2013, a lumbar MRI showed mild disc desiccation at L4-5 with a concentric disc bulge at L4-5 and a disc protrusion at L5-S1 on the right. An MRI of the left shoulder revealed fluid in the joint with increased signal and thickening of the rotator cuff tendon consistent with tendinosis, but without full thickness tear.

On April 18, 2013, Dr. Balogun noted findings consistent with tendinosis in the shoulder and a disc protrusion to the right at L4-L5. Dr. Balogun referred Claimant to a pain clinic and for physical therapy for her shoulder. He noted that she might benefit from ESI for neuritis or radiculitis due to displacement of a lumbar intervertebral disc. On May 20, 2013, Dr. Balogun noted that the pain in her left shoulder persisted without change despite physical therapy. Claimant reported that her work exceeded her restrictions and that her work aggravated her pain and caused swelling in her shoulder. Dr. Balogun noted continued back and shoulder pain.

On May 29, 2013, Claimant was seen by Dr. Storick at Palmetto Health Pain Management. Dr. Storick assessed Claimant with chronic left neck, shoulder and arm pain; chronic right back and leg pain; possible cervical spondylosis versus left shoulder abnormality; and early L4-5 degenerative disc disease with a possible right lateral disc protrusion. Dr. Storick proposed a cervical ESI to try to calm the pain, indicating if she continued to be symptomatic, a cervical MRI would be the next step.

On May 30, 2013, Dr. Storick placed Claimant at "light duty" with restrictions including a lifting limit of ten pounds; a pulling and pushing limit of ten pounds; no climbing bending, stooping, kneeling, or crawling and no overhead work with the left arm. On June 1, 2013, Dr. Storick released Claimant to return to "regular duty with no restrictions;" however, he continued to limit her lifting, carrying, pushing and pulling to ten pounds, with no overhead work with the left arm and no climbing, bending, stooping, kneeling, or squatting.

On August 6, 2013, Dr. Storick noted: "significant neck pain and into her left shoulder and down the arm. She also has ongoing low back pain down her legs. Cervical MRI was noted for mild to moderate stenosis at C3-4 with foraminal narrowing at that level and C4-5 more significant right than the left. Recent nerve studies were noted for moderate left carpal tunnel syndrome but no evidence of radiculopathy. I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point."

## ARGUMENT

I. **The hearing commissioner erred as a matter of law in finding that this claim was "governed by Section 42-9-30" where the commissioner herself found that Claimant had sustained compensable injuries to multiple body parts including her neck, lower back, and left shoulder.**

By her Finding of Fact No. 2, the Hearing Commissioner found:

> Claimant sustained a second compensable work-related injury to her back (neck & lower back) and left shoulder on June 16, 2013. I find the June 2013 exacerbated and aggravated Claimant's pre-existing back and left shoulder condition from the 2011 work-related injury.

The Hearing Commissioner further found as fact that Claimant sustained a 10% permanent partial disability to her back as a result of her neck and lower back injuries and 8% permanent partial disability to her left shoulder as the result of her compensable work injuries. (Findings of Fact Nos. 7 and 8). However, despite finding that Claimant sustained compensable work related injuries resulting in permanent partial disability to her neck, lower back, and left shoulder, the Hearing Commissioner then erroneously found and concluded that this claim was "governed by the scheduled injury section, 42-9-30." (Finding of Fact No. 6; Conclusion of Law No. 4).

Generally, an injured employee may proceed under either the general disability statutes, or under the scheduled member statute to maximize recovery under the South Carolina Workers' Compensation Act. Colonna v. Marlboro Park Hosp. 404 S.C. 537, 549, 745 S.E.2d 128, 135

(Ct.App. 2013); Brown v. Owen Steel Co., 316 S.C. 278, 280, 450 S.E.2d 57, 58 (Ct.App.1994). Recovery pursuant to the scheduled injury section "is exclusive only when a scheduled loss is not accompanied by additional complications affecting another part of the body." Colonna, 745 S.E.2d at 135.

Where a worker is entitled to pursue benefits under either S.C. Code Ann. § 42-9-10 or § 42-9-30, the Commission is required to apply whichever statute provides the greatest benefits for the Claimant. Morgan v. JPS Automotives, 321 S.C. 201, 467 S.E.2d 457 (Ct. App. 1996). See also Simmons v. City of Charleston, 349 S.C. 64, 562 S.E.2d 476, 482 (Ct.App.2002) (finding a firefighter was not limited to recovery under the scheduled member statute when he presented substantial evidence that he suffered additional complications to another part of his body, entitling him to recover under the general disability statute). Given that Claimant sustained multiple injuries, including those to her neck, lower back, and left shoulder, she was entitled to the opportunity to establish a disability greater than the presumptive disability provided for under the scheduled member section. The Hearing Commissioner's erroneous finding and conclusion that this claim is governed by the scheduled injury section should be reversed.

**II. The Hearing Commissioner erred in finding that Claimant had reached MMI, that she had received appropriate medical care, and that she was not entitled to further medical care.**

After sustaining compensable injuries by accident to her back (including neck & lower back) and left shoulder on April 5, 2011, it is undisputed that Claimant was not provided medical treatment for some fifteen months, i.e., until July 14, 2012. Thereafter, medical care for her compensable injuries was largely withheld and denied. Claimant was not provided an evaluation or treatment with an orthopaedic doctor despite the fact that her authorized treating physician,

Dr. Oliver had recommended that she not return to work without first being seen by an orthopaedic. Despite Dr. Oliver's instructions, Claimant was never authorized to see an orthopaedic doctor. In fact, the Hearing Commissioner herself found that Claimant was entitled to temporary total benefits from June 16, 2013, the date of the second accident, until the date of the September 30, 2013, hearing as the result of the Defendant's failure to provide medical care. Therefore, the Hearing Commissioner's finding as fact that Claimant received appropriate medical care provided by Defendant is contradicted by the substantial evidence and plainly erroneous.

The Hearing Commissioner further erred in finding that Claimant had reached MMI and that she was not entitled to further medical care for her compensable injuries despite the fact that Defendant employer had never provided the care from an orthopaedic doctor which was recommended. Dr. Oliver had originally prescribed care with an orthopaedic doctor. In 2012, Dr. Storick had advised Claimant to return to her primary care physician for a referral to an orthopaedic. On June 21, 2013, Doctor's Care's report indicated, "URGENT: patient needs orthopedic referral ASAP." (APA p. 26). The Hearing Commissioner erroneously found, "...Claimant was not determined to be a surgical candidate by any of the treating physicians...." (Finding of Fact No. 4). Indeed, on August 6, 2013, Dr. Storick noted: "significant neck pain and into her left shoulder and down the arm. She also has ongoing low back pain down her legs. Cervical MRI was noted for mild to moderate stenosis at C3-4 with foraminal narrowing at that level and C4-5 more significant right than the left. Recent nerve studies were noted for moderate left carpal tunnel syndrome but no evidence of radiculopathy." Dr. Storick opined, "I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point." However, as the result of the Defendant's

failure to provide the necessary and prescribed medical care, there was no spine surgeon on the case to whom Dr. Storick *could* defer.

The Hearing Commissioner erred in giving any weight whatsoever to the fact that Claimant had not been determined to be a surgical candidate by her doctors where Claimant was not authorized to be seen by an orthopaedic surgeon despite the fact that her doctors had recommended such an evaluation. Claimant was not provided the care of an orthopaedic doctor as recommended and she continued to need further and continuing medical care and evaluation for her work injuries. In fact, at the hearing on September 30, 2013, the Hearing Commissioner was informed that that Claimant had a further referral appointment and surgery on her cervical spine scheduled to take place after the hearing on September 30, 2013. The Hearing Commissioner plainly erred in finding that Claimant had reached MMI as of the date of the hearing despite being informed that recommended care had yet to be provided, that Claimant had a further referral appointment and surgery scheduled to take place after the hearing, and where the substantial evidence established that further causally related medical care was necessary.

The Hearing Commissioner erred in finding that Claimant had reached MMI, that she had been provided appropriate medical care, and that she was not entitled to further medical care. In fact, after her injuries, Claimant's pain had continued unimproved; her condition had failed to benefit materially from conservative treatment and physical therapy; she had been required to perform work beyond her restrictions resulting in increased pain and swelling; and she was then put out of work altogether as the result of her restrictions and the carrier's refusal to provide prescribed medical care. Claimant had three children to support and she was unable to perform her work; therefore, Claimant was forced to file for STD and LTD due Defendant's improperly denying her case and not paying temporary benefits. Despite these circumstances, the Hearing

Commissioner explicitly indicated by her Order that her decision that Claimant had reached MMI was heavily and negatively influenced by the Hearing Commissioner's reaction to the fact that Claimant spoke to her doctors about applying for long term disability.

The Commissioner found, "Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding." (Finding of Fact No. 4). The Hearing Commissioner erred as a matter of law and fact in allowing the fact that this injured worker asked her doctors about long term disability to "weigh heavily" in favor of finding that she had reached MMI. The Hearing Commissioner further erred in also finding: "Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding as well." (Finding of Fact No. 10).

The Hearing Commissioner explicitly and repeatedly found that Claimant's asking her doctors about long term disability was a negative factor which negatively affected Claimant's credibility and cast doubt on her disability. However, the Commissioner erred as a matter of law in allowing her decision as to whether or not Claimant had reached maximum medical improvement to be "heavily" influenced by such an equivocal factor where the Commissioner was required to determine MMI based on the substantial and relevant evidence indicating whether there was further medical care which could tend to reduce her disability. Where Claimant had a further referral appointment and surgery authorized and scheduled to take place after the evidentiary hearing on September 39, 2013, and where the substantial evidence

established that further causally related medical care was necessary, the Hearing Commissioner's findings as to MMI and further medical care should be reversed.

**III. The Hearing Commissioner erred as a matter of law and fact in making a premature ruling as to permanency and further erred in finding that there was insufficient evidence to support a finding of permanent and total disability and in awarding insufficient permanent partial disability benefits.**

As argued, the Hearing Commissioner erred in concluding that this claim was governed by the scheduled injury section. The Hearing Commissioner further erred in prematurely reaching and ruling on the issue of permanency. The Hearing Commissioner erred in finding that there was insufficient evidence to support a finding of permanent and total disability where the undisputed medical evidence established that Claimant is unable to return to work as the result of her compensable injuries. By her Order, the Hearing Commissioner herself acknowledged that the most recent reference to Claimant's ability to work was Dr. Storick's opinion that Claimant could work in a light duty capacity. Indeed the medical evidence and opinion overwhelmingly established that this Claimant is significantly restricted, that she can only perform light duty, and that she is no longer able to perform the essential duties of the manual labor job she was performing at the time of the accident.

Claimant has a high school diploma with a two year degree from Central Carolina Technical in public service with a criminal justice major. Claimant's work history was at a kindergarten for about a year and then almost twenty years at the Babcock Center. Claimant then worked as a prison guard with the Department of Corrections. In 2004, Claimant started work as a mental health assistant with the subject employer, the Department of Mental Health. Claimant's duties there required her to deal with ten residents at a Mental Health house -- cooking, passing out medications, cleaning, making beds, assisting patients, scheduling appointments, and taking patients to their medical appointments. (Hearing Tr. pp. 7-10). Thus,

Claimant is a manual laborer without the experience, training or ability to obtain or perform less physically demanding work in the national or South Carolina economy.

Under the Act "total disability" does not require complete, abject helplessness. Rather it is an inability to perform services other than those that are so limited in quality, dependability, or quantity that no reasonably stable market exists for them. Coleman v. Quality Concrete Products, Inc., 245 S.C. 625, 142 S.E.2d 43 (1965); McCollum v. Singer Co., 300 S.C. 103, 107, 386 S.E.2d 471, 474 (Ct.App.1989). An injured worker is properly found totally disabled where he is "disabled to perform common labor and could not obtain employment as such, and he was not qualified by training or experience for any other." Colvin v. E.I. Dupont De Nemours, 227 S.C. 465, 88 S.E.2d 581 (1955). Employees who because of a work-related injury can perform only limited tasks for which no reasonably stable market exists are considered totally disabled notwithstanding their nominal earning capacity. Stephenson v. Rice Services, Inc., supra.

"The criterion of the right of Claimant to compensation under the Act is this: Has his injury lessened his earning capacity and deprived him in whole or in part of the power to obtain employment?" Manning v. Gossett Mills, 192 S.C. 262, 6 S.E.2d 256 (1939). In Claimant's case, the answer to this question is indisputably, "Yes." Claimant's injuries have resulted in significant restrictions which have taken her out of work and she is unable to return to the strenuous manual labor she performed at the time of her work accident. Claimant's vocationally relevant work experience, as performed, was limited to manual, physical labor. Claimant's prior work required walking, standing, sitting, bending, and heavy lifting, pushing and pulling. Prior to the admitted work injury, Claimant was able to earn wages by performing this physical work. However, Claimant is now unable to perform the work she was performing prior to her injuries and she is unqualified to obtain or perform a desk job. Therefore, where Claimant is a manual

laborer who, as the result of compensable injuries, is unable to earn wages performing manual labor, if the issue of permanent disability were properly reached, she qualifies for an award of total and permanent disability under the Act.

As argued, the Hearing Commissioner erred in finding that this case was ripe for a determination of permanency and further erred in finding that the claim was governed by the scheduled injury section. However, even assuming that the award was properly made, the Hearing Commissioner erred in determining that Claimant has sustained only 10% PPD to her back as a result of her neck and lower back injuries where Claimant sustained an injury to her low back with radiation and Claimant had endured constant pain in her back and neck, so that she was unable to continue working. The Hearing Commissioner erred in determining that Claimant had sustained only 8% PPD to her left shoulder where, as the result of her injuries, including the injury to her shoulder, Claimant had constant pain and she was unable to continue working. The Hearing Commissioner erred as a matter of law and fact in finding that Claimant had sustained only 8% to the left shoulder where Claimant's doctors have noted that her persistent pain in the left shoulder and arm continues and diagnosed her with tendinosis of the shoulder.

The Hearing Commissioner's erroneously reaching the issue of permanency but then refusing to find Claimant permanently and totally disabled as the result of her work injuries is unsupported by the substantial evidence and should be reversed. At the very least, if the case were ripe for a permanency award, the award of permanent partial disability should be substantially increased where this Claimant's injuries have left her unable to earn the wages she was earning at the time of her work injuries.

IV. **The Hearing Commissioner erred as a matter of law in finding that while Defendants were responsible for the cost of unpaid medical treatment Claimant had received after both the 2011 and 2013 claims, Defendant's were only responsible for the cost of medical treatment if a report of the treatment was submitted via APA submissions at the time of the hearing.**

The Hearing Commissioner ordered that Defendant employer was responsible for paying the cost or reimbursing Claimant for unpaid medical treatment Claimant received as a result of both the 2011 and 2013 claims; however, the Commissioner erred in further ruling that "all claims for payment shall be limited to medical treatment and providers submitted to the Commission via APA submissions at the time of the hearing."

Under the Act, the employer is responsible for the cost of all causally related medical care provided to Claimant. Section 42-15-60; Dodge v. Bruccoli, Clark, Layman, Inc. 334 S.C. 574, 514 S.E.2d 593 (Ct. App. 1999); Hall v. United Rentals, Inc. 371 S.C. 69, 636 S.E.2d 876 (Ct. App. 2006). The Hearing Commissioner plainly erred in limiting Defendant's responsibility to the cost of unpaid medical treatment for which a report was submitted via APA submissions at the time of the hearing. Whether or not a report of such causally related medical care was included in the APA submissions at the time of a hearing is wholly irrelevant to whether the medical care provided was causally related to the workers' compensable injuries. The Hearing Commissioner's limitation on the employer's responsibility for the cost of causally related medical care provided should be reversed and the employer held responsible for the cost of all causally related medical care provided.

Respectfully submitted,

August 8, 2014

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Mullis Law Firm
Post Office Box 7757
Columbia, S.C. 29202
(803) 799-9577
**COUNSEL FOR CLAIMANT**

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1122060 & 1308013

PAULA Y. TUCKER, CLAIMANT/APPELLANT,

VERSUS

SC DEPARTMENT OF MENTAL HEALTH,

and

STATE ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

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**FULL COMMISSION BRIEF OF DEFENDANTS/RESPONDENTS**

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## STATEMENT OF THE CASE

Claimant initially suffered an alleged injury by accident to her left arm, left shoulder, neck, left wrist, left hand, entire back and right leg/hip, thigh, knee, shin and foot on 04/05/11, when she dropped a bar of soap and fell. She was initially seen at KershawHealth Medical Center on 10/28/11. She was next seen at Doctor's Care Wateree on 7/14/12. She then obtained care with Dr. Olajide Balogun between 1/21/13 and 5/20/13. She also underwent physical therapy from 2/19/13 through 5/08/13 with Kershaw Physical Therapy. She received pain management from Dr. Steven Stedrick from 5/29/13 – 8/06/13. Defendants denied any injury by accident in the course and scope of employment.

Claimant also alleged she sustained injury/aggravation to her left arm, left shoulder, neck, left wrist, left hand, entire back and right leg/hip, thigh, knee, shin and

foot on 6/16/13, when she was arising from a kneeling position on the floor and bending to remove items from the oven. She further alleged her right leg gave out and she fell on the kitchen floor. Defendants denied any injury by accident in the course and scope of employment.

As a result of these accidents, claimant contended she was permanently and totally disabled. The claims were tried on September 30, 2013, after which an Order was issued finding the claims to be compensable and awarding claimant 10% to the back and 8% to the shoulder. The Order further instructed Defendants to pay claimant temporary total disability benefits from 6/16/13 – 9/30/13, along with paying for or reimbursing claimant for unpaid medical treatment for both claims, limited to medical treatment and providers submitted to the WCC via APA submissions at the time of the hearing. This appeal ensued.

## ISSUES

1. The hearing commissioner erred as a matter of law in finding that this claim was governed by Section 42-9-30 where, to the contrary, Section 42-9-30 governs claims for scheduled injuries to a single body part; here, the commissioner found that Claimant had sustained compensable injuries to her neck, lower back and left shoulder.

2. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant had sustained compensable injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, right leg, right knee and right foot as the result of the first accident on April 5, 2011.

3. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant's compensable conditions included back pain, sciatica, and aggravation of the injuries to her left arm, cervical spine, left shoulder, left wrist, left elbow, left hand, right hip, and right leg as the result of the second work accident on June 16, 2013.

4. The hearing commissioner erred as a matter of law and fact in failing to find that Claimant had sustained compensable injury by accident to her back (including neck & lower back) and left shoulder on April 5, 2011, and that Claiman

"received medical treatment at the direction of the Fund" where Claimant actually was not provided medical treatment for the injuries sustained on April 5, 2011, for some six months, i.e. October, 2011, and thereafter, medical care was largely denied, including the recommended treatment with an orthopaedic doctor.

5. The hearing commissioner erred as a matter of fact in finding, "Claimant received appropriate medical care, including conservative treatment consisting of physical therapy and pain management," where Claimant actually did not receive "appropriate" medical care after the June 16, 2013 accident; but instead, her medical care was denied and her appointments cancelled - - although Claimant was instructed by Dr. Oliver not to return to work until she had been seen by an orthopaedic doctor no such care was authorized so that Claimant was not able to return to work. The hearing commissioner herself found that Claimant was entitled to temporary total benefits from June 16, 2013, the date of the second accident, until the date of September 30, 2013, hearing as the result of the failure to provide medical care.

6. The hearing commissioner erred as a matter of law in concluding: "Claimant is at maximum medical improvement as of the date of the hearing, September 30, 2013. Claimant's frequent references to seeking long-term disability to several treating physicians weighed heavily on this finding," where any such finding was irrelevant to the determination of MMI.

7. The hearing commissioner erred as a matter of fact in finding that Claimant had received appropriate medical care and that she had reached MMI where even the hearing commissioner found that Claimant was not able to return to work after the second accident because the recommended medical care had not been authorized or provided that, therefore, back payment of TTD from June 16, 2013 through September 30, 2013 was required.

8. The hearing commissioner erred as a matter of fact in finding, "Claimant received appropriate medical, including conservative treatment consisting of physical therapy and pain management. Claimant was not determined to be a surgical candidate by any of the treating physician," where, to the contrary, Claimant was not provided the care of an orthopaedic doctor as recommended, and she is in need of further and continuing medical care and evaluation for her work injuries.

9. The hearing commissioner erred in allowing her decision as to whether or not Claimant had reached maximum medical improvement to be affected by the fact that Claimant had asked her doctors about long term disability. The hearing commissioner erred as a matter of law and fact in allowing the fact that Claimant had asked her doctors about long term disability to "weigh heavily" in determining that Claimant had reached MMI where the hearing commissioner was, instead, required to evaluate whether there was further medical care which could then to reduce Claimant's disability [sic].



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10. The hearing commissioner erred as a matter of law and fact in concluding that Claimant had reached MMI as of the date of the hearing despite being informed that claimant had a further referral appointment and surgery scheduled for after the hearing on September 30, 2013.

11. The hearing commissioner erred as a matter of law and fact in finding that Claimant's asking her doctors about long term disability was a negative factor which properly "weighed heavily" against finding that Claimant was in need of further medical care, given the fact that: Claimant's pain had continued unimproved; her condition had failed to benefit materially from conservative treatment and physical therapy; she had been required to perform work beyond her restrictions, resulting in increased pain and swelling; she was then put out of work altogether as the result of her restrictions and the carrier's refusal to provide medical care.

12. The hearing commissioner erred as a matter of law and fact in finding that there was insufficient evidence to support a finding of permanent and total disability where the Commissioner herself acknowledged that the most recent reference to Claimant's ability to work was Dr. Storick's opinion that Claimant could work in a light duty capacity, given that Claimant is a manual laborer without the experience, training or ability to obtain or perform less physically demanding work in the national or South Carolina economy.

13. The hearing commissioner erred in determining that Claimant has sustained only 10% PPD to her back as a result of her neck and lower back injuries where Claimant sustained an injury to her low back with radiation, Claimant had endured constant pain in her back and neck, so that she was unable to continue working.

14. The hearing commissioner erred in determining that Claimant has sustained only 8% PPD to her shoulder where, as a result of injuries, including the injury to her shoulder, Claimant had constant pain and she was, therefore, unable to continue working.

15. The hearing commissioner erred as a matter of law and fact in finding that Claimant has sustained only 8% PPD to her shoulder where Claimant's doctors have noted that her persistent pain in the left shoulder and arm continues and diagnosed her with tendinosus [sic] of the shoulder.

16. The hearing commissioner erred as a matter of law and fact in finding: "Claimant is not entitled to future medical treatment as none has been recommended that would tend to lessen her period of disability. Claimant's frequent references to seeking long-term disability to several treating physicans weighed heavily on this finding as well."

17. The hearing commissioner erred as a matter of law in finding that while Defendants were responsible for unpaid medical treatment Claimant had received after both the 2011 and 2013 claims, such was limited only to medical treatment and providers submitted via APA submissions at the time of the hearing, where Defendants should be found responsible for all causally related medical care provided.

## ARGUMENT

1. **The hearing Commissioner did not err in finding that this claim was governed by Section 42-9-30.** (Issue 1.)

Claimant appears to argue that she was entitled to compensation pursuant to S. C. Code § 42-9-10 or 42-9-20 because she was found to have injury to more than two body parts; however, since claimant was determined not to be permanently and totally disabled, compensation pursuant to § 42-9-30 is all that remains. The hearing Commissioner did not apply § 42-9-30 'presumptively' but reviewed claimant's contention of permanent and total disability and found it to be without merit.

2. **The hearing commissioner did not err in finding that Claimant had reached MMI, that she had received appropriate medical care, and that she was not entitled to further medical care.** (Issues 5 – 11, 14.)

Claimant's first accident allegedly occurred on 4/05/11; however, she did not report the incident to Employer until 7/13/12 (see 12A). For over 3 months, she did not request medical treatment or report the incident, thereby denying the employer the ability to provide it for her. Further, Defendants contend that claimant did receive appropriate medical care. She initially received conservative treatment,, including physical therapy, and then went on to receive pain



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management. It should be noted that, "Extensive workup has only noted mild age-appropriate degenerative changes. Nerve studies "showed no evidence of radiculopathy." (Claimant's APAs, p. 65.) Dr. Balogun reported that claimant displayed inconsistent ROM (range of motion). Physical therapy, injections and medications did little or nothing to help claimant. In his initial evaluation of claimant, Dr. Storick observed that she had "full range of motion of the hips with internal and external rotation non-painful. Deep compression of the hip bursae nontender." (Claimant's APAs, p. 58.) He further reported that she had "[n]ormal range of motion in the neck and low back in flexion and extension." Claimant's APAs, p. 59.) At her last visit, Dr. Storick opined: "At this point there is not much else I can offer her." (Claimant's APAs, p. 65.) He did not refer her to an orthopaedic or spine surgeon. He merely did not comment on whether or not she was a surgical candidate. No other medical care was recommended for claimant – Dr. Balogun did not consider her to be a candidate for surgery and referred her to a pain clinic, which referral she did follow up on. (Claimant's APAs, p. 40.)

While claimant argues that her impending cervical surgery should have been substantial evidence that she was not at MMI and in need of additional medical care, there is no evidence in the record from the physician providing the surgery that said surgery was causally related to her accidents/injuries.

Claimant also asserts she was required to perform work that was outside of her restrictions; however, Claimant went to Dr. Balogun and requested he lift her restrictions. (Claimant's APAs, p. 19.) At the next appointment with Dr.



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Balogun, she was "still asking that I remove driving restrictions even though she cant [sic] use the left shoulder still." (Claimant's APAs, p. 23.) It was at the next appointment with Dr. Balogun that she began her quest for disability, which he felt was inappropriate at the time. (Claimant's APAs, p. 28, 29.)

3. **The hearing commissioner did not err as a matter of law or fact in making a premature ruling as to permanency and further erred in finding that there was insufficient evidence to support a finding of permanent and total disability in awarding insufficient permanent partial disability benefits.** (Issues 12, 13, 12, 13 [sic].)

Claimant argues that the hearing commissioner erred in not finding her to be permanently and totally disabled; however, this is contrary to claimant's assertions that she was scheduled for cervical surgery after the hearing and not at MMI and in need of additional medical treatment. Further, claimant submitted no vocational evaluation establishing that claimant meets the standard for permanent and total disability This is especially true because there is no medical evidence that anything significant is wrong with claimant.

4. **The hearing commissioner did not err as a matter of law in finding that defendants are only responsible for the cost of unpaid medical treatment if a report of the treatment was submitted via AJA submissions at the time of the hearing.** (Issue 15.)

Claimant contends the hearing Commission should not have limited the payment or reimbursement of medicals to those submitted in the prehearing brief. This

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leaves claimant without recompense for the pending cervical surgery allegedly mentioned at the hearing. There was no evidence that the pending cervical surgery was causally related, however, and Defendants find it strange that the reports of any appointments leading to that surgery are not in the record. Further, since the parties are responsible for submitting all relevant medicals, it would appear that there are no other medical records that would need to be reimbursed. Moreover, as previously argued, Claimant was at MMI and no other medical had been recommended. Therefore, the hearing commissioner did not err.

5. **The hearing commissioner did not err in refusing to find claimant sustained compensable to all alleged body parts.** (Issues 2,3.)

The Claimant argues that all body parts alleged should have been found compensable. There was no medical evidence to a reasonable degree of medical certainty to support a finding of causally related, compensable injury to claimant's arm, elbow, wrist, hand, right hip, leg, knee and foot.

## CONCLUSION

For the foregoing reasons, Respondents contend that the Order of the hearing Commissioner should be affirmed.

Respectfully submitted,

Ellen Goodwin
Assistant Chief Counsel
State Accident Fund
P.O. Box 102100
Columbia, SC 29221
(803) 896-5891



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**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: ~~1122060~~ 1308013
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Paula Tucker SSN: 247-35-3877
Address: 1501 Malvern Hill Dr
City: Camden State: SC Zip: 29020
Home Phone: (803)713-4454 Work Phone: ( ) -

Employer's Name: SC Dept of Mental Health
Address: 2414 Bull St.
City: Columbia, State: SC Zip: 292
Insurance Carrier: State Accident Fund

Preparer's Name: Connie Soles Law Firm: Mullis Law Firm Preparer's Phone #: (803) 799-9577

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

**A claim for workers' compensation benefits is made based on the following grounds:** ☒ Injury ☐ Illness ☒ Repetitive Trauma **Date of Injury or Illness:** Jun 16, 2013

1a. The claimant sustained an injury to 8 (Part(s) of Body Injured) on 6/16/13 (Month/Day/Year) in Kershaw county, state of SC.
1b. Body part(s) affected are: See 1 in Addendum

Briefly describe how the accident occurred. See 2 in Addendum

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 6/16/13 (Month/Day/Year) in the following manner: reported to Monica McKiver

☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: ____
☒ (b) additional medical examination and treatment for: See 3 in Addendum

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: date of accident until present and continuing.

☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial
☐ (3) Wage Loss

☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $ 530, and demands accounting of days worked and wages earned as provided law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: none

11a. Further grounds or unusual aspects of claim: See 4 in Addendum

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Kershaw Health Doctors Care Lugoff, SC

11c. To the best of your knowledge, did you have any prior permanent disability? ____
If yes, describe: ____

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

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

14. Estimated time needed for hearing: 1 hour

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

Frank A. Barton Atty csoles@mullislawfirm.com 7-10-13
Preparer's Signature Title Email Date

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

**WCC Form # 50**
Revised 9/07

50

000052

**Employee's Notice of Claim and/o Request for Hearin**

SCWCC JUL 12 2013 JUDICIAL

# Addendum
# PAULA TUCKER WCC#: 1122060

1. entire back, neck, right leg, left arm, left leg, right arm, shoulders with aggravation to a pre-existing condition to back and neck, right hip and left shoulder
2. claimant was cooking in the kitchen and was was bending/stooping up and down (repetative motion) to get pans/pots and when she got up she felt excuruating pain in her back and right leg and after doing the dishes she bent down to put the pots in the cabinet she went to walk and her right leg gave out and she slipped and fell on the kitchen floor.
3. See 1a and 1b above. Claimant was sent to Doctors' Care and Dr. she was off duty due to work-related accident till patient see orthopaedic.
4. Claimant is entitled to temporary total benefits, medical benefits and any and all other benefits applicable under the Act. Believe Claimant to have permanent disability but we are not requesting permanent disability until by the time of the hearing that any and all physicians treating her indicate she is at maximum medical improvement.

Request lump sum payment as per Section 42-9-10 and Section 42-9-20 of the 1976 Code of Laws of South Carolina as interpreted by the Supreme Court decision of Utica Mohawk Mills v Orr, 277 S.C. 226, 87 SE 2d 589; Sciarotta v. Bowen, 837 F2d 135.



FAB

**South Carolina Workers' Compensation Commission**
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Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC File #: 1308013
Carrier File #: 2013-1974
Carrier Code #:
Employer F IN #:

Claimant's Name: Paula Tucker SSN: 247-35-3877
Address: 1501 Malvern Hill Drive
City: Camden State: SC Zip: 29020
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 06/16/13

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 2920
Insurance Carrier: State Accident Fund

Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: ( 803 ) 896-5896

**Date of Injury or Illness: 06/16/13**

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

1. It is Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: No injury by accident.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Injury did not arise out of and in the course of employment.
5. It is Denied notice of injury was given the employer. The reasons for denial are: To be determined.
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: See #1 and #4.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of : See #1 and #4.
8. It is Denied the employee is permanently disabled. The reasons for denial are: See #1 and #4.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 478.78** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

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

Name: Frank A. Barton, Esquire — Judicial Director, SCWCC
Address: P.O. Box 7757, Columbia, SC 29202-7757 — P.O. Box 1715, Columbia, SC 29202-1715

on the 31st day of July, 2013 by ☒ first class mail ☐ personal service ☐ certified mail

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

Page Snyder — Asst. Chief Counsel — Psynder@saf.sc.gov — July 31, 2013
Preparer's Signature — Title — Email — Date

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

**South Carolina Workers' Compensation Commission**
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www.wcc.sc.gov

WCC File #: 1122060
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Paula Tucker SSN: 247-35-3877
Address: 1501 Malvern Hill Dr
City: Camden State: SC Zip: 29020
Home Phone: (803)713-4454 Work Phone: ( ) -

Employer's Name: SC Dept of Mental Health
Address: 2414 Bull St.
City: Columbia, State: SC Zip: 29
Insurance Carrier: State Accident Fund

Preparer's Name: Connie Soles Law Firm: Mullis Law Firm Preparer's Phone #: (803)799-9577

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

**A claim for workers' compensation benefits is made based on the following grounds:**
☒ Injury ☐ Illness ☐ Repetitive Trauma

**Date of Injury or Illness:** Apr 5, 2011

1a. The claimant sustained an injury to 6 (Part(s) of Body Injured) on 4/5/11 (Month/Day/Year) in Kershaw county, state of SC.
1b. Body part(s) affected are: See 1 in Addendum

Briefly describe how the accident occurred. Resident dropped a bar of soap and claimant slipped on it and fell.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 4/5/11 (Month/Day/Year) in the following manner: reported to Monica McKiver

☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: See 1a & b above.
☐ (b) additional medical examination and treatment for:

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

☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial
☒ (2) Specific Disability: ☐ Total ☐ Partial
☐ (3) Wage Loss

☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $____, and demands accounting of days worked and wages earned as provided by law. Form 30 Requested + Payroll Files

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: SC Department of Mental Health

11a. Further grounds or unusual aspects of claim: See 2 in Addendum

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Kershaw County Medical Center, Doctors Care Lugoff, SC; Dr. Olajide A. Balogun, Dr. Steven Storick.

11c. To the best of your knowledge, did you have any prior permanent disability? ____
If yes, describe:

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

SCWCC
JUL 09 2013
JUDICIAL

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

14. Estimated time needed for hearing: 1 hour

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

Frank A. Barta — atty — csoles@mullislawfirm.com — July 8, 2013
Preparer's Signature | Title | Email | Date

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

**WCC Form # 50**
Revised 9/07

000055

50

**Employee's Notice of Claim and/or**

# Addendum
# PAULA TUCKER WCC# 1122060

1. left arm, left shoulder, left elbow, left wrist, left hand, entire back, right leg, right hip, right thigh, shin, and right foot.
2. Claimant is entitled to temporary total benefits, medical benefits and any and all other benefits applicable under the Act. Believe Claimant to have permanent disability but we are not requesting permanent disability until by the time of the hearing that any and all physicians treating her indicate she is at maximum medical improvement.

   Request lump sum payment as per Section 42-9-10 and Section 42-9-20 of the 1976 Code of Laws of South Carolina as interpreted by the Supreme Court decision of Utica Mohawk Mills v Orr, 277 S.C. 226, 87 SE 2d 589; Sciarotta v. Bowen, 837 F2d 135.



FAB FAB

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

WCC File #: 1122060
Carrier File #: 2011-4309
Carrier Code #:
Employer F IN #:

Claimant's Name: Paula Tucker SSN: 247-35-3877
Address: 1501 Malvern Hill Drive
City: Camden State: SC Zip: 29020
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 04/05/11

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 2
Insurance Carrier: State Accident Fund

Preparer's Name: Page Snyder, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

**Date of Injury or Illness: 04/05/11**

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

1. It is Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
   No injury by accident.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are
   Injury did not arise out of and in the course of employment.
5. It is Denied notice of injury was given the employer. The reasons for denial are:
   To be determined.
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
   See #1 and #4.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of :
   See #1 and #4.
8. It is Denied the employee is permanently disabled. The reasons for denial are:
   See #1 and #4.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 431.84** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

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

Name: Frank A. Barton, Esquire — Judicial Director, SCWCC
Address: P.O. Box 7757, Columbia, SC 29202-7757 — P.O. Box 1715, Columbia, SC 29202-1715

on the 31st day of July, 2013 by ☒ first class mail ☐ personal service ☐ certified mail
**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature — Asst. Chief Counsel (Title) — Psnyder@saf.sc.gov (Email) — Jul 31, 2013 (Date)

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

# PRE-HEARING BRIEF
**WCC File No:** 1122060

| | | | |
|---|---|---|---|
| Claimant's Name: | Paula Tucker 247-35-3877 | Employer's Name: | SC Dept of Mental Health |
| Address: | 1501 Malvern Hill Drive | Address: | 2414 Bull Street |
| City: | Camden State: SC Zip: 29020 | City: | Columbia State: SC Zip: 29202 |
| HomePhone: | 803-713-4454 Work Phone: | Carrier: | State Accident Fund |
| Preparer's Name: | Connie Soles for Frank A. Barton | Preparer's Phone #: | 803-799-9577 |

**A claim for workers' compensation benefits is made based on the following grounds:**
☑ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $310.68 2. AWW: $ 466.00 **Date of Injury:** 4/5/2011
3. Type of Injury and body part(s): See # 3 ; page 2
4. Facts in controversy:
   Claimant is entitled to temporary total benefits, temporary partial benefits, medical benefits and any and all other benefits applicable under the Act. Believe claimant to be totally and permanently disabled due to lack of consistent medical care however we are not requesting total and permanent disability and/or disability until she has received adequate medical care and treatment and by the time of the hearing that any and all treating (see pg
5. Legal Issues Involved:
   See # 4 above. Note that Claimant's Supervisor failed to complete accident report timely.
6. Unusual aspects: none other than noted above and in #11 below.
7. Witnesses (designate if expert):*
   Claimant, Lavonne Tucker, Holly Cardy, Don Nelson, Khiry T. Truesdale, Monica Thomas, Kimberly Bennett, James Bennett and any and (see pg 2)
8. Exhibits:
   Medical Reports. Guides to the Evaluation of Permanent Impairment. We also reserve the right to submit evidence in response to (see page 2)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See attached "Notice of Witnesses and Written Report(s)/Physicians Or Other Evidence To Be Introduced On Behalf of Claimant". Also, any and all medicals previously submitted pursuant to R.67-612. Also see #7 above.
10. Name, address, and specialty, if any, of the treating physician:
    Olajide Balogun, Md, Kershaw Medical Center, Doctors Care/Dr. Oliver, Dr. Nichols/Camden Bone & Joint, Dr. Wetzler/Midlands Orthopaedics, Palmetto Health and Pain Mgt/Dr. Steven Storick, Palmett Richland Image Center, kershaw Medical Center Physical Therapy
11. Impairment rating(s); body part(s); physician and date of opinion: See page 2
12. I am amending my Form 50/51 in the following manner: We are asking that the claims be combined to aid in judicial efficiency.

☑ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☑ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

**I verify the contents of this form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** Page Snyder, Esquire
**address** State Accident Fund P.O. Box 102100, Columbia, SC 29221-5000 **on the** 16th **day of** September **20** 13.
**by** first class postage certified mail personal service.

Signature: Frank A. Barton Email: csoles@mullislawfirm.com

Date of hearing: 9/30/13 @ 11:30 a.m. in Sumter, S.C. Time needed for hearing: 1 1/2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

3) Claimant slipped on a bar of soap in client's room causing her to fall and she injured her left arm, left shoulder, cervical spine, left elbow/wrist, left hand, entire back and right leg, hip, thigh, knee, shin & foot.

4) physicians indicate she is at maximum medical improvement. Request penalties, interest and attorney fees for Employer's failure to take Claimants facts and record accident details and file timely accident report with their Carrier.

Request lump sum payment as per Section 42-9-10 and Section 42-9-20 of the 1976 Code of Laws of South Carolina as interpreted by the Supreme Court decision of Utica Mohawk Mills v Orr, 277 S.C. 226, 87 SE 2d 589; Sci v. Bowen, 837 F2d 135.

7) other lay witnesses may be named as well as any witnesses listed by the Defendant/Carrier. Reports and/or updated reports from Dr. Olajide Balogun to be submitted and/or Dr. Balogun to testify at the hearing and/or his deposition to be taken and submitted as soon as received. Reports and/or updated reports from Dr. Steven Storick to be submitted and/or Dr. Storick to testify at the hearing and/or his deposition to be taken and submitted as soon as received.

8) evidence submitted by the Defendant/Carrier. Also see #7 above.

11) a)..."was seen with chief complaint of lower extremity pain. Has pain in her right hip since yesterday radiating down the leg. Hurts to flex at the hip or to sit down. Has been constant since yesterday. It improves with rest and worsens with movement. Right hip has limited range of motion. Lower extremity clinical impression sciatica. Needs to follow-up. Scripts: Hydrocodone-Acetaminophen (Lortab 7.5), Prednisone 20 mg. Injections: Demerol 100 mg and Phenergan 25 mg for sciatica..."by KershawHealth Medical Center on 10/28/11 (pages 1-4).
b)..."patient fell at work on 4/5/11. October 2011 she went to the ER and was diagnosed with sciatica. She never followed up with doctor. Now c/o daily pain left arm-neck and low back and radiates to right leg. Feels as if she can't move. Mild OA changes on L-spine. X-rays of C-spine and LS spine, left shoulder. Painful on extremes of ROM, left shoulder pain, positive exam of C-spine/LS spine, right hip. Diagnosis: cervical strain, left shoulder pain, sciatica, LBP. Prescribed Naprosyn, Sterapeud DS, Methocarbamol 750 mg for muscle spasms. To Follow up in 10 days. X-ray of L-spine Impression: minimal anterior spurring L1-L4.
May return to work with the following restrictions: no lifting more than 5 lbs., no operation of hazardous or fast moving machinery, no driving, ground level work only, no ladders or heights, no repetitive bending, stooping, squatting, pushing, jerking, twisting or bouncing, no continuous standing or sitting. Minimal climbing including stairs. To return to the office on 7/24/13 for left shoulder pain, cervical strain, sciaticia and LBP..."by Doctors Care on 7/14/12 (pages 5 – 11).
c)..."medical event for Paula Tucker: diagnosis: left arm, right leg and back. WC authorization scheduled with Drs. Care. Was injured: resident dropped a bar of soap and IW fell injuring left arm (shoulder, elbow, wrist and hand), back, upper/middle and lower and right leg (hip, thigh, knee, shin, foot)..."by Compendium Services, Rachael Fowler, Case Manager (page 12).
d)..."restrictions outlined and discussed with Ms. McKiver on 7/18/12. Advised if restrictions continue after her return appointment on 7/24/12, she may have to stitch shifts with another MHA until her restrictions are lifted..."by Ms. McKiver on 7/18/13 (page 18).
e)..."here to establish care. Also needs help lifting restrictions placed on her by the doctor at Doctors Care for work. She presents a work release from dated 7/14/12 indicating she is not

allowed to lift more than 5 lbs. She says her supervisors are going to change her shift if restrictions are not lifted and she really cannot afford that.
She reports the pain in the left shoulder since a fall resulting from slipping on a bar of soap at the place where she works. She has been to Drs. Care where she was placed on restrictions. Also has back pain and pain in both hips. Medication is naproxen 500 mg tablet, ibuprofen 800 mg tablet. On exam she has marked pain on ROM of left shoulder, pain on ROM of both hips and tenderness to lower back. Plan: MRI shoulder, left, Hips, Bilateral, Pain back low back, spine/lumbar with back pain..."by Dr. Olajide Balogun on 1/21/13 (pages19 – 20).
f)..."pain in hips, back and shoulder are worse, has been out of Naprosyn which she says takes the pain from 9/10 to a 7/10. She is in constant pain. She is still asking that I remove driving restrictions even though she can't use her left shoulder still. Insurance declined coverage for MRI, patient can't afford it. X-rays are normal except DDD lumbar spine.. Worsening left shoulder pain, worsening bilateral hip pain, worsening back pain. Referred to physical therapy 2/22/13 at 8:30 a.m. for pain in left shoulder. Prescriptions: Adipex-P 37.5 mg, naproxen 500 mg, tramadol 50 mg. Continues with back, neck, arm pain and pain in right leg..."by Dr. Olajide Balogun on 2/8/13 (pages 23 – 27).
g)..."pain in left arm and lower back persists, patient wonders if she should apply for long term disability. Has been going to physical therapy. Has not seen much difference since. Did lose weight on the Adipex-part of the strategy for her back pain. Continue meds/refills. Left shoulder pain is uncontrolled, pain hip/bilateral is uncontrolled and pain in back; uncontrolled. Plan: add Kenalog 40 mg for shoulder pain/left. Injection to left shoulder. Thinks long term disability is a bit premature but it is a possibility for short term disability..."by Dr. Olajide Balogun on 3/8/13 (page 28 – 31).
h)..."pain in left arm and shoulder is no better. Hurts a lot to just move it. Can't lift anything over 10 lbs. also has low back pain with radicular symptoms that have not improved. Patient is frustrated and feels she can't go on working like this. Left shoulder abduction is limited by pain to about 90 – 100 degrees today. Tenderness lower back. Remains out of control for pain in left shoulder, bilateral hip and back. Plan MRI to left shoulder and MRI to lumbar spine..."by Dr. Olajide Balogun (page 32 – 36).
i)..."MRI lumbar spine: very small disc protrusion at L5-S1 on the right, mild concentric disc bulge at L4-5. Chronic degenerative disc disease changes with mild disc desiccation at L4-5. MRI left shoulder revealed a trace of fluid in the joint. There is increased signal and thickening of the rotator cuff tendon consistent with tendinosis. Impression: rotator cuff tendinosis (tendinopathy)...by Kershaw Health Medical Center Dr. Donald Copley on 4/17/13 (Page 37).
j)..."patient reports no change in left shoulder pain and associated limitations, pain in the back radiating to the right leg is unchanged. She still feels she is unable to work. MRI results discussed with patient. Shoulder shows finding consistent with tendinosis. Lumbar spine show multilevel DDD with disc protrusion to the right at L4-L5.
Uncontrolled pain in left shoulder, bilateral hip pain, back pain with neuritis or radiculitis to displacement of lumbar intervertebral disc. Also has strain of rotator cuff capsule.
Plan: pain clinic referral may benefit from ESI, Neuritis or radiculitis is due to displacement of lumbar intervertebral disc. Refer to physical therapy / needs more therapy on the shoulder, Strain of rotator cuff capsule. I have explained to patient I see no indications for surgical intervention based on MRI findings. She may benefit from ESI in the lumbar spine. Physical therapy and pain meds still the right choice for her shoulder. Will extend her work restrictions for a month while she completes physical therapy..."by Dr. Olajide Balogun (page 39 – 44).
k)..."diagnosis left shoulder pain. Left shoulder pain in posterior shoulder with pain into the neck as well as into the elbow. Patient reports she has had left shoulder pain for about a year and a half in which she fell while at work she reports slipping on a bar of soap. She reports she feels her shoulder is getting worse. Pain level at best is 8/10 and worse 10/10. Has constant pain and intense aches. Aggravated by moving arm and reaching back. Does CNA type work.

Assessment: patient presents to physical therapy with decreased left shoulder ROM, decreased strength, and pain limiting all functional mobility including reaching, lifting, carrying which are all essential functions of patients job..."by Kershawhealth Physical Therapy Evaluation on 2/19/13 (pages 45 – 46).
l)..."patient complained of pain throughout treatment. Patient able to complete all exercises but required extra time due to frequent rest breaks. Patient would benefit continue ROM/Strengthening..."by physical therapist on 3/12/13 (Page 48).
m)..."continued PT through 5/8/13 with no change in the pain. Has follow-up with MD on 5/20/13 (page 52).
n)..."referral to Pain Management and Rehabilitation Center with evaluation on 5/29/13 by Dr. Balogun for evaluation and treatment..."by Dr. Balogun (page 53).
o)..."Paula Tucker was seen at Palmetto Health Pain Management and Rehab Center on 5/29/13 and may return to work on 6/1/13, see attached work status with physical limitations...by Dr. Storick on 5/29/13.
p)..."states she may return to light duty with no climbing, bending or stooping, no lifting or carrying limit 10 lbs, no overhead work with left arm, no kneeling, squatting or crawling, no pushing or pulling limit 10 lbs...by Dr. Steven Storick on 5/29/13 (page 55).
q)..."updated work note for 5/29/13 with (1) change: ok to drive..."by Dr. Steven Storick on 5/30/13 (page 56).
r)..."chief complaint: my neck, shoulder and arm pain. A 2 year history of persistent left shoulder and arm pain as well as right low back and leg pain. Her worse complaint is the left neck that extends into the shoulder, scapula and subsequently down the arm typically to the elbow. She describes this as "hurts-burning" constant pain. Her symptoms are worse with activities as well as lying on her left shoulder. For the most part she is asymptomatic in her dominant right arm. She describes subjective weakness. Also has right low back pain that radiates to her knee. She describes that as a burning pain that seems to come and go may be more associated with activities. Again she notes weakness in that extremity. Physical therapy was not helpful. One local shoulder injection was performed without any improvement. She also has been on Dosepak of steroids twice without any pain relief. Medications include Naprosyn and hydrocodone periodically. Her left shoulder MRI from 4/17/13 notes increased signal and thickening of the rotator cuff tendon consistent with tendinosis but no full thickness tears noted. Lumbar MRI notes mild degenerative disc disease at L4-5. There is a question of a very small disc hemiation to the right L5-S1. I call into question that there is a right lateral disc protrusion at L4-5 impinging on the l4 never root.
She has extremely limited range of motion in all planes of her left shoulder. She is diffusely tender in the left shoulder and upper extremity. She is diffusely tender along the lower thoracic and lumbar spine over the right sciatic notch.
Assessment: chronic left neck, shoulder and arm pain, chronic right back and leg pain, possible cervical spondylosis versue left shoulder abnormality, early L4-5 degenerative disc disease with possible right lateral disc protrusion. Ms. Tucker describes chronic pain issues. I am not sure that her left shoulder is not a cervical problem vs shoulder. It is reasonable to try a cervical epidural steroid injection to see if this will calm down her pain. Should she continue to remain symptomatic then a cervical MRI would be the next step. I provided a prescription for Neurontin 300-600 in the evenings. Patient reports having a refill in the hydrocodone which she seems to be using sparingly. I will have the radiologist review the lumbar MRI which calls into question a lateral disc protrusion at L4-5. She may respond to epidural steroid injection at that level at some point in the future. She is agreeable with the treatment plan..."by Dr. Steven Storick on 5/29/13 (pages 58 – 59).
s)..."5/30/13 injection received..."by Dr. Steven Storick on 5/30/13 (page 60 – 61).
t)..."continues to complain of equal discomfort in both areas. Patient reported falling and had a recent x-ray of her lumbar spine that did not note any acute injuries. Patient has been taking



1122062

the Neurontin 300 mg. she finds it helpful to some degree. Infrequently she will take a hydrocodone but has run out. She reports the workers compensation physician has put her out of work. Her previous lumbar MRI is notable for a very small right L5-S1 disc protrusion. I contacted the radiologist and called in the question about the L4-5 right disc protrusion and he did not think was significant. Assessment: chronic left neck, shoulder and arm pain, chronic right back and leg pain, possible cervical radiculitis, L4-5 degenerative disc disease with small lateral disc protrusion.
I would like the patient to increase neurotic to 600 mg. I discussed Ultram with her. I would like to obtain an MRI of cervical spine. I previously recommended light duty but my understanding is she is now out of work according to the patient. I will see patient back once MRI of cervical spine is done..."by Dr. Steven Storick on 7/10/13 (page 62).
u)..."injection received on 7/22/13 by Dr. Steven Storick"...(page 63).
v)..."continues to have significant neck pain and into her left shoulder and down the arm. She also has ongoing low back pain down her legs. Cervical MRI was noted for mild to moderate stenosis at C3-4 with foraminal narrowing at that level and C4-5 more significant right than the left. Recent nerve studies were noted for moderate left carpal tunnel syndrome but no evidence of radiculopathy. I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point. Patient needs to follow-up with her PCP..."By Dr. Steven Storick on 8/6/13 (page 65).
Exhibits: documentation from Claimant:
1)..."Letter from Richard Guess dated 7/6/12 with copy of the handwritten letter sent to him by Claimant...(Page 66 -68).
2)..."12a completed by Monica McKizer on 7/13/12 (note that employer was notified on 4/5/11)...(page 69).
3)..."letter from WCC with copy of denial letter from State Accident Fund dated 9/6/12...(page 70 – 71).
4)..."letter to Claimant from Monica T. McKiver dated 6/7/13 (page 72).
5)..."letter to Claimant dated 6/14/13 from Monica McKiver regarding reassignment due to physical restrictions. (page 73).
6)..."5/13/13 letter to Mullis Law Firm from adjuster, Will Hawthorne dated 5/13/13...(page 74).
7)..."letter to claimant from Monica McKiver dated 1/8/13 regarding restrictions given by Doctors Care on 7/2012 (page 75).
Exhibits: documentation from Claimant's incomplete personnel file:
1)..."Report of Injury completed by DMH on 7/13/12 signed by Ms. Monica McKiver. Indicates that accident was actually reported on April 2011..."(page 76).
2)..."workers comp election forms dated 7/17/12: Requested paid leave...)Page 77 – 78).
3)..."copy of 12a showing accident occurred on 4/5/11 and reported on 4/5/11 (page 80).
4)..."Workers' Compensation check list....Form 20 completed 7/30/12....states claim denied on 9/6/12...(page 81).
5)..."form 20 with documentation (page 82 – 86).
6)..."work noted dated 7/14/12 Drs Care (page 87).
7)..."Employee/Supervisor notification indicating work restrictions can be accommodated immediately. (page 89).
8)..."denial letter from Carrier dated 9/6/12 (page 91).
9)..."7/14/12 medical event report from Compendium stating cervical strain, shoulder pain, sciatica. Page 92 – 93).
10)..."case details reported to WCC ...(page 94).

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 11122060

Paula Tucker,
Employee/Claimant,

v.

SC Department of Mental Health,

and

State Accident Fund,

Employer/Insurer(s),
Defendants.

NOTICE OF WITNESSES AND WRITTEN REPORT(S)/ PHYSICIANS AND/OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and Page Synder, ESQUIRE, FOR EMPLOYER/INSURER

YOU ARE HEREBY NOTIFIED THAT THE Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended) herewith submit(s) the following report(s)/physician or other evidence on behalf of the Claimant, to wit:

| APA# | DOCTOR | PRACTICE | DATES | PAGES |
|---|---|---|---|---|
| 1 | | KershawHealth Medical Center | 10/28/11 | 1 - 4 |
| 2 | | Doctor's Care- Wateree | 7/14/12 | 5 - 11 |
| 3 | Compendium Services medical Event, incident report, restrictions | | 7/13/12 | 12 - 18 |
| 4 | Dr. Olajide Balogun | ApexCare | 1/21/13 – 5/20/13 | 19 - 44 |
| 5 | Kershaw Health Physical Therapy | | 2/19/13 – 5/8/13 | 45 - 52 |
| 6 | Pain Management & Rehab; Dr. Steven Storick | | 5/29/13 – 8/6/13 | 53 - 65 |
| 7 | Exhibits: Client Documentation ; letters from Employer, 12a | | | 66 - 75 |
| | Employer Report of Injury and WC Election Forms | | | 76 - 78 |
| | Documents from Personnel File from Carrier/State Accident Fund | | | 79 - 94 |

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physician/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.

Frank A. Barton
MULLIS LAW FIRM
P.O. Box 7757
Columbia, SC 29202
(803) 799-9577

9/15/13

Columbia, South Carolina

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

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**K10000841901** STATUS **REG ER** ADM DATE **10/28/11** MRN **M000258045**
**TUCKER,PAULA**
DOB **05/26/1965** AGE **46** SEX **F** RACE **AA**
**WILKINS,THOMAS L MD**

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**K10000841901** STATUS **REG ER** ADM DATE **10/28/11** MRN **M000258045**
**TUCKER,PAULA**
DOB **05/26/1965** AGE **46** SEX **F** RACE **AA**
**WILKINS,THOMAS L MD**

---

## Lower Ext History of Illness

### General

**Triage Chief Complaint** Lower Extremity Pain
**Triage Stated Complaint** RIGHT HIP PAIN
**Time Seen by MD** 14:54
**Source** Patient
**Exam Limitations** No Limitations
**Mental Status** Alert

### History of Present Illness

**Episode Description**
pain in her R hip since yest. rad down leg, hurts to flex at the hip or to sit down no truama
**Timing/Duration** Constant, Yesterday
**Severity** Moderate
**Lower Extremities Location** Right: HIP
**Method of Injury** None
**LE Modifying Factors** Improves: Rest, Worsens: Movement
**Associated Symptoms** Present: Denies Symptoms
**Allergies**
**Coded Allergies:**
Codeine (Verified Allergy, Severe, NAUSATED, 12/20/06)
Propoxyphene (Verified Allergy, Severe, NERVOUS, CAN TAKE TYLENOL, 12/20/06)

### Vitals

**Vital Signs** RN Vital Signs have been reviewed: Yes, Temperature: 97.7, Source: Oral, Heart Rate: 75, Respiratory Rate: 16, BP: 114/76, Pulse Oximetry: 99, Weight: 180

## Past Medical History

### Past Medical History

**Old Records Reviewed** No
**Past Medical History** No Pertinent History
**Last Tetanus Shot** Greater than 5 years
**GYN History** Bilateral Tubal Ligation

### Social History

**Smoking** Cigarettes, Less than 1 Pack/day
**Alcohol Use** None

000065

Signed
Report #1028-0055

Kershaw Health Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

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**K10000841901** STATUS **REG ER** ADM DATE **10/28/11** MRN **M000258045**
**TUCKER,PAULA**
DOB **05/26/1965** AGE **46** SEX **F** RACE **AA**
**WILKINS,THOMAS L MD**

---

**Drug Use** None

## LE Review of Systems

### Review of Systems

**Musculoskeletal** Reports See HPI
**All Other Systems** Negative Except as Marked

## Lower Extremity Physical Exam

### Physical Exam

**General Appearance** Present: Appears Well, No Apparent Distress, WD/WN
**Eyes, Ears, Nose, Throat** Present: PERRL/EOMI
**Neck** Present: Full Range of Motion
**Respiratory** Present: Lungs Clear
**Cardiovascular** Present: Regular Rate, Rhythm
**Back** Present: Normal Inspection
**Skin** Present: Warm/Dry, Normal Color
**Hips** Right: Limited Range of Motion
**Neuro/Tendon** Present: Normal Sensation, Normal Motor Functions, Normal Tendon Functions, No Evidence Tendon Injury (dtr's 2+ and =)

### Vitals

**Vital Signs** Temperature: 97.7, Source: Oral, Heart Rate: 75, Respiratory Rate: 16, BP: 114/76, Pulse Oximetry: 99, Weight: 180

## Lower Extremity Departure

### Departure/Follow Up

**Time of Disposition** 14:57
**LE Clinical Impression** **LE Clinical Impression Other** (sciatica)
**Location Modifier** Right
**LE Location** Hip
**Disposition** Home
**Condition** Stable
**Counseled Patient/Family** Need for Follow-up

**Additional Instructions**
RETURN HERE IMMEDIATELY IF ANY NEW OR WORSENING SYMPTOMS OR CONCERNS. FOLLOW-UP WITH YOUR
PERSONAL PHYSICIAN FOR COMPREHENSIVE CARE.
**Recommended Follow Up Time** 24-48 hours
**Scripts**
Hydrocodone-Acetaminophen (Lortab 7.5) Tab 1 Tabs OR Q4-6H #20 Ref 0
Prov:WILKINS,THOMAS L MD 10/28/11
Prednisone 20 Mg Tab 20 Mg OR 60 mg day one #18 Ref 0
3 po q d for 3 d; then 2 po q d for 3 d; then 1 po q d for 3 d.
Prov:WILKINS,THOMAS L MD 10/28/11

000066

Signed


2

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

**K10000841901** STATUS **REG ER** ADM DATE **10/28/11** MRN **M000258045**
**TUCKER,PAULA**
DOB **05/28/1965** AGE **46** SEX **F** RACE **AA**
**WILKINS,THOMAS L MD**

WILKINS,THOMAS L MD

Oct 28, 2011 14:58

Electronically signed by:WILKINS,THOMAS L MD <<Signature on File>>

000067

1015 Roberts Street
Post Office Box 7002
Camden, SC 29021-7002

KershawHealth

# PHYSICIAN DOCUMENTATION

| MEDICAL RECORD NUMBER | SERVICE DATE | PATIENT NAME | PATIENT ACCOUNT NUMBER |
|---|---|---|---|
| M000258045 | 10/28/11 | TUCKER, PAULA | K10000841901 |

| ATTENDING PHYSICIAN | PRIMARY CARE PHYSICIAN | REASON FOR VISIT |
|---|---|---|
| W. Kiser | | RIGHT HIP PAIN |

ALLERGIES: NKD

| Times | | | |
|---|---|---|---|
| Arrived | In Room | Seen | Discharged |
| | 1406 | | 1623 |

| STUDY | INIT. | TIME |
|---|---|---|
| ☐ ABG | | |
| ☐ Amylase/ Lipase | | |
| ☐ C Enzymes | | |
| ☐ CBC/Diff | | |
| ☐ Chem 8 | | |
| ☐ CMP | | |
| ☐ D-Dimer | | |
| ☐ Digoxin | | |
| ☐ Dilantin | | |
| ☐ ETOH | | |
| ☐ LFT's | | |
| ☐ Pro-BNP | | |
| ☐ PT/PTT | | |
| ☐ Quantitative HCG | | |
| ☐ Uric Acid | | |
| ☐ Urine Cath | | |
| ☐ Urine CC | | |
| ☐ Urine Drug Screen | | |
| ☐ Urine HCG | | |
| ☐ EKG | | |
| ☐ CXR | | |
| ☐ X-Ray | | |
| ☐ CT | | |
| ☐ US | | |

**Orders**

Demerol 100mg > IM @ 1554
Phenergan 25mg

**Diagnosis** Sciatica

**Discharge Instructions**

Condition on D/C: ☐ Same ☐ Improved ☐ Deceased ☐ Admitted ☐ Other

Disposition: ☐ Police ☐ Home ☐ Nursing Home ☐ Admitted Room ☐ Other

☐ Transferred to: Via Accepting Physician

Admissions called at To room at Via

Belongings to: ☐ Family ☐ Patient ☐ Vault

Consulting Physician's Signature

ED Physician's Signature 000068

ED Nurse's Signature

Instruction Sheet(s) given ☐ Nurse's Initials

WILKENS, THOMAS L. MD

8 2 EXAM ROOM TIME | Doctors Care | 1 CHECKOUT TIME 12:42

| ACCOUNT NUMBER | DATE | TIME | | TICKET NO. |
|---|---|---|---|---|
| 297172 | 07/14/12 SATURDAY | 10:32am | DC WATEREE, | 2738037 |

NAME & ADDRESS
TUCKER, PAULA
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020
803-713-4454
WRK:
INSURED: TUCKER, PAULA
INS: WC/STATE ACCIDENT FUND
REASON: WKC
NICKNAME:

DOB: 05/26/1965 (47 years)
GENDER: F
IBB:
CELL:
RELATION: OTHER
COPAY: WKC

| | |
|---|---|
| INSURANCE BALANCE | $0.00 |
| ACCOUNT BALANCE | $0.00 |
| CURRENT CHARGES | |
| AMOUNT PAID | OC2738187 |
| NEW BALANCE | |

| CASH | CHECK | M.O. | C.C. |
|---|---|---|---|
| | | | |

PersonalHx: DM —, HTN —
Family Hx: DM +, HTN +
Social Hx: Alcohol —, Tobacco +

Accident? X yes ☐ no If yes, which state: SC
Date of Accident: 4/5/11 OB
Prev. chart rev., no sig chg.: OB Above Hx rev.: OB

ROS (/ or O): Fatigue, Dizzy, Weak, Wt. Lose, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative

Allergies: darvaset

Medications: DRX morgan

| WT | HT | BMI | BP | PULSE | RESP | TEMP | |
|---|---|---|---|---|---|---|---|
| 196.2 | / | / | 117/82 | 68 | 18 | 97.4 | ☐ LMP ☐ Tetanus UNK |

X Meds/Allergies Reviewed OB

PHYSICAL: (see reverse) Omit if N/A
✓ If nml., O if abnml. & give details)
✓ General TEARful
✓ HEENT mild
✓ Nock Painful on extremes of rom
☐ Nodes
✓ Lungs CLEAR
✓ CV RRR
✓ Abd soft NTNDNBS
✓ Back (+) TTP c spine, l 4-5 spine
✓ Ext @ edema, NV Efmnuse, BUE BLE
☐ GU
☐ Neuro grips (=) BUE - gait STEADY -
☐ Skin/Breasts
☐ Chaperone ____
☐ I.V. DTR, TOE WNL
☐ Injection
☐ Nebulizer Pop reflexes 2+ BLE - + symmetrical
☐ Procedure SLR BLE (+)
☐ Pulse Ox ____ RT MMP WNL / EXT ROM WNL

Chief Complaint:
HPI pt fell AT WORK 4/5/11 - OCT 2011 she went to the ER + was DX c SCIATICA - she never followed up c PCP - NOW c/o daily pain (L) arm - neck + new back + R LEG - FEELS as if she cannot move - mild OA changes on L spine, central herniation L5 spine (PSHOULDER) tabs - Send O

- ☐ CBC
- ☐ EKG
- ☐ FBS
- ☐ Flu
- ☐ Heme
- ☐ Hgb A1C
- ☐ H. Pylori
- ☐ KOH
- ☐ Microalb
- ☐ Mono
- ☐ Strep
- ☐ Tetanus
- ☐ U/A
- ☐ U Preg
- ☐ Wet Prep
- ☒ X-Ray

DIAGNOSIS: 847.0 E8493 719.41 724.3 724.2
Cervical SPRAIN (R) Shoulder Pain SCIATICA ? LBP

- ✓ Patient Care Instructions Discussed
- ✓ Lifestyle Modification
- ✓ Preventative Recommendation(s)
- ✓ Prescriptions / OTC Meds
- ✓ Side Effects Discussed
- ✓ Follow-Up: 10 days
- Return:
- ✓ Worsening symptoms: Pain
- ✓ If not better: 2-3 days
- Go to ER If:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Naproxyn
Steroid
methocarbamol
AAOZ HHO cervical PAD/chiropathy
SCIATICA
LBP c recommendations

PSR Notes: 99203 $142 NEW
72040 $50
72100 $32
73030 (L) $39
99051 $40
$323

Off Work / School

Staff: _____ MD, D.O., P.A., N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: Paula J. Tucker Date: 7/14/12

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: Paula J. Tucker Date: 7/14/12

000069

MAY-21-2013 09:24 From:Drs Care Wateree 803 438 9783 To:18032548956 Page:7/27

**Doctors Care Wateree**
1060 U.S. 1
Lugoff, SC 29078
(803) 438-9759 Office
(803) 438-9783 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

**NAME: TUCKER, PAULA**
**DOB: 05/26/1965**
**PHYSICIAN: Blake, Anne FNP-C**

**DATE OF EXAM: 07/14/2012**
**PATIENT ID: DCMD297172**

**EXAM:** L-SPINE, AP AND LATERAL.

**IMPRESSION:** Minimal anterior spurring L1-L4.

Agree.

John M. Razook, M.D.
Electronic Signature

DD: 07/14/2012
DT: 07/14/2012

ks

notify L/S spine looks fine
c minimal spurring
SX in 2 10
anyway – recheck
deep
QBB

000070

# Retur. To Work Form


☐ 850 Aiken Mall Drive, Aiken, SC 29801 (803) 648-1464
☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
☐ 917 Knox Abbott Drive, Cayce, SC 29033 (803) 796-0476
☐ 7633 Charles Perry Road, Columbia, SC 29209 (803) 783-2661
☐ 1716 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
☐ 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508
☐ 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
☐ 1020 York Street NE, Aiken, SC 29801 (803) 648-4119
☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
☐ 4214 Harbarrabble Road, Columbia, SC 29223 (803) 736-8955
☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
☐ 5240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
☐ 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186
☐ 1847 South Lake Drive, Lexington, SC 29073 (803) 356-8998


Name: Paula Tucker Arrival Time: 9:41 Discharge Time: 10:45

Date: 7/14/12 Company Name: Santee Mental Health

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

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

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

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

☒ 3. May work with the following accommodations as of: 7/14/12

- ☒ No lifting more than 5 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal ~~walking or~~ climbing (including stairs)
- ☐ ~~Limited use of~~ _____
- ☒ No overhead lifting.
- ☐ ~~No high repetitive hand activities for extended periods of time.~~
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on 7-24-12 Time: _____

**Additional Comments:**

**PATIENT DISCHARGE INSTRUCTIONS:** ⓛ shoulder pain

Diagnosis: Cervicalgia, Sciatica, LBP Medications: ☒ as directed ☐ as needed

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

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

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

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

000071

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

**Employee Signature:** Paula J. Tucker Date: 7/14/12 A

**Provider Signature:** [signature] Date: 7/14/12


MAY-21-2013 09:24 From:Drs Care Wateree 803 438 9783 To:18032549956 Page:9/27

# Retur. To Work Form


☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
☐ 311 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0676
☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
☐ 1776 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
☐ 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508
☐ 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
☐ 1020 York Street NE, Aiken, SC 29801 (803) 648-4119
☐ 10840 Two Notch Road, Columbia, SC 29223 (803) 788-1153
☐ 4214 Harbison Road, Columbia, SC 29223 (803) 736-8955
☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6355
☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
☐ 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186
☐ 1847 South Lake Drive, Lexington, SC 29073 (803) 356-8998


Name: Paula Tucker Arrival Time: 9:41 Discharge Time: 12:45

Date: 7/14/12 Company Name: Santee Mental Health

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

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

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

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

☒ 3. May work with the following accommodations as of: 7/14/12

- ☒ No lifting more than 5 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal ~~walking or~~ climbing (including stairs)
- ☐ ~~Limited use of~~ _____
- ☒ No overhead lifting.
- ☐ ~~No high repetitive hand activities for extended periods of time.~~
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on 7-24-12 Time: _____

**Additional Comments:**

**PATIENT DISCHARGE INSTRUCTIONS:** ⓟ shoulder pain

Diagnosis: cervicalgia, scm, LBP Medications: ☒ as directed ☐ as needed

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

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

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

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

000071

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

**Employee Signature:** Paula J. Tucker **Date:** 7/14/12 A

**Provider Signature:** _____ **Date:** 7/14/12


MAY-21-2013 09:24 From:Drs Care Wateree 803 438 9783 To:18032549956 Page:9/27

UCI medical affiliates

# Doctors Care Radiology Form

X Ray Interpretation and Review

Typed Report Required ☐ Yes ☐ No ☐ Request B Reading

X-Ray #: _____ Office: Wateree Date: 7-14-12

Patient Name: Tucker, Paula Sex: F

Patient ID #: 29172 DOB: 5-26-65 Age: 47

Requesting Provider: Blake Phone #: _____

Operator's Signature: _____

History: _____

Pregnancy Status: Neg

Location of Previous Films: _____

Films Taken:

| | | | |
|---|---|---|---|
| ☐ Abdomen, 1V, 74000 | ☐ Finger, 3V, 73140 | ☒ LS-Spine, 3V, 72100 | ☐ Sinuses, 2V, 70210 |
| ☐ Abdomen, 3V, 74022 | ☐ Foot, 2V, 73620 | ☐ Mandible, 3V, 70100 | ☐ Sinuses, 3V, 70220 |
| ☐ Ankle, 3V, 73610 | ☐ Foot, 3V, 73630 | ☐ Nasal, 3V, 70160 | ☐ Skull, 2V, 70250 |
| ☒ C-Spine, 3V, 72040 | ☐ Foot- FB, 2V, 73620 | ☐ Neck-ST, 2V, 70360 | ☐ Skull, 4V, 70260 |
| ☐ C-Spine, 5V, 72050 | ☐ Forearm, 2V, 73090 | ☐ Oscalcis, 2V, 73650 | ☐ T-Spine, 2V, 72070 |
| ☐ Chest, 1V, 71010 | ☐ Hand, 2V, 73120 | ☐ Pelvis, 1V, 72170 | ☐ Thumb, 3V, 73140 |
| ☐ Chest, 2V, 71020 | ☐ Hand, 3V, 73130 | ☐ Ribs, 4V, 71101 | ☐ Tib & Fib, 2V, 73590 |
| ☐ Clav, 2V, 73000 | ☐ Hip, 2V, 73510 | ☐ Ribs-Bilat, 4-5V, 71111 | ☐ Toes, 3V, 73660 |
| ☐ Coccyx, 2V, 72220 | ☐ Humerus, 2V, 73060 | ☐ Sacrum, 2V, 72220 | ☐ Wrist, 2V, 73100 |
| ☐ Elbow, 2V, 73070 | ☐ Knee, 2V, 73560 | ☐ Scapula, 2V, 73010 | ☐ Wrist w/ Nav, 3-5, 73110 |
| ☐ Elbow, 4V, 73080 | ☐ Knee & Sun, 3+1, 73564 | ☐ Shoulder AC, 2V, 73050 | ☐ Add View, 1V, 70001 |
| ☐ Femur, 2V, 73550 | ☐ Knee & Tun, 3+1, 73564 | ☒ Shoulder, 2V, 73030 | |

☐ Unlisted X-Ray Description: _____ # of Views: 3/3/2 Code: _____

MD/DO/NP/PA Interpretation:

Pain Changes noted

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

MD/DO/NP/PA Signature: _____

Radiologist Interpretation:

- ☐ Normal Examination
- ☐ I agree with the initial impression
- ☐ I disagree with the initial impression, see comments
- ☐ Significant new discovery
- ☐ Patient may need further imaging studies, state reason in "comments area"

Radiologist's Comments: _____

Radiology Report Reviewed,
Appropriate action, if any, taken:

Reply to provider's specific inquiry, if any:

Radiologist Name: _____

Radiologist Signature: _____

Date of Review: _____

Doctors Care Office Notified (Phone/Fax/Other): _____

Report Reviewed By Doctors Care Provider Sign: 000072 Date: [MED-F006-(12-07)]

Jan 21 2013 09:25 From:Drs Care Wateree 803 438 9783 To:18032548956 Page:10/27

**Doctors Care Wateree**
1060 U.S. 1
Lugoff, SC 29078
(803) 438-9759 Office
(803) 438-9783 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

**NAME: TUCKER, PAULA**
**DOB: 05/26/1965**
**PHYSICIAN:** Blake, Anne FNP-C

**DATE OF EXAM: 07/14/2012**
**PATIENT ID:** DCMD297172

**EXAM:** C-SPINE, AP AND LATERAL

**IMPRESSION:** No evidence of osseous abnormality.

Agree.

John M. Razook, M.D.
Electronic Signature

DD: 07/14/2012
DT. 07/14/2012

ks

7/15/12
notify C-spine shorts fine
SBB

Pt. aware x 2 sheets
7/15/12 @ 11:40 - TS

000073

C1

DEA # MB0625307 5/26/65 713-4454

ELAINE B. BAXLEY, M.D., M.P.H.
ANNE BLAKE, R.N., M.S.N., F.N.P.
DOCTOR'S CARE - WATEREE
1060 Highway 1, South
LUGOFF, SC 29078
803-438-9759
SC Lic No. 12579 SC Lic No. 1450

NAME Paula Nicks

ADDRESS _____ DATE 7/14/12

℞ (Please Print)

Naproxyn 500 mg
#40
1 po BID c meal - PRN

STERAPRED DS 12 day taper
#1
as directed po

FILED
7/14/12

LABEL
REFILL ___ TIMES PRN - NR

DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED

TRIPROSOL 1000529443-16 OL 84808-0001

000074

DEA # MB0625307

5/26/65 713-4454

ELAINE B. BAXLEY, M.D., M.P.H.
ANNE BLAKE, R.N., M.S.N., F.N.P.
DOCTOR'S CARE - WATEREE
1060 HIGHWAY 1, SOUTH
LUGOFF, SC 29078
803-438-9759
SC Lic No. 12579 SC Lic No. 1460

NAME Paula Tucker

ADDRESS _____ DATE 7-14-12

℞ (Please Print)

methocarbamol 750 mg
# 60
1-2 po up to TID Prn
muscle spasm

Tuplet

Medication may cause drowsiness; Do not drive or perform activities where you need to be alert.

☐ LABEL

REFILL ____ TIMES PRN NR

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Filled 7/14/12

000075

CompEndium Services Inc.

**MEDICAL EVENT REPORT FOR: Paula Tucker 247363877**

| | | | |
|---|---|---|---|
| Case Manager: | Raquel Fowler | Authorization Number: | 13071243036622 |
| Claimant Name: | Paula Tucker | SSN: | 247353877 |
| Date of Injury: | 4/5/2011 8:30 | Date of Birth: | 5-26-1965 |
| Provider: | Doctors Care - Wateree Medical Center | | |
| Physician: | Doctors Care - Wateree Medical Center 1060 Highway | | |
| Address: | 1060 Highway 1 South | | |
| City: | Lugoff SC 29078 | | |
| Phone: | 803-438-9759 | | |
| Date of Visit: | 7/13/2012 | | |
| Body Part/Diagnosis: | LT arm /Rt leg & back | | |
| Assessment: | WC Authorization scheduled with Doctors Care - Wateree Medical Center 1060 Highway 1 South Lugoff, SC 29078 P: 803-438-9759 F: 803-438-9783 Description of injury: Resident dropped a bar of soap, IW fell -injuring LT arm (shoulder, elbow, wrist, hand), back (upper/middle & lower)& RT leg (hip, thigh, knee, shin, foot). Denies hitting head. Informed claims currently pending and Assigned NCM is ONLY able to authorize an ONE TIME evaluation until further approval is received from the claims adjuster. **** No DRUG SCREEN REQUIRED******* Submit Claims to: South Carolina State Accident Fund P.O. Box 10200 Columbia, SC 29221 Claims adjuster : Will Hawthorne P: 803-896-5833 F: 803-612-2733. Please Fax all work status & Medical Reports to: Primary Nurse Case Manager: Wendy Harbin Main Fax # 877-710-2667 | | |
| Plan of Treatment: | | | |
| Work Status: | | | |
| Test Ordered: | | Referrals: | |
| RX Written: | | Next Appt: | |

000076

12

# WorkCARE Program
## Worker's Compensation Incident Report

**Doctor's Care – Wateree**
1060 Highway 1 South
Lugoff, SC 29078
P:803-438-9759
F:803-438-9783

Name: Paula M. Tucker Date of Birth: 5/26/65

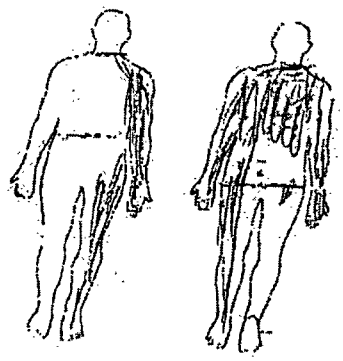
Social Security Number: 247-35-3877 Company Name: Santee Wateree Mental Health

Job Title: MHAII Length of Employment: 8 Yrs. Company Location: Elgin

If employed less than 1 year, list previous employer and job: _____

++++++++++++++++++++++++++++++++++++++++++++++++++

1. List and mark all area(s) of body injured. (Include Left & Right if applicable):
Left Arm, Shoulders, back, Neck, Waist, Right Leg




2. Did your injury occur from one specific incident? Yes ✓ No ___ (If 'No', skip to # 5)

3. Date of Injury: 4/5/11 Time: Approx 8:30 Am

4. Describe in detail exactly how you were injured. (Please be specific) I Slipped and fell on a bar of Soap in Resident room. When I Slipped I tried to brace my self against the wall with my left hand and the dresser with my right hand to try and break the fall. I still ended up hitting the floor.

5. Did your injury develop gradually over a period of time? Yes ___ No ✓ (If "Yes", answer A & B below)

A. Period Injury Developed: From Date of: _____ To Date of: _____

B. Describe how your injury developed and how you believe it is related to your work. _____

6. If you were lifting or moving an object when you were injured describe the object including size and weight. _____

000077

Turn page over and complete the back.

13

Page:19/27 To:18032548956 803 438 9783 Doctor's Care Wateree

## AUTHORIZATION FOR USE AND DISCLOSURE OF VERBAL PROTECTED HEALTH INFORMATION
## DOCTOR'S CARE, P.A.

Doctor's Care, P.A. ("Doctor's Care") is authorized to use or disclose my/the individual's Protected Health Information ("PHI") as described below.

Name of Patient (First, Middle, Last): Paula Y. Tucker DOB: 5/26/65

Name of Patient at time of treatment if different from above: _____

Name of Employer and/or Workers Compensation Carrier, or their representatives, to receive the PHI

Employer: _____
Street Address/City/State/Zip Code: _____
(Nursemanager) Wendy Harbin
Workers Compensation Carrier: Will Hawthorne 803-612-2733
Street Address/City/State/Zip Code: Ext 803-612-2733

**PHI REQUESTED:** Verbal protected health information regarding health care services provided to me at Doctor's Care that pertains to my workers' compensation claim.

**PURPOSE OF DISCLOSURE:** Assist employer in processing workers' compensation claims in accordance with the South Carolina Workers' Compensation Act, S.C. Code Ann. §§ 42-1-10 *et seq.*

**REVOCATION:** I may revoke this authorization in writing except for uses or disclosures of PHI made by Doctor's Care in good faith relying on this authorization. To revoke this authorization, I must deliver a signed, written statement clearly stating that I revoke this authorization to the Privacy Official at Doctor's Care at the following address:

Doctor's Care, P.A.
Attn: Privacy Official
4416 Forest Drive
Columbia, South Carolina 29206

**COPY:** I will receive a copy of this signed authorization if Doctor's Care is requesting the authorization from me.

**EXPIRATION:** This authorization expires on the later of (a) one year from the date the authorization is signed or (b) the expiration of my employment with the above-named employer. Upon the conclusion of that time period, this authorization is automatically revoked and no further use or disclosure of the patient's PHI is permitted beyond that date.

**CONDITIONS:** Treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization. I understand that the PHI disclosed under this authorization may be redisclosed. Such redisclosure may not be protected under Federal Privacy Standards.

SIGNATURES:

Patient: Paula Y. Tucker Date: 7/14/12

If patient is unable to sign, please state reason: 000078

If patient is unable to sign, the signature of a personal representative must be provided:

14

DEA # MB0625307

ELAINE B. BAXLEY, M.D., M.P.H.
ANNE BLAKE, R.N., M.S.N., F.N.P.
DOCTOR'S CARE - WATEREE
1050 HIGHWAY 1, SOUTH
LUGOFF, SC 29078
803-438-9759

SC Lic No. 12579 SC Lic No. 1450

NAME Paula Nicks

ADDRESS DATE 7/14/12

℞ (Please Print)

methocarbamol 750 mg
# 60
1-2 po up to TID Prn
muscle spasm

Medication may cause drowsiness; Do not drive or perform activities where you need to be alert.

☐ LABEL

REFILL ____ TIMES PRN NR

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

04 AUG 08

TR1060804_1000[illegible]

DEA # MB0625307

ELAINE B. BAXLEY, M.D., M.P.H.
ANNE BLAKE, R.N., M.S.N., F.N.P.
DOCTOR'S CARE - WATEREE
1050 HIGHWAY 1, SOUTH
LUGOFF, SC 29078
803-438-9759

SC Lic No. 12579 SC Lic No. 1450

NAME Paula Nicks

ADDRESS DATE 7/14/12

℞ (Please Print)

Naproxyn 500 mg
# 40
1 po Bid c meal PRN

STEROID DS 12 day taper
#1
as directed po

☐ LABEL

REFILL ____ TIMES PRN NR

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

04 AUG 08

TR1060804_1000[illegible]

000079

15

Page: 23/27

To: 18032548956

Please Print

# Patient Information

Date 7/14/12

Mr.
Mrs.
(Miss) Paula J Tucker
Patients First Name middle Last name

Mailing Address 1501 Malvern Hill Dr.

Street Address

City Camden State S.C. Zipcode 29020

Date of Birth 5/26/65 Social Security# 247-35-3877

Age 47 sex FEMale Marital Status Single

Home Phone

Work Phone 803-408-1346

Cell Phone 803-713-4454

Company You are here for: Santee Waterree Mental Health.

Company Phone Number 803-775-9364

## Emergency Contact: (Required)

Name LaVerne Tucker or Khiry Truesdale

Phone Number 803-549-2263, 549-6539

Relationship to patient Sister + Son

000080

10

7/14/2012




000081

MAY-21-2013 09:29 From:Drs Care Walteree 803 438 9783 To:18032548956 Page:27/27

DMH South Carolina Department of Mental Health

**Santee-Wateree Community Mental Health Center**
P. O. Box 1946, 215 N. Magnolia Street
Sumter, South Carolina 29151
Telephone: (803) 775-9364
Fax: (803) 773-6615

Richard Guess, M.Ed., Executive Director

William A. King, MD, Medical Director

July 18, 2012

Ms. Tucker work restrictions that was recommended from 7/14/12 to 7/24/12 after her visit at Doctors Care. Ms. Tucker and Ms. McKiver discussed the following restrictions.

1. No lifting anything over five lbs.

2. No driving or riding in the state vehicles (car and van).

3. No ground level work, ladders, etc.

4. No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

Assistance will be given with laundry by having someone put the sheets and towels in the washer/dryer. Ms. Tucker can fold them on top of the dryer or she can sit and someone can put them on the desk and she can fold them sitting down.

Assistance with cleaning the toilets in each bathroom so she won't have to bend down.

Assistance with pushing the medicine cart out of the medicine closet.

Assistance with bending to get pots, pans, putting trash bags in the trash cans, opening the oven door, tucking chair covers.

Assistance with getting plates, glasses, canned foods from the cabinets.

5. No continuous standing and/ or sitting.

If Ms. Tucker is cooking or washing dishes, she needs to sit or stand in intervals.

6. No overhead lifting

Ms. Tucker and Ms. McKiver have discussed her restrictions that were given by the doctor. Also discussed with her that if still restricted from her essential job duties after the 24th of July, there is a possibility that she will have to switch shifts with another MHA until her restrictions are lifted due to the fact that these essential duties need to be completed on a daily basis and at this point you are not able to perform them since you are care of the doctor.

The pre-cautions is for your health and safety reasons.

000082

18

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904632

West Wateree Medical Comple
Suite 20
1165 Hwy 1 Sout
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
TO GET ESTABLISHED,PROBLEMS WITH LEFT ARM, BACK AND RIGHT LEG

HISTORY OF PRESENT ILLNESS:
On 01/21/2013, Paula Tucker, a 47 year old female presented with:

-- here to establish care. also needs help lifting restrictions placed on her by the doctro at Drs care for work. she presents a work release form dated 7/14/12 indicating she is not allowed to lift more than 5 lbs. she says her supervisors are going to change her shift if restrictions sre not lifted and she really cannot afford that.

She reports pain in te left shoulder since a fall resulting from slipping on a bar of soap at the place where she works. she has been to Drs care where she was placed on restriction. Also has back pain and pain in both hips.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. ibuprofen 800 mg tablet, 1 PO Q 4-6 PRN

ALLERGIES: DARVECET

PAST HISTORY:

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC: Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.

MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 139/83 Sitting, Right arm, regular cuff, Pulse - 67 , Respiration - 20 , Temperature - 97.2 degrees Taken Orally, Weight - 199.90 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM`s normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - marked pain on ROM of left shoulder, pain on ROM of both hips and
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**
OBESITY, 278.8, New
PAIN SHOULDER/Left, 719.41, New
PAIN HIP/Bilateral, 719.45, New
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, New

**PLAN:**
1. MRI Shoulder , PAIN SHOULDER/Left
2. Hips, Bilateral , PAIN HIP/Bilateral
3. Sacrum and Coccyx , PAIN BACK(LUMBAGO-LOW BACK)/Left
4. Spine, Lumbar , PAIN BACK(LUMBAGO-LOW BACK)/Left

**FOLLOWUP:** _Return in 2 weeks

Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 1/21/2013 16:59:45

KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

Patient: TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN,SC 29020

Age: 47 Sex: F

DOB: 05/26/1965

Serv Dt/Tm: 01/22/13 / 1140
Loc: RAD
Status: REG CLI

Ord Dr: BALOGUN, OLAJIDE A MD
Rm/Bed:
Acct #: K10000987063
Req #: 13-0003048

MRN: M000258045

---

**Report Status: Signed**

REASON FOR EXAMINATION: BACK AND HIP PAIN

BILATERAL HIPS (THREE VIEWS) 01-22-13

Three views including AP and frogleg views of the hips demonstrate the osseous structures to be normally aligned and intact. The soft tissues are unremarkable.

SACRUM AND COCCYX

Two views demonstrate the osseous structures to be normally aligned and intact. The soft tissues are unremarkable.

LUMBAR SPINE (THREE VIEWS)

Three views reveal minimal degenerative disc disease changes at L2-3 and L3-4 and mild degenerative facet joint changes at L4-5 and L5-S1. No acute osseous abnormalities are seen.

ORDER #: 0122-0055 XR/HIP BILATERAL W/ AP PELVIS
IMPRESSION: NORMAL EXAMINATION.

ORDER #: 0122-0056 XR/SACRUM AND/OR COCCYX
IMPRESSION: NORMAL EXAMINATION.

ORDER #: 0122-0057 XR/LUMBOSACRAL SPINE 2 OR 3 VIEWS
IMPRESSION: MILD DEGENERATIVE CHANGES.

Dictated by:DONALD J COPLEY MD

<Electronically signed by DONALD J COPLEY MD> <<Signature on File>>

Trans by: APS
Trans date/time: 01/22/13 1221

Signed
cc:BALOGUN,OLAJIDE A MD
Report #0122-0140



21

ApexCare
OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, SC 29078
803-408-0225

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 01/21/2013
PATIENT: TUCKER, PAULA
Medical Record Number: 5427 DOB: 05/26/1965

---

**TODAY'S CHIEF COMPLAINT**
TO GET ESTABLISHED,PROBLEMS WITH LEFT ARM, BACK AND RIGHT LEG

**CURRENT ALLERGIES LIST**
DARVECET

**CURRENT MEDICATION LIST**
(Drug Name/ Strength, Instructions):
naproxen 500 mg tablet, 1 PO BID
ibuprofen 800 mg tablet, 1 PO Q 4-6 PRN

**TODAY'S VITAL SIGNS**
B/P - 139/83 Sitting, Right arm, regular cuff Pulse - 67 Respiration - 20 O2 Sat - 98 Temperature - 97.2 degrees Taken Orally
Weight - 199.90 lbs. Height - 61.5 inches BMI - 37.16

**PROBLEM LIST UPDATES**
OBESITY 278.8 - New
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - New
PAIN HIP/Bilateral 719.45 - New
PAIN SHOULDER/Left 719.41 - New

**TODAY'S ORDERS**

| DEPT | Description | Diagnosis | Done? | Due Date |
|---|---|---|---|---|
| OPRAD | MRI Shoulder | 719.41 | NO | 01/28/13 |
| RAD | Hips, Bilateral | 719.45 | NO | 01/24/13 |
| RAD | Sacrum and Coccyx | 724.2 | NO | 01/24/13 |
| RAD | Spine, Lumbar | 724.2 | NO | 01/24/13 |
| SCHED | _Return in 2 weeks | 724.2 | NO | 01/21/13 |

**FUTURE APPOINTMENTS**

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|

PRINTED BY: Tiffhane Hickmon

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Comple
Suite 20
1165 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

**Name** Tucker, Paula Y **DOB:** 05/26/1965
**SS#** 247-35-3877
**Account#** 5427
**Med. Rec. No.** 5427

CHIEF COMPLAINT:
BACK, NECK, & ARM PAIN
DISCUSS WEIGHT LOSS
PAIN IN R LEG
PAIN MED

HISTORY OF PRESENT ILLNESS:
On 02/08/2013, Paula Tucker, a 47 year old female presented with:

-- Pain in hips, back and shoulder are worse, has been out of naprosyn which she says takes the pain from a 9/10 to a 7/10. she is in constant pain.
she is still asking that I remove driving restrictions even though she cant use the left shoulder still.
Insurance declined coverage of MRI, pt could not aford it.

Xrays are normal except DDD lumbar spine.

Preventive care items reviewed.

due for PAP, Mammograms, never had colonoscopy- indicated at age 47 in AAs
pt wants help with weight loss, dietary habits explored in great detail.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. ibuprofen 800 mg tablet, 1 PO Q 4-6 PRN

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence.
Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.

SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 127/90 Sitting, Right arm, regular cuff, Pulse - 74 , Respiration - 20 , Temperature - 97.0 degrees Taken Orally, Weight - 193.40 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM`s normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - marked pain on ROM of left shoulder, pain on ROM of both hips and
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**

OBESITY, 278.8, Uncontrolled
PAIN SHOULDER/Left, 719.41, Worsening
PAIN HIP/Bilateral, 719.45, Worsening
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Worsening
Scrn Mammogram, Other, V76.12, New

**PLAN:**

1. Weight control & reduction guidelines given , OBESITY
2. Reviewed treatment options w/pt , OBESITY
3. Reviewed benefits/side effects of treatment , OBESITY
4. Lipid Panel , OBESITY
5. Basic Metabolic Panel , OBESITY
6. TSH , OBESITY
7. Physical therapy referral 2/22/13 @ 8:30..DOBI , PAIN SHOULDER/Left
8. Scrn Mammogram, Bilateral ORDER..DOBI , Scrn Mammogram, Other

DRUG RX:

000088

1. Adipex-P 37.5 mg tablet, 1 po daily, 30, Refills:, 0
2. naproxen 500 mg tablet, 1 PO BID, 60, Refills:, 3
3. tramadol 50 mg tablet, 1 po q 6 hr prn pain, 120, Refills:, 0

FOLLOWUP: _Return in 1 month

Entered by: Olajide A. Balogun, MD

-

Electronically signed by Olajide A. Balogun, MD 2/8/2013 11:3:44



**ApexCare**

Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Com
Suite
1165 Hwy 1 S
Lugoff, SC 29

PH: (803) 408-0
FAX: (803) 408-0

WORK/SCHOOL EXCUSE

DATE: 02/08/2013

PATIENT NAME: PAULA Y TUCKER

PHYSICIAN: Olajide Balogun MD.

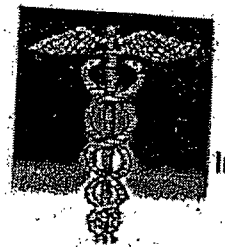
MAY RETURN TO WORK / SCHOOL : tomorrow

Date: 2/8/13

Physician Signature

000090

JC



# ApexCare

1165 Hwy 1 S., Suite 200
Lugoff, SC 29078

Phone: (803) 408-0225
Fax: (803) 408-0729

Name Paula

Your next appointment with Dr. Balogun
is on 3-8-13 (Date) at 9:15 (Time).
Please call 24 hours in advance for cancellations and reschedules.

West Wateree M... 116... Lug...
PH: (80...
FAX: (803)...

**ApexCare**
**OLAJIDE A. BALOGUN, MD**
**1165 HWY 1 SOUTH SUITE 200**
**Lugoff, SC 29078**
**803-408-0225**

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 02/08/2013
PATIENT: TUCKER, PAULA
Medical Record Number: 5427 DOB: 05/26/1965

---

T O D A Y ' S C H I E F C O M P L A I N T
BACK, NECK, & ARM PAIN , DISCUSS WEIGHT LOSS , PAIN IN R LEG and PAIN MED

C U R R E N T A L L E R G I E S L I S T
DARVECET

C U R R E N T M E D I C A T I O N L I S T
(Drug Name/ Strength, Instructions):
naproxen 500 mg tablet, 1 PO BID
tramadol 50 mg tablet, 1 po q 6 hr prn pain
Adipex-P 37.5 mg tablet, 1 po daily

T O D A Y ' S V I T A L S I G N S
B/P - 127/90 Sitting, Right arm, regular cuff Pulse - 74 Respiration - 20 O2 Sat - 9...
Temperature - 97.0 degrees Taken Orally
Weight - 193.40 lbs. Height - 61.5 inches BMI - 35.95

P R O B L E M L I S T U P D A T E S
OBESITY 278.8 - Uncontrolled
Scrn Mammogram, Other V76.12 - New
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - Worsening
PAIN HIP/Bilateral 719.45 - Worsening
PAIN SHOULDER/Left 719.41 - Worsening

T O D A Y ' S O R D E R S

| DEPT | Description | Diagnosis | Done? | Due Date | |
|---|---|---|---|---|---|
| LAB | Lipid Panel | 278.8 | YES | 02/11/13 | |
| LAB | Basic Metabolic Panel | 278.8 | YES | 02/11/13 | |
| LAB | TSH | 278.8 | YES | 02/11/13 | |
| OPRAD | Scrn Mammogram, Bilateral | V76.12 | NO | 02/08/13 | OR |
| SCHED | Return in 1 month | 278.8 | YES | 02/08/13 | |
| REF | Physical therapy referral | 719.41 | | 02/23/13 | 2/22/13 @ 8:30..DOBI |

F U T U R E A P P O I N T M E N T S

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|

000091

PRINTED BY: Adelia Mitchell

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Complex
Suite 200
1165 Hwy 1 South
Lugoff, SC 29078

PH: (803) 408-0225
FAX: (803) 408-0726

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
F/U WITH LEFT ARM PAIN

HISTORY OF PRESENT ILLNESS:
On 03/08/2013, Paula Tucker, a 47 year old female presented with:

-- pain in left arm and lower back persists, pt wonders if she hshould apply for long term disability.
has been going to physical therapy. has not seen much difference since.
Did lose weight on hte Adipex- part of the strategy for her back pain
labs from last visit reviewed.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. Adipex-P 37.5 mg tablet, 1 po daily
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence. Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI


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NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 111/84 Sitting, Right arm, regular cuff, Pulse - 91 , Respiration - 20 , Temperature - 97.6 degrees Taken Orally, Weight - 185.70 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction limited to 120 degrees, with a lot of pain, improved to 170 degrees and less pain after a sub acromial injection of lidocaine and kenalog
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**

OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled

**PLAN:**

1. Kenalog 40 mg , PAIN SHOULDER/Left
2. Injection; major joint or bursa , PAIN SHOULDER/Left

Counseling time: extensive counselling done regarding, disability process and expectations- advised patient that at this time we have not gone through all the diagnostic and treatment options and i think long term disability is a bit premature and short term disability is a possibility if she wishes to pursue t

**FOLLOWUP:** _Return in 1 month

Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 3/8/2013 10:37:31



29

ApexCare
1165 Hwy 1 S., Suite 200
Lugoff, SC 29078
Phone: (803) 408-0225
Fax: (803) 408-0729

Name Paula

Your next appointment with Dr. Balogun
is on 4-8-13 (Date) at 9:30 (Time).
Please call 24 hours in advance for cancellations and reschedules.

West Wateree Medical Comple
Suite 20
1165 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-02
FAX: (803) 408-07

ApexCare
OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, SC 29078
803-408-0225

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 03/08/2013
PATIENT: TUCKER, PAULA
Medical Record Number: 5427 DOB: 05/26/1965

---

T O D A Y ' S C H I E F C O M P L A I N T
F/U WITH LEFT ARM PAIN

C U R R E N T A L L E R G I E S L I S T
DARVECET

C U R R E N T M E D I C A T I O N L I S T
(Drug Name/ Strength, Instructions):
naproxen 500 mg tablet, 1 PO BID
Adipex-P 37.5 mg tablet, 1 po daily
Norco 5-325 mg tablet, 1 po q 6 hr prn pain

T O D A Y ' S V I T A L S I G N S
B/P - 111/84 Sitting, Right arm, regular cuff Pulse - 91 Respiration - 20 O2 Sat - 99
Temperature - 97.6 degrees Taken Orally
Weight - 185.70 lbs. Height - 61.5 inches BMI - 34.52

P R O B L E M L I S T U P D A T E S
OBESITY 278.8 - Improving
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - Uncontrolled
PAIN HIP/Bilateral 719.45 - Uncontrolled
PAIN SHOULDER/Left 719.41 - Uncontrolled

T O D A Y ' S O R D E R S

| DEPT | Description | Diagnosis | Done? | Due Date |
|---|---|---|---|---|
| INJ | Kenalog 40 mg | 719.41 | YES | 03/08/13 |
| PROC | Injection; major joint or | 719.41 | YES | 03/08/13 |
| SCHED | Return in 1 month | 719.41 | NO | 03/08/13 |

F U T U R E A P P O I N T M E N T S

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|

PRINTED BY: Adelia Mitchell



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F# 408-6961

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB6904532

West Wateree Medical Complex
Suite 200
1165 Hwy 1 South
Lugoff, SC 29078

PH: (803) 408-0225
FAX: (803) 408-0729

WORK/SCHOOL EXCUSE

DATE: 03/09/2013

PATIENT NAME: PAULA Y TUCKER

PHYSICIAN: Olajide Balogun MD.

MAY RETURN TO WORK / SCHOOL : 03/12/2013

Physician Signature: Date: 3/12/13

000095



Create Date: 2013-3-13

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ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

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Suite 20
1165 Hwy 1 South
Lugoff, SC 2907
PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
F/U
MED REFILL ADIPEX & PAIN MED
STILL HAVING PAIN IN SHOULDER

HISTORY OF PRESENT ILLNESS:
On 04/04/2013, Paula Tucker, a 47 year old female presented with:

-- pain inleft shoulder and arm is no better, still cant walk with it, hurts a lot just ot move it, cant lift anything over 50 10 lbs.
has had a steroid injection and ohysical therapy for over a month with no change in the pain.
also has low back pain with radicular symptoms that have not improved with conservative management so far.
pt is frustrated and feels she cant go on working like this.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. Norco 5-325 mg tablet, 1 po q 6 hr prn pain
3. Adipex-P 37.5 mg tablet, 1 po daily

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence. Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.

CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 142/94 Sitting, Right arm, regular cuff, Pulse - 78 , Respiration - 20 , Temperature - 96.8 degrees Taken Orally, Weight - 177.60 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM`s normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction is limited by pain to about 90-100 degrees today.
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**
OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled

**PLAN:**
1. MRI Shoulder left shoulder , PAIN SHOULDER/Left
2. MRI - Lumbar Spine , PAIN BACK(LUMBAGO-LOW BACK)/Left

work excuse - extend restrictions x 2 more weeks till i have MRi results

**DRUG RX:**
1. Adipex-P 37.5 mg tablet, 1 po daily, 30, Refills:, 0
2. naproxen 500 mg tablet, 1 PO BID, 60, Refills:, 3
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain, 90, Refills:, 0

**FOLLOWUP:** _Return in 2 weeks

Entered by: Olajide A. Balogun, MD

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OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, South Carolina 29078
803-408-0225

PATIENT INFORMATION RECORD

| | |
|---|---|
| Date Record Printed | : 05/10/2013 |
| Patient Name | : Tucker, Paula Y |
| Address | : 1501 MALBERN HILL DR |
| City, State, Zip | : CAMDEN, SC 29020 |
| Account Number | : 5427 |
| Medical Record # | : 5427 |
| Home Phone Number | : |
| Work Phone Number | : 803/713-4454 |
| Date of Birth | : 05/26/1965 |
| Emergency Contact | : |
| Emergency Phone | : |
| Patient Type | : BCBS |

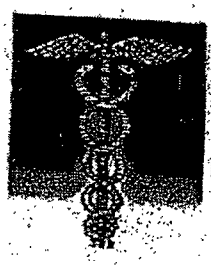
| C | INSURANCE CARRIER | INSURED | INSURED ID |
|---|---|---|---|
| P | BLUE CROSS BLUE SHIELD | PAULA TUCKER | ZCS91088722 |

MEDICATIONS:
1. Adipex-P 37.5 mg tablet, 1 po daily, 30, 2. naproxen 500 mg tablet, 1 PO BID, 60, 3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain and 90

PROBLEM LIST:
1. OBESITY
2. PAIN SHOULDER/Left
3. PAIN HIP/Bilateral
4. Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc
5. PAIN BACK(LUMBAGO-LOW BACK)/Left
6. Strain Of Rotator Cuff Capsule
7. Scrn Mammogram, Other



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# ApexCare

Olajide Balogun, M.D.
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DEA: BB5904532

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Suite 2
1165 Hwy 1 So
Lugoff, SC 29(

PH: (803) 408-0
FAX: (803) 408-0

WORK/SCHOOL EXCUSE

DATE: 04/04/2013

PATIENT NAME: PAULA Y TUCKER

PHYSICIAN: Olajide Balogun MD.

MAY RETURN TO WORK / SCHOOL : 4/5/2013

COMMENTS: work excuse - extend restrictions x 2 more weeks till i have MRi results

Physician Signature

000099

35



Create Date: 2013-4-4

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DEA: BB6904532

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FAX: (803) 408-072

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OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, SC 29078
803-408-0225

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 04/04/2013
PATIENT: TUCKER, PAULA
Medical Record Number: 5427 DOB: 05/26/1965

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**TODAY'S CHIEF COMPLAINT**
F/U , MED REFILL ADIPEX & PAIN MED and STILL HAVING PAIN IN SHOULDER

**CURRENT ALLERGIES LIST**
DARVECET

**CURRENT MEDICATION LIST**
(Drug Name/ Strength, Instructions):
Adipex-P 37.5 mg tablet, 1 po daily
naproxen 500 mg tablet, 1 PO BID
Norco 5-325 mg tablet, 1 po q 6 hr prn pain

4-18-13 @ 4:00

**TODAY'S VITAL SIGNS**
B/P - 142/94 Sitting, Right arm, regular cuff Pulse - 78 Respiration - 20 O2 Sat - 96 Temperature - 96.8 degrees Taken Orally
Weight - 177.60 lbs. Height - 61.5 inches BMI - 33.01

**PROBLEM LIST UPDATES**
OBESITY 278.8 - Improving
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - Uncontrolled
PAIN HIP/Bilateral 719.45 - Uncontrolled
PAIN SHOULDER/Left 719.41 - Uncontrolled

**TODAY'S ORDERS**

| DEPT | Description | Diagnosis | Done? | Due Date | |
|---|---|---|---|---|---|
| OPRAD | MRI - Lumbar Spine | 724.2 | NO | 04/11/13 | |
| OPRAD | MRI Shoulder | 719.41 | NO | 04/11/13 | le |
| SCHED | _Return in 2 weeks | 719.41 | NO | 04/04/13 | |

**FUTURE APPOINTMENTS**

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|
| 04/18/13 | 04:00 PM | Follow Up | OLAJIDE A. BALOG |

PRINTED BY: Donna Bickley

36

000100



Create Date: 2013-4-4

KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

Patient: TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN,SC 29020

Age: 47 Sex: F

DOB: 05/26/1965

Serv Dt/Tm: 04/17/13 / 1319
Loc: RAD
Status: REG CLI
Ord Dr: BALOGUN, OLAJIDE A MD
Rm/Bed:
Acct #: K10001014806
Req #: 13-0015187

MRN: M000258045

**Report Status: Draft**

REASON FOR EXAM: LUMBAGO

MRI LUMBAR SPINE 4/17/13

Multiple MRI sequences were made through the patient's lumbar spine and reveal mild disc desiccation at L4-5. The vertebral body heights, signals and alignment are normal. No spinal stenosis is seen. Mild concentric disc bulge is present at L4-5 and a very small disc protrusion is felt to be present at L5-S1 on the right.

LEFT SHOULDER MRI

Multiple sequences were made through the patient's shoulder and reveal trace of fluid in the joint. The biceps tendon appears intact. There is increased signal and thickening of the rotator cuff tendon consistent with tendinosis. However, no full-thickness tear is felt to be present. The superior labrum appears intact as well as the anterior labrum. The osseous signals are unremarkable.

ORDER #: 0417-0009 MRI/LUMBAR SPINE WO CONTRAST
IMPRESSION: VERY SMALL DISC PROTRUSION AT L5-S1 ON THE RIGHT. MILD CONCENTRIC DISC BULGE AT L4-5. CHRONIC DEGENERATIVE DISC DISEASE CHANGES WITH MILD DISC DESICCATION AT L4-5. NO DISC NARROWING IS SEEN. NO SPINAL STENOSIS IS SEEN.

ORDER #: 0417-0010 MRI/UPPR EXTRM ANY JT WO CONTRS LT
IMPRESSION: ROTATOR CUFF TENDINOSIS (TENDINOPATHY).

Dictated by:DONALD J COPLEY MD

Trans by: TKR
Trans date/time: 04/17/13 1821

Draft
cc:
Report #0417-0165

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Comple
Suite 2(
1165 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

WORK/SCHOOL EXCUSE

DATE: 04/17/2013

PATIENT NAME: PAULA Y TUCKER

PHYSICIAN: Olajide Balogun MD.

MAY RETURN TO WORK / SCHOOL : 4/19/13

COMMENTS: extending her work restrictions another month

Physician Signature Date

000102

38



Create Date: 2013-4-18

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Comple
Suite 2
1165 Hwy 1 Sou
Lugoff, SC 290

PH: (803) 408-02
FAX: (803) 408-07

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
HERE FOR MRI RESULTS

HISTORY OF PRESENT ILLNESS:
On 04/18/2013, Paula Tucker, a 47 year old female presented with:

-- pt reports no change in left shoulder pain and associated limitations, pain in the back radiating to the right leg is unchanged. she still feels she is unable to work.

MRI results discussed with patient-

Shoulder shows findings consistent with tendinosis- no evidence of rotator cuff tear. Lumbar spine show multilevel DDD with disc protusion to the right at L4-L5. no spinal canal stenosis.

MEDICATIONS HISTORY:
1. Adipex-P 37.5 mg tablet, 1 po daily
2. naproxen 500 mg tablet, 1 PO BID
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence. Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
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SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.

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GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 127/84 Sitting, Right arm, regular cuff, Pulse - 87 , Respiration - 20 , Temperature - 97.5 degrees Taken Orally, Weight - 174.60 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction is limited by pain to about 90-100 degrees today.
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**
OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc, 722.10, New
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled
Strain Of Rotator Cuff Capsule, 840.4, New

**PLAN:**
1. Pain clinic referral may benefit from ESI , Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc
2. Refer to Physical Theraphy needs more therapy on the shoulder , Strain Of Rotator Cuff Capsule

i have explained to patient I see no indications for surgical intervention based on MRi findings- she may benefit from ESI in te lumbar spine. Physical therapy, NSAIDs and pain meds still the right choice for her shoulder, will extend her work restrictions for a month while she completes physical therapy.

Entered by: Olajide A. Balogun, MD



40

Electronically signed by Olajide A. Balogun, MD 4/18/2013 11:19:29

LX1

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FAX: (803) 408-0729

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OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, SC 29078
803-408-0225

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 04/18/2013
PATIENT: TUCKER, PAULA DOB: 05/26/1965
Medical Record Number: 5427

Appt
5/20/13
@ 9:15

T O D A Y ' S C H I E F C O M P L A I N T
HERE FOR MRI RESULTS

C U R R E N T A L L E R G I E S L I S T
DARVECET

C U R R E N T M E D I C A T I O N L I S T
(Drug Name/ Strength, Instructions):
Adipex-P 37.5 mg tablet, 1 po daily
naproxen 500 mg tablet, 1 PO BID
Norco 5-325 mg tablet, 1 po q 6 hr prn pain

T O D A Y ' S V I T A L S I G N S
B/P - 127/84 Sitting, Right arm, regular cuff Pulse - 87 Respiration - 20 O2 Sat - 100 Temperature - 97.5 degrees Taken Orally
Weight - 174.60 lbs. Height - 61.5 inches BMI - 32.45

P R O B L E M L I S T U P D A T E S
OBESITY 278.8 - Improving
Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc 722.10 - New
Strain Of Rotator Cuff Capsule 840.4 - New
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - Uncontrolled
PAIN HIP/Bilateral 719.45 - Uncontrolled
PAIN SHOULDER/Left 719.41 - Uncontrolled

T O D A Y ' S O R D E R S

| DEPT | Description | Diagnosis | Done? | Due Date | |
|---|---|---|---|---|---|
| REF | Pain clinic referral | 722.10 | | 05/03/13 | may benefit from ESI |
| REF | Refer to Physical Theraph | 840.4 | | 05/03/13 | needs more therapy on the shoulder |

F U T U R E A P P O I N T M E N T S

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|
| 05/20/13 | 09:15 AM | Follow Up | OLAJIDE A. BALOG |

000106


Create Date: 2013-4-18

ApexCare
OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, South Carolina 29078
803-408-0225

PATIENT INFORMATION RECORD

| | |
|---|---|
| Date Record Printed | : 04/18/2013 |
| Patient Name | : Tucker, Paula Y |
| Address | : 1501 MALBERN HILL DR |
| City, State, Zip | : CAMDEN, SC 29020 |
| Account Number | : 5427 |
| Medical Record # | : 5427 |
| Home Phone Number | : |
| Work Phone Number | : 803/713-4454 |
| Date of Birth | : 05/26/1965 |
| Emergency Contact | : |
| Emergency Phone | : |
| Patient Type | : BCBS |

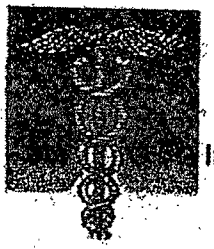
| C | INSURANCE CARRIER | INSURED | INSURED ID |
|---|---|---|---|
| P | BLUE CROSS BLUE SHIELD | PAULA TUCKER | ZCS91088722 |

MEDICATIONS:
1. Adipex-P 37.5 mg tablet, 1 po daily, 30, 2. naproxen 500 mg tablet, 1 PO BID, 60, 3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain and 90

PROBLEM LIST:
1. OBESITY
2. PAIN SHOULDER/Left
3. PAIN HIP/Bilateral
4. Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc
5. PAIN BACK(LUMBAGO-LOW BACK)/Left
6. Strain Of Rotator Cuff Capsule
7. Scrn Mammogram, Other



43



# ApexCare

Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Comple
Suite 20
1165 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-02
FAX: (803) 408-07

WORK/SCHOOL EXCUSE

DATE: 05/20/2013

PATIENT NAME: PAULA Y TUCKER

PHYSICIAN: Olajide Balogun MD.

MAY RETURN TO WORK / SCHOOL : today

COMMENTS: extending her work restrictions until 5/29/13

Date: 5/20/13

Physician Signature

000108

44

131[illegible] erts Street
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Camden, SC 29020-7003
803.713.6110
803.713.6534 Fax

[illegible] Cleveland Street
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803.475.0624 Fax

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K10000993330 RCR ADM 02/19/13SEX F
TUCKER, PAULA
BALOGUN, OLATIDE A MD
MRN M000258045 AGE 47
DOB 05/26/1965 RACE AA

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## PHYSICAL THERAPY ~~SPINE~~ EVALUATION

**DIAGNOSIS** (L) shoulder pain 719.41

| DATE | TREATMENT/FREQUENCY PRESCRIPTION |
|---|---|
| | |
| 2/19/13 | |
| | |

**PRIMARY COMPLAINTS:** (L) shoulder pain in posterior shoulder & pain into the neck as well as into elbow

**HISTORY:** Patient reports she has had (L) shoulder pain for about a year and a half in which she fell while at work. she reports slipping on a bar of soap. she reports she ~~felt~~ felt her shoulder is getting worse

**PRIOR MEDICAL HX:**

see summary list for PMH

**MEDICATIONS:** see summary list

**ALLERGIES:** NO (YES) List darvocet

**BARRIERS TO LEARNING:** (NO) YES Explain

**PATIENT'S READINESS/ABILITY TO LEARN:** (GOOD) LIMITED Why?

**PAIN LEVEL:** 0 1 2 3 4 5 6 7 (8) (9) 10 BEST 8/10 WORSE 10/10

**PAIN ASSESSMENT:** Intermittent ____ constant ✓ sharp ✓ sometimes dull ✓ and achy ("internal ache")

radiation? no yes where?

numbness/tingling? no yes where?

bowel/bladder problems? no yes cough/sneeze? + -

aggravated by? moving arm, reaching back

relieved by? pain meds ("numbs but doesn't + pain")

**OCCUPATION:** mental health assistant: "CNA type work"

**WORKING:** yes no **LIGHT DUTY:** (yes) no **MEDICAL LEAVE:** yes no 000109

**JOB REQUIREMENTS:** sitting (standing) (walking) (bending) (lifting)

**SCOLIOSIS:** no yes Describe

**RANGE OF MOTION/STRENGTH:** 0 – no contraction 1 – trace 2 – poor 3 – fair 4 – good 5 – normal

unable to assess strength go-to pain

| | | | | AROM | PROM | STR | PAIN | | AROM | PROM | STR | PAIN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Shld Flex | (C5-6) | 180 | R | 75° | 166° | | + | L | 150° | | | |
| Shld Ext | (C6-8) | 45 | R | 46° | | | | L | 60° | | | |
| Shld Abd | (C5-6) | 180 | R | 65° | 160° | | + | L | 60° | | | |
| Shld Add | (C5-T1) | 40 | R | | | | | L | | | | |
| Shld IR | | 90 | R | T12 | | | | L | T7 | | | |
| Shld ER | | 90 | R | 70° | | | | L | 70° | | | |
| Elbow Flex | | 145 | R | | | | | L | | | | |
| Elbow Ext | | 0 | R | | | | | L | | | | |
| Supination | | 90 | R | | | | | L | | | | |
| Pronation | | 90 | R | | | | | L | | | | |
| Wrist Flex | (C6-T1) | 80 | R | | | | | L | | | | |
| Wrist Ext | (C6-8) | 70 | R | | | | | L | | | | |
| Finger Flex | | | R | | | | | L | | | | |
| Finger Ext | | | R | | | | | L | | | | |

**PAINFUL ARC:** NO YES Where? _____

**TENDERNESS:** NO (YES) Where? palpation to (L) shoulder

**EDEMA/EFFUSION:** (NO) YES Where? _____

**ECCHYMOSIS:** (NO) YES Where? _____

**ADDITIONAL TESTING/COMMENTS:** _____

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**ASSESSMENT:** Patient presents to PT c ↓rcd (L) shoulder ROM, ↓rcd strength, and pain all limiting functional mobility including reaching, lifting, carrying which are all essential functions of job

**REHAB POTENTIAL:** (GOOD) FAIR POOR

**TREATMENT PLAN:** 2wk/4-6wks for shoulder ROM (AROM, PROM, AAROM) shoulder strengthening, postural stabilization, mobilities prn, HEP

**PATIENT/CG GOAL:** improve use of arm

**REHAB GOALS:** STG (1) Patient will be (I) c HEP in ~~2 visits~~ 2wks. (MET) (2) Patient will demonstrate ↑rcd shoulder (L) ✓: 100° in 2-3wks to improve ADLs. (MET) (3) Patient will report ↓rcd pain ≤ 8/10 at worst in (L) shoulder to improve sleeping in 2-3wks. (NOT MET)

LTG (1) Patient will demonstrate ↑rcd ROM ✓: 120°, abd: 100° to improve reaching in 4-6wks. (2) Patient will report ability to reach c moderate difficulty in 4-6wks. (3) Patient will report ability to lift c moderate difficulty in 4-6wks.

**PATIENT/CG AGREES TO POC AND GOALS:** (YES) NO Explain: _____

**THERAPIST'S SIGNATURE** Amy O Faulkenberry, PT, DPT **DATE** 2/19/13

**PHYSICIAN'S SIGNATURE** _____ **DATE** _____

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MCL

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# Progress Notes
## Therapy

| Date | 2/19/13 | 2/26/13 | 2/28/13 | 3/4/13 | 3/6/13 | 3/12/13 |
|---|---|---|---|---|---|---|
| GOAL: | 8:15 | ~~2:17~~ (cut) | 10:10 | 8:47 | 8:50 | 3:20 |
| | eval | ~~2:28~~ | 10:54 | 9:35 | 9:35 | 3:58 |
| | to | 2:32 | A ↓ | Pt pain | Pt report | Pt reports |
| | 8:35 | 3:22 | Push belly | 9/10 | ↓ pain | having |
| GOAL: | supine | Pt pain | 5/10 | pulley | 5-6/10 | cortisone |
| | AAROM | 10/10 | pulley | ✓ + abd | pulley | shot Friday |
| | ✓ x10 | pulley | ✓ | x20 | ✓ + abd | report |
| | abd/add: | ✓ | x30 | + band | x30 | some relief |
| GOAL: | x10 | x30 | + band | • row | + band | pulley |
| | 5'45 | wall | • row | • ext | • row | ✓ + abd |
| | ice x | washing | • ext | • ER | • ext | x30 |
| | 15min | x30 | ↓ L-1 | ↓ L-1 | • ER | + band |
| GOAL: | 9:00 | Seated | 3x10 | 3x10 | • ✓ | • row L-L |
| | | scap | wall | wall | • abd | • ext |
| | | retraction | washing | washing | ↓ L-2 | • ER |
| GOAL: | | 5" | ↑ | ↑ x30 | 3x10 | • ✓ + abd |
| | | 3x10 | 3x10 | circle | wall | 3x10 |
| | | PROM | circle | CW/CCW | washing | wall |
| | | ✓ + abd | on | x25 ea | ↑ | washing |
| | | AAROM | wall | PROM | x30 | ↑ |
| GOAL: | | ✓ | CW/CCW | ✓ + abd | circles | x20 |
| | | abd/add | 2x10 | AAROM | CW/CCW | circle |
| | | 2x10 | PROM | ↓ cane | ✓ ROM | CW/CCW |
| | | Pt c/o | ✓ + abd | abd/add | PROM | x20 |
| COMMUNICATION: | | pain, | AAROM | and ✓ | ✓ + abd | Cane |
| | | but | ↓ cane | 3x10 ea | AAROM | AAROM |
| | | good | ✓ | AROM | ✓ + abd/add | ✓ + abd/add |
| | | relief | abd/add | ✓ 2x10 | ↓ cane | x30 each |
| THERAPIST: | AF | CTR | CTR | CTR | CTR | CTR |
| Amy O'Faulkenberry PT, DPT | | | | | | |
| Traci Hogg, PTA | | | | | | |

000111 → 3x10 → x30 each → ↓

| | |
|---|---|
| 2/24/13 | c ice last ty: (3.07) pt would benefit continued strengthening will add thera-ex next visit pt instructed HEP. ice x 15 Ann Christ-Offiogu PTA |
| 2/4/13 | Pt had improve. tolerance c PROM, T pain c ROM but demonstrated improve ROM. pt would benefit continued ROM/strengthening ice x 15 min Christ-Offiogu PTA |
| 3/6/13 | AROM ✓ x 30. Sliding AROM ✓ 107°. Pt demonstrated inconsistent ROM during thera-ex pt improve ROM met all STG will continue 2x wk for 2-3 more wks. pt deadline ice today Christ-Offiogu PTA |
| 3/12/13 | Pt c/o pain throughout tx. Pt able to complete all exercises, but required cuing due to frequent rest breaks. Pt would benefit continue ROM/strengthening with ice to go Christ-Offiogu PTA |

(2/08)



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TUCKER, PAULA
BALOGUN, OLAJIDE A MD
ACC M0002259945 ACT 47
03 05/20/1965 SAME DA

# Progress Notes Therapy

| Date | 3/14/13 | 3/20/13 | 3/27/13 | 3/29/13 | 4/2/13 | 4/3/13 |
|---|---|---|---|---|---|---|
| GOAL: | 3:38 | 8:54 | 11:45 | 3:03 | 2:37 | 3:39 |
| returns to MD 4/8 | 4:12 | 9:40 | 12:30 | 3:30 | 3:14 | 4:14 |
| | Pt reports | P=6/10 | P=7/10 | P=6-7/10 | Pt reports | Pt pain |
| | NO Δ | ctinues | today | today | NO Δ | 8/10 |
| GOAL: | in pain | reports | pulleys | reports | in pain | pulley |
| | t-band | having | √ tabd | having | pulley | √ tabd |
| | • rows | 10/10 | X30 | 7/10 pain | √ tabd | X30 |
| | • ext | pain | each | last | X30 | t-band |
| GOAL: | • ER | pulleys | direction | night | t-band | • rows |
| | • √ tabd | √ tabd | t-band | pulleys | • rows | • ext |
| | 30x ea | X20 | rows, ext | √ tabd | • ext | • ER/IR |
| | wall | ROM: | ER √ | X30 | • ER/IR | • √ |
| GOAL: | washing | √: 115° | tabd | each | • √ | 3x10 ea |
| | 2x10 | abd: 100° | C L-2 | direction | 3x10 ea | wall |
| | AAROM | rows | 3x10 | t-band | wall | washing |
| | Cane | ext, ER | each | rows, ext, | washing | 3x10 |
| GOAL: | √ tabd | √ tabd | wall | ER, √ | 3x10 | AROM |
| | 30x ea | C L-2 | washing | abd, IR | AAROM | √ 125° |
| | S/L | t-band | 2x10 | 3x10 | √ tabd | tabd 119° |
| | ER | 3x10 | AAROM | each | x20ea | S/L |
| GOAL: | 3x10 | each | C conc | wall | S/L | tabd/ER |
| | C #1lb | wall | √ tabd | washing | tabd | C #1lb |
| | S/L | washing | X30 | X20 | ER | 3x10 |
| | abd | 2x10 | each | each | C #1lb | AAROM |
| COMMUNICATION: | C #1lb | C wall | S/L ER | AAROM | 3x10 | C cane |
| | 3x10 | √: 130° | tabd | C conc | | √ [illegible] |
| | | PROM | C #1lb | √ tabd | | tabd |
| | | √: 170° | 5x/each | X30 each | | X20ea |
| THERAPIST: | Cthr | AF | AF | AF | Cthr | Cthr |

Christi Allsup PTA
Olajide Balogun MD, FACP



PHYSICIAN DATE

| | |
|---|---|
| 3/14/13 | pt had improve activity tolerance, daily required fewer rest break. Pt did well c weight. Pt would benefit continue ROM/strength 2x wk for 2 wks. Pt decline ice fully Christi Hegg PTA |
| 3/22/13 | abd: 130°, AAROM c cane ✓ + abd x 30, S/L ER and abd c #1lb 3x10 (9:53 ) ice x 15 min (9:45 )<br>progress note: pt has been seen for 8 visits focusing on ROM, stretching, strengthening for both RTC and postural stabilization muscle. Patient is showing improved ROM actively; however demonstrates higher ROM during resistive exercises of about 15 more degrees. Patient has near full PROM for ✓ 3 any capsular tightness, with and does demonstrate tightness during passive ROM. Patient is showing ↑ed exercise tolerance c ↑ed weight/resistance. ↓ed. However, pt still reports no Δ in pain. Will cont PT 5xwk / 2wks to end of POC.<br>Amy O'Faulkenberg, PT, DPT |
| 3/27/13 | pt required cueing for correct ER form in S/L; pt again encouraged to complete HEP after pt reported wasn't doing all reps at home. cnd exercises @ (12:15 ) ice x 15 min<br>Amy O'Faulkenberg, PT, DPT |
| 3/29/13 | S/L ER and abd c #1lb 3x10 (3:30 ) ice 15 min. pt still reporting high levels of pain c all exercises; will cont through next week then D/C Amy O'Faulkenberg PT, DPT |
| 4/2/13 | pt improve 2/4 pt on Optimal Cable to reach, lift c mod difficulty and able to carry c moderate difficulty. Will continue progress, WS7 Hep D/C to HEP. ice to SO Christi Hegg PTA |
| 4/3/13 | ~~Pt improve 4 pt (HEP) 4/3/13 SK Optimal~~, Pt (I) c HEP. will D/C to HEP Christi Hegg PTA |

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ACC #000255645 AGE 47
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TUCKER, PAULA
BALOGUN, OLAJIDE A MD
MRN M000258045 AGE 47
DOB 05/26/1965 RACE AA

# Progress Notes
## Therapy

| Date | 5/2/13 | 5/6/13 | 5/8/13 | | | |
|---|---|---|---|---|---|---|
| GOAL: | 2:34 | 8:54 | 3:40 | | | |
| ER TO 5/20/13 * | 306 | 9:20 | 2:07 | | | |
| | Pt pain 8/10 | Pt pain 10/10 | Pt reports WD N | | | |
| GOAL: | PROM | Pulley | Pulley | | | |
| | AAROM | x3' | AAROM | | | |
| | Pain | Theraband | Theraband | | | |
| | Special | L-2 | L-2 x3 | | | |
| GOAL: | to | • row | Theraband | | | |
| | receive | • ext | L-2 | | | |
| | Shots | • ER | • row | | | |
| | in shld | • ✓ | • ext | | | |
| GOAL: | brace | 3x10 cane | ER | | | |
| | Pulley | Wall | • ✓ | | | |
| | AAROM | Washing | 3x10 cane | | | |
| | ✓ | x20 | Wall | | | |
| GOAL: | 3x10 | ✓ 120° | Washing | | | |
| | Theraband | cane wall | x20 | | | |
| | L-2 | washing | 3/c | | | |
| | • row | AAROM | wall | | | |
| GOAL: | • ext | abd | ER | | | |
| | • ER/IR | x20 | c | | | |
| | ✓ | cane | #2lb | | | |
| | 3x10 cane | AROM | 3x10 | | | |
| COMMUNICATION: | Wall | 120 ✓ | | | | |
| | Wash | 11° abd | | | | |
| | x20 | | | | | |
| | | | | | | |
| THERAPIST: Christin H Boggs PTA | CHR | CHR | CHR | | | |

000115

PHYSICIAN

DATE

| | |
|---|---|
| 5/4/13 | AARON ambulating 2 x 10, supine ✓ AARON cane 2x10. Ice to go. PT reports has not been consistent c HEP, continues h. c/o pain. Will continue strengthening. PT to f/u c MD Mg. 20th Christine Ilhuya PTA |
| 5/6/13 | Seen AARON c cane amb 2x10, supine AARON c cane ✓ 2x10, S/L amb, CK c #16 3x10. PT demonstrates inconsistencies c ROM. PT reported higher level of pain today but demonstrated improve activity tolerance. PT continue to c/o high levels of pain and reporting burning pain in extr. Will continue home visit. Seen PT to f/u c MD. ice to go ~~Christine Ilhuya PTA~~ |
| 5/8/13 | PT reports no h/a pain. Discuss c patient plateauing will continue 1 more week then D/C early follow-up c MD 5/20/13 ice to go ~~Christine Ilhuya PTA~~ |

(2/08)



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TUCKER, PAULA
BALOGUN, OLAJIDE A MD
MRN M000258045 AGE 47
DOB 05/26/1965 RACE AA

Pain Management and Rehabilitation Center
223 Stoneridge Dr. Columbia, SC 29210
803-296-PAIN (7246) 8 a.m. to 4:30 p.m. Monday through Friday
Fax: 803-296-2400
PALMETTO HEALTH

## Patient Referral Form

Patient Name Paula Tucker DOB SSN

Address 501 Malbern Hill Dr. City, State, ZIP Camden SC 29020

Primary Contact Phone 713 4454 Secondary Contact Phone

Insurance Information BCBS State

To be completed by physician's office:

Referring Health Care Provider O. Bertogun Phone 4080225 Fax 4085729

Office Staff Contact Name/Phone Dina NPI 1215997820

Pain Diagnosis (include MED-ICD9 codes)

For us to be able to provide the best patient experience, the following information must be received prior to the first appointment, preferably with the patient referral.
• Office visit notes for the previous six months • MRI/X-ray/CT reports • Current medication list • Pertinent lab reports • Previous surgery reports • Complete previous pain management reports

*Please fax a legible copy of the front and back of the patient's insurance card(s) to 803-296-2400. Please note: the patient should check with his/her insurance carrier to verify coverage of services. We will communicate with the patient regarding out-of-pocket costs.*

### Job-Related Injuries

Workers' Compensation Carrier

Case Manager Phone Fax

Claim No. Date of Injury

Claims Address City, State, ZIP

Approved by Date approved

*First visit must be pre-authorized.*

### Choose One of the Following

☑ Evaluation and Treatment

☐ Multidisciplinary evaluation: comprehensive psychological, medical and PT/OT assessments

☐ Physical Therapy (individual treatment, work or functional reconditioning)

☐ FCE – functional capacity evaluation

☐ Occupational Therapy (hand therapy, biofeedback)

☐ Psychological evaluation/pain-related psychotherapy

☐ Other

***Fax this page along with the information requested on reverse to 803-296-2400.***

5-29-13 01:28 Instruct

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116-A

PALMETTO HEALTH

Pain Management and Rehabilitation Center

To Whom It May Concern:

Paula Tucker was seen at Palmetto Health Pain Management and Rehabilitation Center today, 5/29/13 and may return to work/school on 6/1/13. See work Status for with Physical Limitations

Thank you,

Palmetto Health Pain Management and Rehabilitation Center

54

223 Stoneridge Dr.
Columbia, SC 29210
PHONE: 803-296-PAIN (7246)
FAX: 803-296-2400
PalmettoHealth.org/PainAndRehab

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PALMETTO HEALTH BAPTIST
PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1313001221
MR 000892285 STORICK, STEVEN B
05/26/1965 47Y F

## WORK STATUS INFORMATION

### PATIENT WORK INJURY INFORMATION

Patient Name | Patient social security # | Chart #

Employer Name | Insurance Carrier

Case # | Date of Service | Date of Accident

### WORK STATUS

723.4 / 724.4

Diagnosis code(s) and/or description of condition for which patient is being treated

- ☐ Remain out of work (estimated duration _____)
- ☐ Return to Regular Duty with no restrictions on ____/____/____
- ☒ Return to Light Duty with restrictions on 5 / 30 / 13

(The availability of light duty is determined by the employer, not the physician.)

- ☐ Part time (whether regular or light duty)
- ☒ Full time (whether regular or light duty)

### PHYSICAL LIMITATIONS

- ☐ None
- ☐ No sitting
- ☐ No standing
- ☒ No climbing
- ☒ No bending or stooping
- ☐ No twisting or stretching
- ☒ Lifting or carrying limit 10 lbs
- ☐ Other
- ☐ Sedentary duty only
- ☐ No work involving R/L _____ extremity
- ☒ No overhead work Left arm
- ☐ No work at heights
- ☐ No prolonged standing
- ☒ No kneeling, squatting or crawling
- ☒ Pushing or pulling limit 10 lbs

### FOLLOW UP

- ☐ PRN ☐ Has reached MMI ☐ Days _____ ☐ Weeks _____ ☐ Months _____
- ☐ Post diagnostic exam (MRI, EMG, etc) ☐ Next appointment date (if scheduled) ____/____/____
- ☐ Discharged with permanent limitations above
- ☐ Permanent disability rating of _____% to the _____(body part or system).

☒ Steven B. Storick, M.D.

Signature
223 Stoneridge Drive
Columbia, SC 29210 PHONE: (803) 296-PAIN palmettohealth.org

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116-C

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PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1315001617
MR 0008922295 STORICK, STEVEN B
05/26/1965 48Y F

# WORK STATUS INFORMATION

## PATIENT WORK INJURY INFORMATION

Patient Name | Patient social security # | Chart #

Employer Name | Insurance Carrier

Case # | Date of Service: 5/30/13 | Date of Accident

## WORK STATUS

723.4

Diagnosis code(s) and/or description of condition for which patient is being treated

- ☐ Remain out of work: (estimated duration _____)
- ☒ Return to Regular Duty with no restrictions on 06 / 01 / 13
- ☐ Return to Light Duty with restrictions on ____ / ____ / ____
  (The availability of light duty is determined by the employer, not the physician.)
- ☐ Part time (whether regular or light duty)
- ☒ Full time (whether regular or light duty)

## PHYSICAL LIMITATIONS

- ☐ None — Ok to Drive
- ☐ No sitting
- ☐ No standing
- ☒ No climbing
- ☒ No bending or stooping
- ☐ No twisting or stretching
- ☒ Lifting or carrying limit 10 lbs
- ☐ Other
- ☐ Sedentary duty only
- ☐ No work involving R/L _____ extremity
- ☒ No overhead work Left arm
- ☐ No work at heights
- ☐ No prolonged standing
- ☒ No kneeling, squatting or crawling
- ☒ Pushing or pulling limit 10 lbs

## FOLLOW UP

- ☐ PRN ☐ Has reached MMI ☐ Days _____ ☒ Weeks 2 ☐ Months _____
- ☐ Post diagnostic exam (MRI, EMG, etc) ☐ Next appointment date (if scheduled) ____ / ____ / ____
- ☐ Discharged with permanent limitations above
- ☐ Permanent disability rating of _____ % to the _____ (body part or system).

☒ Steven B. Storick, M.D.

Sign

223 Stufferidge Drive
Columbia, SC 29210
PHONE: (803) 296-PAIN palmettohealth.org

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116 - D

PALMETTO HEALTH BAPTIST

## Post-Procedure Instructions

TUCKER, PAULA
B1315001617
MR 000892295 STORICK, STEVEN B
05/26/1965 48Y F

___ Do not drive any vehicle for 6 hours after your procedure.
___ Do not take a bath or use a hot tub for 24 hours.
___ Band-Aids may be removed tomorrow.
___ Be careful when walking on uneven surfaces such as: curbs, rugs, steps, as the anesthetic used today may cause tingling, numbness and or unsteadiness.
___ For the next 1-3 days you may experience a slight increase or flare up of your typical symptoms. This is normal. If you experience a dramatic increase in pain or a new type of pain in a location other than where you normally have your pain, please call the office at 296-7246.
___ Frequently reported symptoms after the injection include: headache, insomnia, mood swings, increased appetite, and hiccups. These symptoms should resolve on their own within several days.
___ You may experience discomfort or soreness at the injection site. You may use ice applied for 15-20 minutes at a time every 2 hours to control these symptoms. Do not use ice more than 20 minutes at a given time.
___ If you experience any unusual effects such as: redness and drainage at the injection site, fever, new problems with bowel and urination, severe headaches, stiff neck, or new weakness call the office at 296-7246.
___ If you develop shortness of breath or chest pains, call the office immediately. If you can not talk to a staff member immediately, then you must dial 911.
___ You may resume your normal pre-procedure level of activity gradually over the next 24-48 hours.
___ You should continue your home exercises and physical therapy as directed the day after the procedure.

___ Do NOT drive a car or operate any machinery today.
___ Do NOT make any important personal or business decisions today.
___ Do NOT drink alcoholic beverages today.
___ Gradually resume your normal diet as tolerated.
___ Call the office at 296-7246 if you have any questions or concerns.

I have read and understand these instructions.

Signature of Responsible Adult: X Paula M. Tucker

Signature of Nurse: Katrina Sinfield

Date/Time: 5-30-13 1335

Palmetto Baptist Pain & Orthopedic Care Center
Phone: 803-296-7246 ♦ Fax: 803-296-2400

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PM 40 4/05 R9/05 52040B30mr R 7/10

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116-E

# PALMETTO HEALTH
# PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME:** TUCKER, PAULA
**DOB:** 05/26/1965
**VISIT DATE:** 05/29/2013

**RECORD NO:** 000892295
**ACCOUNT #:** 1313001221

REFERRING PHYSICIAN: Olajide Balogun, M.D.

CHIEF COMPLAINT: "My neck, shoulder, and arm pain."

Dear Dr. Balogun:

Thank you for the referral of Paula Tucker. She is a 47-year-old female with about a 2-year history of persistent left shoulder and arm pain as well as right low back and leg pain. Her worst complaint is the left neck that extends into the shoulder, scapula, and subsequently down the arm typically to the elbow. She describes this as "hurts-burning" constant pain. Her symptoms are worse with activities as well as lying on her left shoulder. For the most part, she is asymptomatic in her dominant right arm. Ms. Tucker describes subjective weakness but there is no frank motor loss, numbness, or sphincter dysfunction. The patient also has a lesser degree of right low back pain that radiates to her knee. She describes that as a burning pain that seems to come and go may be more associated with activities. Again, she notes subjective weakness in that extremity. The patient is asymptomatic in her left leg. Physical therapy was not helpful. She denies any chiropractic treatments. One local shoulder injection was performed without any improvement. She has also been on a Dosepak of steroids twice without any pain relief. She denies a history of any spine or shoulder surgeries. Medications include Naprosyn and hydrocodone periodically. There have been no nerve studies of the extremities. Her left shoulder MRI report from 04/17/2013 notes increased signal and thickening of the rotator cuff tendon consistent with tendinosis but no full-thickness tears noted. Lumbar MRI notes mild degenerative disc disease at L4-5. There is a question of a very small disc herniation to the right L5-S1. I call into question that there is a right lateral disc protrusion at L4-5 impinging on the L4 nerve root. The patient's Oswestry is 70%, SOAPP-R is 15, and her VAS is 9/10.

**ALLERGIES: No known drug allergies; intolerance to codeine and Darvocet (jittery and nervous).**

MEDICATIONS: Naprosyn, hydrocodone.

PAST MEDICAL HISTORY: Seasonal allergies and previous panic attacks but no longer on her treatments. Surgeries include BTL and diagnostic laparoscopy.

SOCIAL HISTORY: The patient is single, two children ages 20 and 16. She also has an adopted child. She smokes 1/2 pack of cigarettes a day periodically. No alcohol consumption is reported. The patient is employed as a mental health assistant.

FAMILY HISTORY AND REVIEW OF SYSTEMS: Reviewed and documented in the chart. Pertinent review of systems noted in HPI. The patient completed a 12-point review of systems.

PHYSICAL EXAMINATION: Vital Signs: Stated height is 5 feet 2, weight 175 pounds. Blood pressure 106/70, pulse 82, respirations 18. General: This is a pleasant, short-statured female in no acute distress. Extremities: Warm to touch. No cyanosis, edema, discoloration, or muscle atrophy. No ulcerations. Extremities: She has extremely limited range of motion in all planes of her left shoulder. She would not extend the arm to even 70-80 degrees which she accounts from weakness and pain. There is no edema around the shoulder joint. She is diffusely tender in the left shoulder and upper arm. Hair growth and nails are symmetrical. Full range of motion of the hips with internal and external rotation non-painful. Deep compression of the hip bursae nontender. Musculoskeletal: The patient stands upright. Spine is normally

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116-F

# PALMETTO HEALTH
## PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME:** TUCKER, PAULA
**DOB:** 05/26/1965
**VISIT DATE:** 05/29/2013

**RECORD NO:** 000892295
**ACCOUNT #:** 1313001221



aligned. The pelvis is level. Normal range of motion in the neck and low back in flexion and extension. She is diffusely tender along the lower thoracic and lumbar spine over to the right sciatic notch. The piriformis is nontender. Neurologic: Sensation is decreased in a sporadic and non-dermatomal fashion of the left arm and right leg. Motor function was inconsistent in the upper and lower extremities although I did not really perceive any specific abnormalities. DTRs were 2+ and equal. No clonus. Plantar reflexes downgoing. Gait is non-antalgic. No footdrop. No sympathetic change or allodynia. Negative Hoffmann. No history of Lhermitte. Psychological: Alert and oriented x3. Normal thought processes. No clinical evidence of depression or anxiety.

ASSESSMENT:
1. Chronic left neck, shoulder, and arm pain.
2. Chronic right back and leg pain.
3. Possible cervical spondylosis versus left shoulder abnormality.
4. Early L4-5 degenerative disc disease with possible right lateral disc protrusion.

PLAN: Ms. Tucker describes chronic pain issues. She has undergone appropriate conservative treatments today. Neurologically, she is intact without any specific deficits. I am not quite sure if her left neck, shoulder, and arm are a cervical problem versus shoulder. She had a recent MRI that did not note any significant abnormality nor did she have response from the injections or medicines. It is reasonable to try a cervical epidural steroid injection to see if this will calm down her pain. Should she continue to remain symptomatic, then a cervical MRI would be the next step. I also provided her a prescription to start on Neurontin 300-600 in the evenings. The patient reports having a refill of the hydrocodone which she seems to be using sparingly. I have the radiologist to review the lumbar MRI which calls into question a lateral disc protrusion at L4-5. She may respond to an epidural steroid injection at that level at some point in the future. The risks and benefits as well as the side-effects of the medicines and injections were reviewed in detail with the patient today. I have continued her on her light duty status for now. The patient is agreeable to the treatment plan outlined above. Should you have any questions or concerns, please feel free to contact me at your convenience. Again, thank you for the referral of this pleasant lady.

Yours truly,
Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25

Steven B. Storick, MD/aih

D: 05/29/2013 16:28 T: 05/29/2013 21:22
Job #: 28932 Doc #: 20628079
cc: Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25 Steven B. Storick, MD
Olajide Balogun, M.D.

Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25

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## Palmetto Health Pain Management and Rehabilitation Center

Date: 5/30/13
Patient:
Chart:

TUCKER, PAULA
B1315001617
MR 000892295 STORICK, STEVEN B
05/26/1965 48Y F

### Epidural Steroid Injection

**Procedure Note:**

After obtaining informed consent, the patient was placed in a prone / sitting position. The patient's neck / back was prepped and draped in sterile fashion. The appropriate vertebral segments were identified using a C-arm / None. Local anesthesia of the skin and subcutaneous tissue was obtained using a #25 / 27 gauge needle and 1 % lidocaine. Using a # 18 / 20 / 22 gauge 3.5 / 6 inch epidural needle, the following level was injected L2-3. Negative aspiration and no paresthesia noted. Omnipaque ____ / None was injected confirming needle localization. Each level was injected with 3 ml of PF 0 % Lidocaine / 2 % Bupivacaine / Normal Saline pre-mixed with 40 mg of preservative-free DepoMedrol / Triamcinolone. The patient tolerated the procedure well without any immediate complications. After an appropriate period of observation, the patient was allowed to go home with a driver. The patient was instructed to refrain from driving for the rest of the day after the injection and told to contact our office immediately with any new pain, signs/symptoms of infection, new weakness/sensory changes or new bowel/bladder habit changes.

Post op? 2 wks pm?
Schedule 2nd 2 wks

Steve Storick, M.D.

723.4
Diagnosis

60

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PALMETTO HEALTH

# PROCEDURE RECORD

DATE 5-30-13
PATIENT Paula Tucker
PHYSICIAN Dr Steven Storick
NURSE Shelag
CONSENT Signed
PROCEDURE START 1315
PROCEDURE FINISH 1320

MODE OF ENTRY ☑ AMBULATORY ☐ WHEELCHAIR ☐ CANE/WALKER ☐ CART
STATUS NPO ____ PREGNANCY ____
POSITION ☐ PRONE ☐ SUPINE ☐ ____ LATERAL ☐ SITTING ☐ OTHER ____
PREP ☐ BETADINE ☐ ALCOHOL ☐ HIBICLENS
IV SITE L/R ☐ ARM ☐ HAND ☑ WRIST
IV ACCESS ☐ 18G ☐ 22G ANGIOCATH
IV ☐ FLUID ☐ HEPLOCK ☐ DC'D WITH PRESSURE DRESSING APPLIED

PROCEDURE: CESI

5cc XYLOCAINE 1% LOCAL
____ BUPIVACAINE .25% .5%
____ METHYL PREDNISOLONE
____ OMNIPAQUE
1cc OTHER Kenalog 40mg/ml
✓ FLUORO: OPERATED BY Storick
10cc Normal Saline

NOTES: Pt. tolerated well. Discharge instructions given. Pt. verbalized understanding.

DISCHARGE
☑ WEIGHT BEARING
☐ HORNERS SIGN
☐ WARMTH
☐ NUMBNESS
MODE OF EXIT Ambulatory c nurse
DISCHARGE HOME AT 1345
DRIVER Dad / Sister

| TIME | B/P | P | R | O2SAT | LOS | WT |
|---|---|---|---|---|---|---|
| 1249 | 125/85 | 83 | 18 | 100% | 96.6 | 175 |
| 1322 | 135/81 | 88 | 22 | 100% | | |

## PLAN OF CARE

| POTENTIAL PROBLEMS | PRE-PROCEDURE ACTIONS | INTRA-PROCEDURE ACTIONS | POST-PROCEDURE ACTIONS | OUTCOMES |
|---|---|---|---|---|
| Cardiovascular<br>☑ Changes from initial assess | ☑ Assess vital signs<br>Other ____ | ☐ Cardiac monitor<br>☐ Assess vital signs<br>Other ____ | ☐ Cardiac monitor<br>☑ Assess vital signs<br>Other ____ | ☑ Vital signs stable<br>☑ No symptomatic arrhythmias<br>☑ No chest pain |
| Respiratory<br>☑ Changes from initial assessment | ☑ Baseline O2 sat 100%<br>☑ Assess resp status<br>Other ____ | ☐ Monitor O2 sat<br>☑ Assess resp status<br>Other ____ | ☑ Assess resp rate & rhythm<br>Other ____ | ☑ No resp difficulty<br>☑ O2 sat 90%<br>Other ____ |
| Musculoskeletal<br>☑ Changes from initial assess | ☑ Position for comfort<br>Other ____ | ☑ Correct anatomical position for procedure and pt. limitations<br>Other ____ | ☑ Position for comfort within pt. procedural limitations<br>Other ____ | ☑ No S & S of skin breakdown<br>Other ____ |
| Allergies/reactions<br>☑ Changes from initial assess | ☑ Chart Labeled<br>PMD notified | ☐ Adhesive-made/measures used | ☐ Adhesive-made/measures used | ☑ No S & S of reaction |
| Need for a safe & comfortable environment<br>☑ Changes from initial assess | ☑ Time out protocol observed with nurse & physician<br>☑ Proper ID of patient<br>☑ Proper procedure / consent<br>☑ Proper site / position<br>☑ Site marked if required<br>☑ Provide appropriate equip.<br>Signature ____<br>☑ Assure patient privacy<br>☑ Provide comfort measures<br>☑ Assess patient for fall risk and prevention; institute fall protocol | ☑ Proper ID of patient & procedure<br>☑ Cleans & maintains sterile field<br>☑ Monitor & control environment<br>☑ Assure electrical safety<br>☑ Proper positioning during procedure<br>☑ Provide appropriate size equipment<br>☑ Institute fall protocol<br>Other ____ | ☑ Proper ID of patient & procedure<br>☑ Provide comfort measures<br>☑ Administer medications as ordered by MD according to P & P<br>☑ Proper positioning following Procedure<br>☑ Provide appropriate size equipment<br>☑ Institute fall protocol<br>Other ____ | ☑ The patient will be free of injury |
| Other ____ | Other ____ | Other ____ | Other ____ | |

TUCKER, PAULA
B1315001617
MR 000892285 STORICK, STEVEN B
05/26/1965 49Y F

01

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# PALMETTO HEALTH
# PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME:** TUCKER, PAULA
**DOB:** 05/26/1965
**VISIT DATE:** 07/10/2013

**RECORD NO:** 000892295
**ACCOUNT #:** 1318204364

HISTORY OF PRESENT ILLNESS: Ms. Tucker is in for followup to discuss her work-related neck and left arm as well as back and right leg pain. She continues to complain of equal discomfort in both areas. The patient has reported falling a few times and had a recent x-ray of her lumbar spine that did not note any acute injuries. The left leg and right arm are not very symptomatic compared to the opposite extremities. She denies any frank motor loss or sphincter dysfunction. The patient has been taking the Neurontin 300 mg b.i.d., which she finds helpful to some degree. Infrequently she will take a hydrocodone but has run out. She reports the workers compensation physician has put her out of work. Her previous lumbar MRI is notable for a very small right L5-S1 disc protrusion. I contact the radiologist and called in the question the possibility of a right L4-5 disc protrusion, which he did not think was significant. The patient has also had an MRI of her left shoulder which noted findings consistent with tendinosis, but no full-thickness tears.

PHYSICAL EXAMINATION: Weight is 178 pounds. Vital signs: Blood pressure 122/78, pulse 78, respirations 18. Neurological: Her gait is slow and guarded but not antalgic. She has no foot drop. Motor function essentially is intact at 5/5, although there is poor effort in all extremities. SLRs negative at 90 degrees of sitting. There are no sympathetic changes of allodynia. Extremities without cyanosis or edema. Full range of motion. Of the lower extremities, there is limited range of motion of her left shoulder. Alert and oriented x3. Normal thought process.

ASSESSMENT:
1. Chronic left neck, shoulder, and arm pain.
2. Chronic right back and leg pain.
3. Possible cervical radiculitis.
4. L4-5 degenerative disc disease and small right lateral disc protrusion.

PLAN: I would like for the patient to increase her Neurontin up to 600 mg b.i.d. She can use her remaining medications and then a new prescription was provided at a higher dose. I discussed with her about the use of Ultram in lieu of opioids given the above findings. She reports the previous medication was not helpful and she has only sparingly used her hydrocodone. I am not going to continue her opioid at this point. Hopefully the increase in Neurontin will be helpful. I would like to obtain an MRI of her cervical spine to make sure that her current symptoms are not due to a radicular component from a nerve impingement. I cannot explain all her symptoms by the findings based on the shoulder MRI. Neurologically, she appears intact and there are no acute changes. I previously recommended light duty, but my understanding is she is now out of work according to the patient. I will see the patient back once the MRI of the cervical spine is available. I reviewed the potential side effect of the medication in detail with her today. The treatment plan was discussed with the patient.
Electronically signed by Steven B. Storick, MD at 07/12/2013 06:46:26

Steven B. Storick, MD/db

D: 07/10/2013 14:29 T: 07/11/2013 01:15
Job #: 60551 Doc #: 20637951
cc: . Electronically signed by Steven B. Storick, MD at 07/12/2013 06:46:26 Dr. Olajide Balogun

Electronically signed by Steven B. Storick, MD at 07/12/2013 06:46:26

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FAX 803-296-2400 www.PalmettoHealth.com



02

## Palmetto Health Pain Management and Rehabilitation Center

**Date:** 7/20/12
**Patient:**
**Chart:**

TUCKER, PAULA
B1320001380
MR 000892295 STORICK, STEVEN B
05/28/1965 48Y F

### Epidural Sterold Injection

**Procedure Note:**

After obtaining informed consent, the patient was placed in a prone / sitting position. The patient's neck / back was prepped and draped in sterile fashion. The appropriate vertebral segments were identified using a C-arm / None. Local anesthesia of the skin and subcutaneous tissue was obtained using a #25 / 27 gauge needle and 1 % lidocaine. Using a # 18 / 20 / 22 gauge 3.5 / 6 inch epidural needle, the following level was injected L2-7-11. Negative aspiration and no paresthesia noted. Omnipaque ____ / None was injected confirming needle localization. Each level was injected with 5 ml of PF 4 % Lidocaine / 2 % Bupivacaine / Normal Saline pre-mixed with 40 mg of preservative-free DepoMedrol / Triamcinolone. The patient tolerated the procedure well without any immediate complications. After an appropriate period of observation, the patient was allowed to go home with a driver. The patient was instructed to refrain from driving for the rest of the day after the injection and told to contact our office immediately with any new pain, signs/symptoms of infection, new weakness/sensory changes or new bowel/bladder habit changes.

C-MAC 5 (L) Lumbar epidural. Neurontin 600 mg 5 hours PO. Diamox 250 mg IV PRN if no improvement. Flexeril 10 mg po Tylenol 650 mg po tid.

Steve Storick, M.D.

723.4
Diagnosis



03

PALMETTO HEALTH

# PROCEDURE RECORD

DATE 7-22-13
PATIENT Paula Tucker
PHYSICIAN Storick
NURSE Sheila
CONSENT Signed
PROCEDURE START 0941
PROCEDURE FINISH 0952

MODE OF ENTRY ☑ AMBULATORY ☐ WHEELCHAIR ☐ CANE/WALKER ☐ CART
~~STATUS NPO~~ ~~PREGNANCY~~
POSITION ☑ PRONE ☐ SUPINE ☐ ___ LATERAL ☐ SITTING ☐ OTHER ___
PREP ☑ BETADINE ☐ ALCOHOL ☐ HIBICLENS
~~IV SITE L/R ☐ ARM ☐ HAND ☐ WRIST~~
~~IV ACCESS ☐ 20G ☐ 22G ANGIOCATH~~
~~IV ☐ FLUID ☐ HEPLOCK ☐ DC'D WITH PRESSURE DRESSING APPLIED~~

PROCEDURE: CESI
5 CC XYLOCAINE 1% LOCAL
___ BUPIVACAINE .25% .5%
___ METHYL PREDNISOLONE
___ OMNIPAQUE
1 CC OTHER Kenalog 40mg/ml
✓ FLUORO: OPERATED BY Storick
10 cc normal Saline
NOTES: Pt. tolerated well. Discharge instructions given. Pt. verbalized understanding. BS

DISCHARGE
☑ WEIGHT BEARING
☐ HORNERS SIGN
☐ WARMTH
☐ NUMBNESS
MODE OF EXIT ambulatory c nurse
DISCHARGE HOME AT 1012
DRIVER Yes / Foster

| TIME | B/P | P | R | O2SAT | ~~LOS~~ | ~~ALD~~ |
|---|---|---|---|---|---|---|
| 0910 | 109/88 | 82 | 20 | 100% | 96.1 | 176 |
| 0955 | 120/80 | 73 | 18 | 100% | | |

## PLAN OF CARE

| POTENTIAL PROBLEMS | ACTIONS: PRE-PROCEDURE | ACTIONS: INTRA-PROCEDURE | ACTIONS: POST-PROCEDURE | OUTCOMES |
|---|---|---|---|---|
| Cardiovascular: ☑ Changes from initial assess | ☑ Assess vital signs<br>Other ___ | ☐ Cardiac monitor<br>☐ ~~Assess vital signs~~<br>Other ___ | ☐ ~~Cardiac monitor~~<br>☑ Assess vital signs<br>Other ___ | ☑ Vital signs stable<br>☑ No symptomatic arrhythmias<br>☑ No chest pain |
| Respiratory: ☑ Changes from initial assessment | ☑ Baseline O2 sat 100% on<br>☑ Assess resp status<br>Other ___ | ☐ Monitor O2 sat*<br>☑ Assess resp status<br>Other ___ | ☑ Assess resp rate & rhythm<br>Other ___ | ☑ No resp difficulty<br>☑ O2 sat 90%<br>Other ___ |
| Musculoskeletal: ☑ Changes from initial assess | ☑ Position for comfort<br>Other ___ | ☑ Correct anatomical position for procedure and pt. limitation<br>Other ___ | ☑ Position for comfort within pt. procedural limitations<br>Other ___ | ☑ No S & S of skin breakdowns<br>Other ___ |
| Allergies/reaction: ☑ Changes from initial assess | ☑ Chart Labeled<br>☑ MD notified | ☐ ~~Alternate mode/measures used~~ | ☐ ~~Alternate mode/measures used~~ | ☑ No S & S of reaction |
| Need for a safe & Comfortable environment: ☑ Changes from initial asses | ☑ Time out protocol observed with nurse & physician<br>☑ Proper ID of patient<br>☑ Proper procedure / consent<br>☑ Proper site / position<br>☑ Site marked if required<br>☑ Provide appropriate equip.<br>Signature ___<br>☑ Assure patient privacy<br>☑ Provide comfort measures<br>☑ Assess patient for fall risk and prevention: Institute fall protocol | ☑ Proper ID of patient & procedure<br>☑ Create & maintains sterile field<br>☑ Monitor & control environment<br>☑ Assure electrical safety<br>☑ Proper positioning during procedure<br>☑ Provide appropriate size equipment<br>☑ Institute fall protocol<br>Other ___ | ☑ Proper ID of patient & procedure<br>☑ Provide comfort measures<br>☑ Administer medications as ordered by MD according to P & P<br>☑ Proper positioning following Procedure<br>☑ Provide appropriate size equipment<br>☑ Institute fall protocol<br>Other ___ | ☑ The patient will be free of injury |
| Other Lidocaine Lot # 28-369-DK exp: 4-1-15 | Other Kenalog Lot # 2M50135 exp: 12-14 | Other Normal Saline Lot # 600555.3 exp: 2-15 | Other ___ | |

TUCKER, PAULA
B1320001380
MR 000892295 STORICK, STEVEN B
05/26/1965 48Y F

000119

ct

# PALMETTO HEALTH
## PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME:** TUCKER, PAULA
**DOB:** 05/26/1965
**VISIT DATE:** 08/06/2013

**RECORD NO:** 000892295
**ACCOUNT #:** 1320001380

The patient continues to complain of significant neck pain and into her left shoulder and down the arm. She also has ongoing low back pain down her legs. Extensive workup has only noted mild age-appropriate degenerative changes. Cervical MRI was notable for mild-to-moderate stenosis at C3-4 with foraminal narrowing at that level and C4-5 more significant to the right than the left. Recent nerve studies were notable for moderate left carpal tunnel syndrome but no evidence of radiculopathy. She has undergone physical therapy and epidural steroid injection with minimal improvement. The patient also had an MRI of her left shoulder which noted findings consistent with tendinosis but no full thickness tear. At this point there is not much else I can offer her. I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point. My office will contact the patient regarding the findings of the nerve studies. The patient needs to follow up with her PCP.

Steven B. Storick, MD/rkh

D: 08/06/2013 07:27 T: 08/06/2013 12:13
Job #: 80575 Doc #: 20642440
cc: Steven B. Storick, MD
cc: Olajide Balogun, MD

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FAX 803-296-2400 www.PalmettoHealth.com



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# State of South Carolina
## Department of Mental Health

**MENTAL HEALTH COMMISSION:**
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry

**STATE DIRECTOR**
John H. Magill

**Santee-Wateree**
**Mental Health Center**
215 N. Magnolia Street
Sumter, SC 29151
Information: (803) 775-9384
Richard B. Guess, MEd, Executive Director

July5, 2012

Paula Tucker
Mental Health Assistant
1501 Malvern Hill Drive
Camden, SC 29020

Dear Ms. Tucker:
Thank you for bringing your concerns regarding Hill House to my attention recently. Mr. Blanding, assisted by Ms. Dinkins, has conducted a thorough investigation of each of your allegations. Mr. Blanding and Ms. Dinkins will also be conducting focus groups with staff on a monthly basis starting in August. Furthermore, Mr. Blanding will be increasing his monitoring and close supervision of Hill House. We will also be clarifying the roles and responsibilities of every person associated with Hill House.

Finally, I have instructed Ms. Dinkins to follow-up with you regarding the injury that you reported receiving while at work. If the time frame for reporting has not expired, Betty will assist you in filing a report if you wish. You are strongly encouraged to follow Santee-Wateree MHC policy regarding reporting any future workplace injury. I also expect you to advocate for yourself if you ever suspect that a workplace injury has not been reported. Please remember, you always have the option of reporting any injury directly to SWCMHC HR department as long as you have already notified your supervisor.

Please let me know if I can be of further assistance.

Thank you,

Richard Guess, M.Ed.
Executive Director

**CONFIDENTIAL**

000121

In April 2011 a day before my supervisor Monica McKeiver went out on medical leave, I Paula Y. Tucker slipped and fell on a bar of soap in Resident Robert Blyther's room at approx. 8:30am. When I slipped, I tried to brace myself against the wall with my left hand and the dresser with my right hand to break the fall. It happened so quick I still ended up hitting the floor. When my supervisor Monica came in to work, I informed her that I had slipped and fell in Robert's room on a bar of soap. Once I asked her to do the accident report in case I needed to go to the Doctor, she stated to me that "she wasn't doing any paper work because she didn't have time and that she was trying to get our schedules and other things together because she was going out to have surgery." Within a few minutes after she left for the day the next day, I was very sore and hurting. My left arm, right leg and my back was in a lot of pain. A couple of days passed and I still felt an intensive amount of pain so I decided to contact Larry Blanding. I was told that Larry Blanding wasn't in the office at the time. I told the lady I spoke with I was Paula from the Hill House and asked her to have Larry to give me a call. She answered "OK." I never received a call from Mr. Larry. Once Monica returned from medical leave in June, I informed her that I was still having problems from where I had fallen and once again asked if she could complete the necessary paper work so I could go the doctor. Monica stated to me "that should be have been wrote up when it happened, and if she was to write it up now Richard Guess would fire me because he gets crazy about them reports." "You know how fool he gets, you can't write that up now." After a statement like that I left it alone for the fear of losing my job. I continued to hurt and it wasn't getting any better. It got to the point where I could hardly walk. So in Oct.2011, I

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ended up leaving work and going to the emergency room. The Doctor stated that it was a sciatic Nerve that was causing the intensive pain I was feeling. I was given a shot of morphine at the ER, a prescription for steroids and I also received a prescription for pain. I was ordered not to return to work for three days, and follow up with my Doctor the next week. The Doctor informed me that if I didn't want to continue taking the steroids that I could take the motions for the inflammation. I still have problems and still experience a lot of intensive pain as a result of my accident that took place April last year.

Thanks, Paula Y. Tucker



10-8

# SC WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
SC Department of Mental Health
Santee-Wateree
215 North Magnolia Street; P.O. Box 1946Sumter,SC29151-1946

CARRIER/ADMINISTRATION CLAIM NUMBER | REPORT NUMBER CODE
JURISDICTION | JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER
EC CODE | EMPLOYER FEIN | EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) | LOCATION # | PHONE #

## CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE NO)
State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29221-5000
800-621-6576

POLICY PERIOD: TO
CHECK IF APPROPRIATE: SELF INSURANCE
CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)
CARRIER FEIN | POLICY/SELF INSURED NUMBER | ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER

## EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)
Tucker, Paula Y
DATE OF BIRTH: 5-26-1955
SOCIAL SECURITY NUMBER: 247353877
DATE HIRED: 10-2-2005
STATE OF HIRE: SC
ADDRESS (INCL ZIP)
1601 Malvern Hill Drive
Camden, SC 29020
SEX: MALE / X FEMALE / UNKNOWN
MARITAL STATUS: X UNMARRIED (SINGLE) / MARRIED / SEPARATED / UNKNOWN
OCCUPATION/JOB TITLE
Mental Health Aide
PHONE
(803) 713-4454 CRL
# OF DEPENDENTS: 0
EMPLOYMENT STATUS
Regular Employment
RATE: $23,527
PER: DAY / WEEK / X MONTH / OTHER
# DAYS WORKED/WEEK: 5
HICI CLASS CODE
FULL PAY FOR DAY OF INJURY? X YES / NO
DID SALARY CONTINUE? X YES / NO

## OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK: 07:00 X AM / PM
DATE OF INJURY/ILLNESS: 04/05/2011
TIME OF OCCURRENCE: 08:30 X AM / PM
LAST WORK DATE: 04-05-2011
DATE EMPLOYER NOTIFIED: 04/05/2011
DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER
Monica McKizer P:803-408-1346
TYPE OF INJURY/ILLNESS
Strain
PART OF BODY AFFECTED
Entire L Arm, Entire back & Entire R leg
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? X YES / NO
TYPE OF INJURY/ILLNESS CODE
PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS/EXPOSURE OCCURRED
clients room
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS/EXPOSURE OCCURRED
N/A
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS/EXPOSURE OCCURRED
Resident dropped a bar of soap, IW fell.
WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS/EXPOSURE OCCURRED
Resident dropped a bar of soap, IW fell.
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.
Resident dropped a bar of soap, IW fell. Injured L arm, shoulder, elbow, wrist, hand, entire back, & R leg, hip, thigh, knee, shin & foot. Denies hitting head.
CAUSE OF INJURY CODE
DATE RETURNED TO WORK
IF FATAL, GIVE DATE OF DEATH
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? YES / X NO
WERE THEY USED? YES / X NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)
Kershaw County Medical Center (HS)
P.O. Box 7003
Camden, SC 29020-7003
HOSPITAL (NAME & ADDRESS)
000124
INITIAL TREATMENT
NO MEDICAL TREATMENT
MINOR BY EMPLOYER
X MINOR CLINIC/HOSP
EMERGENCY CARE
HOSPITALIZED >24 HRS
INJURY WHICH MUST BE REPORTED
WITNESSES (NAME & PHONE #)
DATE ADMINISTRATOR NOTIFIED: 07-13-2012
DATE PREPARED: 07-16-2012
PREPARER'S NAME & TITLE: Monica McKizer
PHONE NUMBER: 803-408-1346

SEE BACK OF FORM FOR STATE INFORMATION/SIGNATURE

WCC FORM 12-A REV. DATE 3/98

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State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715

Tel: (803) 737-5700
Fax: (803) 737-5768
www.wcc.sc.gov

# Workers' Compensation Commission

September 10, 2012

PAULA TUCKER
1501 MALVERN HILL DR
CAMDEN, SC 29020

Re: WCC File No. 1122060
Carrier File No. 2011004309
PAULA TUCKER v. DEPT OF MENTAL HEALTH
Date of Injury: 04/05/2011

Dear PAULA TUCKER:

The South Carolina Workers' Compensation Commission has received notice from the following carrier / employer that denies you sustained an injury that qualifies you for Workers' Compensation benefits:

| | |
|---|---|
| Employer: | DEPT OF MENTAL HEALTH |
| Carrier: | State Accident Fund |
| Carrier file number: | 2011004309 |

This does not prevent you from making a claim for these benefits. If you wish to pursue a claim, please contact us to obtain the forms to request a hearing to determine whether you are entitled to benefits.

Sincerely,

Gregory S. Line
Director of Claims
(803) 737-5723

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# SOUTH CAROLINA STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

SEPTEMBER 06, 2012

Paula Y Tucker
1501 Malvern Hill Dr
Camden, SC 29020

RE: Paula Y Tucker vs. DEPT OF MENTAL HEALTH
WCC #: 1122060
SF #: 2011-004309
D/A: 04/05/2011

Dear Ms. Tucker:

We have received from your employer a First Report of Injury (ACORD Form) relating to the above referenced incident. To qualify for workers' compensation benefits you must have either received an accident injury to your body or contracted an occupational disease arising out of and in the course of your employment. Additionally, the claim for benefits must have been reported and filed within the time and manner provided by the workers' compensation law.

Our review indicates that your case does not meet these requirements. This claim is denied, pending further investigation.

If you believe this decision is wrong we invite you to write to the Director pointing out any error you believe we have made and any fact we need to reconsider.

You should ask your employer's benefits coordinator about other possible coverage for your claim such as group insurance. Please feel free to call us at (803) 896-5833 if you have questions or if we can assist you further.

Sincerely,

Will Hawthorne/am

Will Hawthorne
Claims Adjuster
whawthorne@saf.sc.gov
Fax: (803) 612-2733

cc: Mr. Greg Line, S.C. Workers' Compensation Commission, P.O. Box 1715, Columbia, South Carolina, 29202-1715

cc: DEPT OF MENTAL HEALTH 2414 Bull Street Columbia, SC 29202

cc: Sharon Brown, Santee-Wateree

000126

# State of South Carolina
## Department of Mental Health

MENTAL HEALTH COMMISSION:
Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Santee-Wateree
Mental Health Center
216 N. Magnolia Street
Sumter, SC 29151
Information: (803) 775-9384
Richard B. Guess, MEd, Executive Director

June 7, 2013

To: Paula Tucker, Mental Health Assistant II

From: Monica T. McKiver, TLC Coordinator MTM

Subject: Abusive Absenteeism

This memo is to inform you that the last couple of months, you have had a pattern of excessive doctor appointments during your scheduled shift. It is required that medical documentation is submitted for application of sick leave.

When your doctor appointments are scheduled, you should notify your supervisor and apply for sick leave in advance due to your work schedule that is given to you in advance so your doctor appointments can be accommodated. Due to program needs and the current shift that you are working, your doctor appointments can be made on the days that you are unscheduled or after your shift is completed.

If you have any questions or concerns, please speak with me.

Monica T. McKiver

MISSION STATEMENT
To support the recovery of people with mental illnesses.

DMH South Carolina Department of Mental Health

000127

Received 6/20/13

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# State of South Carolina
## Department of Mental Health

MENTAL HEALTH COMMISSION:
Alison Y. Evans, PsyD, Chair
John Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Santee-Wateree
Mental Health Center
215 N. Magnolia Street
Sumter, SC 29151
Information: (803) 775-9384
Richard B. Gusse, MEd, Executive Director

June 14, 2013

To: Paula Tucker, Mental Health Assistant II

From: Monica T. McKiver, TLC Coordinator

Subject: Re-assignment

I'm writing this letter to inform you that due to your physical restrictions that you have been on since 7/14/12, your shift will be changed to 3rd shift on July 17, 2013. With your present conditions, it would be in your best interest and the Department of Mental Health to place you on a less restricted shift where the job duties are not as demanding and physical.

With the excessive absenteeism and medical appointment that you have had in the last several months, this shift will allow you to attend each one of your scheduled appointments without interfering with your shift. Due to program needs, this re- assignment would be more efficient to you and the agency.

If you have any questions, you can speak with Larry Blanding or me.

Monica T. McKiver

MISSION STATEMENT
To support the recovery of people with mental illnesses.
DMH South Carolina Department of Mental Health

Received 6/20/13

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SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

MAY 14 2013

MAY 13 2013

MAY 13, 2013

Mullis Law Firm
Attorney At Law
1229 ELMWOOD AVENUE
Columbia, SC 29202

RE: Paula Tucker vs. DEPT OF MENTAL HEALTH
SF #: 2011-004309
WCC #: 04/05/2011

Dear Ms. Mullis:

This will acknowledge receipt of your letter of representation in connection with the above-referenced workers' compensation claim.

Please be advised that I am the claims adjuster assigned to this claim on behalf of the South Carolina State Accident Fund. We would request that you direct any questions or concerns regarding this claim to my attention at (803) 896-5833.

The Internal Revenue Service requires that payments made to the attorney and employee jointly have the attorney's Federal Employment Identification Number on them. If you have not previously filed a W-9 with this office, please send it to the attention of the Audit Team at the below address in the event it is needed. This will avoid delays in payments.

I look forward to working with you in connection with this matter.

Sincerely,

Will Hawthorne

Will Hawthorne
Claims Adjuster
(803) 612-2733

Enclosure

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# State of South Carolina
## Department of Mental Health

MENTAL HEALTH COMMISSION:
Alson Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry
STATE DIRECTOR
John H. Magill

Santee-Wateree
Mental Health Center
215 N. Magnolia Street
Sumter, SC 29151
Information (803) 775-9364
Richard B. Guess, MEd, Executive Director

January 8, 2013

To: Paula Tucker, MHA

From: Monica McKiver, TLC Coordinator

Subject: Restrictions

This memo is to inform you that the restrictions that were given to you when you were treated at Doctor's Care in July 2012 need to be followed up on as soon as possible. You are not able to perform all of your essential job duties which include providing transportation to the clients when it is needed. Majority of transporting the clients to various appointments are done on the 1st shift and the client are to be accompanied by staff.

It is imperative that you are able to complete your job duties on the shift that you are working. If you are not able to do so, on the day that a client has an appointment and need to be transported, I will be switching you to another shift when there are more than one appointment or if you are the only Mental Health Assistant that is scheduled on that day. Ms. Tucker, you had ample time to get this situation resolved, I will be giving you until January 31, 2013 to get this matter handled.

If you have any questions, please speak with me.

South Carolina Department of Mental Health

# REPORT OF INJURY

**INSTRUCTIONS:** This report should be prepared on a typewriter, printed or filled in as a computer generated form and must be completed for every injury, no matter how minor. All treatment must be authorized.

| Name (Last, First, Middle Initial) | Title | Date of Birth | Social Security No. | Date of Hire |
|---|---|---|---|---|
| Tucker Paula Y. | MHAII | 5/22/65 | 247-35-3877 | 2/16/04 |

| Home Address (City, State, Zip) | Home Phone (Area Code) | Sex |
|---|---|---|
| 1501 Malvern Hill Dr. Camden, S.C. 29020 | ( ) 803-713-4454 | ☐ Male ☒ Female |

| Location (Facility) | Work Phone | Organizational component (division, service, or section) |
|---|---|---|
| Elgin TLC | 803-408-1346 | Santee Wateree Mental Health |

| Person to whom accident reported | Position title of person reported to |
|---|---|
| Monica McKeiver | Chief Mental Health Specialist. |

| Was injury incurred in line of duty? | Where did accident occur? |
|---|---|
| Yes ☒ No ☐ Questionable ☐ | IN Resident Room |

| Time employee began work | Date injury reported | Time reported | Date accident occurred | Time occurred |
|---|---|---|---|---|
| 7 AM / 3 PM | April 2011 | 10:30 AM / PM | AM / PM | AM / PM |

Type and location of injury
Full, left arm, back and Right Leg.

What was the employee doing when accident occurred? Going in Res. Room
What tools, equipment, or materials was the employee using? None

How did accident occur? (Describe the accident fully stating whether the employee fell or was struck, such as fell down stairs, slipped on wet floor. Give all factors contributing to the accident). What object or substance harmed the employee? At approx. 8:30 AM I Paula Y. Tucker slipped and fell on a bar of Soap in Resident Room. I tried to brace myself against the wall with my left hand and the dresser with my right hand to break fall, Still hit the floor.

* If this was an assault by a patient, please state patient's ID number:

What corrective action was taken to prevent recurrence? This section to be filled out by the supervisor.

To be more observant to where you are walking when entering a residents room

Witnesses (Names, addresses, and phone numbers)

7/13/12 — Date
Paula Y. Tucker — Signature of Employee

| Date | Signature of Supervisor | Phone Number | Pager Number | Fax Number |
|---|---|---|---|---|
| 7/13/12 | Monica McKeiver | ( ) 803 408-1346 | ( ) | ( ) |

# WORKERS' COMPENSATION ELECTION FORM
## PAGE NUMBER TWO (2)

Have the employee complete the election form no later than five (5) days from the date of injury, and forward a copy to the Workers' Compensation Coordinator in the Division of Human Resources / the Facility/Center/ Human Resource Representative/ and Timekeeper.

The Workers' Compensation Coordinator in the Division of Human Resources must be notified immediately when the employee begins losing time and a P-146 (Verification Time Away From Duty) must be submitted by the Timekeeper. The Timekeeper must submit all time lost on the P-146 (sick/annual/lwop/administrative). Timekeeper must receive a copy of both sheets signed of the P-147 form.

If the employee is using sick and /or annual leave and the leave is exhausted before the employee returns to duty, the Workers' Compensation Coordinator must be notified immediately when the leave without pay begins.

The Workers' Compensation Coordinator must be notified immediately when the employee returns to work using the P-146 form (Return to Work Date).

Once an employee makes an election it is irrevocable, and the employee will retain that option the duration of that injury.

The employee must submit this form signed and also signed by the person who explains the options to the employee. Note: (Both sheets must be submitted signed and dated)

Signature of employee for page two of Workers' Compensation Election Form

Paula W. Tucker
Employee signature over typed or printed name

Monica J. McGuire
Supervisor Signature

247-35-3877
Social Security Number

7/17/12
Date Signed by Supervisor

7/17/12
Date Signed by Employee

SCDMH Form
REV/ September, 2002/ P147

FormP-147-02

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WORKERS' COMPENSATION ELECTION FORM

## PLEASE READ BEFORE YOU SIGN THIS FORM

This is to certify that the options available to me in connection with the on-the-job accident in which I was involved on April 5th, 20 11 have been fully explained to me. I have elected the option marked with an "X" below. I have read the Workers' Compensation explanation sheet explaining my options.

1. ✓ To be placed on paid leave status, using accrued sick leave and / or annual leave (when such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted).

2. ___ To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 code (under this method the employee would receive the disability equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate).

3. ___ Receive sick and / or annual leave on a prorated basis in conduction with Workers' Compensation according to the attached formula approved by the Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation. I (am) (am not) receiving medical care under Dr. Nurse Prac. Ann Blake

Paula M. Tucker — Signature over typed or printed name

SWMH — Facility

247-35-3877 — Social Security Number

7/17/12 — Date

FOR SUPERVISOR TO COMPLETE:

Date of Injury 4/2011

The above named employee began SL (Type of Leave) on 7/14/12 (Date)

Date 7/17/12 Signature Monica J. McQueen

PLEASE NOTE: This form should be turned in no later than five (5) working days from the date of injury. Completion of this form is necessary before benefits may begin.



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## Sharon D Brown

**From:** Betty Dinkins
**Sent:** Friday, July 20, 2012 3:15 PM
**To:** Sharon D Brown
**Subject:** FW: P. Tucker WC 04/2011
**Attachments:** 0700_001.pdf

Sharon, the supervisor completed the old ESN instead of the new form, so I'll fax the new form as soon as I receive it from her this afternoon or Monday morning.

Thanks,

*Betty D. Dinkins, MS*
Human Resource Manager
Santee-Wateree CMHC
(803) 775-9364 (phone)
(803) 773-6615 (fax)

**From:** Santee Wateree CMHC [mailto:sumterscan2@scdmh.org]
**Sent:** Friday, July 20, 2012 4:13 PM
**To:** Betty Dinkins
**Subject:** SWMHC Scanned document(May Contain PHI)

000134

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# SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
SC Department of Mental Health
Santee-Wateree
215 North Magnolia Street; P.O. Box
1946SumterSC29151-1946

CARRIER/ADMINISTRATION CLAIM NUMBER | REPORT PURPOSE CODE
JURISDICTION | JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER
SIC CODE | EMPLOYER FEIN
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) | LOCATION # | PHONE #

## CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE NO)
State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29221-5000
800-521-6576

POLICY PERIOD
TO
CHECK IF APPROPRIATE
[ ] SELF INSURANCE
CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)
CARRIER FEIN | POLICY/SELF INSURED NUMBER | ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER

## EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)
Tucker, Paula Y
DATE OF BIRTH: 5-26-1965
SOCIAL SECURITY NUMBER: 247353877
DATE HIRED: 10-2-2005
STATE OF HIRE: SC
ADDRESS (INCL ZIP)
1501 Malvern Hill Drive
Camden, SC 29020
SEX: [ ] MALE [X] FEMALE [ ] UNKNOWN
MARITAL STATUS: [X] UNMARRIED (SNGL/DIV) [ ] MARRIED [ ] SEPARATED [ ] UNKNOWN
OCCUPATION/JOB TITLE: Mental Health Aide
EMPLOYMENT STATUS: Regular Employment
PHONE: (803) 713-4454
# OF DEPENDENTS: 0
NCCI CLASS CODE
RATE: $23,527
PER: [ ] DAY [ ] WEEK [X] MONTH [ ] OTHER
# DAYS WORKED/WEEK: 5
FULL PAY FOR DAY OF INJURY? [X] YES [ ] NO
DID SALARY CONTINUE? [X] YES [ ] NO

## OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK: 07:00 [X] AM [ ] PM
DATE OF INJURY/ILLNESS: 04/05/2011
TIME OF OCCURRENCE: 08:30 [X] AM [ ] PM
LAST WORK DATE: 04-05-2011
DATE EMPLOYER NOTIFIED: 04/05/2011
DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER: Monica McKizer P:803-408-1346
TYPE OF INJURY/ILLNESS: Strain
PART OF BODY AFFECTED: Entire L Arm, Entire back & Entire R leg
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? [X] YES [ ] NO
TYPE OF INJURY/ILLNESS CODE | PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: clients room
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: N/A
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Resident dropped a bar of soap, IW fell.
WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Resident dropped a bar of soap, IW fell.
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.
Resident dropped a bar of soap, IW fell. Injured L arm, shoulder, elbow, wrist, hand, entire back, & R leg, hip, thigh, knee, shin & foot. Denies hitting head.
CAUSE OF INJURY CODE
DATE RETURN(ED) TO WORK: ____
IF FATAL, GIVE DATE OF DEATH: ____
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? [ ] YES [X] NO
WERE THEY USED? [ ] YES [X] NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)
Kershaw County Medical Center (HS)
P.O. Box 7003
Camden, SC 29020-7003
HOSPITAL (NAME & ADDRESS)
000135
INITIAL TREATMENT
[ ] NO MEDICAL TREATMENT
[ ] MINOR BY EMPLOYER
[X] MINOR CLINIC/HOSP
[ ] EMERGENCY CARE
[ ] HOSPITALIZED >24 HRS
[ ] FUTURE MAJOR MED/LOST TIME ANTICIPATED
WITNESSES (NAME & PHONE #)
:
DATE ADMINISTRATOR NOTIFIED: 07-13-2012
DATE PREPARED: 07-16-2012
PREPARER'S NAME & TITLE: Monica McKizer
PHONE NUMBER: 803-408-1346

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

WCC FORM 12-A REV. DATE 3/96

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# WC KERS' COMPENSATION C CK LIST

Facility Santee - Wateree Social Security No. 247-35-3837

Personnel Number 10019847 Date of hire: 2/7/2004 Salary: $24,232.00

Employee's Name: Paula Tucker Date of Injury: 4/5/11

1st Request 8/28/12 - Acknowledged

_____ **Report of Injury – HRS-16 (pgs. 1-2)**
Date Received: _____

_____ **Election Form - HRS- 148 (pgs. 1-2)**
Date Received: _____ Option# _____

_____ *Administrative Leave (if applicable)*
180 days start date _____
180 days end date _____

_____ *Modified Duty – 90 days maximum*
Start date _____
End date _____

_____ *WC/SL*
Start date _____
End date _____

_____ *WC/AL*
Start date _____
End date _____

_____ *WC/LWOP*
Start date _____
End date _____

✓ **Form 20** (Statement of earnings of injured employee – 5 days to return to State Accident
Date Received: _____
Date Completed: 7/30/13

_____ **Form 19** with check (returned to work, paid, claim close W/ Commission
-14 days to return to State Accident Fund)
Date Received: _____
Date Completed: _____

_____ **Form 17** (Receipt of Compensation – Return to work within 150 days of injury –
7 days to return to State Accident Fund)
Date Received: _____
Date Completed: _____

_____ **Separation from employment**
_____ Claim Close Date _____
_____ Settlement Date _____ *(if applicable)*

Claim denied 09/06/13 *15 months after the injury happened & was reported 90 days

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #:
Carrier File #:
Carrier Code #: 500 - SF
Employer FEIN #: 570000312

**Name** PAULA TUCKER **SSN** : 247-35-3877

City: SC Zip: 292210

Home Pho e: ( ) Work Phone: ( ) -

Preparer's Name: Sharon D. Brown, Workers' Compensation Coordinator

Employer's Name: Dept. Of Mental Health
Address: 2414 Bull Street, Room 203
City: Columbia State: SC Zip: 29202
Insu ance Carrier: State Accident Fund
Preparer's Phone #: ( 803 ) 898-8605

PERSONNEL NUMBER 10019847 **Date of Injury** 05/05/2011
month day ye

**A. Total Wages Paid**

1. Check Applicable Method:

X Report of earnings of injured employee based on four completed quarters.

☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.

Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date

☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the fou quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

**Annual salary**: 24,232.00

| Quarter | Ending Date | Total Wages Paid |
|---|---|---|
| 1st | June 30, 2010 | 4,518.54 |
| 2nd | Sept. 30,2010 | 5,996.27 |
| 3rd | Dec. 31, 2010 | 6,030.15 |
| 4th | March 31, 2011 | 5,910.94 |

Total Paid 2. $22,455.90

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. 0

4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. $ 22,455.90

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

**B. Average Weekly Wage**

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

**AVERAGE WEEKLY WAGE:** 6. $413.84

**C. Compensation Rate**

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $287.91

8. The compensation rate is as follows (choose one):

☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.

☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. ____

☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

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**WEEKLY COMPENSATION RATE:** 8.

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

PR1068SM

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
SELECT PAYROLL REGISTER
FOR PERSONNEL SERVICES



| ACTIV FUND / LAST NAME | S-S-N / FIRST NAME | GROSS PAY | DEFERRED COMP. | FED TAX / ST TAX | FICA | RETIREMENT | INSURANCE / MONEY PLUS | CREDIT UNION | NET PAY | PAY DATE | CHECK NO. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.01 | 63.72 | 2.37 | | 753.09 | 04/01/10 | 609114571 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 19 TOTAL | | 980.29 | | | | | | | 753.09 | | 609114571 |
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.01 | 63.72 | 2.37 | | 753.09 | 04/16/10 | 610614616 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 20 TOTAL | | 980.29 | | | | | | | 753.09 | | 610614616 |
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.01 | 63.72 | 2.37 | | 753.09 | 04/30/10 | 612014487 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 21 TOTAL | | 980.29 | | | | | | | 753.09 | | 612014487 |
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.02 | 63.72 | 2.37 | | 753.08 | 05/14/10 | 613414535 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 22 TOTAL | | 980.29 | | | | | | | 753.08 | | 613414535 |
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.01 | 63.71 | 2.37 | | 753.10 | 06/01/10 | 615214505 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 23 TOTAL | | 980.29 | | | | | | | 753.10 | | 615214505 |
| 3FHMA B800 | 247-35-3877 | 980.29 | | | 69.01 | 63.72 | 2.37 | | 753.09 | 06/16/10 | 616714551 |
| TUCKER | PAULA | TOTAL PRIMARY | | 13.95 | | | .14 | | | | |
| PAY PERIOD 24 TOTAL | | 980.29 | | | | | | | 753.09 | | 616714551 |
| EMPLOYEE TOTALS : | | 5,881.74 | | 83.70 | 414.07 | 382.31 | 14.22<br>.84 | | 4,518.54 | | |

| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201013 | 07/01/2010 | | 10 | /101 | Total g... | 0.00 | 981.89 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201014 | 07/16/2010 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201015 | 07/30/2010 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201016 | 08/16/2010 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201017 | 09/01/2010 | | 10 | /101 | Total g... | 0.00 | 1,017.47 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201018 | 09/16/2010 | | 10 | /101 | Total g... | 0.00 | 1,043.24 |
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] 5,996.27 |

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| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201019 | 10/01/2010 | | 10 | /101 | Total g... | 0.00 | 1,017.42 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201020 | 10/15/2010 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201021 | 11/01/2010 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201022 | 11/16/2010 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201023 | 12/01/2010 | | 10 | /101 | Total g... | 0.00 | 1,073.97 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201024 | 12/16/2010 | | 10 | /101 | Total g... | 0.00 | 981.89 |

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| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201101 | 01/01/2011 | | 10 | /101 | Total g... | 0.00 | 988.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201102 | 01/14/2011 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201103 | 02/01/2011 | | 10 | /101 | Total g... | 0.00 | 985.09 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201104 | 02/16/2011 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201105 | 03/01/2011 | | 10 | /101 | Total g... | 0.00 | 986.89 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201106 | 03/16/2011 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| | | | | | | | | | | | | 5,910.94 |

# Return To Work Form


- 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- 511 Beltline Blvd., Columbia, SC 29205 (803) 782-2051
- 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508
- 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- 1029 Park Street NE, Aiken, SC 29801 (803) 648-4119
- 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
- 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186
- 1847 South Lake Drive, Lexington, SC 29073 (803) 356-8998


Name: Paula Tucker Arrival Time: 9:41 Discharge Time: 12:45

Date: 7/14/12 Company Name: Santee Mental Health

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - **RETURN FOR RE-EVALUATION AT THIS LOCATION ON** _____ **Time:** _____
- ☒ 3. May work with the following accommodations as of: 7/14/12
  - ☒ No lifting more than 5 lbs.
  - ☒ No operation of hazardous or fast-moving machinery, no driving.
  - ☒ Ground level work only, no ladders or heights.
  - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☒ No continuous standing and/or sitting.
  - ☒ Minimal ~~walking or~~ climbing (including stairs)
  - ☐ ~~Limited use of~~ _____
  - ☒ No overhead lifting.
  - ☐ ~~No high repetitive hand~~ activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on 7-24-12 Time: _____

**Additional Comments:**

**PATIENT DISCHARGE INSTRUCTIONS:** ① shoulder pain

Diagnosis: cervical SPrain, Strain, LBP Medications: ☒ as directed ☐ as needed

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

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

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

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

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

**Employee Signature:** Paula J. Tucker **Date:** 7/14/12

**Provider Signature:** [signature] **Date:** 7/14/12

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000142

Human Resources
Received
JUL 20 2012
SVCMHC

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WORKERS' COMPENSATION PACKAGE

PLEASE READ ALL THE INFORMATION IN THIS PACKAGE
WORKERS' COMPENSATION BENEFITS

COVER SHEET

THINK SAFETY FIRST!!!!

Please sign for this package:

SUPERVISOR NAME: Monica T. McKiver

PLEASE PRINT NAME: Monica T. McKiver

EMPLOYEE NAME: Paula Tucker

PLEASE PRINT NAME: Paula Tucker

DATE OF INJURY: _____

FACILITY/CENTER: Santee Wateree
Elgin TLC

DATE PACKAGE SIGNED FOR: 7/13/12

AFTER THIS FORM IS SIGNED BY THE SUPERVISOR AND THE EMPLOYEE, PLEASE FORWARD TO YOUR WORKERS' COMPENSATION COORDINATOR INTERDEPARTMENT MAIL:

WORKERS' COMPENSATION COORDINATOR
P.O. BOX 485 ROOM 203 HUMAN RESOURCE SERVICES
COLUMBIA, SOUTH CAROLINA 29202

THINK SAFETY FIRST!!!!!!



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South Carolina Department of Mental Health

## EMPLOYEE/SUPERVISOR NOTIFICATION

Facility Location: Santee Wateree / Elgin TLC

I. EMPLOYEE: Tucker (Last) Paula (First) V. (MI) 247-35-3877 (Social Security #)

II. DATE MEDICAL/CLINIC VISIT: 7/14/12 DATE OF INJURY: 4/2011

INSTRUCTIONS: ☐ Per medical provider: _____ (Name of Physician or Clinic)

WORK STATUS AND RESTRICTIONS:

The work status and restrictions on the above employee are as follows:

☐ Back to work Full Duty immediately _____ ☐ Out of Work until _____, then to Work Full Duty

☒ Back to work with Restrictions _____ ☐ Out of Work until _____, then to Work with Restrictions

☐ The work restrictions for Modified Duty are: (Listed on return to work form)

☐ Out of work until medical visit on _____ at _____ ☐ AM ☐ PM

☒ Return for follow-up appointment 7/24/12 at _____ ☐ AM ☐ PM ☐ After Doctor visit

III. NOTICE TO EMPLOYEE:

I understand that I must report to my Supervisor for a work assignment when placed on Full Duty or Work Restrictions. If I am unable to return to work as instructed by the Medical Provider, I will immediately notify my supervisor to arrange for further evaluation. I understand that an unauthorized absence can result in a Leave Without Pay status and/or Disciplinary Action.

Employee Signature: Paula V. Tucker Date: 7/17/12

IV. SUPERVISOR RESPONSE:

I have read or discussed with the employee the above work status prescribed by the healthcare provider and any work restrictions prescribed. Based on the restrictions, I have decided that the employee: (check one of the following)

☒ Can be accommodated immediately COMMENTS OR UPDATE: (Date/Initial) _____

☐ Can be accommodated, but not until _____

☐ Cannot be accommodated

☐ No Restrictions were prescribed

☐ Referred to another Dept for accommodation

Monica J. McQueen (803)408-1346 7/17/12 1:00pm
(Supervisor Signature) (Telephone/Pager) (Date) (Time)

NOTE TO SUPERVISOR: Please use Comments/Update Section to notify of any changes that occur in the work status of this employee. Write in the dates and times of the changes; use back of form if needed. Thank you.

Distribution: DMH Workers' Comp Coordinator, Immediate Supervisor, Employee, State Accident Fund, Timekeeper

SCDMH FORM
APR 20 09 (REV MAY 2009) HRS - 149

89

000144

2008/NOV/07/FRI 25:21

Old

## South Carolina Department of Mental Health
## EMPLOYEE/SUPERVISOR NOTIFICATION

- ☐ Aiken-Barnwell
- ☐ Anderson-Oconee-Pickens
- ☐ Beckman
- ☐ Berkeley
- ☐ Catawba
- ☐ Charleston-Dorchester
- ☐ Coastal Empire
- ☐ Columbia Area
- ☐ Greenville
- ☐ Lexington County
- ☐ Piedmont
- ☐ Spartanburg
- ☐ Saffico-Waiteree
- ☐ Tri-County
- ☐ Waccamaw
- ☐ Other: _____

EMPLOYEE: Tucker (Last) Paula (First) Y (MI) 247-35-3877 SOCIAL SECURITY #

DATE OF MEDICAL VISIT: 7, 14, 12 DATE OF INJURY: 4, , 11

Instructions per medical provider _____ (Physician/Clinic)

I have received a copy of the work status and restrictions (if any) prescribed by the healthcare provider and is indicated (check one)

- ☐ Full duty immediately
- ☐ Out of work until _____, then back to work full duty
- ☑ Work with restrictions
- ☐ Out of work until _____, then back to work with restrictions
- ☐ Out of work until next visit on _____ (Date and time)

If any work restrictions were prescribed, please answer the following questions.

1. Can the restrictions be accommodated? (check one)
   ☐ Yes, immediately ☐ Yes, but not until _____ (Date and time) ☐ No ☐ No Restrictions
2. Has employee returned to work? (check one)
   ☐ Yes: _____ (Date and Time) ☑ No

Monica J. McGuire (803)408-1346 7, 17, 2012 1:00pm
Supervisor Signature Telephone/Pager Date Time

NOTE TO SUPERVISOR: Complete this form and fax it to the designated Occupational Case Manager. Thank you.

Distribution: Immediate Supervisor Employee Occupational Case Manager

SCDMH Form
July 2002



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# SOUTH CAROLINA STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

SEPTEMBER 06, 2012

Paula Y Tucker
1501 Malvern Hill Dr
Camden, SC 29020

RE: Paula Y Tucker vs. DEPT OF MENTAL HEALTH
WCC #: 1122060
SF #: 2011-004309
D/A: 04/05/2011

Dear Ms. Tucker:

We have received from your employer a First Report of Injury (ACORD Form) relating to the above referenced incident. To qualify for workers' compensation benefits you must have either received an accident injury to your body or contracted an occupational disease arising out of and in the course of your employment. Additionally, the claim for benefits must have been reported and filed within the time and manner provided by the workers' compensation law.

Our review indicates that your case does not meet these requirements. This claim is denied, pending further investigation.

If you believe this decision is wrong we invite you to write to the Director pointing out any error you believe we have made and any fact we need to reconsider.

You should ask your employer's benefits coordinator about other possible coverage for your claim such as group insurance. Please feel free to call us at (803) 896-5833 if you have questions or if we can assist you further.

Sincerely,

Will Hawthorne/cm

Will Hawthorne
Claims Adjuster
whawthorne@saf.sc.gov
Fax: (803) 612-2733

cc: Mr. Greg Line, S.C. Workers' Compensation Commission, P.O. Box 1715, Columbia, South Carolina, 29202-1715

cc: DEPT OF MENTAL HEALTH 2414 Bull Street Columbia, SC 29202

cc: Sharon Brown, Santee-Wateree

RECEIVED
SCDMH - J12
SEP 14 2012
HRS - Benefits

000146

CompEndium Services Inc.

## MEDICAL EVENT REPORT FOR: Paula Tucker 247353877

| | | | |
|---|---|---|---|
| Case Manager: | Raquel Fowler | Authorization Number: | 13071243036622 |
| Claimant Name: | Paula Tucker | SSN: | 247353877 |
| Date of Injury: | 4/5/2011 8:30 | Date of Birth: | 5-26-1965 |
| Provider: | Doctors Care - Wateree Medical Center | | |
| Physician: | Doctors Care - Wateree Medical Center 1060 Highway | | |
| Address: | 1060 Highway 1 South | | |
| City: | Lugoff SC 29078 | | |
| Phone: | 803-438-9759 | | |
| Date of Visit: | 7/14/2012 | | |
| Body Part/Diagnosis: | LT arm /Rt leg & back/Appt changed to 07/15/12 | | |
| Assessment: | Cervical strain. Shoulder pain. Sciatica. Naprosyn. Sterapred. Methocarbamol. Meds as directed. RTW with restrictions. No lifting more than 5lbs. No operation of hazardous or fast moving machinery, no driving. Ground level work only, no ladders or heights. No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing. No continous standing and/or sitting. Minimal climbing (including stairs). No overhead lifting. F/U on 7/24/12. | | |
| Plan of Treatment: | | | |
| Work Status: | | | |
| Test Ordered: | | Referrals: | |
| RX Written: | | Next Appt: | |

1st Visit

000147

QD

CompEndium Services Inc.

## MEDICAL EVENT REPORT FOR: Paula Tucker 247353877

| | | | |
|---|---|---|---|
| Case Manager: | Wendy Harbin | Authorization Number: | 10081253877657 |
| Claimant Name: | Paula Tucker | SSN: | 247353877 |
| Date of Injury: | 4/5/2011 8:30 | Date of Birth: | 5-26-1965 |
| Provider: | Doctors Care - Wateree Medical Center | | |
| Physician: | | | |
| Address: | 1060 Highway 1 South | | |
| City: | Lugoff SC 29078 | | |
| Phone: | 803-438-9759 | | |
| Date of Visit: | 7/24/2012 | | |
| Body Part/Diagnosis: | | | |
| Assessment: | Cervical Strain. L shoulder pain. Sciatica. Naprosyn. Sterapred. Methocarbamol. RTW with restrictions. No lifting more than 5lbs. No operation of hazardous or fast moving machinery, no driving. Ground level work only, no ladders or heights. No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing. No continuous standing and/or sitting. Minimal climbing (including stairs). No overhead lifting. F/U on 7/24/12. | | |
| Plan of Treatment: | | | |
| Work Status: | | | |
| Test Ordered: | | Referrals: | |
| RX Written: | | Next Appt: | |

2nd Visit

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## South Carolina Workers' Compensation Commission

* SSN (999-99-9999): WCC#(optional): 1122060 * Required unless WCC# entered, then at least one required.

* Claimant Last Name: tucker

* Date of Injury (MM/DD/YYYY):

Attorney Bar ID (required): 0562 Frank Anthony Barton

Submit Cancel

### CASE DETAILS

WCC #: 1122060
Date Of Injury: 04/05/2011
Claimant: PAULA TUCKER
Case Status: Closed

INJURY DETAILS:
RESIDENT DROPPED A BAR OF SOAK, IW FELL. INJURED LEFT ARM, SHOULDER, ELBOW, WRIST, HAND ENTIRE BACK AND RIGHT LEG, HIP THIGH, KNEE, SHIN AND FOOT. D

Please click on the name of the party attorney wishes to represent.

| Case Parties | Name | Attorneys |
|---|---|---|
| Claimant: | PAULA TUCKER | Frank Anthony Barton / Pamela R. Mullis |
| Employer: | DEPT OF MENTAL HEALTH | |
| Carrier: | State Accident Fund / DEPT OF MENTAL HEALTH | |

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000149

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

# PRE-HEARING BRIEF
# WCC File No: 1122060

Claimant's Name: Paula Tucker
Address: 1501 Malvern Hill Drive
City: Camden State: SC Zip: 29020
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Page Snyder, Esquire

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 29202
Carrier: State Accident Fund
Preparer's Phone #: (803) 896-5896

**A claim for workers' compensation benefits is made based on the following grounds:**
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $287.91 2. AWW: $431.84 **Date of Injury:** 04/05/11
3. Type of injury and body part(s): Left Arm, Left Shoulder, Back, Right Leg/Hip
4. Facts in controversy: This is a denied claim. Was Claimant in the scope and course of employment? Was Notice given to Employer in a timely manner?
5. Legal issues involved: Injury by accident arising out of and in the course of employment (42-1-160); Notice (42-15-20)
6. Unusual aspects: None
7. Witnesses (designate if expert):* Paula Tucker, Claimant; Monica McKelver; Co-workers as deemed necessary
8. Exhibits: Deposition of Claimant; Report of Injury; Personnel File; Wage and Time Records
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Please see APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Please see APA Submissions
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner:

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

Signature: Page Snyder Email: Psnyder@saf.sc.gov

Date of hearing: 9/30/13 before Comm. Taylor Time needed for hearing: 30 minutes

On behalf of ☐ Claimant ☒ Employer

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

| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA<br><br>COUNTY OF RICHLAND | )<br>)<br>) | BEFORE THE<br>SOUTH CAROLINA WORKERS'<br>COMPENSATION COMMISSION |
| Paula Tucker,<br>Claimant,<br><br>and<br><br>S.C. Department of Mental Health,<br>Employer,<br>vs.<br><br>State Accident Fund,<br>Carrier/Defendants. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | WCC File No.: 1122060<br><br><br><br>NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORT(S)/ PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF DEFENDANTS |

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND FRANK A. BARTON, ESQUIRE, ATTORNEY FOR CLAIMANT

**YOU ARE HEREBY NOTIFIED**, that the Defendants, pursuant to the provisions of the SC Workers' Compensation Act and SC Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the employer/carrier, to wit:

| APA NO. | NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE | DATE OF REPORT(S) | NO. OF PAGES |
|---|---|---|---|
| A | S.C. Department of Mental Health | 07/17/12 | 1-2 |
| B | KershawHealth Medical Center | 10/28/11 | 3-16 |
| C | Doctor's Care | 07/14/12 | 17-18 |
| D | Olajide Balogun, M.D.<br>ApexCare | 01/21/13 -<br>05/20/13 | 19-35 |
| E | KershawHealth Medical Center | 01/22/13 -<br>04/17/13 | 36-37 |
| F | Palmetto Health Baptist | 05/29/13 -<br>06/13/13 | 38-46 |

| | | | |
|---|---|---|---|
| G | Steven B. Storick, M.D.<br>Pain Management & Rehab. Center | 05/29/13 -<br>05/30/13 | 47-56 |

**YOU ARE FURTHER HEREBY NOTIFIED**, that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

**YOU ARE FURTHER NOTIFIED**, that the originals of the documents referred herein, or photocopies received from said physicians/others, will be submitted at the hearing as evidence on behalf of the employer/carrier.

**YOU ARE FURTHER NOTIFIED**, that the following witnesses may be called on behalf of the employer/carrier:

Paula Tucker, Claimant

Monica McKiver, Supervisor and/or co-workers

Page Snyder, Esq.
FOR: State Accident Fund

Columbia, SC
September 18, 2013

# DEFENDANTS'
# INDEX OF MEDICAL SUBMISSIONS

## PAULA TUCKER vs. S.C. DEPARTMENT OF MENTAL HEALTH
## W.C.C. FILE NO.: 1122060


| | | | |
|---|---|---|---|
| APA A | S.C. Department of Mental Health | 07/17/12 | 1-2 |
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2011.4309

South Carolina Department of Mental Health

EMPLOYEE/SUPERVISOR NOTIFICATION

Facility Location: Santee Wateree / Elgin TLC

I. EMPLOYEE: Tucker (Last) Paula (First) V. (MI) 247-35-3877 (Social Security #)

II. DATE MEDICAL/CLINIC VISIT: 7/14/12 DATE OF INJURY: 4/2011

INSTRUCTIONS: ☐ Per medical provider: _____ (Name of Physician or Clinic)

WORK STATUS AND RESTRICTIONS:

The work status and restrictions on the above employee are as follows:

☐ Back to work Full Duty immediately _____ ☐ Out of Work until _____, then to Work Full Duty

☐ Back to work with Restrictions _____ ☐ Out of Work until _____, then to Work with Restrictions

☐ The work restrictions for Modified Duty are: (Listed on return to work form)

☐ Out of work until medical visit on _____ at _____ ☐ AM ☐ PM

☐ Return for follow-up appointment 7/24/12 at _____ ☐ AM ☐ PM ☐ After Doctor visit

III. NOTICE TO EMPLOYEE:

I understand that I must report to my Supervisor for a work assignment when placed on Full Duty or Work Restrictions. If I am unable to return to work as instructed by the Medical Provider, I will immediately notify my supervisor to arrange for further evaluation. I understand that an unauthorized absence can result in a Leave Without Pay status and/or Disciplinary Action.

Employee Signature: _____ Date: _____

IV. SUPERVISOR RESPONSE:

I have read or discussed with the employee the above work status prescribed by the healthcare provider and any work restrictions prescribed. Based on the restrictions, I have decided that the employee: (check one of the following)

☑ Can be accommodated immediately

☐ Can be accommodated, but not until _____

☐ Cannot be accommodated

☐ No Restrictions were prescribed

☐ Referred to another Dept for accommodation

COMMENTS OR UPDATE: (Chronological)

Monica J. McQueen (Supervisor Signature) (803)408-1346 (Telephone/Pager) 7/12/12 (Date) 1:00pm (Time)

NOTE TO SUPERVISOR: Please use Comments/Update Section to notify of any changes that occur in the work status of this employee. Write in the dates and times of the changes; use back of form if needed. Thank you.

Distribution: DMH Workers' Comp Coordinator, Immediate Supervisor, Employee, State Accident Fund, Timekeeper

SCDMH FORM
APR 20 09 (REV MAY 2009) HRD - 168



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2012/JUL/17/TUE 23:41

# South Carolina Department of Mental Health
## EMPLOYEE/SUPERVISOR NOTIFICATION

- ☐ Aiken-Barnwell
- ☐ Anderson-Oconee-Pickens
- ☐ Berkeley
- ☐ Catawba
- ☐ Charleston-Dorchester
- ☐ Coastal Empire
- ☐ Columbia Area
- ☐ Greenville
- ☐ Lexington County
- ☐ Piedmont
- ☐ Spartanburg
- ☐ Tri-County
- ☐ Waccamaw
- ☐ Other: _____

EMPLOYEE: Tucker (Last) Paula (First) Y (MI) 247-35-3877 SOCIAL SECURITY #

DATE OF MEDICAL VISIT: 7/14/12 DATE OF INJURY: 4/11

Instructions per medical provider _____ (Employee Name)

I have received a copy of the work status and restrictions (if any) prescribed by the healthcare provider and it indicates (check one)

- ☐ Full duty immediately
- ☐ Work with restrictions
- ☐ Out of work until next visit on _____ (Date and time)
- ☐ Out of work paid _____ then back to work full duty
- ☐ Out of work paid _____ then back to work with restrictions

If any work restrictions were prescribed, please answer the following questions.

1. Can the restrictions be accommodated? (check one)
   - ☐ Yes, immediately
   - ☐ Yes, but not until _____ (Date and time)
   - ☐ No
   - ☐ No Restrictions
2. Has employee returned to work? (check one)
   - ☐ Yes _____ (Date and Time)
   - ☐ No

Monica J. McGhee Supervisor Signature (803)408-1346 Telephone/Pager 7/17/2012 Date 1:00pm Time

NOTE TO SUPERVISOR: Complete this form and fax it to the designated Occupational Case Manager. Thank you.

Distribution: Supervisor Employee Occupational Case Manager

SCDMH Form
July 2002



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KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10000841901 STATUS REG ER ADM DATE 10/28/11 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 46 SEX F RACE AA
WILKINS,THOMAS L MD

K10000841901 STATUS REG ER ADM DATE 10/28/11 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 46 SEX F RACE AA
WILKINS,THOMAS L MD

## Lower Ext History of Illness

### General

**Triage Chief Complaint** Lower Extremity Pain
**Triage Stated Complaint** RIGHT HIP PAIN
**Time Seen by MD** 14:54
**Source** Patient
**Exam Limitations** No Limitations
**Mental Status** Alert

### History of Present Illness

**Episode Description**
pain in her R hip since yest. rad down leg, hurts to flex at the hip or to sit down no truama
**Timing/Duration** Constant, Yesterday
**Severity** Moderate
**Lower Extremities Location** Right: HIP
**Method of Injury** None
**LE Modifying Factors** Improves: Rest, Worsens: Movement
**Associated Symptoms** Present: Denies Symptoms
**Allergies**
**Coded Allergies:**
Codeine (Verified Allergy, Severe, NAUSATED, 12/20/06)
Propoxyphene (Verified Allergy, Severe, NERVOUS, CAN TAKE TYLENOL, 12/20/06)

### Vitals

**Vital Signs** RN Vital Signs have been reviewed: Yes, Temperature: 97.7, Source: Oral, Heart Rate: 75, Respiratory Rate: 16, BP: 114/76, Pulse Oximetry: 99, Weight: 180

## Past Medical History

### Past Medical History

**Old Records Reviewed** No
**Past Medical History** No Pertinent History
**Last Tetanus Shot** Greater than 5 years
**GYN History** Bilateral Tubal Ligation

### Social History

**Smoking** Cigarettes, Less than 1 Pack/day

Signed
Report #1028-0055

000156



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KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10000841901 STATUS REG ER ADM DATE 10/28/11 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 46 SEX F RACE AA
WILKINS,THOMAS L MD

Alcohol Use None
Drug Use None

## LE Review of Systems

### Review of Systems

Musculoskeletal Reports See HPI
All Other Systems Negative Except as Marked

## Lower Extremity Physical Exam

### Physical Exam

General Appearance Present: Appears Well, No Apparent Distress, WD/WN
Eyes, Ears, Nose, Throat Present: PERRL/EOMI
Neck Present: Full Range of Motion
Respiratory Present: Lungs Clear
Cardiovascular Present: Regular Rate, Rhythm
Back Present: Normal Inspection
Skin Present: Warm/Dry, Normal Color
Hips Right: Limited Range of Motion
Neuro/Tendon Present: Normal Sensation, Normal Motor Functions, Normal Tendon Functions, No Evidence Tendon Injury (dtr's 2+ and =)

### Vitals

Vital Signs Temperature: 97.7, Source: Oral, Heart Rate: 75, Respiratory Rate: 16, BP: 114/76, Pulse Oximetry: 99, Weight: 180

## Lower Extremity Departure

### Departure/Follow Up

Time of Disposition 14:57
LE Clinical Impression LE Clinical Impression Other (sciatica)
Location Modifier Right
LE Location Hip
Disposition Home
Condition Stable
Counseled Patient/Family Need for Follow-up

Additional Instructions
RETURN HERE IMMEDIATELY IF ANY NEW OR WORSENING SYMPTOMS OR CONCERNS.
FOLLOW-UP WITH YOUR
PERSONAL PHYSICIAN FOR COMPREHENSIVE CARE.
Recommended Follow Up Time 24-48 hours
Scripts
Hydrocodone-Acetaminophen (Lortab 7.5) Tab 1 Tabs OR Q4-6H #20 Ref 0
Prov:WILKINS,THOMAS L MD
Prednisone 20 Mg Tab 20 Mg OR 60 mg day one #18 Ref 0 10/28/11
3 po q d for 3 d; then 2 po q d for 3 d; then 1 po q d for 3 d.

Signed
Report #1028-0055



000157

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KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10000841901 STATUS REG ER ADM DATE 10/28/11 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 46 SEX F RACE AA
WILKINS,THOMAS L MD

Prov:WILKINS,THOMAS L MD 10/28/11

WILKINS,THOMAS L MD

Oct 28, 2011 14:58

Electronically signed by:WILKINS,THOMAS L MD <<Signature on File>>

000158

Signed
Report #1028-0055



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DATE: 04/02/13 @ 1155
USER: LOG.SH

KershawHealth EDM *LIVE*
EDM Patient Record

PAGE 1

Patient: TUCKER, PAULA
ED Provider: WILKINS, THOMAS L MD

Age/Sex: 47/F

Acct No: K10000841901
Unit No: M000258045

**General Data**

ED Physician: WILKINS, THOMAS L MD
Practitioner:
Nurse: ASHLEY H BRANHAM

Arrival Date/Time: 10/28/11 - 1250
Triage Date/Time: 10/28/11 - 1336
Date of Birth: 05/26/1965

Stated Complaint: RIGHT HIP PAIN
Chief Complaint: Lower Extremity Pain

Priority: 3

**Demographics**

1501 MALVERN HILL DRIVE
CAMDEN, SC 29020
(803)713-4454
Insurance: BCBS OF SOUTH CAROLINA STATE E
Next of Kin: SINGLETON, CAROLINE
Relation: 14 AUNT
Phone: (803)432-6539

PCP: OTHER, DOCTOR
Family Doctor: OTHER, DOCTOR
Referring:

**Allergies**

Codeine/NAUSATED; Propoxyphene/NERVOUS, CAN TAKE TYLENOL

**Assessment Nursing**

*10/28/11 1336 EDM Triage Assessment*

TONI CAMPBELL

General:
Arrival Time 1250
Mode of Arrival Auto
Responsive to (Stimuli) Awake
Patient Admitted From Home
Chief Complaint PT WITH PAIN IN RIGHT HIP AND RADIATING DOWN LEG- NO RECALL TO INJURY
Objective Data (Assessment)
Treatment Prior to Arrival
Treatment Prior to Arrival Comment
History Provided by
Physician's Name SENTINAL HEALTH
Patient Resuscitation Status Full Code
Temperature:
Temperature (Fahrenheit) 97.7
Source Oral
Pulse:
Pulse Rate (adult) 75
Side Right
Location
Pulse Strength
Method Automatic Cuff
Respirations:
Respiratory Rate 16
02 Sat by Pulse Oximetry 99
Pulse Ox on Room Air Y
Respiratory Comment
Did Patient Present with Cough?
Respiratory Safety Measures Initiated
Blood Pressure:
Location Right Arm

Patient: TUCKER,PAULA Age/Sex: 47/F Acct No: K10000841901
ED Provider: WILKINS,THOMAS L MD Unit No: M000258045

Systolic 114
Diastolic 76
Mean 89
Source Automatic Cuff

Height, Weight, & BMI:
Height (Feet) 5
Height (Inches) 2
Weight (Pounds) 180
Weight (Ounces)
Weight (Calculated Kilograms) 81.646627
Body Mass Index (BMI) 32.0
Weight Measurement Method Stated

Pain Management:
Current Pain Level 9
Pain Assessment Scale Used Numerical
Comfort Measures Provided

Past Medical History:
Past Medical History No Pertinent History
Surgical History
GYN History Bilateral Tubal Ligation
Past Medical History Comment
Hx Last Menstrual Period
LMP Comment

Flu Vaccination:
Hx Influenza Vaccination Not Received This Season

Tetanus Status:
Last Tetanus Shot Greater than 5 years

Psychosocial:
Safe in Home Y
Safe in Home Comment
Depression History N
Ever Had Thoughts of Hurting Self or Others W/ or W/O Plan N
Support Systems Family/Friend

Smoking History:
Is the Patient 13 Years Old or Older Y
Smoking Cigarettes, Less than 1 Pack/day
Smoking History Comment
Hx Exposure to Second Hand Smoke
Smoking Cessation Education Material

Alcohol/Substance Abuse:
Alcohol Use None
Drug Use None
How often do you use
Date Last Used

Communication/Barriers to Learning:
Primary Language English
Barriers to Learning None

TB Screen:
TB Risk Factors I None
TB Risk Factors II None
TB Plan of Action

*10/20/11 1421 EDM Fall Assessment* *ASHLEY H BRANHAM*

Fall Risk Factors:
Fall Risk Factors Male, Able to Ambulate
Fall Risk Score 5





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Patient: TUCKER,PAULA
ED Provider: WILKINS,THOMAS L MD
Age/Sex: 47/F
Acct No: K10000841901
Unit No: M000258045

Fall Risk Level Low
Universal Fall Precautions:
Universal Fall Precautions Appropriate Call Bell, Bed Low Position, Bed Brakes Locked, Siderail Position Up, Family Member at Bedside, Pt Able to Sit Unaided
Fall Risk Assessment Comment

*10/28/11 1421 Med Rec Complete in EMR* — *ASHLEY H BRANHAM*
Medication Reconciliation:
Medication Reconciliation Indicated None Reported

*10/28/11 1421 EDM Musculoskeletal Assessment* — *ASHLEY H BRANHAM*
Gait Assessment
Assistive Devices
Injury Location:
Location Modifier Right
Location Hip
Signs of Injury Pain, No obvious signs injury
Capillary Refill < 3 seconds
Pulse Present
Sensation Intact Y
Musculo-Skeletal Comment:
Musculo-Skeletal Assessment Comment REPORTS RIGHT HIP PAIN RADIATING DOWN RIGHT LEG X1 DAY. DENIES ANY INJURY.

*10/28/11 1421 EDM Pain Assessment* — *ASHLEY H BRANHAM*
Pain Summary Comment
Complaint of Pain:
Does Pt Complain of Pain? Y
Location of Pain RIGHT HIP
Radiation Location
Pain Description:
Pain Description Acute
Pain Behavior Observed
Aggravating Factors
Duration "1 DAY"
Current Pain Level 9
Pain Assessment Scale Used Numerical
Pain Management Goal 5
Management Interventions Taken to Relieve Pain
Alleviating Factors
Indications of Pain Relief
Pain Level Score Post Management Techniques

*10/28/11 1421 EDM Infection Control Assess* — *ASHLEY H BRANHAM*
Airborne Isolation Indication
Airborne Infection Isolation Precautions (AII)
Airborne Patient Transport
Airborne-Modified Isolation Indication
Airborne-Modified Isolation Precautions (AMP)
Airborne-Modified Patient Transport
Contact Isolation Indication
MDRO Type
Site
Contact Isolation Precautions (CP)
Contact Patient Transport





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Patient: TUCKER,PAULA Age/Sex: 47/F Acct No: K10000841901
ED Provider: WILKINS,THOMAS L MD Unit No: M000258045

Contact-Modified Isolation Indication
Contact-Modified Isolation Precautions (CMP)
Contact-Modified Patient Transport
Droplet Isolation Indication
Droplet Isolation Precautions (DP)
Droplet Patient Transport
Protective Environment Indication
Protective Environment Precautions
Protective Patient Transport
Comments
Infection Control:
Standard Precautions Pt Ed Hand Hygiene
Isolation Type 8
Aerosol Generating Procedures-Expanded Precautions

*10/28/11 1421 EDM Teaching Assessment* *ASHLEY H BRANHAM*
Smoking Cessation Education Provided
About Suicide - Booklet Given to Patient
Topic:
Topic Procedures/Tests
Pertinence HIP PAIN
Methods Discussion
Recipient Patient
Response Verbalizes Understanding

*10/28/11 1632 EDM Discharge Summary* *ASHLEY H BRANHAM*
Suspected Abuse
Suspected Abuse Comment
Referrals/Reporting
DHEC Animal Bite Form Complete
About Suicide - Booklet Given to Patient
Date of Death
Time of Death
Family Notified
Code Blue Form Complete
Medical Examiner Notified
Organ Donation Addressed
Postmortem Care/Shroud
Released to Funeral Home
Released to Morgue
Discharge Comment
Discharged:
Discharge To Home
Discharge Mode Ambulatory
Instruction(s) Given To Patient
Accompanied By Self
Discharge Condition Improved
Current Pain Level 0
Response to Medication Documented Yes
IV Stop Time Documented N/A
MD Dispensed Medication N
Pediatric DC Vital Signs Utilized N/A
Medication Reconciliation:
Short Term Medication(s) Reviewed with Patient/Family Yes
Medication(s) Received in ER reviewed with Patient/Family Yes
Medication List Provided to Patient/Family at Discharge N/A

Patient: TUCKER,PAULA Age/Sex: 47/F Acct No: K10000841901
ED Provider: WILKINS,THOMAS L MD Unit No: M000258045

**Patient Property:**
**Patient Valuables Retained per Patient**
**Description of Patient Valuables**

***10/28/11 1632 EDM DC Vitals*** ***ASHLEY H BRANHAM***

**FHR Location**
**Monitor Mode**
**Fetal Heart Rate**
**Fetal Heart Tones Comment**
**Temperature:**
**Temperature (Fahrenheit)** 97.7
**Source** Oral
**Pulse:**
**Pulse Rate (adult)** 75
**Side** Right
**Location**
**Pulse Strength**
**Method** Automatic Cuff
**Respirations:**
**Respiratory Rate** 16
**02 Sat by Pulse Oximetry** 99
**Oxygen Flow Rate**
**Oxygen Delivery Method**
**Blood Pressure:**
**Location** Right Arm
**Systolic** 114
**Diastolic** 76
**Mean** 89
**Source** Automatic Cuff
**Position**

**Assessments**

***10/28/11 1340 Position for Maximum Comfort*** ***TONI CAMPBELL***

***10/28/11 1340 Patient's ID Band Verified*** ***TONI CAMPBELL***

***10/28/11 1421 Explain All Procedures*** ***ASHLEY H BRANHAM***

***10/28/11 1421 Position for Maximum Comfort*** ***ASHLEY H BRANHAM***

***10/28/11 1421 Patient's ID Band Verified*** ***ASHLEY H BRANHAM***

**Prior Prescriptions**

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Prednisone (Prednisone) 20 MG TAB<br>20 MG OR 60 mg day one, #18 TAB REF 0 | Rx | 10/28/11 | WILK.THO | 10/28/11 |
| Hydrocodone-Acetaminophen (Lortab 7.5) TAB<br>1 TABS OR EVERY 4-6 HOURS, #20 TAB REF 0 | Rx | 10/28/11 | WILK.THO | 10/28/11 |

**Antacids, H2Rs & PPI Meds**

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Sulfamethoxazole-Trimethoprim (Bactrim Ds) 1 TAB TAB<br>1 TAB OR TWICE A DAY 10 Days REF 0 | Rx | 04/26/09 | PAT.NAR | 04/26/09 |





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DATE: 04/02/13 @ 1155 | KershawHealth EDN *LIVE* | PAGE 6
USER: LOG.SH | EDM Patient Record

Patient: TUCKER, PAULA | Age/Sex: 47/F | Acct No: K10000841901
ED Provider: WILKINS, THOMAS L MD | Unit No: M000258045

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Ibuprofen (Ibuprofen) , 800 MG TAB<br>800 MG OR THREE TIMES A DAY 10 Days REF 0 | Rx | 04/26/09 | PAT.NAR | 04/26/09 |
| Hydrocodone-Acetaminophen (Vicodin) 1 TAB TAB<br>1 - 2 TAB PO Q4 HRS PRN PAIN, #12 TAB REF 0 | Rx | 04/28/09 | CONN.FOY | 04/28/09 |
| Naproxen (Naprosyn) 375 MG TAB<br>375 MG PO THREE TIMES A DAY, #20 TAB REF 0 | Rx | 05/05/09 | POLE.SAM | 05/05/09 |

**Patient Orders**

| Ordered | Procedure Name | Ordering Provider | E-Signed |
|---|---|---|---|
| 10/28/11 1528 | | | N/A |
| 10/28/11 1528 | | | N/A |

**ED NURSING NOTES**

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1533*
AWAITING RIDE BEFORE MEDICATING FOR PAIN.

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1600*
MEDICATION ADMINISTRATION

WRITTEN ORDER PER DR WILKINS

-DEMEROL 100MG IM
-PHENERGAN 25MG IM

ADMINISTERED IN LEFT OUTER DORSOGLUTEAL

ALLERGIES REVIEWED.
2 IDENTIFIERS USED.
NO ADVERSE REACTIONS NOTED

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1633*
Patient awake, alert, skin warm and dry, respirations even and unlabored. Discharge instructions given understanding verbalized. No questions/concerns/complaints voiced. Patient AMBULATORY to waiting room in no acute distress.

**Departure Information**

Primary Impression:
SCIATICA
Disposition: 01 HOME, RESIDENTIAL | Departure Date/Time: 10/28/11 - 1523
Comment:
Condition: STABLE

Referrals:
OTHER, DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan: As Needed

Pt Instructions: Sciatica

Departure Forms:

KershawHealth

# PHYSICIAN DOCUMENTATION

| MEDICAL RECORD NUMBER | SERVICE DATE | PATIENT NAME | PATIENT ACCOUNT NUMBER |
|---|---|---|---|
| M000256045 | 10/28/11 | TUCKER, PAULA | K10000841901 |

| ATTENDING PHYSICIAN | PRIMARY CARE PHYSICIAN | REASON FOR VISIT |
|---|---|---|
| W. King | | RIGHT HIP PAIN |

ALLERGIES: NKO

| Arrived | In Room | Seen | Discharged |
|---|---|---|---|
| | 1406 | | 1623 |

| STUDY | INIT. | TIME |
|---|---|---|
| ☐ ABG | | |
| ☐ Amylase/ Lipase | | |
| ☐ C Enzymes | | |
| ☐ CBC/Diff | | |
| ☐ Chem 8 | | |
| ☐ CMP | | |
| ☐ D-Dimer | | |
| ☐ Digoxin | | |
| ☐ Dilantin | | |
| ☐ ETOH | | |
| ☐ LFT's | | |
| ☐ Pro-BNP | | |
| ☐ PT/PTT | | |
| ☐ Quantitative HCG | | |
| ☐ Uric Acid | | |
| ☐ Urine Cath | | |
| ☐ Urine CC | | |
| ☐ Urine Drug Screen | | |
| ☐ Urine HCG | | |
| ☐ EKG | | |
| ☐ CXR | | |
| ☐ X-Ray | | |
| ☐ CT | | |
| ☐ US | | |

Demerol 100mg
Phenergan 25mg > IM RB @ 1557

Diagnosis: Sciatica

Discharge Instructions:

Condition on D/C: ☐ Same ☐ Improved ☐ Deceased ☐ Admitted ☐ Other

Disposition: ☐ Police ☐ Home ☐ Nursing Home ☐ Admitted Room ☐ Other

☐ Transferred to: Via Accepting Physician

Admissions called at To room at Via Belongings to: ☐ Family ☐ Patient ☐ Vault

Consulting Physician's Signature | ED Physician's Signature: W | ED Nurse's Signature

Instruction Sheet(s) given ☐ Nurse's Initials

WILKINS, THOMAS L. MD

000165

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KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4311

Urgent Care at Elgin
40 Pinnacle Parkway
Elgin, SC 29045
803-424-8000

X10000841901 MR ACN 10/28/11MRN V
TUCKER, PAULA
WILKINS, THOMAS L MD
HCN 8005258945 AGE 66
DOB 05/26/1945 RACE AA

## Patient Instructions Signature Page

**Patient Name:** TUCKER,PAULA

**Guardian Name:**

**The above-named patient and/or guardian has received the following patient instructions:**

Sciatica

**on this date:** 10/28/11 - 1534

**I have read and understand the instructions given to me by my caregivers.**

TUCKER,PAULA
Print Patient Name

Paula V. Tucker 10/28/11
Patient (or Guardian) Signature Date

Caregiver/RN/Doctor Signature 10/28/11
Date

DATE: 04/02/13 @ 1155
USER: LOG.SH

KershawHealth EDM *LIVE*
EDM Patient Record



Patient: TUCKER, PAULA
ED Provider: WILKINS, THOMAS L MD

Age/Sex: 47/F

Acct No: K10000841001
Unit No: M000258045

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Ibuprofen (Ibuprofen) 800 MG TAB<br>800 MG OR THREE TIMES A DAY 10 Days REF 0 | Rx | 04/26/09 | PAT.MAR | 04/26/09 |
| Hydrocodone-Acetaminophen (Vicodin) 1 TAB TAB<br>1 - 2 TAB PO Q4 HRS PRN PAIN, #12 TAB REF 0 | Rx | 04/28/09 | CONN.ROY | 04/28/09 |
| Naproxen (Naprosyn) 375 MG TAB<br>375 MG PO THREE TIMES A DAY, #20 TAB REF 0 | Rx | 05/05/09 | POLE.SAM | 05/05/09 |

**Patient Orders**

| Ordered | Procedure Name | Ordering Provider | E-Signed |
|---|---|---|---|
| 10/28/11 1528 | | | N/A |
| 10/28/11 1528 | | | N/A |

**ED NURSING NOTES**

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1533*
AWAITING RIDE BEFORE MEDICATING FOR PAIN.

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1600*
MEDICATION ADMINISTRATION

WRITTEN ORDER PER DR WILKINS

-DEMEROL 100MG IM
-PHENERGAN 25MG IM

ADMINISTERED IN LEFT OUTER DORSOGLUTEAL

ALLERGIES REVIEWED.
2 IDENTIFIERS USED.
NO ADVERSE REACTIONS NOTED

*Entered by ASHLEY H BRANHAM on 10/28/11 at 1633*
Patient awake, alert, skin warm and dry, respirations even and unlabored. Discharge instructions given understanding verbalized. No questions/concerns/complaints voiced. Patient AMBULATORY to waiting room in no acute distress.

**Departure Information**

Primary Impression:
SCIATICA
Disposition: 01 HOME, RESIDENTIAL
Comment:
Condition: STABLE

Departure Date/Time: 10/28/11 - 1523

Referrals:
OTHER, DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan: As Needed

Pt Instructions: Sciatica

Departure Forms:

KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4311

Urgent Care at Elgin
40 Pinnacle Parkway
Elgin, SC 29045
803-424-8020

X1000081201 [illegible]
TUCKER, PAULA
[illegible]
MRN [illegible]
DOB [illegible]

## Patient Instructions Signature Page

**Patient Name:** TUCKER,PAULA

**Guardian Name:**

**The above-named patient and/or guardian has received the following patient instructions:**

Sciatica

**on this date:** 10/28/11 - 1534

**I have read and understand the instructions given to me by my caregivers.**

TUCKER,PAULA
Print Patient Name

Patient (or Guardian) Signature — Date 10/28/11

Caregiver/RN/Doctor Signature — Date 10/28/11

1313 Roberts Street
PO# Office Box 7003
Camden, SC 29021-7003

KershawHealth

# PHYSICIAN DOCUMENTATION

| MEDICAL RECORD NUMBER | SERVICE DATE | PATIENT NAME | PATIENT ACCOUNT NUMBER |
|---|---|---|---|
| M000258045 | 10/28/11 | TUCKER, PAULA | K10000841901 |

| ATTENDING PHYSICIAN | PRIMARY CARE PHYSICIAN | REASON FOR VISIT |
|---|---|---|
| W. Kirk | | RIGHT HIP PAIN |

ALLERGIES: NKO

**Times**

| Arrived | In Room | Seen | Discharged |
|---|---|---|---|
| | 1406 | | 1623 |

| STUDY | INIT. | TIME |
|---|---|---|
| ☐ ABG | | |
| ☐ Amylase/ Lipase | | |
| ☐ C Enzymes | | |
| ☐ CBC/Diff | | |
| ☐ Chem 8 | | |
| ☐ CMP | | |
| ☐ D-Dimer | | |
| ☐ Digoxin | | |
| ☐ Dilantin | | |
| ☐ ETOH | | |
| ☐ LFT's | | |
| ☐ Pro-BNP | | |
| ☐ PT/PTT | | |
| ☐ Quantitative HCG | | |
| ☐ Uric Acid | | |
| ☐ Urine Cath | | |
| ☐ Urine CC | | |
| ☐ Urine Drug Screen | | |
| ☐ Urine HCG | | |
| ☐ EKG | | |
| ☐ CXR | | |
| ☐ X-Ray | | |
| ☐ CT | | |
| ☐ US | | |

**Orders**

Demerol 100mg
Phenergan 25mg > IM @1557

Diagnosis: Sciatica

Discharge Instructions:

Condition on D/C: ☐ Same ☐ Deceased ☐ Other ☐ Improved ☐ Admitted

Disposition: ☐ Police ☐ Nursing Home ☐ Other ☐ Home ☐ Admitted Room

☐ Transferred to: Via: Accepting Physician:

Admissions called at: To room at: Via: Belongings to: ☐ Family ☐ Patient ☐ Vault

Consulting Physician's Signature | ED Physician's Signature | ED Nurse's Signature

Instruction Sheet(s) given ☐ Nurse's Initials

WILKINS, THOMAS L. MD

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Corvel Scan Date: 8/13/2012

4 2 EXAM ROOM TIME — CHECKOUT TIME 12:42

| ACCOUNT NUMBER | DATE | TIME | | TICKET NO. |
|---|---|---|---|---|
| 297172 | 07/14/12 SATURDAY | 10:32am | DC WATEREE, | 2738037 |

NAME & ADDRESS
TUCKER, PAULA
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020
803-713-4454
WRK:
INSURED: TUCKER, PAULA
INS: WC/STATE ACCIDENT FUND
REASON: WKC
NICKNAME:

DOB: 05/26/1965 (47 years)
GENDER: F
IBG:
CELL:
RELATION: OTHER
COPAY: WKC

| | |
|---|---|
| INSURANCE BALANCE | $0.00 |
| ACCOUNT BALANCE | $0.00 |
| CURRENT CHARGES | |
| AMOUNT PAID | OC2 738187 |
| NEW BALANCE | |

CASH | CHECK | M.O. | C.C.

**Personal Hx** DM — HTN —
**Family Hx** DM + HTN +
**Social Hx** Alcohol — Tobacco +

Accident? X yes ☐ no If yes, which state: SC
Date of Accident: 4/5/11
Prev. chart rev., no sig chg.: ☐ Above Hx rev.: AB

**ROS** (/ or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash
☐ All others negative

Allergies: darvaset

Medications: Rx motrin

| WT | HT | BMI | BP | PULSE | RESP | TEMP |
|---|---|---|---|---|---|---|
| 196.2 | | | 117/82 | 68 | 18 | 97.4 |

☐ LMP
☐ Tetanus UTK
X Meds/Allergies Reviewed AB

**PHYSICAL:** (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)
- ✓ General tearful
- ✓ HEENT WNL
- ✓ Neck Painful on extremes of ROM
- ☐ Nodes
- ✓ Lungs CLEAR
- ✓ CV RRR
- ☐ Abd
- ✓ Back (+) TTP C spine / Ts spine
- ✓ Ext (-) edema, NV intact, Brisk BLE
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts
- ☐ Chaperone _____
- ☐ I.V.
- ☐ Injection
- ☐ Nebulizer
- ☐ Procedure
- ☐ Pulse Ox _____

**Chief Complaint:**

HPI pt fell AT work 4/5/11 — (R) shoulder pain (R) arm radiating to elbow 90°. OCT 2011 she went to the ER & was DX c SCIATICA — she never followed up c PCP — Now c/o daily pain (L) arm - neck & now BACK & (R) LEG — FEELS as if she cannot move — Pain 5/10 Sharp, Burning, Shooting, Stabbing, Throbbing, Aching, Numbness, Tingling, Weakness, Spasms, Tightness, Tenderness, Swelling, Stiffness, Dull, Constant, Intermittent, Worse with movement, Worse with lifting, Worse with bending, Worse with standing, Worse with sitting, Worse with walking, Worse with pushing, Worse with pulling, Worse with twisting, Worse with reaching, Worse with overhead work, Worse with repetitive motion, Worse with cold, Worse with heat, Worse with weather changes, Worse at night, Worse in the morning, Worse after work, Worse after activity, Worse after rest, Worse after sleeping, Worse after eating, Worse after drinking, Worse after smoking, Worse after coughing, Worse after sneezing, Worse after laughing, Worse after crying, Worse after vomiting, Worse after urinating, Worse after defecating, Worse after menstruating, Worse after ovulating, Worse after pregnancy, Worse after miscarriage, Worse after abortion, Worse after surgery, Worse after injury, Worse after trauma, Worse after accident, Worse after fall, Worse after assault, Worse after abuse, Worse after neglect, Worse after abandonment, Worse after divorce, Worse after separation, Worse after death, Worse after loss, Worse after grief, Worse after depression, Worse after anxiety, Worse after stress, Worse after trauma, Worse after PTSD, Worse after OCD, Worse after ADHD, Worse after bipolar disorder, Worse after schizophrenia, Worse after psychosis, Worse after mania, Worse after hypomania, Worse after cyclothymia, Worse after dysthymia, Worse after major depressive disorder, Worse after minor depressive disorder, Worse after adjustment disorder, Worse after acute stress disorder, Worse after PTSD, Worse after OCD, Worse after ADHD, Worse after bipolar disorder, Worse after schizophrenia, Worse after psychosis, Worse after mania, Worse after hypomania, Worse after cyclothymia, Worse after dysthymia, Worse after major depressive disorder, Worse after minor depressive disorder, Worse after adjustment disorder, Worse after acute stress disorder

mild OA changes on L spine, disc space narrowing C5 spine L5 spine pending (R) shoulder

- ☐ CBC
- ☐ EKG
- ☐ FBS
- ☐ Flu
- ☐ Heme
- ☐ Hgb A1C
- ☐ H. Pylori
- ☐ KOH
- ☐ Microalb
- ☐ Mono
- ☐ Strep
- ☐ Tetanus
- ☐ U/A
- ☐ U Preg
- ☐ Wet Prep
- ☒ X-Ray
- ☐ Labs - Send Out

**DIAGNOSIS:** 847.0 E8493 Cervical SPRAIN — 719.41 (R) Shoulder pain — 724.3 SCIATICA — 724.2 LBP

- ☐ Patient Care Instructions Discussed
- ✓ Lifestyle Modification
- ✓ Preventative Recommendation(s)
- ✓ Prescriptions / OTC Meds
- ✓ Side Effects Discussed
- ✓ Follow-Up: 10 days
- Return:
- ✓ Worsening symptoms: Pt
- ✓ If not better: 2-3 days
- Go to ER If:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Naprosyn
Steroid > Rx
methocarbamol mdd
AADS H/O cervical radiculopathy
SCIATICA
LBP c recommendation

Off Work / School

PSR Notes:
99283 #42 NEW
72040 #50
72100 #52
73030 (L) #39
99051 #40
#323 TC

Staff: _____ _____ M.D., D.O., P.A., F.N.P.

I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.
I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

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Patient or Authorized Person's Signature: Paula Tucker Date: 7/14/12

Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: Paula Tucker Date: 7/14/12

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# Return To Work Form


- 650 Alpine Mall Drive, Aiken, SC 29803 (803) 648-1464
- 511 Bethlehem Blvd., Columbia, SC 29203 (803) 782-4051
- 1060 Highway 1, South Lorell, SC 29078 (803) 438-9759
- 377 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- 7833 Garners Ferry Road, Columbia, SC 29209 (803) 783-7661
- 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- 7936 Broad River Road, Irmo, SC 29116 (803) 749-2308
- 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9572
- 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- 1979 York Street NE, Aiken, SC 29801 (803) 648-4119
- 10940 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- 100 Jimmy Love Lane, Columbia, SC 29172 (803) 772-3030
- 2475 Broad Street, Sumter, SC 29150 (803) 778-6335
- 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0543
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- 1500 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
- 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186
- 1847 South Lake Drive, Lexington, SC 29073 (803) 356-8798


Name: Paula Tucker Arrival Time: 9:41 Discharge Time: 10:45

Date: 7/14/12 Company Name: Santee Mental Health

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____
- ☒ 3. May work with the following accommodations as of: 7-14-12
  - ☒ No lifting more than 5 lbs.
  - ☒ No operation of hazardous or fast-moving machinery, no driving.
  - ☒ Ground level work only, no ladders or heights.
  - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☒ No continuous standing and/or sitting.
  - ☒ Minimal ~~walking or~~ climbing (including stairs)
  - ☐ ~~Limited use of~~ _____
  - ☒ No overhead lifting.
  - ☐ ~~No high repetitive hand activities~~ for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on 7-24-12 Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS: @ shoulder pain

Diagnosis: cervical strain, scapular, LBP Medications: ☒ as directed ☐ as needed

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

☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

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

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: Paula J. Tucker Date: 7/14/12

Provider Signature: [signature] Date: 7/14/12

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ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Complex
Suite 20
1185 Hwy 1 South
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
TO GET ESTABLISHED,PROBLEMS WITH LEFT ARM, BACK AND RIGHT LEG

HISTORY OF PRESENT ILLNESS:
On 01/21/2013, Paula Tucker, a 47 year old female presented with:

-- here to establish care. also needs help lifting restrictions placed on her by the doctro at Drs care for work. she presents a work release form dated 7/14/12 indicating she is not allowed to lift more than 5 lbs. she says her supervisors are going to change her shift if restrictions sre not lifted and she really cannot afford that.

She reports pain in te left shoulder since a fall resulting from slipping on a bar of soap at the place where she works. she has been to Drs care where she was placed on restriction. Also has back pain and pain in both hips.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. ibuprofen 800 mg tablet, 1 PO Q 4-6 PRN

ALLERGIES: DARVECET

PAST HISTORY:

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
000172
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.

MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 139/83 Sitting, Right arm, regular cuff, Pulse - 67 , Respiration - 20 , Temperature - 97.2 degrees Taken Orally, Weight - 199.90 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - marked pain on ROM of left shoulder, pain on ROM of both hips and
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**
OBESITY, 278.8, New
PAIN SHOULDER/Left, 719.41, New
PAIN HIP/Bilateral, 719.45, New
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, New

**PLAN:**
1. MRI Shoulder , PAIN SHOULDER/Left
2. Hips, Bilateral , PAIN HIP/Bilateral
3. Sacrum and Coccyx , PAIN BACK(LUMBAGO-LOW BACK)/Left
4. Spine, Lumbar , PAIN BACK(LUMBAGO-LOW BACK)/Left

**FOLLOWUP:** _Return in 2 weeks

Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 1/21/2013 16:59:45

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Complex
Suite 20
1185 Hwy 1 South
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
BACK, NECK, & ARM PAIN
DISCUSS WEIGHT LOSS
PAIN IN R LEG
PAIN MED

HISTORY OF PRESENT ILLNESS:
On 02/08/2013, Paula Tucker, a 47 year old female presented with:

-- Pain in hips, back and shoulder are worse, has been out of naprosyn which she says takes the pain from a 9/10 to a 7/10. she is in constant pain.
she is still asking that I remove driving restrictions even though she cant use the left shoulder still.
Insurance declined coverage of MRI, pt could not aford it.

Xrays are normal except DDD lumbar spine.

Preventive care items reviewed.

due for PAP, Mammograms, never had colonoscopy- indicated at age 47 in AAs
pt wants help with weight loss, dietary habits explored in great detail.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. ibuprofen 800 mg tablet, 1 PO Q 4-6 PRN

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence.
Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.

SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 127/90 Sitting, Right arm, regular cuff, Pulse - 74 , Respiration - 20 , Temperature - 97.0 degrees Taken Orally, Weight - 193.40 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - marked pain on ROM of left shoulder, pain on ROM of both hips and
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**

OBESITY, 278.8, Uncontrolled
PAIN SHOULDER/Left, 719.41, Worsening
PAIN HIP/Bilateral, 719.45, Worsening
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Worsening
Scrn Mammogram, Other, V76.12, New

**PLAN:**

1. Weight control & reduction guidelines given , OBESITY
2. Reviewed treatment options w/pt , OBESITY
3. Reviewed benefits/side effects of treatment , OBESITY
4. Lipid Panel , OBESITY
5. Basic Metabolic Panel , OBESITY
6. TSH , OBESITY
7. Physical therapy referral 2/22/13 @ 8:30..DOBI , PAIN SHOULDER/Left
8. Scrn Mammogram, Bilateral ORDER..DOBI , Scrn Mammogram, Other

**DRUG RX:**

1. Adipex-P 37.5 mg tablet, 1 po daily, 30, Refills:, 0
2. naproxen 500 mg tablet, 1 PO BID, 60, Refills:, 3
3. tramadol 50 mg tablet, 1 po q 6 hr prn pain, 120, Refills:, 0

**FOLLOWUP:** _Return in 1 month

Patient: TUCKER, PAULA MRNO: 5427 DOB: 05/26/1965

Entered by: Olajide A. Balogun, MD

Continued

Electronically signed by Olajide A. Balogun, MD 2/8/2013 11:3:44

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Comple
Suite 2(
1165 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
F/U WITH LEFT ARM PAIN

HISTORY OF PRESENT ILLNESS:
On 03/08/2013, Paula Tucker, a 47 year old female presented with:

-- pain in left arm and lower back persists, pt wonders if she hshould apply for long term disability.
has been going to physical therapy. has not seen much difference since.
Did lose weight on hte Adipex- part of the strategy for her back pain
labs from last visit reviewed.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. Adipex-P 37.5 mg tablet, 1 po daily
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence.
Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI

NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 111/84 Sitting, Right arm, regular cuff, Pulse - 91 , Respiration - 20 , Temperature - 97.6 degrees Taken Orally, Weight - 185.70 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM`s normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction limited to 120 degrees, with a lot of pain, improved to 170 degrees and less pain after a sub acromial injection of lidocaine and kenalog
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**

OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled

**PLAN:**

1. Kenalog 40 mg , PAIN SHOULDER/Left
2. Injection; major joint or bursa , PAIN SHOULDER/Left

Counseling time: extensive counselling done regarding, disability process and expectations- advised patient that at this time we have not gone through all the diagnostic and treatment options and i think long term disability is a bit premature and short term disability is a possibility if she wishes to pursue t

**FOLLOWUP:** _Return in 1 month

Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 3/8/2013 10:37:31

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB6904532

West Wateree Medical Compl
Suite 2
1165 Hwy 1 Sou
Lugoff, SC 290

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
F/U
MED REFILL ADIPEX & PAIN MED
STILL HAVING PAIN IN SHOULDER

HISTORY OF PRESENT ILLNESS:
On 04/04/2013, Paula Tucker, a 47 year old female presented with:

-- pain inleft shoulder and arm is no better, still cant walk with it, hurts a lot just ot move it, cant lift anything over 50 10 lbs.
has had a steroid injection and ohysical therapy for over a month with no change in the pain.
also has low back pain with radicular symptoms that have not improved with conservative management so far.
pt is frustrated and feels she cant go on working like this.

MEDICATIONS HISTORY:
1. naproxen 500 mg tablet, 1 PO BID
2. Norco 5-325 mg tablet, 1 po q 6 hr prn pain
3. Adipex-p 37.5 mg tablet, 1 po daily

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence.
Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies. No sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.

CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

**EXAMINATION:**

**VITAL SIGNS:** B/P - 142/94 Sitting, Right arm, regular cuff, Pulse - 78 , Respiration - 20 , Temperature - 96.8 degrees Taken Orally, Weight - 177.60 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction is limited by pain to about 90-100 degrees today.
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

**ASSESSMENT:**

OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled

**PLAN:**

1. MRI Shoulder left shoulder , PAIN SHOULDER/Left
2. MRI - Lumbar Spine , PAIN BACK(LUMBAGO-LOW BACK)/Left

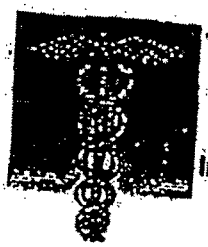
work excuse - extend restrictions x 2 more weeks till i have MRi results

**DRUG RX:**

1. Adipex-p 37.5 mg tablet, 1 po daily, 30, Refills:, 0
2. naproxen 500 mg tablet, 1 PO BID, 60, Refills:, 3
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain, 90, Refills:, 0

FOLLOWUP: _Return in 2 weeks

Entered by: Olajide A. Balogun, MD



ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Waterce Medical Comple
Suite 2
1185 Hwy 1 Sou
Lugoff, SC 2907

PH: (803) 408-022
FAX: (803) 408-072

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
HERE FOR MRI RESULTS

HISTORY OF PRESENT ILLNESS:
On 04/18/2013, Paula Tucker, a 47 year old female presented with:

-- pt reports no change in left shoulder pain and associated limitations, pain in the back radiating to the right leg is unchanged. she still feels she is unable to work.

MRI results discussed with patient.

Shoulder shows findings consistent with tendinosis- no evidence of rotator cuff tear. Lumbar spine show multilevel DDD with disc protusion to the right at L4-L5. no spinal canal stenosis.

MEDICATIONS HISTORY:
1. Adipex-P 37.5 mg tablet, 1 po daily
2. naproxen 500 mg tablet, 1 PO BID
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain

ALLERGIES: DARVOCET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence. Operations; no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single. Children - 3 CHILDREN. Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:
GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inhalant allergies, No sore throat or hoarseness.

000181



Create Date: 2013-4-18

28

Patient: TUCKER, PAULA MRNO: 5427 DOB: 05/26/1965 - Continued
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND. No claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematochezia or melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

EXAMINATION:

VITAL SIGNS: B/P - 127/84 Sitting, Right Arm, regular cuff, Pulse - 87 , Respiration - 20 , Temperature - 97.5 degrees Taken Orally, Weight - 174.60 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction is limited by pain to about 90-100 degrees today.
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

ASSESSMENT:
OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc, 722.10, New
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled
Strain Of Rotator Cuff Capsule, 840.4, New

PLAN:
1. Pain clinic referral may benefit from ESI , Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc
2. Refer to Physical Theraphy needs more therapy on the shoulder , Strain Of Rotator Cuff Capsule

i have explained to patient I see no indications for surgical intervention based on MRI findings- she may benefit from ESI in te lumbar spine. Physical therapy, NSAIDs and pain meds still the right choice for her shoulder, will extend her work restrictions for a month while she completes physical therapy.

000182

Patient: TUCKER, PAULA MRN#: 5427 DOB: 05/26/1965 - Continued
Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 4/18/2013 11:19:29

000183



Create Date: 30

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB6904532

West Waterce Medical Complex
Suite 200
1165 Hwy 1 South
Lugoff, SC 29078

PH: (803) 408-0225
FAX: (803) 408-0729

ApexCare
OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, SC 29078
803-408-0225

PROVIDER: OLAJIDE A. BALOGUN, MD
DATE: 04/18/2013
PATIENT: TUCKER, PAULA
Medical Record Number: 5427 DOB: 05/26/1965

Appt 5/20/13 @ 9:15

T O D A Y ' S C H I E F C O M P L A I N T
HERE FOR MRI RESULTS

C U R R E N T A L L E R G I E S L I S T
DARVECET

C U R R E N T M E D I C A T I O N L I S T
(Drug Name/ Strength, Instructions):
Adipex-P 37.5 mg tablet, 1 po daily
naproxen 500 mg tablet, 1 PO BID
Norco 5-325 mg tablet, 1 po q 6 hr prn pain

T O D A Y ' S V I T A L S I G N S
B/P - 127/84 Sitting, Right arm, regular cuff Pulse - 87 Respiration - 20 O2 Sat - 100 Temperature - 97.5 degrees Taken Orally
Weight - 174.60 lbs. Height - 61.5 inches BMI - 32.45

P R O B L E M L I S T U P D A T E S
OBESITY 278.8 - Improving
Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc 722.10 - New
Strain Of Rotator Cuff Capsule 840.4 - New
PAIN BACK(LUMBAGO-LOW BACK)/Left 724.2 - Uncontrolled
PAIN HIP/Bilateral 719.45 - Uncontrolled
PAIN SHOULDER/Left 719.41 - Uncontrolled

T O D A Y ' S O R D E R S

| DEPT | Description | Diagnosis | Done? | Due Date | |
|---|---|---|---|---|---|
| REF | Pain clinic referral | 722.10 | 05/03/13 | | may benefit from ESI |
| REF | Refer to Physical Theraph the shoulder | 840.4 | 05/03/13 | | needs more therapy on |

F U T U R E A P P O I N T M E N T S

| Appt Date | Appt Time | Description | Provider |
|---|---|---|---|
| 05/20/13 | 09:15 AM | Follow Up | OLAJIDE A. BALOG |

000184



Create Date: 2013-4-18 31

ApexCare
OLAJIDE A. BALOGUN, MD
1165 HWY 1 SOUTH SUITE 200
Lugoff, South Carolina 29078
803-408-0225

PATIENT INFORMATION RECORD

| | |
|---|---|
| Date Record Printed | : 04/18/2013 |
| Patient Name | : Tucker, Paula Y |
| Address | : 1501 MALBERN HILL DR |
| City, State, Zip | : CAMDEN, SC 29020 |
| Account Number | : 5427 |
| Medical Record # | : 5427 |
| Home Phone Number | : |
| Work Phone Number | : 803/713-4454 |
| Date of Birth | : 05/26/1965 |
| Emergency Contact | : |
| Emergency Phone | : |
| Patient Type | : BCBS |

| C | INSURANCE CARRIER | INSURED | INSURED ID |
|---|---|---|---|
| P | BLUE CROSS BLUE SHIELD | PAULA TUCKER | ZCS91088722 |

MEDICATIONS:
1. Adipex-P 37.5 mg tablet, 1 po daily, 30, 2. naproxen 500 mg tablet, 1 PO BID, 60, 3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain and 90

PROBLEM LIST:
1. OBESITY
2. PAIN SHOULDER/Left
3. PAIN HIP/Bilateral
4. Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc
5. PAIN BACK(LUMBAGO-LOW BACK)/Left
6. Strain Of Rotator Cuff Capsule
7. Scrn Mammogram, Other

ApexCare
Olajide Balogun, M.D.
Internal Medicine and Pediatrics
DEA: BB5904532

West Wateree Medical Complex
Suite 200
1185 Hwy 1 South
Lugoff, SC 29078

PH: (803) 408-0225
FAX: (803) 408-0729

Name Tucker, Paula Y DOB: 05/26/1965
SS# 247-35-3877
Account# 5427
Med. Rec. No. 5427

CHIEF COMPLAINT:
C/O LEFT ARM IS SWELLING
F/U STILL HAVING PAIN

HISTORY OF PRESENT ILLNESS:
On 05/20/2013, Paula Tucker, a 47 year old female presented with:

-- Pain in the left shoulder which persists unchanged, Has been compliant with physical therapy and her medications without further improvement. she reports aggravation of the pain by her current job, she states her supervisor has not complied with recommended work restrictions. She informs me she has retained a Lawyer. Also reports umprovoked flare of the pain that results in swelling of the shoulder intermittently, last episode was last week. pain is severe enough to interfere with her sleep.
Also continues to experience significant back pain, that is contributory.
She has an apt with pain management.

with regard to current meds, she says they help the pain enough for her to tolerate it says without medication will not be able to function at all because of the pain. no side effects reported.

Physical therapy has discharged her because she has plateaued- note is made of inconsitency in ROM demonstrated by patient.

MEDICATIONS HISTORY:
1. Adipex-P 37.5 mg tablet, 1 po daily
2. naproxen 500 mg tablet, 1 PO BID
3. Norco 5-325 mg tablet, 1 po q 6 hr prn pain

ALLERGIES: DARVECET

PAST HISTORY:
Chronic Illnesses - no serious past illnesses. Accidents - no injuries of consequence.
Operations: no previous surgeries.

FAMILY HISTORY:
Father - *Deceased, ASTHMA ATACK and EMPHYZIMA. Mother - *Deceased and BOWEL OBSTRUCTION;

SOCIAL HISTORY:
Alcohol Use - None. Smoking - 1/2 ppd. Diet - balanced Diet. Lifestyle - NONE. Exercise - daily active work. Seat Belt Use - Always. Occupation - DEPARTMENT OF MENTAL HEALTH. Job Description - high stress and moderatly physical. Illicit Drug Use - denies use of street drugs. Marital Status - single, Children - 3 CHLDREN, Sexual Activity - did not discuss sexual history. Residence - ALONE WITH KIDS. Place of Birth - SC. Religion - Baptist

REVIEW OF SYSTEMS:

GENERAL - Denies fever or chills.
SKIN - No changes in turgor or texture. No rashes. No lesions.
EYES - No changes in vision.
ENT - No changes in hearing. No nasal drainage or congestion. No inha)
sore throat or hoarseness.
RESPIRATORY - No cough, wheezing or dyspnea.
CARDIOVASCULAR - No chest pain, palpitations or edema. No orthopnea or PND, claudication.
GASTROINTESTINAL - No nausea, vomiting or changes in bowel patterns. No hematoche. melena. No Hx of hepatitis or jaundice.
MUSCULOSKELETAL - See HPI
NEUROLOGICAL - No seizures or syncope. No paresthesias, tremor or weakness. No headache or confusion.
ENDOCRINE - No polydipsia or polyuria. Weight and appetite stable. No cold or heat intolerance.
HEMATOLOGIC/ONCOLOGIC - No bruising or unusual bleeding. No Hx of anemia. No lymphadenopathy.

EXAMINATION:

VITAL SIGNS: B/P - 131/88 Sitting, Right arm, regular cuff, Pulse - 87 , Respiration - 20 , Temperature - 97.5 degrees Taken Orally, Weight - 170.00 lbs., Height - 61.5 inches

CONSTITUTIONAL - Well developed, well nourished, in no distress.
SKIN - Normal turgor and texture. No suspicious lesions.
HEAD - Normal. No trauma.
EYE - PERRLA, EOMI, anicteric sclera
ENT - TM's normal color with distinct landmarks. Nasal membranes normal. No oral or pharyngeal lesions.
NECK - No masses, lymphadenopathy or thyroid abnormality.
CHEST - Clear to auscultation and percussion. Effort normal.
CARDIAC - Regular rate and rhythm. No murmur, gallop, rub or click. No JVD, carotid or abdominal bruits. Peripheral pulses normal and symmetric.
ABDOMEN - BS(+), soft, nontender, nondistended. No masses or organomegaly.
EXTREMITIES - left shoulder abduction is limited by pain to about 90-100 degrees today.
NEUROLOGICAL - Alert and oriented. Gait normal. Cranial nerves grossly intact. No obvious motor or sensory deficits. Deep tendon reflexes normal and symmetric.
PSYCHIATRIC - Normal mood and appropriate affect.
IMMUNOLOGIC - No lymphadenopathy.
BACK - tenderness lower back and negative straight leg raising

ASSESSMENT:
OBESITY, 278.8, Improving
PAIN SHOULDER/Left, 719.41, Uncontrolled
PAIN HIP/Bilateral, 719.45, Uncontrolled
Neuritis Or Radiculitis Due To Displacement Of Lumbar Intervertebral Disc, 722.10, New
PAIN BACK(LUMBAGO-LOW BACK)/Left, 724.2, Uncontrolled
Strain Of Rotator Cuff Capsule, 840.4, Uncontrolled

PLAN:
1. Orthopedics referral Piasecki...PAXING CB..DOBI , PAIN SHOULDER/Left

more paperwork filled out and restrictions extended for another month

DRUG RX:
1. Norco 5-325 mg tablet, 1 po q 6 hr prn pain, 90, Refills:, 0

FOLLOWUP: _Return in 1 month

Entered by: Olajide A. Balogun, MD

Electronically signed by Olajide A. Balogun, MD 5/20/2013 19:11:35

KershawHealth Medical Center
Radiology Department
Halle and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

Patient: TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN,SC 29020

Age: 47 Sex: F

DOB: 05/26/1965

Serv Dt/Tm: 01/22/13 / 1140
Loc: RAD
Status: REG CLI

Ord Dr. BALOGUN, OLAJIDE A MD
Rm/Bed: Acct #: K10000987063
Req #: 13-0003048

MRN. M000258045

**Report Status: Signed**

REASON FOR EXAMINATION: BACK AND HIP PAIN

BILATERAL HIPS (THREE VIEWS) 01-22-13

Three views including AP and frogleg views of the hips demonstrate the osseous structures to be normally aligned and intact. The soft tissues are unremarkable.

SACRUM AND COCCYX

Two views demonstrate the osseous structures to be normally aligned and intact. The soft tissues are unremarkable.

LUMBAR SPINE (THREE VIEWS)

Three views reveal minimal degenerative disc disease changes at L2-3 and L3-4 and mild degenerative facet joint changes at L4-5 and L5-S1. No acute osseous abnormalities are seen.

ORDER #: 0122-0055 XR/HIP BILATERAL W/ AP PELVIS
IMPRESSION: NORMAL EXAMINATION.

ORDER #: 0122-0056 XR/SACRUM AND/OR COCCYX
IMPRESSION: NORMAL EXAMINATION.

ORDER #: 0122-0057 XR/LUMBOSACRAL SPINE 2 OR 3 VIEWS
IMPRESSION: MILD DEGENERATIVE CHANGES.

Dictated by:DONALD J COPLEY MD

<Electronically signed by DONALD J COPLEY MD> <<Signature on File>>

Trans by: APS
Trans date/time: 01/22/13 1221

Signed
cc:BALOGUN,OLAJIDE A MD
Report #0122-0140

000189



36

KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

Patient: TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN,SC 29020

Age: 47 Sex: F

DOB: 05/26/1965

Serv Dt/Tm: 04/17/13 / 1319
Loc: RAD
Status: REG CLI

Ord Dr: BALOGUN, OLAJIDE A MD
Rm/Bed: Acct #: K10001014806
Req #: 13-0015187

MRN: M000258045

**Report Status: Draft**

REASON FOR EXAM: LUMBAGO

MRI LUMBAR SPINE 4/17/13

Multiple MRI sequences were made through the patient's lumbar spine and reveal mild disc desiccation at L4-5. The vertebral body heights, signals and alignment are normal. No spinal stenosis is seen. Mild concentric disc bulge is present at L4-5 and a very small disc protrusion is felt to be present at L5-S1 on the right.

LEFT SHOULDER MRI

Multiple sequences were made through the patient's shoulder and reveal trace of fluid in the joint. The biceps tendon appears intact. There is increased signal and thickening of the rotator cuff tendon consistent with tendinosis. However, no full-thickness tear is felt to be present. The superior labrum appears intact as well as the anterior labrum. The osseous signals are unremarkable.

ORDER #: 0417-0009 MRI/LUMBAR SPINE WO CONTRAST
IMPRESSION: VERY SMALL DISC PROTRUSION AT L5-S1 ON THE RIGHT. MILD CONCENTRIC DISC BULGE AT L4-5. CHRONIC DEGENERATIVE DISC DISEASE CHANGES WITH MILD DISC DESICCATION AT L4-5. NO DISC NARROWING IS SEEN. NO SPINAL STENOSIS IS SEEN.

ORDER #: 0417-0010 MRI/UPPR EXTRM ANY JT WO CONTRS LT
IMPRESSION: ROTATOR CUFF TENDINOSIS (TENDINOPATHY).

Dictated by:DONALD J COPLEY MD

Trans by: TKR
Trans date/time: 04/17/13 1821

Draft
cc:
Report #0417-0165

# GENERAL MEDICAL INFORMATION

(answering all questions will help us be aware of your general health status)

Patient's Full Name: Paula (First) Yvette (Middle) Rucker (Last) Chart #: _____ Date: 05/24/13

Age 48 Sex FM Race Black Yoga Physician's #: _____

What is the purpose of your visit today (name body part): Left Neck, Shoulder, Back, Hip ☐ RIGHT or ☐ LEFT or ☐ BOTH SIDES

Date of injury or date of first symptom: April 2011 Describe: I slipped + fell on a piss + sleep in one of the residents room at work. I tried to break the fall using my left hand tried to hold onto the wall, tried to reach for the door with my right hand + I fell on my left side + hit my head.

Previous treatment (when and by whom): Oct. 28th, 2011 I was hitting my head.

TUCKER, PAULA
81313001221
MR 000892295 STORICK, STEVEN B
05/26/1965 47Y F

Were x-rays taken (if so, by whom and when)? Yes July 2012, Jan. 2013

## MEDICAL HISTORY

Are you ALLERGIC to any medications? ☐ NO ☑ YES Please list them: Darvocet, Codeine ☐ Betadine ☐ Latex

Where did the injury occur? ☐ Home ☑ Work ☐ Auto ☐ School Athletics ☐ Motor Cycle ☐ Other ☐ What State? S.C.

CURRENT MEDICATIONS, VITAMINS, OR HERBAL SUPPLEMENTS:

Naproxen 500 mg. 1 tab 2x daily, Percocodon - Acetaminophen 5-325 1 tab by mouth every 6 hrs per Pain.

LIST ALL SURGICAL PROCEDURES AND ANY HOSPITALIZATIONS IN YOUR LIFETIME:

Tubes Tied Dec. 22nd, 2006, D+C Esophagus.

MEDICAL ILLNESSES: (check the ones you have now or have had in the past)

| | | | | |
|---|---|---|---|---|
| ☐ Acid reflux | ☐ Diabetes | ☐ Heart attack | ☐ Kidney failure | ☐ Sickle cell treatment |
| ☑ Anemia | ☐ Eating Disorders | ☐ Hepatitis | ☐ Mental Disorders | ☐ Sleeping Disorders |
| ☐ Asthma | ☐ Emphysema | ☐ Hiatal hernia | ☑ Panic Attacks | ☐ Strokes |
| ☐ Bleeding disorder | ☐ Epilepsy | ☐ High blood pressure | ☐ Phlebitis | ☐ Thyroid problems |
| ☐ Blood transfusion | ☐ Gallbladder trouble | ☐ HIV / AIDS | ☐ Poor circulation | ☐ Tuberculosis |
| ☐ Chronic bronchitis | ☐ Glaucoma | ☐ Kidney / bladder infection | ☐ Reflux | ☐ Ulcers |
| ☐ Cancer | ☐ Gout | ☐ Kidney stones | ☐ Sickle cell anemia | |

Other: Seizures, Allergies

SOCIAL HISTORY: (please check) ☑ Single ☐ Married ☐ Divorced ☐ Widowed

Do you have children? ☐ NO ☑ YES # 2 (2 / 6) Do you live alone? ☑ NO ☐ YES

Are you on a special diet? ☑ NO ☐ YES Describe: _____

Do you smoke currently? ☐ NO ☑ YES Amount: 1/2 packs / day for 20 years on + off.

Have you quit smoking? ☐ NO ☐ YES Amount: _____ packs / day for _____ years

How much alcohol do you drink? ☑ none ☐ occasional ☐ 1-2 drinks / day ☐ more

WORK HISTORY: (please check one below)

☑ Employed ☐ Unemployed ☐ Self-Employed ☐ Student ☐ Homemaker ☐ Retired ☐ Disabled

Type of work: Mental Health Asst. Employer: Dept. of Mental Health Occupation: MHA II.

FAMILY HISTORY: (please check any that have occurred in blood relatives)

| | | | | | |
|---|---|---|---|---|---|
| ☐ Bleeding | ☐ Cancer | ☐ Heart disease | ☐ High blood pressure | ☐ Tuberculosis | ☐ Mental Disorders |
| ☐ Arthritis | ☐ Diabetes | ☐ Kidney disease | ☐ Sickle cell disease | ☐ Stroke | |

If patient is a minor, list all others living in the household and their relationship to the patient: _____

Referring Physician: Olajide A. Balogun MD (FULL NAME) Family Physician: _____ (FULL NAME)

1165 Hwy. 1 South Suite 300 (ADDRESS) Lugoff (CITY) S.C. (STATE) 29078 (ZIP) 803-408-0225 (PHONE)

Athletic Trainer: (if student athlete) _____ (FULL NAME) School: _____ (FULL NAME)

(ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

IF NO REFERRING DR. INITIAL HERE _____

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## REVIEW OF SYSTEMS

Please check any of the following symptoms which apply to you. Use the space provided to describe any detailed history of these problems.

☐ I HAVE NONE OF THE PROBLEMS LISTED BELOW

**I. General Health**

- ☐ Present Weight: 176 Height 5'2" Pulse ___
- ☐ Any significant weight change?
- ☐ Loss of appetite?
- ☐ Recent Fever
- ☐ _____

**II. Eye, Ear, Nose, & Throat**

- ☐ Recent bad cold or sinus infection?
- ☐ Frequent hay fever symptoms?
- ☑ Seasonal/Year Round?
- ☐ Vision trouble?
- ☐ Hearing trouble?
- ☐ Frequent nose bleeds?
- ☐ _____

**III. Respiratory**

- ☐ Shortness of breath?
- ☐ Frequent cough?
- ☐ Wheezing?
- ☐ Do you use CPAP machine?
- ☐ _____

**IV. Cardiac**

- ☐ Chest pains?
- ☐ Heart murmur?
- ☐ Palpitations/irregular heart beat?
- ☐ Dizziness/light headedness?
- ☐ _____

**V. Skin**

- ☐ Rash?
- ☐ Psoriasis?
- ☐ Eczema?
- ☐ _____

**VI. GI**

- ☐ Frequent heartburn or indigestion?
- ☐ Frequent nausea or vomiting?
- ☐ Constipation?
- ☐ Diarrhea?
- ☐ Blood in stools or black stools?
- ☐ Jaundice?
- ☐ Liver Problems?
- ☐ _____

**VII. Urinary**

- ☐ Painful urination?
- ☐ Blood in urine or dark urine?
- ☐ Loss of bladder control?
- ☐ _____

**VIII. Neurological**

- ☐ Frequent headaches?
- ☐ Loss of balance?
- ☐ Seizures?
- ☐ Fainting spells?
- ☐ Have you been diagnosed with fibromyalgia, RSD, or pain syndrome?
- ☐ Claustrophobia?
- ☐ _____

**IX. Hematologic**

- ☐ Easy bruising and bleeding?
- ☐ Severe blood loss with previous surgery?
- ☐ Anemia?
- ☐ Do you take a blood thinner?
- ☐ _____

**X. Anesthesia**

- ☐ No previous problems?
- ☐ Nausea and vomiting?
- ☐ Difficulty opening mouth?
- ☐ Difficulty waking up from surgery?
- ☐ Malignant hyperthermia?
- ☐ Family member had problems?
- ☐ Have you had surgery at Midlands before?
- ☐ _____

**XI. Gynecological (females only)**

- ☐ Menstrual problems?
- ☐ _____

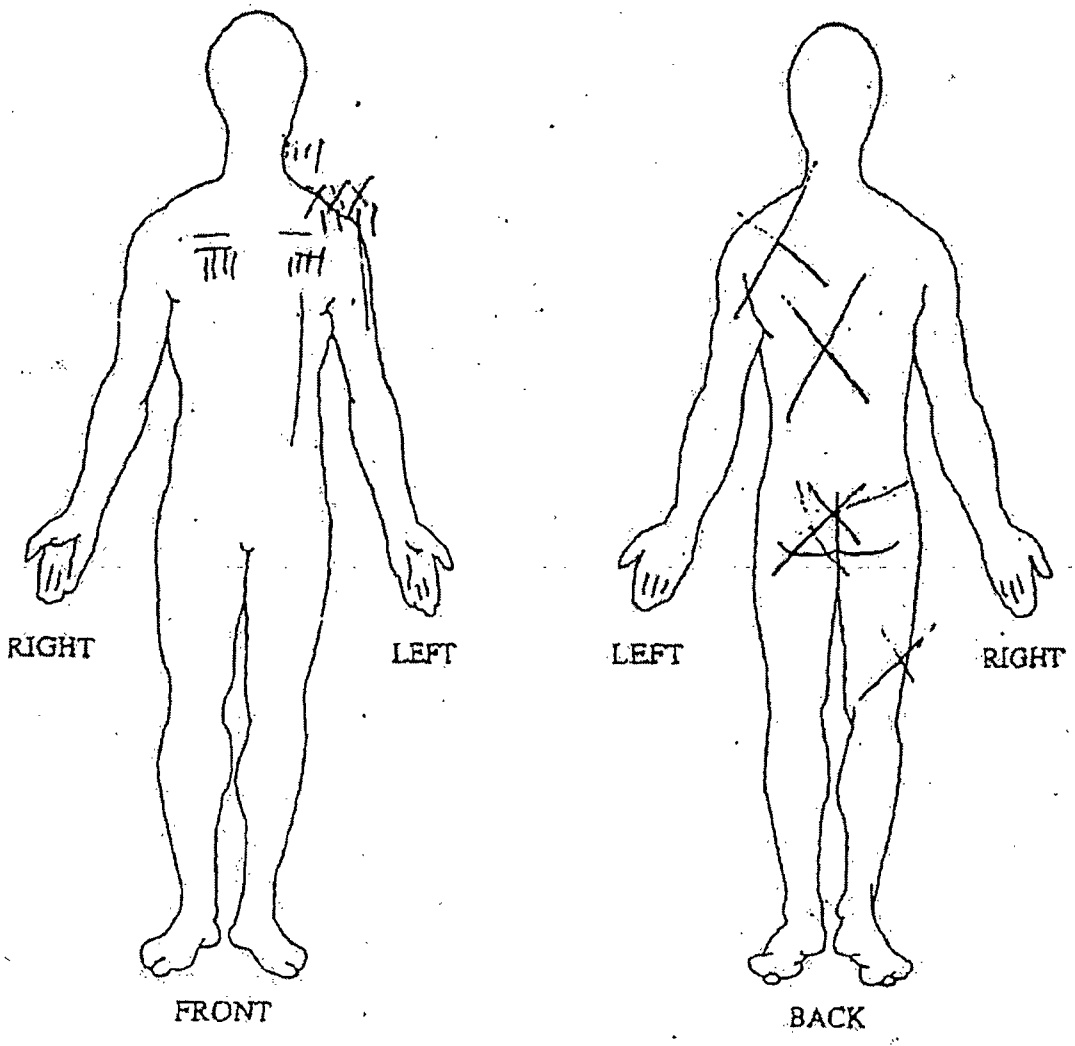
**XII. Psychiatric**

- ☐ Depression?
- ☐ Hyperactive ADD?
- ☐ Anxiety?
- ☐ _____

Pre-Op Interview Notes: _____ 5/29/13

Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Include all the affected areas.

ACHING ═ NUMBNESS ═ PINS AND NEEDLES 0000 BURNING XXX STABBING ////




*HOW BAD IS YOUR PAIN NOW?*

Please mark with a large X on the body picture where the pain is the worst now.

Circle the number below that best shows how bad your pain is now.

No Pain 1 2 3 4 5 6 7 8 (9) 10 Worst Possible Pain

PALMETTO HEALTH BAPTIST
PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1
MI
05

Steven B. Stanek, MD
(803)794-0322 (F) 794-0322

Please answer by checking one box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem

### Section 1: Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☒ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

### Section 2: Personal Care (eg. washing, dressing)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☒ It is painful to look after myself and I am slow and careful
- ☐ I need some help but can manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, wash with difficulty and stay in bed

### Section 3: Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives me extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor but can manage if they are placed on a table
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weight if they are conveniently positioned
- ☒ I can only lift very light weights
- ☐ I cannot lift or carry anything

### Section 4: Walking

- ☐ Pain does not prevent me from walking any distance
- ☐ Pain prevents me from walking more than a mile
- ☐ Pain prevents me from walking more than 1/2 mile
- ☒ Pain prevents me from walking more than 1/4 mile
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

### Section 5: Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favorite chair as long as I like
- ☐ Pain prevents me from sitting more than 1 hour
- ☐ Pain prevents me from sitting more than 30 min
- ☒ Pain prevents me from sitting more than 10 min
- ☐ Pain prevents me from sitting at all

### Section 6: Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing more than 1 hour
- ☒ Pain prevents me from standing more than 30 min
- ☐ Pain prevents me from standing more than 10 min
- ☐ Pain prevents me from standing at all

### Section 7: Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain, I have less than 6 hrs sleep
- ☒ Because of pain, I have less than 4 hrs sleep
- ☐ Because of pain, I have less than 2 hrs sleep
- ☐ Pain prevents me from sleeping at all

### Section 8: Sex Life (if applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal, but causes extra pain
- ☐ My sex life is nearly normal but is painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☒ Pain prevents any sex life at all

### Section 9: Social Life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests (eg. sports)
- ☒ Pain has restricted my social life; I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

### Section 10: Traveling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over 2 hrs
- ☒ Pain restricts me to journeys less than 1 hr
- ☐ Pain restricts me to necessary journeys under 30 min
- ☐ Pain prevents me from travelling except to receive treatment

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KER, PAULA
313001221
MR 0008922295 STORICK, STEVEN B
05/28/1965 47Y F

SOAPP®-R

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

| | Never | Seldom | Sometimes | Often | Very Often |
|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 |
| 1. How often do you have mood swings? | o | o | ✓ | o | o |
| 2. How often have you felt a need for higher doses of medication to treat your pain? | o | o | o | ✓ | o |
| 3. How often have you felt impatient with your doctors? | ✓ | o | o | o | o |
| 4. How often have you felt that things are just too overwhelming that you can't handle them? | o | o | o | ✓ | o |
| 5. How often is there tension in the home? | o | ✓ | o | o | o |
| 6. How often have you counted pain pills to see how many are remaining? | ✓ | o | o | o | o |
| 7. How often have you been concerned that people will judge you for taking pain medication? | ✓ | o | o | o | o |
| 8. How often do you feel bored? | o | o | o | ✓ | o |
| 9. How often have you taken more pain medication than you were supposed to? | ✓ | o | o | o | o |
| 10. How often have you worried about being left alone? | ✓ | o | o | o | o |
| 11. How often have you felt a craving for medication? | ✓ | o | o | o | o |
| 12. How often have others expressed concern over your use of medication? | ✓ | o | o | o | o |

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Pain Edu

| | Never | Seldom | Sometimes | Often | Very Often |
|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 |
| 13. How often have any of your close friends had a problem with alcohol or drugs? | ✓ | o | o | o | o |
| 14. How often have others told you that you had a bad temper? | o | o | ✓ | o | o |
| 15. How often have you felt consumed by the need to get pain medication? | ✓ | o | o | o | o |
| 16. How often have you run out of pain medication early? | o | ✓ | o | o | o |
| 17. How often have others kept you from getting what you deserve? | ✓ | o | o | o | o |
| 18. How often, in your lifetime, have you had legal problems or been arrested? | ✓ | o | o | o | o |
| 19. How often have you attended an AA or NA meeting? | ✓ | o | o | o | o |
| 20. How often have you been in an argument that was so out of control that someone got hurt? | ✓ | o | o | o | o |
| 21. How often have you been sexually abused? | ✓ | o | o | o | o |
| 22. How often have others suggested that you have a drug or alcohol problem? | ✓ | o | o | o | o |
| 23. How often have you had to borrow pain medications from your family or friends? | ✓ | o | o | o | o |
| 24. How often have you been treated for an alcohol or drug problem? | ✓ | o | o | o | o |

*Please include any additional information you wish about the above answers. Thank you.*

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PainEDU

Master Medication List

Palmetto Health Baptist Pain and Orthaepedic Care
Columbia, South Carolina

TUCKER, PAULA
B1313001221
MR 000892295 STORICK, STEVEN B
05/26/1965 47Y F

ALLERGIES: Darvocet, Codeine

NKDA ____ PCN ____ CODEINE ____ MORPHINE ____ SULFA ____ OTHER (LIST) ____

HT: 5 2/2 WT: 175 Pharmacy and phone no.: ____

| Significant diagnoses | Past surgical history/Date |
|---|---|
| | |
| | |
| | |
| | |

| Date | Medication, Dosage, and Administration | Prescribing Provider | Current | D/C'd |
|---|---|---|---|---|
| | - Naproxen 500 mg 1 tab 2x daily | | | |
| | - Hydrocodone-Acetaminophen 5/325 1 tab po every 6 hours prn pain | | | |
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PALMETTO HEALTH BAPTIST
PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1313001221
MR 000892295 STORICK, STEVEN B
05/26/1965 47Y F

Date: 6/29/13

Patient: Paula Tucker Chart:

CC: neupt consult Left neck, Left shoulder
2yrs do Left Arm + Back + Lt leg Allergy: Darvocet

Ref: Dr Balogun Pcp: Dr Balogun Codeine

(47) API:

1:03

BP 106/71 Sat 100% PHYSICAL EXAM General:

P 81 HEENT:

R 18 Lungs:

T 97.8 Chest:

W 175 Ht 5'2 Extrem:

NEURO:

DTR L R

Sensation: PP LT Motor: Arms Legs

SLR: Sitting- L R Supine: L R Tripod

Patrick's: L R Atrophy:

Gaenslen's: L R Spurlings Myclonus

Plantar Reflex: L R GON: L R CN:

Allodynia:

Gait: Antalgic Nonantalgic Sympathetic

ROM- Hip: L R Flex: Ext: Painful nonpainful

Neck Back Tender TP/Spasms

ASSESSMENT

1.

2.

3.

PLAN

Give the following meds:

1.

2.

3.

Schedule for injection:

Other:

F/U days weeks months

Steven B. Storick, M.D.

000198

223 Stoneridge Drive
Columbia, SC 29210

PHONE (803) 296-PAIN

palmettohealth.org

45

Palmetto Health Baptist Pain and [illegible]pedic Care
Columbia, South Carolina

UCKER, PAULA
1313001221
MR 000892285 STORICK, STEVEN B
05/28/1965 47Y F

Nursing Progress Note

| Date: | |
|---|---|
| 6/13/13 | Patient was a no show. ART. |

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# PALMETTO HEALTH
# PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME:** TUCKER, PAULA
**DOB:** 05/26/1965
**VISIT DATE:** 05/29/2013

**RECORD NO:** 000892295
**ACCOUNT #:** 1313001221

REFERRING PHYSICIAN: Olajide Balogun, M.D.

CHIEF COMPLAINT: "My neck, shoulder, and arm pain."

Dear Dr. Balogun:

Thank you for the referral of Paula Tucker. She is a 47-year-old female with about a 2-year history of persistent left shoulder and arm pain as well as right low back and leg pain. Her worst complaint is the left neck that extends into the shoulder, scapula, and subsequently down the arm typically to the elbow. She describes this as "hurts-burning" constant pain. Her symptoms are worse with activities as well as lying on her left shoulder. For the most part, she is asymptomatic in her dominant right arm. Ms. Tucker describes subjective weakness but there is no frank motor loss, numbness, or sphincter dysfunction. The patient also has a lesser degree of right low back pain that radiates to her knee. She describes that as a burning pain that seems to come and go may be more associated with activities. Again, she notes subjective weakness in that extremity. The patient is asymptomatic in her left leg. Physical therapy was not helpful. She denies any chiropractic treatments. One local shoulder injection was performed without any improvement. She has also been on a Dosepak of steroids twice without any pain relief. She denies a history of any spine or shoulder surgeries. Medications include Naprosyn and hydrocodone periodically. There have been no nerve studies of the extremities. Her left shoulder MRI report from 04/17/2013 notes increased signal and thickening of the rotator cuff tendon consistent with tendinosis but no full-thickness tears noted. Lumbar MRI notes mild degenerative disc disease at L4-5. There is a question of a very small disc herniation to the right L5-S1. I call into question that there is a right lateral disc protrusion at L4-5 impinging on the L4 nerve root. The patient's Oswestry is 70%, SOAPP-R is 15, and her VAS is 9/10.

**ALLERGIES: No known drug allergies; intolerance to codeine and Darvocet (jittery and nervous).**

MEDICATIONS: Naprosyn, hydrocodone.

PAST MEDICAL HISTORY: Seasonal allergies and previous panic attacks but no longer on her treatments. Surgeries include BTL and diagnostic laparoscopy.

SOCIAL HISTORY: The patient is single, two children ages 20 and 16. She also has an adopted child. She smokes 1/2 pack of cigarettes a day periodically. No alcohol consumption is reported. The patient is employed as a mental health assistant.

FAMILY HISTORY AND REVIEW OF SYSTEMS: Reviewed and documented in the chart. Pertinent review of systems noted in HPI. The patient completed a 12-point review of systems.

PHYSICAL EXAMINATION: Vital Signs: Stated height is 5 feet 2, weight 175 pounds. Blood pressure 106/70, pulse 82, respirations 18. General: This is a pleasant, short-statured female in no acute distress. Extremities: Warm to touch. No cyanosis, edema, discoloration, or muscle atrophy. No ulcerations. Extremities: She has extremely limited range of motion in all planes of her left shoulder. She would not extend the arm to even 70-80 degrees which she accounts from weakness and pain. There is no edema around the shoulder joint. She is diffusely tender in the left shoulder and upper arm. Hair growth and nails are symmetrical. Full range of motion of the hips with internal and external rotation non-painful. Deep compression of the hip bursae nontender. Musculoskeletal: The patient stands upright. Spine is normally



223 STONERIDGE DRIVE COLUMBIA, SC 29210 PHONE 803-296-7246
FAX 803-296-2400 www.PalmettoHealth.com

# PALMETTO HEALTH
# PAIN MANAGEMENT AND REHABILITATION CENTER

**NAME: TUCKER, PAULA**
**DOB: 05/26/1965**
**VISIT DATE: 05/29/2013**

**RECORD NO: 000892295**
**ACCOUNT #: 1313001221**



aligned. The pelvis is level. Normal range of motion in the neck and low back in flexion and extension. She is diffusely tender along the lower thoracic and lumbar spine over to the right sciatic notch. The piriformis is nontender. Neurologic: Sensation is decreased in a sporadic and non-dermatomal fashion of the left arm and right leg. Motor function was inconsistent in the upper and lower extremities although I did not really perceive any specific abnormalities. DTRs were 2+ and equal. No clonus. Plantar reflexes downgoing. Gait is non-antalgic. No footdrop. No sympathetic change or allodynia. Negative Hoffmann. No history of Lhermitte. Psychological: Alert and oriented x3. Normal thought processes. No clinical evidence of depression or anxiety.

ASSESSMENT:
1. Chronic left neck, shoulder, and arm pain.
2. Chronic right back and leg pain.
3. Possible cervical spondylosis versus left shoulder abnormality.
4. Early L4-5 degenerative disc disease with possible right lateral disc protrusion.

PLAN: Ms. Tucker describes chronic pain issues. She has undergone appropriate conservative treatments today. Neurologically, she is intact without any specific deficits. I am not quite sure if her left neck, shoulder, and arm are a cervical problem versus shoulder. She had a recent MRI that did not note any significant abnormality nor did she have response from the injections or medicines. It is reasonable to try a cervical epidural steroid injection to see if this will calm down her pain. Should she continue to remain symptomatic, then a cervical MRI would be the next step. I also provided her a prescription to start on Neurontin 300-600 in the evenings. The patient reports having a refill of the hydrocodone which she seems to be using sparingly. I have the radiologist to review the lumbar MRI which calls into question a lateral disc protrusion at L4-5. She may respond to an epidural steroid injection at that level at some point in the future. The risks and benefits as well as the side-effects of the medicines and injections were reviewed in detail with the patient today. I have continued her on her light duty status for now. The patient is agreeable to the treatment plan outlined above. Should you have any questions or concerns, please feel free to contact me at your convenience. Again, thank you for the referral of this pleasant lady.

Yours truly,
Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25

Steven B. Storick, MD/aih

D: 05/29/2013 16:28 T: 05/29/2013 21:22
Job #: 28932 Doc #: 20628079
cc: Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25 Steven B. Storick, MD
Olajide Balogun, M.D.

Electronically signed by Steven B. Storick, MD at 05/31/2013 07:11:25

000201

PALMETTO HEALTH

PALMETTO HEALTH PAIN MANAGEMENT AND REHABILITATION CENTER
223 Stoneridge Drive, Columbia, SC 29210
Phone (803) 296-7246 Fax (803) 296-2400

M. David Redmond, M.D.
DEA BR1689174 SC# 14236
Ross D. Lynch, M.D.
DEA AL1440158 SC# 10738
Steven B. Sterlek, M.D.
DEA BS2451906 SC# 15870

For: Paula Tucker Date: 5/29/13

Address:

℞ Neurontin 300 mg
#60
1 to 2 po q PM p Drinks

Refill 1 times

Dispense as Written M.D. Substitution Permitted M.D.

000202

PALMETTO HEALTH

Pain Management and Rehabilitation Center

TUCKER, PAULA
B1315001817
MR 000892295 STORICK, STEVEN B
05/26/1965 48Y F

To Whom It May Concern:

Paula Tucker was seen at Palmetto Health Pain Management and Rehabilitation Center today, 5/29/13 and may return to work/school on 6/1/13. See work Status for with Physical Limitations

Thank you,

J. Dalfino

Palmetto Health Pain Management and Rehabilitation Center

000203

223 Stonendge Dr.
Columbia, SC 29210
PHONE: 803-296-PAIN (7246)
FAX: 803-296-2400
PalmettoHealth.org/PainAndRehab

PALMETTO HEALTH BAPTIST

TAYLOR AND MARION ST
COLUMBIA, SC 29220

# OUTPATIENT REGISTRATION

| PATIENT ACCOUNT NO | SERVICE DATE & TIME | DISCHARGE DATE & TIME | PT TYPE | AC | SV CODE | ADM SOURCE | TYPE | PRI CLASS | STATION | ROOM | BED | MEDICAL RECORD NO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1315001617 | 05/30/2013 12:38 | | PMB | MIS | 1 | 3 | 62 | | PNM | | | 000892295 |

| DATE OF BIRTH | SEX | RACE | MARITAL STATUS | AGE | DATE OF LAST VISIT | PUBLICITY | ADVANCE DIRECTIVE | ORGAN DONOR |
|---|---|---|---|---|---|---|---|---|
| 05/28/1965 | F | 81 | D | 48Y | 05/29/2013 | YES DIRECTORY | Info Not Available | |

**NAME AND ADDRESS**
TUCKER, PAULA
1501 MALVERN HILL DR

CAMDEN SC 29020

SOCIAL SECURITY NUMBER: 247353877
COUNTY: Kershaw
PHONE: (803)713-4454
DENOMINATION:

**EMPLOYER**
4490
4444 BROAD RIVER RD

COLUMBIA SC 29210

OCCUPATION:
STATUS: Employed Full Time
PHONE: (803)896-3300
CHURCH:

**GUARANTOR NAME AND ADDRESS**
TUCKER, PAULA
1501 MALVERN HILL DR

CAMDEN SC 29020

SOCIAL SECURITY NUMBER: 247-35-3877
RELATIONSHIP: Self
PHONE: (803)713-4454

**GUARANTOR EMPLOYER**
4490
4444 BROAD RIVER RD

COLUMBIA SC 29210

OCCUPATION:
STATUS: Employed Full Time
PHONE: (803)896-3300

NOTIFY IN CASE OF EMERGENCY
TUCKER, LAVONNE
603 YORK STREET

CAMDEN SC 29020

RELATIONSHIP: Other
PHONE: (803)425-4679

NEXT OF KIN:
RELATIONSHIP:
PHONE:

**INSURANCE 1**
BCBS STATE EMPLOYEES
TUCKER, PAULA
ZCS91088722
STATE GROUP PROCESSING
PO BOX 100605
COLUMBIA SC 292600605
INSURED DOB: 05/28/1965

**INSURANCE 2**
1500 BCBS STATE EMPLOYEE
TUCKER, PAULA
ZCS91088722
STATE GROUP PROCESSING
PO BOX 100605
COLUMBIA SC 292600605
INSURED DOB: 05/28/1965

**INSURANCE 3**
INSURED DOB:

**INSURANCE 4**
INSURED DOB:

ADMITTING DIAGNOSIS/CHIEF COMPLAINT
CESI

DATE OF LAST VISIT: 05/29/2013

ADMITTING PHYSICIAN: 15878 STORICK, STEVEN B
ADM PHY PHONE: (803)296-7245

PRIMARY PHYSICIAN: 301057 BALOGUN, OLAJIDE A

HR RESISTANT ORG:

000204

Printed on 05/30/2013 12:39 PM

PALMETTO HEALTH

# PROCEDURE RECORD

DATE 5.30.13
PATIENT Paula Tucker
PHYSICIAN Dr. Steven Storick
NURSE Sheila
CONSENT Signed
PROCEDURE START 1315
PROCEDURE FINISH 1320

MODE OF ENTRY ☑ AMBULATORY ☐ WHEELCHAIR ☐ CANE/WALKER ☐ CART
STATUS NPO _____ PREGNANCY _____
POSITION ☐ PRONE ☐ SUPINE ☐ ___ LATERAL ☐ SITTING ☐ OTHER ____
PREP ☐ BETADINE ☐ ALCOHOL ☐ HIBICLENS
IV SITE L/R ☐ ARM ☐ HAND ☐ WRIST
IV ACCESS ☐ 20G ☐ 22G ANGIOCATH
IV ☐ FLUID ☐ HEPLOCK ☐ DC'D WITH PRESSURE DRESSING APPLIED

PROCEDURE: CESI
5cc XYLOCAINE 1% LOCAL
____ BUPIVACAINE .25% .5%
____ METHYL PREDNISOLONE
____ OMNIPAQUE
1cc OTHER Kenalog 40mg/ml
✓ FLUORO: OPERATED BY Storick
10cc Normal Saline

DISCHARGE
☑ WEIGHT BEARING
☐ HORNERS SIGN
☐ WARMTH
☐ NUMBNESS
MODE OF EXIT Ambulatory c nurse
DISCHARGE HOME AT 1345
DRIVER Uncle / Sister

| TIME | B/P | P | R | O2SAT | T | WT |
|---|---|---|---|---|---|---|
| 1249 | 125/85 | 83 | 18 | 100% | 97.6 | 175 |
| 1322 | 128/81 | 88 | 22 | 100% | | |

NOTES: Pt. tolerated well. Discharge instructions given. Pt. verbalized understanding.

## PLAN OF CARE

| POTENTIAL PROBLEMS | ACTIONS: PRE-PROCEDURE | ACTIONS: INTRA-PROCEDURE | ACTIONS: POST-PROCEDURE | OUTCOMES |
|---|---|---|---|---|
| Cardiovascular<br>☑ Changes from initial assess | ☑ Assess vital signs<br>Other ____ | ☑ Cardiac monitor<br>☐ Assess vital signs<br>Other ____ | ☑ Cardiac monitor<br>☑ Assess vital signs<br>Other ____ | ☑ Vital signs stable<br>☑ No symptomatic arrhythmias<br>☑ No chest pain |
| Respiratory<br>☑ Changes from initial assessment | ☑ Baseline O2 sat 100%<br>☑ Assess resp status<br>Other ____ | ☐ Monitor O2 sat<br>☑ Assess resp status<br>Other ____ | ☑ Assess resp rate & rhythm<br>Other ____ | ☑ No resp difficulty<br>☑ O2 sat 90%<br>Other ____ |
| Musculoskeletal<br>☑ Changes from initial assess | ☑ Position for comfort<br>Other ____ | ☑ Correct anatomical position for procedure and pt. limitations<br>Other ____ | ☑ Position for comfort within pt. procedural limitations<br>Other ____ | ☑ No S & S of skin breakdown<br>Other ____ |
| Allergies/reactions<br>☑ Changes from initial assess | ☑ Chart Labeled<br>☑ MD notified | ☐ Alternate needs/measures used | ☐ Alternate needs/measures used | ☑ No S & S of reaction |
| Need for a safe & Comfortable environment<br>☑ Changes from initial assess | ☑ Time out protocol observed with nurse & physician<br>☑ Proper ID of patient<br>☑ Proper procedure / consent<br>☑ Proper site / position<br>☑ Site marked if required<br>☑ Provide appropriate equip.<br>Signature ____<br>☑ Assure patient privacy<br>☑ Provide comfort measures<br>☑ Assess patient for fall risk and prevention: Institute fall protocol | ☑ Proper ID of patient & procedure<br>☑ Create & maintain sterile field<br>☑ Monitor & control environment<br>☑ Assure electrical safety<br>☑ Proper positioning during procedure<br>☑ Provide appropriate size equipment<br>☑ Maintain fall protocol<br>Other ____ | ☑ Proper ID of patient & procedure<br>☑ Provide comfort measures<br>☑ Administer medications as ordered by MD according to P & P<br>☑ Proper positioning following Procedure<br>☑ Provide appropriate size equipment<br>☑ Institute fall protocol<br>Other ____ | ☑ The patient will be free of injury |
| Other ____ | Other ____ | Other ____ | Other ____ | |

TUCKER, PAULA
B1315001817
MR 000892295 STORICK, STEVEN B
05/28/1985 48Y F

000205

52

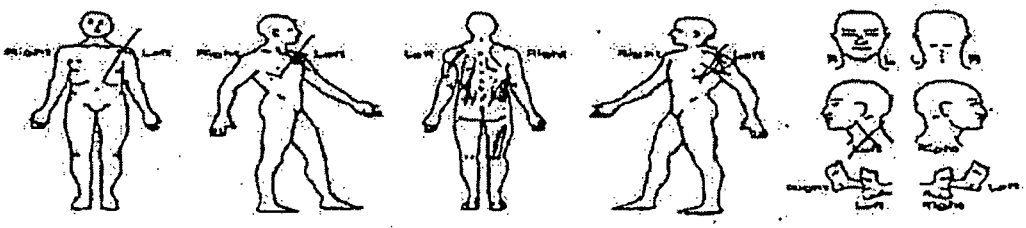
ER, PAULA
MR 000892295 STORICK, STEVEN B
05/26/1965 48Y F

PALMETTO HEALTH BAPTIST

Pain Management & Rehabilitation Center

Return Patient Name: Paula Y. Tucker Date: 5-30-13 Time: 1300

Describe your pain: SHARP ACHE BURN ELECTRIC NUMB OTHER_____



Has your activity: INCREASED DECREASED STAYED THE SAME ?

Did your injection help relieve your pain? YES / NO / NOT SURE

% of relief_____ For how long? _____

Do your medications help relieve your pain? (YES) NO / NOT SURE A little

Any changes in meds/allergies since last visit? YES / (NO) explain) _____

Are you on any blood thinners? No

Are you having any side effects from the medications? No

Any changes to your general medical condition? (newly diagnosed conditions/recent surgery) YES (NO)

Explain: _____

Are you having any increased sadness, anxiety or family problems? Stress

Change in bowel or bladder habits? YES / (NO) New loss of feeling or weakness? YES (NO)

History of falls? YES (NO) BP See procedure record

Fall risk at present? YES / (NO) RR

Oxygen Sat.

COMMENTS: _____

NURSE'S SIGNATURE: _____

223 Stoneridge Drive
Columbia, SC 29210

Phone: 803-296-7246
Fax: 803-296-2400

# Palmetto Health Pain Management and Rehabilitation Center

Date: 5/30/13
Patient:
Chart:

TUCKER, PAULA
B1315001617
MR 000892285 STORICK, STEVEN B
05/26/1965 48Y F

## Epidural Steroid Injection

**Procedure Note:**

After obtaining informed consent, the patient was placed in a prone / sitting position. The patient's neck / back was prepped and draped in sterile fashion. The appropriate vertebral segments were identified using a C-arm / None. Local anesthesia of the skin and subcutaneous tissue was obtained using a #25 / 27 gauge needle and 1 % lidocaine. Using a # 18 / 20 / 22 gauge 3.5 / 6 inch epidural needle, the following level was injected L4-L5. Negative aspiration and no paresthesia noted. **Omnipaque** ___ / None was injected confirming needle localization. Each level was injected with 3 ml of **PF** 2% **Lidocaine** / 2% **Bupivacaine** / **Normal Saline** pre-mixed with 40 mg of preservative-free **DepoMedrol** / **Triamcinalone**. The patient tolerated the procedure well without any immediate complications. After an appropriate period of observation, the patient was allowed to go home with a driver. The patient was instructed to refrain from driving for the rest of the day after the injection and told to contact our office immediately with any new pain, signs/symptoms of infection, new weakness/sensory changes or new bowel/bladder habit changes.

Boss request 2 wks pain?
Schedule for 2 wks

Steve Storick, M.D.

723.4
Diagnosis

PALMETTO HEALTH BAPTIST
PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1313001221
MR 000892285 STORICK, STEVEN B
05/28/1965 47Y F

# WORK STATUS INFORMATIO

## PATIENT WORK INJURY INFORMATION

Patient Name | Patient social security # | Chart #

Employer Name | Insurance Carrier

Case # | Date of Service | Date of Accident

## WORK STATUS

723.4 / 724.4

Diagnosis code(s) and/or description of condition for which patient is being treated

- ☐ Remain out of work: (estimated duration ____)
- ☐ Return to Regular Duty with no restrictions on ____ / ____ / ____
- ☒ Return to Light Duty with restrictions on 5 / 30 / 13

(The availability of light duty is determined by the employer, not the physician.)

- ☐ Part time (whether regular or light duty)
- ☒ Full time (whether regular or light duty)

## PHYSICAL LIMITATIONS

- ☐ None
- ☐ No sitting
- ☐ No standing
- ☒ No climbing
- ☒ No bending or stooping
- ☐ No twisting or stretching
- ☒ Lifting or carrying limit 10 lbs
- ☐ Other
- ☐ Sedentary duty only
- ☐ No work involving R/L ____ extremity
- ☒ No overhead work Left arm
- ☐ No work at heights
- ☐ No prolonged standing
- ☒ No kneeling, squatting or crawling
- ☒ Pushing or pulling limit 10 lbs

## FOLLOW UP

- ☐ PRN ☐ Has reached MMI ☐ Days ____ ☐ Weeks ____ ☐ Months ____
- ☐ Post diagnostic exam (MRI, EMG, etc) ☐ Next appointment date (if scheduled) ____ / ____ / ____
- ☐ Discharged with permanent limitations above
- ☐ Permanent disability rating of ____ % to the ____ (body part or system).

☒ Steven B. Storick, M.D.

111 Starbridge Drive
Columbia, SC 29210 PHONE: (803) 296-PAIN palmettohealth.org

PALMETTO HEALTH BAPTIST
PAIN AND ORTHOPAEDIC CARE CENTER

TUCKER, PAULA
B1315001617
MR 0008992295 STORICK, STEVEN B
05/26/1965 48Y F

# WORK STATUS INFORMATION

## PATIENT WORK INJURY INFORMATION

Patient Name | Patient social security # | Chart #

Employer Name | Insurance Carrier

Case # | Date of Service 5/35/13 | Date of Accident

## WORK STATUS

723.4

Diagnosis code(s) and/or description of condition for which patient is being treated

- ☐ Remain out of work (estimated duration _____)
- ☒ Return to Regular Duty with no restrictions on 06 / 01 / 13
- ☐ Return to Light Duty with restrictions on ___ / ___ / ___
  (The availability of light duty is determined by the employer, not the physician.)
- ☐ Part time (whether regular or light duty)
- ☒ Full time (whether regular or light duty)

## PHYSICAL LIMITATIONS

- ☐ None Okay to Drive
- ☐ No sitting
- ☐ No standing
- ☒ No climbing
- ☒ No bending or stooping
- ☐ No twisting or stretching
- ☒ Lifting or carrying limit 10 lbs
- ☐ Other

- ☐ Sedentary duty only
- ☐ No work involving R/L _____ extremity
- ☒ No overhead work Left arm
- ☐ No work at heights
- ☐ No prolonged standing
- ☒ No kneeling, squatting or crawling
- ☒ Pushing or pulling limit 10 lbs

## FOLLOW UP

- ☐ PRN ☐ Has reached MMI ☐ Days _____ ☒ Weeks 2 ☐ Months _____
- ☐ Post diagnostic exam (MRI, EMG, etc) ☐ Next appointment date (if scheduled) ___ / ___ / ___
- ☐ Discharged with permanent limitations above
- ☐ Permanent disability rating of _____ % to the _____ (body part or system).

☒ Steven B. Storick, M.D.

1213 Shurlridge Drive
Columbia, SC 29210
PHONE (803) 296-PAIN palmettohealth.org

2011-4309

DMH South Carolina Department of Mental Health

# REPORT OF INJURY

INSTRUCTIONS: This report should be prepared on a typewriter, printed or filled in as a computer generated form and must be completed for every injury, no matter how minor. All treatment must be authorized.

| Name (Last, First, Middle Initial) | Title | Date of Birth | Social Security No. | Date of Hire |
|---|---|---|---|---|
| Tucker Paula Y. | MHAII | 5/26/65 | 247-35-3879 | 2/16/04 |

| Home Address (City, State, Zip) | Home Phone (Area Code) | Sex |
|---|---|---|
| 1501 Malvern Hill Dr. Camden, S.C. 29020 | (803-713-4454 | ☐ Male ☒ Female |

| Location (Facility) | Work Phone | Organizational component (division, service, or section) |
|---|---|---|
| Elgin TLC | 803-408-1346 | Santee Wateree Mental Health |

| Person to whom accident reported | Position title of person reported to |
|---|---|
| Monica McKeiver | Chief Mental Health Specialist |

| Was injury incurred in line of duty? | Where did accident occur? |
|---|---|
| Yes ☒ No ☐ Questionable ☐ | IN Resident Room |

| Time employee began work | Date injury reported | Time reported | Date accident occurred | Time occurred |
|---|---|---|---|---|
| 7 AM / 3 PM | April 2011 | Approx 8:30 AM / PM | | AM / PM |

Type and location of injury: Full, Left Arm, back and Right Leg.

What was the employee doing when accident occurred? going in Res. Room
What tools, equipment, or materials was the employee using? None

How did accident occur? (Describe the accident fully stating whether the employee fell or was struck, such as fell down stairs, slipped on wet floor. Give all factors contributing to the accident). What object or substance harmed the employee? At Approx. 8:30 AM I Paula Y. Tucker slipped and fell on a bar of Soap in Resident Room. I tried to brace myself against the wall with my left hand and the dresser with my Right hand to break fall, still hit the floor.

* If this was an assault by a patient, please state patient's ID number:

What corrective action was taken to prevent recurrence? This section to be filled out by the supervisor.

To be more observant to where you are walking when entering a residents room

Witnesses (Names, addresses, and phone numbers)

7/13/12 — Paula Y. Tucker
Date — Signature of Employee

| Date | Signature of Supervisor | Phone Number | Pager Number | Fax Number |
|---|---|---|---|---|
| 7/13/12 | Monica J. McKeiver | ( ) 803 408-1346 | ( ) | ( ) |

ECEMTI Form
MAR 1913 (Rev. APR 2007)
Xerox School 20114

HRS-16 Pg. 1 of 2

DEFENDANT'S EXHIBIT 1

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.c

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715
(803)737-5739 www.wcc.sc.gov

# PRE-HEARING BRIEF
**WCC File No:** 1308013

Claimant's Name: Paula Tucker 247-35-3877
Address: 1501 Malvern Hill Drive
City: Camden State: SC Zip: 29020
Home Phone: 803-713-4454 Work Phone:
Preparer's Name: Connie Soles for Frank A. Barton

Employer's Name: SC Dept of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 29202
Carrier: State Accident Fund
Preparer's Phone #: 803-799-9577

**A claim for workers' compensation benefits is made based on the following grounds:**
☑ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $310.68 2. AWW: $ 466.00 **Date of Injury:** 6/16/2013
3. Type of injury and body part(s): See Page 2.
4. Facts in controversy:
   Claimant is entitled to temporary total benefits, temporary partial benefits, medical benefits and any and all other benefits applicable under the Act. Believe claimant to be totally and permanently disabled due to lack of consistent medical care however we are not requesting total and permanent disability and/or disability until she has received adequate medical care and treatment and by the time of the hearing that any and all treating (see pg 2
5. Legal issues involved:
   See # 4 above. Note that Claimant's Supervisor failed to complete accident report timely.
6. Unusual aspects: none other than noted above and in #11 below.
7. Witnesses (designate if expert):*
   Claimant, Lavonne Tucker, Holly Cardy, Don Nelson, Khiry T. Truesdale, Monica Thomas, Kimberly Bennett, James Bennett and any and (see pg 2)
8. Exhibits:
   Medical Reports. Guides to the Evaluation of Permanent Impairment. We also reserve the right to submit evidence in response to (see page 2)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See attached "Notice of Witnesses and Written Report(s)/Physicians Or Other Evidence To Be Introduced On Behalf of Claimant". Also, any and all medicals previously submitted pursuant to R.67-612. Also see #7 above.
10. Name, address, and specialty, if any, of the treating physician:
    Olajide Balogun, Md, Kershaw Medical Center, Doctors Care/Dr. Oliver, Dr. Nichols/Camden Bone & Joint, Dr. Wetzler/Midlands Orthopaedics, Palmetto Health and Pain Mgt/Dr. Steven Storick, Palmett Richland Image Center, Kershaw Medical Center Physical Therapy
11. Impairment rating(s); body part(s); physician and date of opinion: (see page 2)
12. I am amending my Form 50/51 in the following manner: We are asking that the claims be combined to aid in judicial efficiency.

☑ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☑ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

**I verify the contents of this form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** Page Snyder, Esquire
**address** State Accident Fund P.O. Box 102100, Columbia, SC 29221-5000 **on the** 15th **day of** September **20** 13,
**by** **first class postage** **certified mail** **personal service.**
Signature: Frank A. Barton Email: csoles@mullislawfirm.com
Date of hearing: 9/30/13 @ 11:30 a.m. in Sumter, S.C. Time needed for hearing: 1 1/2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.


Scanned 5/27/14

**Paula Tucker v SC Department of Mental Health WCC#: 1308013 D/A: 6/16/13**

a)..."diagnosis is back pain, sciatica and chronic pain exacerbation. Client was at assisted living facility and was transported to the nearest facility for care of symptoms. Was moved by stretcher. She was found lying supine on kitchen floor. Had to stay at scene an extensive amount of time because she could not leave the residence until someone was there to take over for her..."by KershawHealth on 6/16/13 (page 1 - 2).

b)..."patient states she has been having back and leg problems for two years. States she has dislocated disc in back. States she was wiping counters off in the kitchen and her right leg gave up on her due to her pain. States she was in pain before she fell..."by KershawHealth on 6/16/13 (page 3).

c)..."patient presents after a fall while at work. Reports history of chronic back pain that is being exacerbated by the fall. Patient states the pain is radiating to her right hip. Worsens with movement. Back, Lower extremity ..."by KershawHealth on 6/16/13 (page 4).

d)..."clinical impression: strain, back, sciatica, chronic back pain exacerbation. Was prescribed prednisone 50 mg, flexeril 10 mg tab by Dr. Lorone Washington..."by KershawHealth on 6/16/13 (page 7 – 8).

e)..."patient instructions reviewed...for back pain, chronic pain and sciatica received on 6/16/13. States she was given Solumedrol (steroid), Dilaudid for pain and Zofran for nausea during her visit to the Emergency Department. Medication was Cyclobenzaprine Hcl 10 MG, oral give at bedtime PRN, #30 Prednisone 50 mg, oral daily, 5 days. Has been referred to the following clinics/specialists for follow up care: Doctor: 1315 Roberts St, Camden, SC 29020 for follow-up plan..."by KershawHealth on 6/16/13 (pages 9 –10).

f)..."Doctors Care Wateree: WorkCARE Program, Workers' Compensation Incident Report: states injury was 6/16/13 at 12:15 p.m. States she was in the kitchen cooking. Got down on my knees to get the pots I needed. I felt excruciating pain in my back and right leg. While cooking I constantly bend to put food in the and take food out of the oven. After washing dishes, I bent down to put the pots under the cabinet; when I stood up, went to walk out of the kitchen my right leg gave out and I slipped and fell on the kitchen floor. States in April 2011 I slipped and fell on a bar of soap in one of the residents room at work. Was on work restrictions since July 16, 2012 and they were never honored continued to do all job duties with exception of driving.

Was lifting and moving pots and pyrex dishes, empty and with food in them as well as a 5 gallon pot with water in it to fill sink to wash dishes etc. Authorization completed by State Accident Fund...by Doctors Care on 6/21/13 (page 19 – 21).

g)...patient stood up from kneeling on 6/16/13 and felt lower back pain that radiates in leg. Was seen at ER and put on steroids and flexeril. States pain is no better. Patient is seeing Dr. Balegon at Center for pain for chronic back/shoulder pain. Diagnosis: low back pain with

radicular symptoms. Referred to Orthopaedic. No work until she sees orthopaedic..."by Dr. Oliver at Doctor's Care on 6/21/13 (page 23-24).

h)..."faxed cover sheet to Compendium dated 6/21/13 states URGENT...patient needs orthopaedic referral ASAP!..."by Doctor's Care on 6/21/13 (page 25-26).

**Exhibits: documentation from personnel file:**

1)..."fax sent to Doctor's Care-Wateree Medical Center regarding appointment set for 6/20/13 for complaints of: "entire back, both shoulders, both legs. Wendy Harbin is the Medical Case Manager assigned to this case through State Accident Fund. Claims Adjuster is Will Hawthorne. Pharmacy: Fred's Pharmacy, Camden, S.C..."by Compendium Services, Inc. on 6/20/13 (page 27).

2)..."Email correspondence regarding new injury dated 6/20/13 x 4 with prescription payment authorization and medical event report..."by Compendium Services (pages 28 – 33).

3)..."Form 20 with salary documentation attached (pages 34 – 39).

4)..."Employee/Supervisor Notification (Work Status note) Off duty due to work related condition on 6/16/13; copy of work note attached and referral note from Kershaw hospital visit on 6/16/13 (page 40 – 43).

5)..."report of injury dated 6/20/13....states cooking, got down on knees to get pots needed to cook, when she got up felt excruciating pain in back and right leg. Had to constantly bend to put food in and out of oven. I bent down to put posts under cabinet, stood up, started walking out of kitchen right leg gave out and I slipped and fell on floor. Also includes Workers' Compensation Election Form and E-mail reply from Adjuster Will Hawthorne stating: no treatment is authorized dated 6/24/13..."documentation from personnel file (pages 44 – 47).

6)..."1st report of injury completed by Monica McKiver on 6/20/13 (does not reflect complete accident description." (page 48).

7)..." medical event form confirming Doctor's Care closed at 3:00 p.m. on 6/20/13 and Claimant had to go back on 6/21/13..." (page 49).

8)..."Instructions to Supervisors; Procedures for Reporting Work Related Injury..." (page 50).

9)..."Corrected Election Form completed after case denied by Adjuster (page 51 – 54).

10)..."Denial letter dated 7/22/13 from adjuster, Will Hawthorne. (page 55).

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1308013

Paula Tucker,
Employee/Claimant,

v:

SC Department of Mental Health,

and

State Accident Fund,

Employer/Insurer(s),
Defendants.

NOTICE OF WITNESSES AND WRITTEN REPORT(S)/ PHYSICIANS AND/OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and Page Synder, ESQUIRE, FOR EMPLOYER/INSURER

YOU ARE HEREBY NOTIFIED THAT THE Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended) herewith submit(s) the following report(s)/physician or other evidence on behalf of the Claimant, to wit:

| APA# | DOCTOR | PRACTICE | DATES | PAGES |
|---|---|---|---|---|
| 1 | | KershawHealth Medical Center | 6/16/13 | 1 - 18 |
| 2 | | Doctor's Care- Wateree | 6/21/13 | 19 - 26 |
| 3 | Exhibits from Claimant's incomplete personnel file. | | | |
| | Compendium Services 6/20/13 ltr, emails, prescription auth, Medical Event | | | 27 - 33 |
| | Form 20 with attachments | | | 34 - 39 |
| | Employee/Supervisor Notification with work note | | | 40 - 41 |
| | Kershaw Health Medical Center Referral note 6/16/13 | | | 42 - 43 |
| | Employer Report of Injury and WC Election Forms | | | 44 - 45 |
| | Employer/Carrier email, 12a, procedures for filing | | | 46 - 55 |

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physician/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.

Frank A. Barton

Frank A. Barton
MULLIS LAW FIRM
P.O. Box 7757
Columbia, SC 29202
(803) 799-9577

9/15/13

Columbia, South Carolina

MEC ✓ D/C

1315 Roberts Street
Post Office Box 7003
Camden, SC 29021-7003

KershawHealth

# PHYSICIAN DOCUMENTATION

| MEDICAL RECORD NUMBER | SERVICE DATE | PATIENT NAME | PATIENT ACCOUNT NUMBER |
|---|---|---|---|
| M00025 8045 | 06/16/13 | TUCKER, PAULA | K10001035628 |

| ATTENDING PHYSICIAN | PRIMARY CARE PHYSICIAN | REASON FOR VISIT |
|---|---|---|
| Washington | OTHER, DOCTOR | BACK PAIN SP FALL |

ALLERGIES: Codeine, Darvocet ~~1352~~

**Times**

| Arrived | In Room | Seen | Discharged |
|---|---|---|---|
| 1352 | 1352 | | 1700 |

| STUDY | INIT. | TIME |
|---|---|---|
| ☐ ABG | | |
| ☐ Amylase/ Lipase | | |
| ☐ C Enzymes | | |
| ☐ CBC/Diff | | |
| ☐ Chem 8 | | |
| ☐ CMP | | |
| ☐ D-Dimer | | |
| ☐ Digoxin | | |
| ☐ Dilantin | | |
| ☐ ETOH | | |
| ☐ LFT's | | |
| ☐ Pro BNP | | |
| ☐ PT/INR | | |
| ☐ Quantitative HCG | | |
| ☐ Uric Acid | | |
| ☐ In&Out Cath Urine (C&S if indicated) | | |
| ☐ Urine CC (C&S if indicated) | | |
| ☐ Urine Drug Screen | | |
| ☐ Urine HCG | | |
| ☐ EKG | | |
| ☐ CXR | | |
| ☐ X-Ray | | |
| ☐ CT | | |
| ☐ US | | |

**Orders**

**Diagnosis**

① Back Pain ② Sciatica. ③ Chronic Pain Exacerbation

**Discharge Instructions**

Condition on D/C: ☐ Same ☐ Improved ☐ Deceased ☐ Admitted ☐ Other

Disposition: ☐ Police ☐ Home ☐ Nursing Home ☐ Admitted Room ☐ Other

☐ Transferred to: Via

Admissions called at: To room at: Accepting Physician

Consulting Physician's Signature

ED Physician's Signature: VA

Belongings to: ☐ Family ☐ Patient ☐ Vault

Instruction Sheet(s) given ☐ Nurse's Initials

ED Nurse's Signature

I have recieved and understood my discharge instructions

Patient Signature:

WASHINGTON, LORONE C. MD

000216 308EAC289AEF48583DE2. TUCKER. 7

PRID: 24830119 PSAP Number: 1304081 Acct Number:

Service: KershawHealth EMS
(State ID: 039)
Base: Post Five
Unit: EMS 5 (Transport)
Shift: C Shift
Dispatched As: Fall Victim
Mass Casualty: No
Vehc. Grid: Zone 5
Vehc. Disp. Loc: POST 5
Vehc. Disp. GPS: 34.172314,-80.787899
Type of Svc: Scene Unscheduled
Response Code: Lights and Siren
Mode to Ref: Lights / Sirens
Moved Via: Stretcher
Position: Supine
Outcome: Treated, Transported by EMS

Date: June 16, 2013
Team: ALS
Crew 1: *Driver*
*Corbett, Donald
EMT-P (SC014034)
Crew 2: *Primary Caregiver*
*Guest, Carol
EMT-P (SC008934)
* *ALS Provider*
Mode to Rec: No Lights/Sirens
Moved From: Stretcher
Stretcher Purpose: LEG,ARM AND BACK PAIN
Pt. Condition: Unchanged
CMS Service Level: ALS, Level 1 Emergency

Ref Other Type: *Assisted Living*
Location: 1529 Dixon Rd.
Elgin, SC 29045-8957
Requester: CLIENT AT ASSISTED LIVING
Scene Grid: Zone 5
Ref. GPS: 34.18687,-80.78877

Receiving: *Hospital*
Kershaw County Medical Center
Emergency Department
1315 Roberts St
Camden, SC 29020-3737
(803) 432-4311
Dest. Grid: Zone 1
Dest. GPS: 34.2525830,-80.5896130
Destination Basis: Patient Choice

Last Name: Tucker First: Paula
Address: 1501 Malvern Hill Dr.
City: Camden ST: SC Zip: 29020
County: Kershaw
Country: United States
Citizenship: United States
Phone: (803) 713-4454
DOB: 05/26/1965 SSN: 247-35-3877
Age: 48y Sex: F Weight: 170 lb
Height:
Subscriber: No
Race: Black, non-Hispanic
Barriers to Care: None

| Odometer | Times |
|---|---|
| At Ref: 184148.2 | Received: 12:29 |
| At Rec: 184162.2 | Dispatch: 12:30 |
| Ld Miles: 13.9 | Acknowledged: |
| Tot Miles: 0.0 | EnRoute: 12:33 |
| | At Ref: 12:43 |
| | At Patient: 12:44 |
| | Leave Ref: 13:24 |
| | At Rec: 13:49 |
| | TxCare: 13:54 |
| | Available: 13:59 |
| | In Qtrs: 14:45 |

Billing Information:

| Company | GroupID |
|---|---|
| Blue Cross Blue Shield of SC State | ZCS91088722 |

Consent Signed: Yes
PCS / Medical Necessity signed: No

**Payment Information**

CMS Condition: Not Available
CMS Transport Reason: Patient was transported to the nearest facility for care of symptoms, complaints, or both
Amb. Conditions Indicator: Patient was moved by stretcher
Transportation was to the nearest facility

**Scene Information**

Description: PATIENT FOUND LYING SUPINE ON KITCHEN FLOOR. STATION 13 FIRST RESPONDERS RESPONDED TO ASSIST WITH LOADING PATIENT. STAYED ON SCENE EXTENSIVE AMOUNT OF TIME. PATIENT STATED SHE COULD NOT LEAVE THE RESIDENCE UNTIL SOMEONE WAS THERE TO TAKE OVER FOR HER. PATIENT IS AN EMPLOYEE OF DEPARTMENT OF MENTAL HEALTH AND SHE IS CAREGIVER FOR SIX PEOPLE WITH MENTAL PROBLEMS THAT LIVE AT THIS RESIDENCE. PATIENT STATES HER SISTER WORKS HERE ALSO AND SHE HAD ALREADY BEEN CONTACTED TO COME IN.
Patient Belongings: NONE

**Chief Complaint (Category: Pain)**

PAIN
Duration: 1 Days
Anatomic Location: General/Global

K10001035628 ER ADM 06/15/13SEX F
TUCKER, PAULA
WASHINGTON, LORENE MD
MRN M000258045 AGE 48
DOB 05/26/1965 RACE AA

ALS Assessment: Completed for Suspected Illness

**History of Present Illness**

PATIENT STATES SHE HAS BEEN HAVING BACK AND LEG PROBLEMS FOR TWO YEARS. STATES SHE HAS DISLOCATED DISC IN BACK. STATES TODAY SHE WAS WIPING COUNTERS OFF IN THE KITCHEN AND HER RIGHT LEG GAVE AWAY ON HER AND SHE FELL IN THE FLOOR. PATIENT STATES SHE TRIED TO GET UP BUT SHE COULDN'T GET UP ON HER OWN DUE TO HER PAIN. STATES SHE WAS IN PAIN BEFORE SHE FELL. STATES SHE HAS PAIN EVERY DAY. ALSO, STATES SHE HAS INFLAMMATION PROBLEMS WITH RIGHT LEG. PATENT IS CAREGIVER FOR THE MENTAL HEALTH CLIENTS AT COMMUNITY CARE ASSISTED LIVING WHERE SHE WAS WORKING TODAY WHEN HER LEG GAVE AWAY.

**Medical History**

Tendonitis
Back Pain
Dislocated Disc
Arthritis
Obtained From: Patient
Emergency Info Form: No

**Current Medications**

Neurontin
Vicodin
Naprosyn

**Allergies**

Darvocet
Codeine

**Neurological Exam**

Level of Consciousness: Alert
Loss of Consciousness: No
Chemically Paralyzed: No
Neurological Present: Normal
Mental Present: Normal

| | Motor | Sensory |
|---|---|---|
| LA: | Normal | Normal |
| RA: | Normal | Normal |
| LL: | Normal | Normal |
| RL: | Normal | Normal |

**Airway**

Status: Patent
Performed By: Patient

**Respiratory**

Effort: Normal
Sounds: L: Clear R: Clear

**Cardiovascular**

JVD: Not Appreciated
Edema: Not Appreciated

**Pulses**

| | Left | Right |
|---|---|---|
| Carotid: | | |
| Radial: | Normal | Normal |
| Femoral: | | |
| Dorsalis: | Normal | Normal |

Reason for Encounter: Non-Injury
Drugs/Alcohol?: None

**Injury Details**

**Assessment**

**Initial Physical Findings**

Skin: Normal
Skin Findings:
Tubes/Drains:

K10001035628 ER ADM 06/16/13SEX F
TUCKER, PAULA
WASHINGTON, LORENE MD
MRN M000258045 AGE 48
DOB 05/26/1965 RACE AA

**Impression / Diagnosis**

System: Global
Symptoms: Pain
Impression: Not Available
CMS Condition: Not Available
Initial Patient Acuity: Lower Acuity (Green)

| Time | H.R. | B.P. | MAP | SaO2 | | Activity | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | H.R. Method | Method | LOC | | | Resp | Rhythm | ECG Method | Prtcl | Pain | CRM* |
| Action | Comment | | | | | Resp Effort | | | | | |
| 12:30 | | | | | | | | | | | |

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

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K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

## Fall History of Illness

### General

**Triage Chief Complaint:** Back Pain
**Triage Stated Complaint:** BACK PAIN SP FALL
**Time Seen by MD:** 14:14
**Source:** RN Notes Reviewed, Patient
**Exam Limitations:** No Limitations
**Mental Status:** Alert, Oriented x 3

### History of Present Illness

**Episode Description**
PT PRESENTS AFTER FALL WHILE AT WORK. REPORTS HX OF CHRONIC BACK PAIN THAT IS BEING EXACERBATED BY THE FALL. PT STATES PAIN IS RADIATING TO HER RIGHT HIP. NO HEAD INJURY OR LOC.
**Occurred:** Just Prior to Arrival
**Severity:** Severe
**Injuries/Pain Location:** Back, Lower Extremity
**Reason for Fall:** Slipped
**Loss of Consciousness:** No Loss of Consciousness
**Fall Modifying Factors:** Worsens: Movement
**Associated Symptoms:** Present: Denies Symptoms, Absent: Abdominal Pain, Chest Pain
**Allergies:**
**Coded Allergies:**
Codeine (Verified Allergy, Severe, NAUSATED, 9/11/12)
Propoxyphene (Verified Allergy, Severe, NERVOUS, CAN TAKE TYLENOL, 9/11/12)

Signed
Report #0616-0067

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

## Vitals

**Vital Signs:** RN Vital Signs have been reviewed: Yes, Temperature: 97.2, Source: Oral, Heart Rate: 99, Respiratory Rate: 18, BP: 137/87, Pulse Oximetry: 99, Weight: 175

## Past Medical History

### Past Medical History

**Old Records Reviewed:** No
**Past Medical History:** No Pertinent History
**Past Medical History Comment:** DISC PROBLEMS IN BACK
**Last Tetanus Shot:** Greater than 5 years
**GYN History:** Bilateral Tubal Ligation
**Hx Last Menstrual Period:** Other
**LMP Comment:** IRREGULAR

### Social History

**Smoking:** Cigarettes, Less than 1 Pack/day
**Alcohol Use:** None
**Drug Use:** None

## Fall Review of Systems

### Review of Systems

**Constitutional:** Reports: No Symptoms Reported
**Respiratory:** Reports: No Symptoms Reported
**Cardiovascular (ROS):** Reports: No Symptoms Reported
**ABD/GI (ROS):** Reports: No Symptoms Reported
**Musculoskeletal:** Reports See HPI, Reports Joint Pain (RIGHT HIP, CHRONIC LEFT SHOULDER PAIN UNCHANGED), Reports Back Pain
**Skin:** Reports No Symptoms Reported
**Neurological/Psych:** Reports: See HPI

## Fall Injury Physical Exam

### Physical Exam

**General Appearance:** Present: No Apparent Distress, WD/WN, Well Dressed/Groomed
**Head:** Present: No Evidence of Injury
**Neurologic:** Present: CNs II-XII NML as Tested, No Motor/Sensory Deficits, Alert, Normal Mood/Affect, Oriented x 3
**Neck:** Present: Full Range of Motion, Normal Alignment, Normal Inspection
**Cardiovascular:** Present: Regular Rate, Rhythm
**Chest:** Present: No Abnormalities Noted
**Gastrointestinal:** Present: Soft, Absent: Tenderness
**Back:** Present: Vertebral Tenderness
**Extremity:** Present: Bony Point Tenderness (RIGHT HIP), Pain with Movement

Signed
Report #0616-0067



308EAC289AEF48583DE2..TUCKER,13

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

**Skin:** Present: Normal Color

## Vitals
**Vital Signs:** Temperature: 97.2, Source: Oral, Heart Rate: 99, Respiratory Rate: 18, BP: 137/87, Pulse Oximetry: 99, Weight: 175

## Progress
### Progress Note
**Progress :**
**Progress Note**
PT RECEIVED #90 HYDROCODONE 2 DAYS AGO THUS I WILL NOT GIVE MORE TODAY.

## Ekg/X-Ray/CT/US
**XRAY :**
**XRAY Result:** No Abnormalities Noted, Final Interpret Pending

## Orders
**Orders**

| Procedure | Category | Date Time | Status |
|---|---|---|---|
| Methylprednisolone Sod Succ (Solu-Medrol | PHA | 6/16/13 14:30 | Complete |
| Hydromorphone Inj (Dilaudid Inj) | PHA | 6/16/13 14:30 | Complete |
| Ondansetron Odt (Zofran Odt) | PHA | 6/16/13 14:30 | Complete |
| Hip Rt Unilateral 2 Views | XR | 6/16/13 14:26 | Taken |
| Lumbosacral Spine 2 Or 3 Views | XR | 6/16/13 14:26 | Taken |
| Thoracic Spine 3 Views | XR | 6/16/13 14:26 | Taken |
| Methylprednisolone Sod Succ (Solu-Medrol | PHA | 6/16/13 14:46 | Complete |
| Ondansetron Hcl Inj (Zofran) | PHA | 6/16/13 14:47 | Complete |
| Hydromorphone Inj (Dilaudid Inj) | PHA | 6/16/13 14:47 | Complete |

Signed
Report #0616-0067

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

## Fall Injury Departure

### Departure/Follow Up

**Time of Disposition:** 16:19
**Fall Clinical Impression #1:**
**Fall Clinical Impression:** Strain
**Fall Injury Location:** Back
**Fall Clinical Impression #2:**
**Fall Clinical Impression:** Other (SCIATICA)
**Fall Clinical Impression #3:**
**Fall Clinical Impression:** Other (CHRONIC BACK PAIN EXACERBATION)
**Disposition:** Home
**Condition:** Stable
**Patient Instructions:** Back Pain, Chronic Pain
**Counseled Patient/Family:** Radiology Results, Diagnosis, Need for Follow-up
**Referrals:**
OTHER,DOCTOR (PCP)
As Needed

**Additional Instructions:**
Your diagnosis today is [].

The following studies and/or procedures were performed during your ED visit []. We will call if the radiologist reads XRAY(s) as abnormal or your culture result indicates a need for a change in antibiotic.

You were given the following medication [] for [] during your visit to the Emergency Department.

Follow-up with your physician as instructed for comprehensive care. Return to ER for worsening symptoms or concerns. Take medications as directed. Finish all antibiotics.

THANK YOU FOR CHOOSING KERSHAW HEALTH FOR YOUR HEALTHCARE NEEDS.

OUR GOAL IS TO PROVIDE YOU WITH VERY GOOD SERVICE.

SMOKING AND SECOND-HAND SMOKE ARE HARMFUL TO YOUR HEALTH AND THE HEALTH OF THOSE AROUND YOU, AND QUITTING SMOKING GREATLY REDUCES THE RISK OF ADVERSE HEALTH EFFECTS. QUITLINE SUPPORT 1-800-QUIT-NOW(800-784-8669).

**Recommended Follow Up Time:** 3-5 days
**Scripts**
Prednisone 50 Mg Tab 50 Mg PO DAILY 5 Days
Prov:WASHINGTON,LORONE MD

Signed 6/16/13
Report #0616-0067

KershawHealth Medical Center
1315 Roberts Street
PO Box 7003
Camden,SC 29020
EMERGENCY PHYSICIAN RECORD

K10001035628 STATUS REG ER ADM DATE 06/16/13 MRN M000258045
TUCKER,PAULA
DOB 05/26/1965 AGE 48 SEX F RACE AA
WASHINGTON,LORONE MD

Cyclobenzaprine Hcl (Flexeril)10 Mg Tab 10 Mg PO QHS PRN #30
Prov:WASHINGTON,LORONE MD

WASHINGTON,LORONE MD 6/16/13

LORONE WASHINGTON MD Jun 16, 2013 14:26

<Electronically signed by LORONE WASHINGTON MD> <<Signature on File>>
06/16/13 1621

Signed
Report #0616-0067

KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4311

Urgent Care at Elgin
40 Pinnacle Parkway
Elgin, SC 29045
803-424-8020

Date: 06/16/13
Account Num: K10001035628
Med Rec Num: M000258045
Patient: TUCKER,PAULA
Location: ER
Physician: WASHINGTON,LORONE MD

# Patient Visit Information

## Staff

Your caregivers today were:

Physician WASHINGTON,LORONE MD
Nurse CB

## Patient Instructions Reviewed

Back Pain
Chronic Pain
Sciatica

received 06/16/13 - 1649

## Activity Restrictions or Additional Instructions

Your diagnosis today is CHRONIC BACK PAIN EXACERBATION; SCIATICA.

The following studies and/or procedures were performed during your ED visit EXAM AND X RAYS. We will call if the radiologist reads XRAY(s) as abnormal or your culture result indicates a need for a change in antibiotic.

You were given the following medication SOLUMEDROL (STEROID), DILAUDID FOR PAIN AND ZOFRAN FOR NAUSEA during your visit to the Emergency Department.

Follow-up with your physician as instructed for comprehensive care. Return to ER for worsening symptoms or concerns. Take medications as directed.

THANK YOU FOR CHOOSING KERSHAW HEALTH FOR YOUR HEALTHCARE NEEDS.

OUR GOAL IS TO PROVIDE YOU WITH VERY GOOD SERVICE.

SMOKING AND SECOND-HAND SMOKE ARE HARMFUL TO YOUR HEALTH AND THE HEALTH OF THOSE AROUND YOU, AND QUITTING SMOKING GREATLY REDUCES THE RISK OF ADVERSE HEALTH EFFECTS.
QUITLINE SUPPORT 1-800-QUIT-NOW(800-784-8669).

## Medication Dose and Instructions

Cyclobenzaprine Hcl 10 MG, ORAL GIVE AT BEDTIME PRN, #30
Prednisone 50 MG, ORAL DAILY, 5 Days

000224

KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4311

Urgent Care at Elgin
40 Pinnacle Parkway
Elgin, SC 29045
803-424-8020

Date: 06/16/13
Account Num: K10001035628
Med Rec Num: M000258045
Patient: TUCKER,PAULA
Location: ER
Physician: WASHINGTON,LORONE MD

**Follow-up**

TUCKER,PAULA has been referred to the following clinics/specialists for follow up care:

OTHER,DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan:

**Departure Forms for TUCKER,PAULA**

Friend/Family In ER

Patient: TUCKER,PAULA Age/Sex: 48/F Acct No: K1000103562 8
ED Provider: WASHINGTON,LORONE MD Unit No: M000258045

## General Data

**ED Physician:** WASHINGTON,LORONE MD, ST
**Practitioner:**
**Nurse:** CRYSTAL BENTON, RN

**Arrival Date/Time:** 06/16/13 - 1352
**Triage Date/Time:** 06/16/13 - 1358
**Date of Birth:** 05/26/1965

**Stated Complaint:** BACK PAIN SP FALL
**Chief Complaint:** Back Pain

**Priority:** 4

## Demographics

1501 MALVERN HILL DRIVE
CAMDEN, SC 29020
(803)432-6539
**Insurance:** BCBS OF SOUTH CAROLINA STATE E
**Next of Kin:** SINGLETON,CAROLINE
**Relation:** 14 AUNT
**Phone:** (803)432-6539

**PCP:** OTHER,DOCTOR
**Family Doctor:** OTHER,DOCTOR
**Referring:**

## Allergies

Codeine/NAUSATED; Propoxyphene/NERVOUS, CAN TAKE TYLENOL

## Assessment Header

*06/16/13 1352 Med Rec Complete in EMR* — *CRYSTAL BENTON, RN*

*06/16/13 1358 EDM Triage Assessment* — *CRYSTAL BENTON, RN*

General:
**Arrival Date** 06/16/13
**Arrival Time** 1352
**Mode of Arrival** Ambulance
**Responsive to (Stimuli)** Awake
**Patient Admitted From** Home
**Chief Complaint** PT STATES HAS HX OF BACK PROBLEMS AND TODAY WHILE IN THE KITCHEN HER RT LEG GAVE OUT ON HER CAUSING HER TO FALL. DENIES HITTING HEAD OR LOC. C/O BACK PAIN AND BILAT LEG PAIN.
**Objective Data (Assessment)** A&O X3. RESP EVEN AND NON LABORED. PT CRYING DURING TRIAGE
**Treatment Prior to Arrival** See EMS Form
**Treatment Prior to Arrival Comment**
**History Provided by** Patient
**Physician's Name** BALOGUN
Temperature:
**Temperature (Fahrenheit)** 97.2
**Source** Oral
Pulse:
**Pulse Rate** 99
**Side** Left
**Location** Brachial
**Strength** Average
**Method** Automatic Cuff
Respirations:
**Respiratory Rate** 18
**02 Sat by Pulse Oximetry** 99
**Pulse Ox on Room Air** Y
**Respiratory Comment**

Patient: TUCKER, PAULA
ED Provider: WASHINGTON, LORONE MD
Age/Sex: 48/F
Acct No: K10001035628
Unit No: M0002580451

**Did Patient Present with Cough?** N
**Respiratory Safety Measures Initiated**
**Blood Pressure:**
**Location** Left Arm
**Systolic** 137
**Diastolic** 87
**Mean** 104
**Source** Automatic Cuff
**Height, Weight, & BMI:**
**Height (Feet)** 5
**Height (Inches)** 2
**Weight (Pounds)** 175
**Weight (Ounces)**
**Weight (Calculated Kilograms)** 79.378666
**Body Mass Index (BMI)** 32.0
**Weight Measurement Method** Stated
**Pain Management:**
**Current Pain Level** 10
**Pain Assessment Scale Used** Numerical
**Comfort Measures Provided** Reassurance
**Past Medical History:**
**Past Medical History** No Pertinent History
**Surgical History**
**GYN History** Bilateral Tubal Ligation
**Past Medical History Comment** DISC PROBLEMS IN BACK
**Hx Last Menstrual Period** Other
**LMP Comment** IRREGULAR
**Flu Vaccination:**
**Hx Influenza Vaccination** Not Received This Season
**Tetanus Status:**
**Last Tetanus Shot** Greater than 5 years
**Psychosocial:**
**Safe in Home** Y
**Safe in Home Comment**
**Depression History** N
**Ever Had Thoughts of Hurting Self or Others W/ or W/O Plan** N
**Support Systems** Family/Friend
**Smoking History:**
**Is the Patient 13 Years Old or Older** Y
**Smoking** Cigarettes, Less than 1 Pack/day
**Smoking History Comment**
**Hx Exposure to Second Hand Smoke**
**Smoking Cessation Education Material Given to Patient**
**Alcohol/Substance Abuse:**
**Alcohol Use** None
**Drug Use** None
**How often do you use**
**Date Last Used**
**Communication/Barriers to Learning:**
**Preferred Language** English
**Barriers to Learning** None
**TB Screen:**
**TB Risk Factors I** None
**TB Risk Factors II** None
**TB Plan of Action**

Patient: TUCKER,PAULA Age/Sex: 48/F Acct No: K10001035628
ED Provider: WASHINGTON,LORONE MD Unit No: M0002580451

*06/16/13 1404 EDM Fall Assessment* — *CRYSTAL BENTON, RN*

Fall Risk Factors:
Fall Risk Factors Able to Ambulate
Fall Risk Score 4
Fall Risk Level Low
Universal Fall Precautions:
Universal Fall Precautions Appropriate Call Bell, Bed Low Position, Bed Brakes Locked, Siderail Position Up
Fall Risk Assessment Comment

*06/16/13 1404 EDM Musculoskeletal Assessment* — *CRYSTAL BENTON, RN*

Range of Motion
Gait Assessment
Assistive Devices
Injury Location:
Location Modifier Bilateral
Extremity Location Back
Signs of Injury Pain
Capillary Refill < 3 seconds
Pulse Present
Sensation Intact Y
Pain Description:
Pain Description Acute, Aching, Sharp, Constant
Musculo-Skeletal Comment:
Musculo-Skeletal Assessment Comment PT STATES WAS STANDING IN KITCHEN TODAY AND RT LEG "GAVE OUT" ON HER. STATES HX OF BACK PROBLEMS. PT FELL THIS AM AND NOW C/O LOWER BACK PAIN AND BILAT LOWER EXT PAIN.

*06/16/13 1404 EDM Pain Assessment* — *CRYSTAL BENTON, RN*

Pain Summary Comment
Complaint of Pain:
Does Pt Complain of Pain? Y
Location of Pain BACK AND BILAT LEGS
Radiation Location
Pain Description:
Pain Description Acute, Aching, Constant, Sharp, Stabbing
Pain Behavior Observed Crying, Facial Grimacing
Aggravating Factors Changing Position
Duration CHRONIC PAIN BUT WORSE SINCE FALL THIS AM
Current Pain Level 10
Pain Assessment Scale Used Numerical
Pain Management Goal 0
Management Interventions Taken to Relieve Pain
Alleviating Factors
Indications of Pain Relief
Pain Level Score Post Management Techniques

*06/16/13 1404 EDM Infection Control Assess* — *CRYSTAL BENTON, RN*

Airborne Isolation Indication
Airborne Infection Isolation Precautions (AII)
Airborne Patient Transport
Airborne-Modified Isolation Indication
Airborne-Modified Isolation Precautions (AMP)
Airborne-Modified Patient Transport
Contact Isolation Indication

Patient: TUCKER,PAULA
ED Provider: WASHINGTON, DORONE MD

Age/Sex: 48/F

Acct No: K1000103562
Unit No: M0002580

MDRO Type
Site
Contact Isolation Precautions (CP)
Contact Patient Transport
Contact-Modified Isolation Indication
Contact-Modified Isolation Precautions (CMP)
Contact-Modified Patient Transport
Droplet Isolation Indication
Droplet Isolation Precautions (DP)
Droplet Patient Transport
Protective Environment Indication
Protective Environment Precautions
Protective Patient Transport
Comments
Infection Control:
Standard Precautions
Isolation Type None
Aerosol Generating Procedures-Expanded Precautions

*06/16/13 1404 EDM Teaching Assessment* — *CRYSTAL BENTON, RN*
About Suicide - Booklet Given to Patient
Topics:
Emergency Department Teaching Topics ED Environment
Methods Discussion
Recipient Patient
Response Verbalizes Understanding
Teaching Assessment Comment

*06/16/13 1701 EDM Discharge Summary* — *CRYSTAL BENTON, RN*
Suspected Abuse
Suspected Abuse Comment
Referrals/Reporting
DHEC Animal Bite Form Complete
Patient Valuables
Description of Patient Valuables
Discharged:
Discharge To Home
Discharge Mode Wheelchair
Instruction(s) Given To Family
Accompanied By Family
Discharge Condition Unchanged
Discharge Pain Level 10
IV Care
MD Dispensed Medication N
Response to Medication Documented Y
Transition Record Provided to Patient @ Discharge/Transfer Yes
Medication Reconciliation:
Short Term Medication(s) Reviewed with Patient/Family Yes
Medication(s) Received in ER reviewed with Patient/Family Yes
Medication List Provided to Patient/Family at Discharge N/A
Discharge Comments:
Discharge Comment PT VERB UNDERSTANDING OF DC INSTRUCTIONS. PT SON ALSO VERB UNDERSTNDING OF DC INSTRUCTIONS. PT ASSISTED TO CAR VIA W/C. PT REPORTS NO PAIN RELIEF BUT RESTING IN BED WITH EYES CLOSED WHEN NURSE ENTERED THE ROOM.
Expired Patient Dispo completed

Patient: TUCKER,PAULA Age/Sex: 48/F Acct No: K100010356928
ED Provider: WASHINGTON,LORONE MD Unit No: M000258045

*06/16/13 1701 EDM DC Vitals* — *CRYSTAL BENTON, RN*

Temperature (Fahrenheit)
Source
FHR Location
Monitor Mode
Fetal Heart Rate
Fetal Heart Tones Comment
Pulse:
Pulse Rate (Adult) 83
Respirations:
Respiratory Rate 18
02 Sat by Pulse Oximetry
Blood Pressure:
Blood Pressure Systolic 114
Blood Pressure Diastolic 80
Blood Pressure Mean 91

## Treatments

*06/16/13 1352 Position for Maximum Comfort* — *CRYSTAL BENTON, RN*

*06/16/13 1352 Patient's ID Band Verified* — *CRYSTAL BENTON, RN*

*06/16/13 1352 Pt & family updated on wait* — *CRYSTAL BENTON, RN*

*06/16/13 1700 Pt & family updated on wait* — *CRYSTAL BENTON, RN*

## Ordered Medications

| Ordered | Medication | Provider |
|---|---|---|
| 06/16/13 1429 | methylPREDNISolone SOD SUCC 125 MG VIAL IM/ONCE/ONE | WASH.LOR |
| 06/16/13 1429 | HYDROmorphONE INJ 2 MG INJECTION IM/ONCE/ONE | WASH.LOR |
| | *** SOUND/LOOK ALIKE *** | |
| 06/16/13 1429 | ONDANSETRON ODT 4 MG TABLET PO/ONCE/ONE | WASH.LOR |
| 06/16/13 1446 | methylPREDNISolone SOD SUCC 125 MG VIAL .ROUTE/.STK-MED/ONE | WASH.LOR |
| 06/16/13 1446 | ONDANSETRON HCL INJ 4 MG VIAL .ROUTE/.STK-MED/ONE | WASH.LOR |
| 06/16/13 1448 | HYDROmorphONE INJ 2 MG INJECTION .ROUTE/.STK-MED/ONE | WASH.LOR |

## Visit Prescriptions

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Cyclobenzaprine Hcl (Flexeril) 10 MG TAB<br>10 MG PO GIVE AT BEDTIME As needed, #30 TAB | Rx | 06/16/13 | WASH.LOR | 06/16/13 |
| Prednisone (Prednisone) 50 MG TAB<br>50 MG PO DAILY 5 Days | Rx | 06/16/13 | WASH.LOR | 06/16/13 |

## EMAR Medications

Medication
Sch Date-Time Ordered Dose Admin Dose
Doc Date-Time Given - Reason Site User

METHYLPREDNISOLONE SOD SUCC 125 MG/2 ML VIAL (solu-MEDROL) IM/ONCE/ONE
06/16/13-1430 125 MG 125 MG
06/16/13-1451 Y CRYSTAL BENTON

HYDROmorphONE INJ 2 MG/ML INJ (Dilaudid Inj) IM/ONCE/ONE

Patient: TUCKER,PAULA Age/Sex: 48/F Acct No: K1000135628
ED Provider: WASHINGTON,LORONE MD Unit No: M000258045

**Medication**

| Sch Date-Time / Doc Date-Time | Ordered Dose / Given | Admin Dose / Reason | Site | User |
|---|---|---|---|---|
| 06/16/13-1430 | 2 MG | 2 MG | | |
| 06/16/13-1450 | Y | | | CRYSTAL BENTON |

Is medication ordered as PRN: N
Administration Route: IM
Injection Site: (L) Buttock
Pain Level Score: 10
Pain Scale: Numerical

**ONDANSETRON 4 MG TAB (Zofran Odt) PO/ONCE/ONE**

| | | | | |
|---|---|---|---|---|
| 06/16/13-1430 | 4 MG | 4 MG | | |
| 06/16/13-1450 | Y | | CRYSTAL BENTON | |

**Active RX's & HX Meds**

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Naproxen (Naprosyn) 375 MG TAB | Rx | 05/05/09 | POLE.SAM | 05/05/09 |
| 375 MG PO THREE TIMES A DAY, #20 TAB REF 0 | | | | |
| Hydrocodone-Acetaminophen (Lortab 7.5) TAB | Rx | 10/28/11 | WIDK.THO | 10/28/11 |
| 1 TABS OR EVERY 4-6 HOURS, #20 TAB REF 0 | | | | |
| Gabapentin (Neurontin) 300 MG CAP | Reported | | | 06/16/13 |
| 300 MG PO BEDTIME | | | | |

**RAD Impressions**

| Performed | Procedure | Result Code | Status |
|---|---|---|---|
| 06/16/13 1426 | HIP RT UNILATERAL 2 VIEWS | | Resulted |
| | IMPRESSION: NORMAL EXAMINATION. | | |
| 06/16/13 1426 | LUMBOSACRAL SPINE 2 OR 3 VIEWS | | Resulted |
| | IMPRESSION: MILD DEGENERATIVE CHANGES. | | |
| 06/16/13 1426 | THORACIC SPINE 3 VIEWS | | Resulted |
| | IMPRESSION: MINIMAL DEGENERATIVE CHANGES. NO ACUTE OSSEOUS ABNORMALITIES SEEN. | | |

**Patient Orders**

| Ordered | Procedure Name | Ordering Provider | E-Signed |
|---|---|---|---|
| 06/16/13 1429 | methylPREDNISolone SOD SUCC... | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1429 | HYDROmorphONE INJ (Dilaudid... | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1429 | ONDANSETRON ODT (Zofran Odt) | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1429 | HIP RT UNILATERAL 2 VIEWS | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1429 | LUMBOSACRAL SPINE 2 OR 3 VIEWS | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1429 | THORACIC SPINE 3 VIEWS | WASHINGTON,LORONE MD, ST | Yes |
| 06/16/13 1446 | methylPREDNISolone SOD SUCC... | WASHINGTON,LORONE MD, ST | N/A |
| 06/16/13 1446 | ONDANSETRON HCL INJ (Zofran) | WASHINGTON,LORONE MD, ST | N/A |
| 06/16/13 1448 | HYDROmorphONE INJ (Dilaudid... | WASHINGTON,LORONE MD, ST | N/A |

**Departure Information**

**Primary Impression:**
*CHRONIC PAIN EXACERBATION*BACK PAIN*SCIATICA *

Patient: TUCKER,PAULA Age/Sex: 48/F Acct No: K1000103562B
ED Provider: WASHINGTON,LORONE MD Unit No: M000253045

**Disposition:** 01 HOME, RESIDENTIAL **Departure Date/Time:** 06/16/13 - 1700
**Comment:**
**Condition:** IMPROVED

**Referrals:**
OTHER,DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan:
Note:

**Pt Instructions:** Back Pain, Chronic Pain, Sciatica

**Departure Forms:** Friend/Family in ER

SCRATCH BACK WITH COIN TO AUTHENTICATE.
MFI12011756011

KershawHealth
Emergency Department
1315 Roberts Street
Camden, SC 29020-7003

Rx #0000024541

Phone: (803)713-6140

Date Issued 06/16/13

TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020

Age: 48

Rx Flexeril (10 MG TAB) 10 MG PO QHS PRN
Dispense 30 TAB
No Refills

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

WASHINGTON,LORONE MD

VOID

BLUE BACKGROUND, REVERSE Rx, ARTIFICIAL WATERMARK
SCRATCH BACK WITH COIN TO AUTHENTICATE.
MFI12011756011

KershawHealth
Emergency Department
1315 Roberts Street
Camden, SC 29020-7003

Rx #0000024542

Phone: (803)713-6140

Date Issued 06/16/13

TUCKER,PAULA
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020

Age: 48

Rx Prednisone (50 MG TAB) 50 MG PO DAILY
Dispense 5 Days
No Refills

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

WASHINGTON,LORONE MD

000233

VOID

# WorkCARE Program
## Worker's Compensation Incident Report

**Doctor's Care – Wateree**
1060 Highway 1 South
Lugoff, SC 29078
P:803-438-9759
F:803-438-9783

Name: Paula W. Tucker Date of Birth: 5/26/65

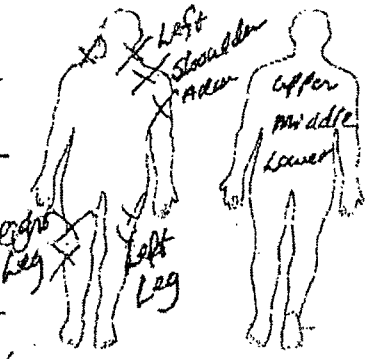
Social Security Number: 247-35-3877 Company Name: Dept. of Mental Health 1529 Dixon Rd.

Job Title: Mental Health Asst. II Length of Employment: 9 yrs 5 months Company Location: Elgin, SC 29045

If employed less than 1 year, list previous employer and job: _____

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

1. List and mark all area(s) of body injured. (Include Left & Right if applicable):




2. Did your injury occur from one specific incident? Yes ____ No ✓ (If 'No', skip to # 5)

3. Date of Injury: 6/16/13 Time: 12:15 p.m.

4. Describe in detail exactly how you were injured. (Please be specific) I was in the Kitchen Cooking. I bent down on my Knees to get the Pots I needed. When I got back up, I felt excruciating Pain in my Back and Right leg. While cooking I Constantly bent to put food in and take food out the oven. After Washing dishes, I bent down to put the Pots under the Cabinet when I stood up, went to walk out the Kitchen, my Right leg gave out on me and I slipped and fell on the Kitchen floor.

5. Did your injury develop gradually over a period of time? Yes ____ No ____ (If "Yes", answer A & B below)

A. Period Injury Developed: From Date of: April 2011 To Date of: Present

B. Describe how your injury developed and how you believe it is related to your work. In April 2011 I slipped and fell on a Cup of Soup in one of the Residents Room at Work. Was on Work Restrictions Since 7/16/12 and they were never honored. Continued to do all Job duties with excessive pain.

6. If you were lifting or moving an object when you were injured describe the object including size and weight. Pots, Pyrex dishes, empty and with food in them as well as a 5qt Pot with water in it to fill Sink to Wash dishes 10lbs or more

Turn page over and complete the back.

000234

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AUG-14-2013 12:23 From:Drs Care Wateree 803 438 9783 To:18032548956 Page:6/9

SCRATCH BACK WITH COIN TO AUTHENTICATE
MFI12011756011

KershawHealth
Emergency Department
1315 Roberts Street
Camden, SC 29020-7003

Phone: (803)713-6140

Rx #0000024541

Date Issued 06/16/13

TUCKER,PAULA Age: 48
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020

Rx Flexeril (10 MG TAB) 10 MG PO QHS PRN
Dispense 30 TAB
No Refills

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

WASHINGTON,LORONE MD

VOID

BLUE BACKGROUND, REVERSE Rx, ARTIFICIAL WATERMARK
SCRATCH BACK WITH COIN TO AUTHENTICATE
MFI12011756011

KershawHealth
Emergency Department
1315 Roberts Street
Camden, SC 29020-7003

Phone: (803)713-6140

Rx #0000024542

Date Issued 06/16/13

TUCKER,PAULA Age: 48
1501 MALVERN HILL DRIVE
CAMDEN, SC 29020

Rx Prednisone (50 MG TAB) 50 MG PO DAILY
Dispense 5 Days
No Refills

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

WASHINGTON,LORONE MD

000233

VOID

# WorkCARE Program
**Worker's Compensation Incident Report**


**Doctor's Care – Wateree**
1060 Highway 1 South
Lugoff, SC 29078
P:803-438-9759
F:803-438-9783

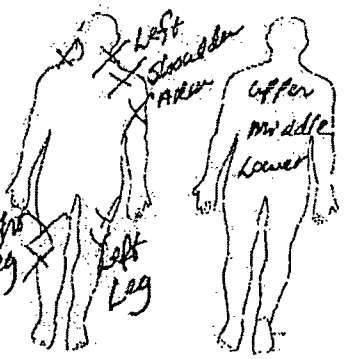

Name: Paula M. Tucker Date of Birth: 5/26/65

Social Security Number: 247-35-3877 Company Name: Dept. of Mental Health

Job Title: Mental Health Asst II Length of Employment: 9 yrs 5 months Company Location: 1529 Dekalb Rd. Elgin, S.C. 29045

If employed less than 1 year, list previous employer and job: _____

1. List and mark all area(s) of body injured. (Include Left & Right if applicable):




2. Did your injury occur from one specific incident? Yes ____ No ✓ (If 'No', skip to # 5)

3. Date of Injury: 6/16/13 Time: 12:15 P.m.

4. Describe in detail exactly how you were injured. (Please be specific) I was in the Kitchen Cooking. I bent down on my Knees to get the Pots I needed. When I got back up, I felt excruciating Pain in my back and Right leg. While cooking I Constantly bent to put food in and take food out the oven. After Washing dishes, I bent down to put the Pots under the Cabinet when I stood up, went to walk out the Kitchen, my Right leg gave out on me and I slipped and fell on the Kitchen floor.

5. Did your injury develop gradually over a period of time? Yes ____ No ____ (If "Yes", answer A & B below)

A. Period Injury Developed: From Date of: April 2011 To Date of: Present

B. Describe how your injury developed and how you believe it is related to your work. In April 2011 I Slipped and fell on a Bar of Soap in one of the Residents Room At Work. My own Work restrictions Since 7/16/12 And they were never Honored. Continued to do all Job duties with the exception of driving

6. If you were lifting or moving an object when you were injured describe the object including size and weight. Pots, Pyrex Dishes, empty and with food in them as well as a 5qt Pot with Water in it to fill Sink to Wash Dishes 10lbs or more

Turn page over and complete the back.



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AUG-14-2013 12:23 From:Drs Care Wateree 803 438 9783 To:18032548956 Page:6/9

7. When did you first feel pain from your injury? Date: Right then Time: _____

8. Using the scale below, rate your level of pain today by placing an "X" on the line.

No pain 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----~~10~~ Worse pain I've ever felt.

9. Are you currently taking any medications at all? Yes ✓ No _____ If yes, list name(s) & dosage(s) NORCO 7.5-325 Adipex 37.5mg 1946 AM, Prednisone 50mg 5 10mg tabs for 5 days. Every 6hrs PRN, Neurontin 300mg 1-2 tabs bedtime, Naproxen 500mg 1x daily, Flexeril 10mg

10. Have you seen another Doctor or Health Care Professional for this problem? Yes ✓ No _____

If yes, list Name, Address, and Date(s): Dr. Bilgrien, Lugoff S.C. Dr. Stoneck Pain Management Dr.

11. What measures have you taken in an attempt to relieve your discomfort or improve function? Physical Therapy Medication, Shots.

12. What do you do for relaxation or to relieve stress? Watch T.V. or try to Sleep when I can.

13. Do you work or volunteer at another job? Yes _____ No ✓ If "Yes", describe your job(s) and/or volunteer activities below.

14. List sports activities / hobbies / special projects. None

15. Have you lost time from work due to this injury? Yes ✓ No _____ If "Yes", Date(s) 6/18, 6/18

I certify that the answers given to the questions in the above two (2) pages are correct and accurate to the best of my ability and recollection.

Employee Signature — Date: 6/2

Report Reviewer — Date: 6-2-15

000235

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1

## AUTHORIZATION FOR USE AND DISCLOSURE OF VERBAL PROTECTED HEALTH INFORMATION
## DOCTOR'S CARE, P.A.

Doctor's Care, P.A. ("Doctor's Care") is authorized to use or disclose my/the individual's Protected Health Information ("PHI") as described below.

Name of Patient (First, Middle, Last): Paula, Yvette Tucker DOB: 6/26/65

Name of Patient at time of treatment if different from above: _____

Name of Employer and/or Workers Compensation Carrier, or their representatives, to receive the PHI

Employer: Santee Wateree Mental Health
Street Address/City/State/Zip Code: _____

Workers Compensation Carrier: State Accident Fund
Street Address/City/State/Zip Code: _____

**PHI REQUESTED:** Verbal protected health information regarding health care services provided to me at Doctor's Care that pertains to my workers' compensation claim.

**PURPOSE OF DISCLOSURE:** Assist employer in processing workers' compensation claims in accordance with the South Carolina Workers' Compensation Act, S.C. Code Ann. §§ 42-1-10 *et seq.*

**REVOCATION:** I may revoke this authorization in writing except for uses or disclosures of PHI made by Doctor's Care in good faith relying on this authorization. To revoke this authorization, I must deliver a signed, written statement clearly stating that I revoke this authorization to the Privacy Official at Doctor's Care at the following address:

Doctor's Care, P.A.
Attn: Privacy Official
4416 Forest Drive
Columbia, South Carolina 29206

**COPY:** I will receive a copy of this signed authorization if Doctor's Care is requesting the authorization from me.

**EXPIRATION:** This authorization expires on the later of (a) one year from the date the authorization is signed or (b) the expiration of my employment with the above-named employer. Upon the conclusion of that time period, this authorization is automatically revoked and no further use or disclosure of the patient's PHI is permitted beyond that date.

**CONDITIONS:** Treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization. I understand that the PHI disclosed under this authorization may be redisclosed. Such redisclosure may not be protected under Federal Privacy Standards.

**SIGNATURES:**

Patient: Paula Y. Tucker Date: 6/21/13

If patient is unable to sign, please state reason: _____

If patient is unable to sign, the signature of a personal representative must be provided:

_____ Date: _____

Relationship: _____ Verification Source: _____

000236

Doctor's Care Representative: _____ Date: _____

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Please Print

# Patient Information

Date 6/21/13

Mr.
Mrs.
(Miss)

Patients First Name: Paula | middle: M. Yette | Last name: Tucker

Mailing Address: 1501 Mahrenhill Dr.

Street Address:

City: Camden State: S.C. Zipcode: 29020

Date of Birth: 5/26/65 Social Security#: 247-75-5877

Age: 48 sex: Fm Marital Status: Single

Home Phone:

Work Phone: 803-408-1346

Cell Phone: 803-713-4454

Company You are here for: Santee Wateree Mental Health

Company Phone Number: 803-408-1346

## Emergency Contact: (Required)

Name: LaVonne Tucker

Phone Number: 803-425-4679

Relationship to patient: Sister

000237

AUG-14-2013 12:24 From:Drs Care Wateree 803 438 9783 To:18032548956 Page:9/9

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EXAM ROOM TIME

Doctors Care

CHECKOUT TIME 11:05

| ACCOUNT NUMBER | DATE | TIME | | TICKET # |
|---|---|---|---|---|
| D297172 | 06/21/13 FRIDAY | 09:12am | DC WATEREE, | 1401764 |

**NAME & ADDRESS**

TUCKER, PAULA
1501 MALVERN HILL DRIVE

CAMDEN, SC 29020
803-713-4454
WRK:
INSURED: TUCKER, PAULA
INS:
REASON: WKC COMP
NICKNAME:

DOB: 05/26/1965 (48 years)
GENDER: F

IBG:
CELL:

RELATION: SELF

COPAY:

| | |
|---|---|
| INSURANCE BALANCE | $0.00 |
| ACCOUNT BALANCE | $0.00 |
| CURRENT CHARGES | |
| AMOUNT PAID | |
| NEW BALANCE | |

CASH | CHECK | M.O. | C.C.

| Personal Hx | Family Hx | Social Hx |
|---|---|---|
| DM — | DM + | Alcohol — |
| HTN — | HTN — | Tobacco + |

Accident? ☐ yes ☐ no If yes, which state:
Date of Accident:
Prev. chart rev., no sig chg.: Above Hx rev.:

ROS (/ or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative

Allergies: Darvocet, tylenol-3
Medications: see list
☐ Meds/Allergies Reviewed

| WT | HT | BMI | BP | PULSE | RESP | TEMP |
|---|---|---|---|---|---|---|
| 172lb | | | 121/78 | 72 | 18 | 97.2 |

☐ LMP 6-21-13
☐ Tetanus unk

**PHYSICAL:** (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)

- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts
- ☐ Chaperone
- ☐ I.V.
- ☐ Injection
- ☐ Nebulizer
- ☐ Procedure
- ☐ Pulse Ox

**Chief Complaint:**

**HPI**

Breaking on 6-16-13 x pain radiates down Rt buttock & down Rt leg. Unable to walk on Rt leg. Pain is sharp, stabbing, constant. Worse with bending & being on feet. Denies bowel/bladder incontinence.

- ☐ CBC
- ☐ EKG
- ☐ FBS
- ☐ Flu
- ☐ Hgb A1C
- ☐ H. Pylori
- ☐ Microalb
- ☐ Mono
- ☐ Strep
- ☐ Tetanus
- ☐ U/A
- ☐ U Preg
- ☐ Wet Prep
- ☐ X-Ray
- ☐ Labs - Send Out

**DIAGNOSIS:** lower back pain c radiculopathy symptoms M54.5 G89.3

- ☐ Patient Care Instructions Discussed
- ☐ Lifestyle Modification
- ☐ Preventative Recommendation(s)
- ☐ Prescriptions / OTC Meds
- ☐ Side Effects Discussed
- ☐ Follow-Up:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Refer to Orthopedist

**Return:**
- ☐ Worsening symptoms:
- ☐ If not better:

**Go to ER if:**

No work till seen Orthopedist

**Off Work / School**

**PSR Notes:** ESTAB 99214 - 155.00

Staff: _____ M.D., D.O., P.A., F.N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered. 000238

Patient or Authorized Person's Signature: Paula M. Tucker Date: 6/21/13

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: Paula M. Tucker Date: 6/21/13

2

# Return To Work Form

HHJ: Monica

Doctors Care

- 850 Aiken Mall Drive, Aiken, SC 29801 (803) 648-1464
- 541 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☑ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- 7936 Broad River Road, Irmo, SC 29116 (803) 749-2308
- 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1151
- 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
- 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186
- 1847 South Lake Drive, Lexington, SC 29073 (803) 356-8098

Name: Paula Tucker Arrival Time: _____ Discharge Time: _____

Date: 6/21/13 Company Name:: WKE

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☑ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: 1st patient recv Orthopedist

Estimated return to work date for full duty: _____

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

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

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

☐ 4. Has reached Maximum Medical Improvement (MMI)

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

**Additional Comments:** Refer to Orthopedist

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: Low back pain with radiculopathy Medications: ☐ as directed ☐ as needed

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

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

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

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

To: _____ Date: _____ Time: _____

For: _____

Address: _____

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

**Employee Signature:** Paula Tucker 000239 **Date:** 6/21/13

**Provider Signature:** _____ **Date:** 6-21-13

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medical affiliates

# Fax Cover Sheet

Company Sent By:

☐ medical affiliates ☒ Doctors Care

☐ Luberoff Medical Arts ☐ Progressive Physical Therapy

☐ Doctors Wellness Center ☐ Carolina Orthopaedic & Sports Medicine

TO: Compendium

FROM:

ATTN: Wendy Harbin

RE:

DESTINATION FAX #: 877.710.2660

DATE: 6.21.13

TIME:

PAGES (Including cover):

CENTER NAME: Doctor's Care Wateree

ADDRESS (optional): 1060 Hwy 1 South Lugoff, SC 29078

SENDER'S FAX #: 803-438-9783

SENDER'S PHONE #: 803-438-9759

☒ URGENT ☐ FYI ☐ APPROVE

☐ REPLY REQUESTED ☐ REVIEW/ADVISE ☐ PER YOUR REQUEST

☐ PLEASE POST TO STAFF ☐ OTHER

COMMENTS:

Pt needs Ortho Referral ASAP!!!

DOCTOR'S CARE-WATEREE
1060 HIGHWAY 1 SOUTH
LUGOFF, SC 29078

SIGNED/STAMPED:

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# Referral Form

*****Choose Your Center*****

Patient Name: Paula Tenbusch Date: 6-24-13

Home Phone: _____ Cell Phone: _____

DOB: _____ Insurance: _____

Doctors Care Provider: _____

| ☐ ROUTINE (7-14 Days) | | ☐ ASAP (48-96 hours) | | ☐ TODAY | |
|---|---|---|---|---|---|
| ☐ Cardiology | ☐ ENT | ☐ Nephrology | ☐ Opthamology | ☐ Psychiatry | ☐ Rheumatology |
| ☐ Dermatology | ☐ GI | ☐ Neurology | ☒ Orthopedics | ☐ Psychology | ☐ Surgery |
| ☐ Endocrine | ☐ Hemo/Onc | ☐ OB/GYN | ☐ PT | ☐ Pulmonology | ☐ Urology |

☐ Other: _____

Preferred provider or specialist office: _____

Preferred time or date: _____

## DIAGNOSTIC PROCEDURES

☐ CT ☐ CTA ☐ MRI ☐ MRA ☐ US ☐ Doppler (arterial/venous) ☐ Mammo ☐ DEXA ☐ Nuclear

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

☐ GB ☐ Liver ☐ Pelvis ☐ Kidney ☐ Kidney Stone ☐ Sleep study ☐ Other: _____

Diagnosis: lower back pain with radiculopathy symptoms

Provider Signature: _____

## APPOINTMENT INFORMATION

Date: _____ Time: _____

Practice Name/Doctor: _____

Address: _____

Phone: _____ Fax: _____

Chart Faxed Date: _____ Patient Notified Date: _____

## SPECIAL INSTRUCTIONS

(MED-F030-(01-13))

000241

AUG-14-2013 12:25 From:Drs Care Wateree 803 438 9783 To:18032549956 Page:4/4

**CompEndium Services Inc.**
PHONE: 877-709-2667 FAX: 877-710-2667
**We are the medical management company contracted by the State Accident Fund to medically manage this worker's compensation claim.**

DATE: Thursday, June 20, 2013

WORKER'S COMPENSATION AUTHORIZATION # 20061343032117

ATTN: Doctors Care - Wateree Medical Center 1060 Highway 1 South Lugoff, SC 29078
P# 803-438-9759 Fax 803-438-9783

Appt set for 06/20
Present complaints / PART OF BODY AFFECTED: Entire back, both shoulders & both legs
X-rays for authorized treating body parts are authorized if needed
NO Drug Screen

| | | | |
|---|---|---|---|
| IW: | Paula Y Tucker | | DOI: 6/16/13 |
| Address: | 1501 Malvern Hill Drive | | |
| City: | Camden, SC 29020 | Employer: | SC Department of Mental Health |
| Phone: | (803) 713-4454 | Employer Phone#: | (803) 408-1346 |
| SSN: | 247353877 | Employer Site: | Santee-Wateree |
| DOB: | 5-26-1965 | | |

**Wendy Harbin is the Medical Case Manager assigned for Paula Tucker. This is a workers' compensation case. Please accept this letter as authorization under Workers' Compensation through the SC State Accident Fund. Please direct all bills to the following address: SC State Accident Fund PO Box 102100 Columbia, SC 29221-5000**
Claims Adjuster: Will Hawthorne Ph # 803-896-5833 Fax # (803) 612-2733 E: whawthorne@saf.sc.gov

Pharmacy : FRED'S PHARMACY P# 803-425-8240 CAMDEN, SC 29020

Thank you for your time and care of this injured worker.

Assigned Medical Case Manager: Wendy Harbin
PHONE: 877-709-2667 FAX: 877-710-2667
E-mail address: wharbin@compendiumusa.net

Please submit all medical reports, test results and work limitations to Medical case manager. Any additional treatment requires prior approval from medical case manager.



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000242

**Sharon D Brown**

**From:** Fowler, Raquel <rfowler@compendiumusa.net>
**Sent:** Thursday, June 20, 2013 3:57 PM
**To:** Harbin, Wendy; Will Hawthorne; Sharon D Brown
**Subject:** Paula Y Tucker DOI: 6/16/13 DMH - Santee-Wateree
**Attachments:** Corporate Pharmacy Authorization Form

New injury:
Per attached incident report - Type and location of injury: fall in the kitchen
Doing when accident occurred - Cooking & cleaning
Tools / equipment using - pots
How did accident occur - Cooking, got down on knees to get pots needed to cook, when I got up felt excruciating pain in back and right leg. Had to constantly bend to put food in and out of the oven. I bent down to put pots under cabinet, stood up, started walking out of kitchen, right leg gave out, I slipped and fell on floor.

Spoke with Supervisor confirmed IW's last at work was DOI and f/u care is needed.

Spoke with IW who further indicates the following:
Fell backwards, landing entirely flat on back, buttock, arms and legs. Did not hit head.
EMS was called and she was transported to Kershaw County Medical Center. Treated and released.

Present complaints / PART OF BODY AFFECTED: Entire back, both shoulders, both legs
Will fill WC meds at FRED'S PHARMACY P#(803) 425-8240 1521 JEFFERSON DAVIS HWY CAMDEN, SC 29020

Admits to medical history however was in a public area & unable to talk - informed to provide this info to Assigned NCM after her appt

Assigned NCM: Wendy Harbin

Rules and responsibilities of WC provided, maintain contact with assigned NCM after every medical appt, obtain prior approval for any add'l tx & it is IW's responsibility to obtain the RTW status after each WC appt.

**Follow-up evaluation scheduled for : today 6/20/13**
**PROVIDER:** Doctors Care - Wateree Medical Center 1060 Highway 1 South Lugoff, SC 29078 P# 803-438-9759 Fax 803-438-9783
All parties updated/rlf

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**Sharon D Brown**

**From:** support@corporatepharmacy.com
**Sent:** Thursday, June 20, 2013 2:33 PM
**To:** Fowler, Raquel
**Subject:** Corporate Pharmacy Authorization Form
**Attachments:** authorization.pdf

Attached is an authorization form to fill workers' compensation prescriptions for PAULA TUCKER with an injury date of 06/16/2013

WORKERS' COMPENSATION
PRESCRIPTION PAYMENT AUTHORIZATION FORM

Pharmacist:
This is a workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. Please contact Corporate Pharmacy at (800) 568-3784 if you have any questions.

To transmit a prescription claim, please use the following information:
Processing information
Processor: EHO (Employer Health Options)
Bin #'s: NDC = 004527
Envoy/WebMD = 003241
Version: D.0
Patient Information
Last Name: TUCKER
First Name: PAULA
Group #: Sex: Female
ID#/ SS#: 247353877
D.O.B.: 05/26/1965
Prior Authorization #: 20130616

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**Sharon D Brown**

**From:** Raquel Fowler <rfowler@compendiumusa.net>
**Sent:** Thursday, June 20, 2013 3:54 PM
**To:** Edgerton, Mary; Fowler, Raquel
**Attachments:** 20130620155359297.tif

This E-mail was sent from "RNPB4B57C" (Aficio 3045).

Scan Date: 06.20.2013 15:53:59 (-0400)

**Sharon D Brown**

**From:** support@corporatepharmacy.com
**Sent:** Thursday, June 20, 2013 2:33 PM
**To:** Fowler, Raquel
**Subject:** Corporate Pharmacy Authorization Form
**Attachments:** authorization.pdf

Attached is an authorization form to fill workers' compensation prescriptions for PAULA TUCKER with an injury date of 06/16/2013

WORKERS' COMPENSATION
PRESCRIPTION PAYMENT AUTHORIZATION FORM

Pharmacist:
This is a workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. Please contact Corporate Pharmacy at (800) 568-3784 if you have any questions.

To transmit a prescription claim, please use the following information:
Processing information
Processor: EHO (Employer Health Options)
Bin #'s: NDC = 004527
Envoy/WebMD = 003241
Version: D.0
Patient Information
Last Name: TUCKER
First Name: PAULA
Group #: Sex: Female
ID#/ SS#: 247353877
D.O.B.: 05/26/1965
Prior Authorization #: 20130616

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# WORKERS' COMPENSATION
# PRESCRIPTION PAYMENT AUTHORIZATION FORM

**Pharmacist:**
This is a temporary workers' comp Rx payment authorization form. Please submit the prescription using the processing information listed below.
**Please contact CPS Customer Care at (866) 429-1116 if you have any questions.**

To transmit a prescription claim, please use the following information:

Processing information
Processor: EHO
Bin #'s: NDC = 004527 OR 004880
Envoy/WebMD = 003241
CVS Condor Code = 15721
Eckerd's Condor Code = 2185
Walgreen's Bin #: ehowc
**(These specific pharmacy chains require special numbers to transmit prescriptions. All major chains and most independent pharmacies accept this plan.)**
Version: D.0

Patient Information

Last Name: T U C K E R
First Name: P A U L A
Group #: 5 6 6 0 0 Sex: Male [ ] Female [X]
ID#/ SS#: 2 4 7 3 5 3 8 7 7
D.O.B.: 0 5 / 2 6 / 1 9 6 5
Prior Authorization #: 130616 **(retain this # for future use)**
Date Sent: 06/20/2013

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CompEndium Services Inc.

# MEDICAL EVENT REPORT FOR: Paula Tucker 247353877

| | | | |
|---|---|---|---|
| Case Manager: | Raquel Fowler | Authorization Number: | 20061343032117 |
| Claimant Name: | Paula Tucker | SSN: | 247353877 |
| Date of Injury: | 6/16/2013 12:15 | Date of Birth: | 5-26-1965 |
| Provider: | Doctors Care - Wateree Medical Center | | |
| Physician: | Doctors Care - Wateree Medical Center | | |
| Address: | 1060 Highway 1 South | | |
| City: | Lugoff SC 29078 | | |
| Phone: | 803-438-9759 | | |
| Date of Visit: | 6/21/2013 | | |
| Body Part/Diagnosis: | | | |
| Assessment: | Confirmed attended 6/21/13 appt. Refer to ortho. OOW until seen by ortho. All parties notified. air | | |
| Plan of Treatment: | | | |
| Work Status: | | | |
| Test Ordered: | | Referrals: | |
| RX Written: | | Next Appt: | |

South Carolina Workers' Compensation Co ission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #:
Carrier File #:
Carrier Code #: 500 - SF
Employer FEIN #: 570000J12

Name: PAULA TUCKER
SSN: 247-35-3877
City:
SC Zip: 292210
Home Pho e: (
Work Phone: ( ) -
Preparer's Name: Sharon D. Brown, Workers' Compensation Coordinator

Employer's Name: Dept. Of Mental Health
Address: 2414 Bull Street, Room 203
City: Columbia State: SC Zip: 292(
Insu ance Carrier: State Accident Fund
Preparer's Phone #: ( 803 ) 898-8605

PERSONNEL NUMBER 10019847

Date of Injury 06/16/13
month day y(

**A. Total Wages Paid**

1. Check Applicable Method:

X Report of earnings of injured employee based on four completed quarters.

☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked. Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date

☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the fou quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

**Annual salary:** $ 25,444.00

| Quarter | Ending Date | Total Wages Paid |
|---|---|---|
| 1st | June 30, 2012 | $5,907.34 |
| 2nd | Sept. 30, 2012 | $6,083.56 |
| 3rd | Dec. 30, 2012 | 6,427.40 |
| 4th | March 31, 2013 | 6,478.00 |

3. List total value of other allowances of any character made in lieu of wages during four quarters above. Total Paid 2. $ 24,896.30

4. Add lines 2 and 3. **TOTAL WAGES PAID:** 3. 0 4. $ 24,896.30

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

**B. Average Weekly Wage**

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). **AVERAGE WEEKLY WAGE:** 6. $478.76

**C. Compensation Rate**

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $319.19

8. The compensation rate is as follows (choose one):

☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.

☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. ____

☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

**WEEKLY COMPENSATION RATE:** 8.

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

| PROVIDER | RECIPIENT NAME | RECIPIENT ID | PLAN | PAYMENT NAME | SC PD | SC PD DATE | A | PC | PLAN | TOTAL $ | NOTES | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201207 | 03/30/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201208 | 04/16/2012 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201209 | 05/01/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201210 | 05/16/2012 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201211 | 06/01/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201212 | 06/15/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| PROVIDER | RECIPIENT NAME | RECIPIENT ID | PLAN | PAYMENT NAME | SC PD | SC PD DATE | A/R | PC | PLAN | TOTAL $ | NOTES | AMOUNT |
| | | | | | | | | | | | | $ 5,907.24 |

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000250

| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201213 | 07/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201214 | 07/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201215 | 08/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,009.66 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201216 | 08/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201217 | 08/31/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201218 | 09/14/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] 6,083.56 |

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| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201219 | 10/01/2012 | | 10 | /101 | Total g... | 0.00 | |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201220 | 10/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201221 | 11/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201222 | 11/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,107.31 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201223 | 11/30/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201224 | 12/14/2012 | | 10 | /101 | Total g... | 0.00 | 1,118.71 |
| | | | | | | | | | | | | 1,162.80 |

000252

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201301 | 01/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,064.96 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201302 | 01/16/2013 | | 10 | /101 | Total g... | 0.00 | 1,159.60 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201303 | 02/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,063.36 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201304 | 02/15/2013 | | 10 | /101 | Total g... | 0.00 | 1,063.36 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201305 | 03/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,064.96 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201306 | 03/15/2013 | | 10 | /101 | Total g... | 0.00 | 1,061.76 |

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000253

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201207 | 03/30/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201208 | 04/16/2012 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201209 | 05/01/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201210 | 05/16/2012 | | 10 | /101 | Total g... | 0.00 | 986.69 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201211 | 06/01/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201212 | 06/15/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201213 | 07/01/2012 | | 10 | /101 | Total g... | 0.00 | 983.49 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201214 | 07/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201215 | 08/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201216 | 08/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,009.66 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201217 | 08/31/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201218 | 09/14/2012 | | 10 | /101 | Total g... | 0.00 | 1,016.06 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201219 | 10/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201220 | 10/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201221 | 11/01/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201222 | 11/16/2012 | | 10 | /101 | Total g... | 0.00 | 1,107.31 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201223 | 11/30/2012 | | 10 | /101 | Total g... | 0.00 | 1,012.86 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201224 | 12/14/2012 | | 10 | /101 | Total g... | 0.00 | 1,118.71 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201301 | 01/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,162.80 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201302 | 01/16/2013 | | 10 | /101 | Total g... | 0.00 | 1,064.96 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201303 | 02/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,159.60 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201304 | 02/15/2013 | | 10 | /101 | Total g... | 0.00 | 1,063.36 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201305 | 03/01/2013 | | 10 | /101 | Total g... | 0.00 | 1,063.36 |
| 10019847 | TUCKER, PAULA | 247353877 | J120 | DEPARTMENT OF MENTAL HE... | 201306 | 03/15/2013 | | 10 | /101 | Total g... | 0.00 | 1,064.96 |
| | | | | | | | | | | | | 1,061.76 |
| | | | | | | | | | | | | 24,895.30 |

000254

South Carolina Department of Mental Health

# EMPLOYEE/SUPERVISOR NOTIFICATION

Facility Location: Santee Wateree / Elgin S.C.

I. EMPLOYEE: Tucker (Last) Paula (First) (MI) 247-35-3877 (Social Security #)

II. DATE MEDICAL/CLINIC VISIT: 6/21/13 DATE OF INJURY: 6/16/13

INSTRUCTIONS: ☒ Per medical provider: _____ (Name of Physician or Clinic)

WORK STATUS AND RESTRICTIONS:
The work status and restrictions on the above employee are as follows:

- ☐ Back to Work Full Duty Immediately
- ☐ Out of Work until _____, then to Work Full Duty
- ☐ Back to Work with Restrictions
- ☐ Out of Work until _____, then to Work with Restrictions
- ☒ The work restrictions for Modified Duty are: Off duty due to work related condition

- ☒ Out of work until medical visit on _____ at ☐ AM ☐ PM
- ☐ Return for follow-up appointment _____ at ☐ AM ☒ PM ☐ After Doctor visit

III. NOTICE TO EMPLOYEE:
I understand that I must report to my Supervisor for a work assignment when placed on Full Duty or Work Restrictions. If I am unable to return to work as prescribed by the Medical Provider, I will immediately notify my supervisor to arrange for further evaluation. I understand that an unauthorized absence can result in a Leave Without Pay status and/or Disciplinary Action.

Employee Signature: [signature] Date: 6/21/13

IV. SUPERVISOR RESPONSE:
I have read or discussed with the employee the above work status prescribed by the healthcare provider and any work restrictions prescribed. Based on the restrictions, I have decided that the employee (check one of the following):

- ☐ Can be accommodated immediately
- ☐ Can be accommodated, but not until _____
- ☐ Cannot be accommodated
- ☒ No Restrictions were prescribed
- ☐ Referred to worker Dept for accommodation

COMMENTS OR UPDATE: (Date/Initial)

[signature] (Supervisor signature)

(803) 408-1346 (Telephone #) 6/21/13 (Date)

NOTE TO SUPERVISOR: Please use Comments/Update Section to notify of any changes that occur in the work status of this employee. Write in the date and time of the change. Use back of form if needed. Thank you.

Distribution: DMH Workers' Comp Coordinator; Immediate Supervisor; Employee; State Accident Fund; Timekeeper

SCDMH FORM
APR 2010 (REVISED 2009) Item #46

000255

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# Return To Work Form

Name: [illegible] Date: 6/21/13 Company Name: LOYC Arrival Time: Discharge Time:

WORK STATUS (Check Appropriate Boxes):

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

Additional Comments: [illegible]

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: [illegible]

Wound or Injury Care: [illegible]

Medications: [illegible]

- [ ] Ice every
- [ ] keep dry and clean
- [ ] do not remove dressing
- [ ] apply heat every
- [ ] follow instructions sheet given
- [ ] wear elastic support/immobilizer/keep taped
- [ ] bed rest for
- [ ] as tolerated
- [ ] elevate extremity
- [ ] as needed
- [ ] warm soaks
- [ ] home exercise instructions given

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

For: Date: Time:

or:

Address:

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

Employee Signature: [illegible] Date: 6/21/13

Provider Signature: [illegible] Date: 6-21-13

Revised 1/30/2012

000256

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KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4211

Urgent Care at Elgin
98 Pavilion Parkway
Elgin, SC 29045
803-424-8828

Date: 06/16/13
Account Num: K10001031502
Med Rec Num: H0003580
Patient: TUCKER,PAULA
Location: ER
Physician: WASHINGTON,LORONE MD

## Patient Visit Information

**Staff**

Your caregivers today were:

Physician WASHINGTON,LORONE MD
Nurse CB

**Patient Instructions Reviewed**

Back Pain
Chronic Pain
Sciatica

received 06/16/13 - 1649

**Activity Restrictions or Additional Instructions**

Your diagnosis today is CHRONIC BACK PAIN EXACERBATION; SCIATICA.

The following studies and/or procedures were performed during your ED visit EXAM AND X RAYS. We will call if the radiologist reads XRAY(s) as abnormal or your culture result indicates a need for a change in antibiotic.

You were given the following medication SOLUMEDROL (STEROID), DILAUDID FOR PAIN AND ZOFRAN FOR NAUSEA during your visit to the Emergency Department.

Follow-up with your physician as instructed for comprehensive care. Return to ER for worsening symptoms or concerns. Take medications as directed.

THANK YOU FOR CHOOSING KERSHAW HEALTH FOR YOUR HEALTHCARE NEEDS.

OUR GOAL IS TO PROVIDE YOU WITH VERY GOOD SERVICE.

SMOKING AND SECOND-HAND SMOKE ARE HARMFUL TO YOUR HEALTH AND THE HEALTH OF THOSE AROUND YOU, AND QUITTING SMOKING GREATLY REDUCES THE RISK OF ADVERSE HEALTH EFFECTS.
QUITLINE SUPPORT 1-800-QUIT-NOW(800-784-8669)

**Medication Dose and Instructions**

KershawHealth

Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4311

Urgent Care at Elgin
48 Pinnacle Parkway
Elgin, SC 29045
803-424-8020

Date: 06/16/13
Account Num: K1000103647[illegible]
Med Rec Num: M0000258045
Patient: TUCKER,PAULA
Location: ER
Physician: WASHINGTON,LORRINE MD

**Follow-up**

TUCKER,PAULA has been referred to the following clinics/specialists for follow up care:

OTHER DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan:

000258

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Human Resources
Received
AUG 26 2013

South Carolina Department of Mental Health

# REPORT OF INJURY/MMC

**INSTRUCTIONS:** This report should be prepared on a typewriter, printed or filled in as a computer generated form and must be completed for every injury, no matter how minor. All treatment must be authorized.

| Name (Last, First, Middle Initial) | Title | Date of Birth | Social Security No. | Date of Hire |
|---|---|---|---|---|
| Tucker Paula G. | MHT II | 5/26/65 | 241-35-3577 | 2/16/04 |

Home Address (City, State, Zip): 803-408-1346 (HP)
1561 Malvern Hill Dr. Conway, S.C. 29526

Area Code/Home Phone (Area Code): 843-903-4454

Sex: ☐ Male ☑ Female

Location (Facility): 1529 Dixon Rd. Elgin, S.C. 29045

Work Phone:

Organizational component (division, service, or section): Santee Wateree Mental Health

Person to whom accident reported: Monica McKiver

Position title of person reported to: Clin. Mental Health Counselor

Was injury incurred in line of duty? Yes ☐ No ☐ Questionable ☐

Where did accident occur? At Work in Kitchen

| Time employee began work | Date injury reported | Time reported | Date accident occurred | Time occurred |
|---|---|---|---|---|
| 7 AM / PM | 6/16/13 | 12:30 AM / PM | 6/16/13 | 12:15 AM / PM |

Type and location of injury: Head, Kitchen

What was the employee doing when accident occurred? What tools, equipment, or materials was the employee using? Cooking - Heating Pots

How did accident occur? (Describe the accident fully stating whether the employee fell or was struck, such as fell down stairs, slipped on wet floor. Give all factors contributing to the accident). What object or substance harmed the employee? Cooking, I'd down on knees to get pots needed to cook. When I got up I felt excruciating pain in back and right leg, had to constantly bend to put food in and out of oven. I bent down to get pots under cabinet, stood up, started walking out of kitchen, don't remember if I slipped and fell on floor or what. Was taken by ambulance to ER.

If this was an assault by a patient, please state patient's ID number: 241-35-3577

What corrective action was taken to prevent recurrence? This section to be filled out by the supervisor. To be more careful and get assistance when needed as was stated in documentation I'm not given to fear.

Witnesses (Names and addresses and phone numbers): Yes

6/20/13 — Signature of Employee: Paula G. Tucker

| Date | Signature of Supervisor | Phone Number | Pager Number | Fax Number |
|---|---|---|---|---|
| 6/20/13 | Monica McKiver | 843 409-1346 | ( ) | ( ) |

SCDMH Form
MAR 1985 (Rev. APR 2009)
Incl. Excel 2013

HRS-1a Pg. 1 of 2



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**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**
**WORKERS' COMPENSATION ELECTION FORM**

This is to certify the options available to me in connection with the on-the-job accident in which I was involved on 6/16/13, 20 13 and have been fully explained to me. I have elected the option marked with an "X" below. I have read the Workers' Compensation explanation sheet explaining my options.

1. ___ To be placed on paid leave status, using accrued sick leave and/or annual leave (when such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted).

2. X To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 code (under this method the employee would receive the disability equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate).

3. ___ To receive sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the attached formula approved by the State Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation.

Signature of employee

Print or type employee name

247-35-3377
Social Security Number

Facility and date

**FOR SUPERVISOR TO COMPLETE:**

Date of injury 6/16/13

The above named employee began sick leave 6/16/13 on 6/16/13
(Type of leave) (Date)

Signature of Supervisor 6/20/13
(Date)

Distribution: DMH Workers' Comp Coordinator
Immediate Supervisor
Employee
Timekeeper
State Accident Fund

SCDMH FORM
MAY BE USED AFTER SUPERSEDED BY NEW FORM

000260

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**Sharon D Brown**

**From:** Will Hawthorne <whawthorne@saf.sc.gov>
**Sent:** Monday, June 24, 2013 8:43 AM
**To:** Harbin, Wendy; Sharon D Brown
**Subject:** RE: Paula Y Tucker DOI: 6/16/13 DMH - Santee-Wateree

No treatment is authorized.

Thanks,

**Will Hawthorne**
SAF Claims Adjuster
803.896.5833

*****CONFIDENTIALITY NOTE*****

Please be advised that this transmission and any accompanying documents may contain information that is confidential or that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited and may be illegal under federal or state law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Thank you.

---

**From:** Fowler, Raquel [mailto:rfowler@compendiumusa.net]
**Sent:** Thursday, June 20, 2013 3:57 PM
**To:** Harbin, Wendy; Will Hawthorne; Sharon D Brown
**Subject:** Paula Y Tucker DOI: 6/16/13 DMH - Santee-Wateree

New injury:
Per attached incident report - Type and location of injury: falling the kitchen
Doing when accident occurred: Cooking & cleaning
Tools / equipment using: pots
How did accident occur: Cooking, got down on knees to get pots needed to cook, when I got up felt excruciating pain in back and right leg. Had to constantly bend to put food in and out of the oven. I bent down to put pots under cabinet, stood up, started walking out of kitchen, right leg gave out, I slipped and fell on floor.

Spoke with Supervisor confirmed IW's last at work was DOI and f/u care is needed.

Spoke with IW who further indicates the following:
Fell backwards, landing entirely flat on back, buttock, arms and legs. Did not hit head.
EMS was called and she was transported to Kershaw County Medical Center. Treated and released.

# SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

| | | |
|---|---|---|
| EMPLOYER (NAME & ADDRESS INCL ZIP)<br>SC Department of Mental Health<br>Santee-Wateree<br>215 North Magnolia Street, P.O. Box 1946SumterSC29151-1946 | CARRIER/ADMINISTRATOR CLAIM NUMBER | REPORT PURPOSE CODE |
| | JURISDICTION | JURISDICTION CLAIM NUMBER |
| | INSURED REPORT NUMBER | |
| | EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) | LOCATION # |
| SIC CODE / EMPLOYER FEIN | | PHONE # |

## CARRIER/CLAIMS ADMINISTRATOR

| | | |
|---|---|---|
| CARRIER (NAME, ADDRESS, & PHONE NO)<br>State Accident Fund of South Carolina<br>P.O. Box 102100<br>Columbia, SC 29221<br>800-521-6576 | POLICY PERIOD<br>TO<br>CHECK IF APPROPRIATE<br>[ ] SELF INSURANCE | CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO) |
| CARRIER FEIN | POLICY/SELF INSURED NUMBER | ADMINISTRATOR FEIN |
| AGENT NAME & CODE NUMBER | | |

## EMPLOYEE/WAGE

| NAME (LAST, FIRST, MIDDLE) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | DATE HIRED | STATE OF HIRE |
|---|---|---|---|---|
| Tucker, Paula Y | 5-26-1965 | 247353877 | 2-16-2004 | SC |

| ADDRESS (INCL ZIP) | SEX | MARITAL STATUS | OCCUPATION/JOB TITLE |
|---|---|---|---|
| 1501 Malvern Hill Drive<br>Kershaw Co.<br>Camden, SC 29020 | [ ] MALE<br>[X] FEMALE<br>[ ] UNKNOWN | [X] UNMARRIED (SNGL/DIV)<br>[ ] MARRIED<br>[ ] SEPARATED<br>[ ] UNKNOWN | Mental Health Specialist<br>EMPLOYMENT STATUS<br>Regular Employment |
| PHONE<br>(803) 713-4454 | # OF DEPENDENTS<br>0 | | NCCI CLASS CODE |

| RATE | PER: | | | # DAYS WORKED/WEEK | FULL PAY FOR DAY OF INJURY? | | |
|---|---|---|---|---|---|---|---|
| $23,527 | [ ] DAY<br>[ ] WEEK<br>[X] OTHER | MONTH | | 5 | DID SALARY CONTINUE? | [X] YES<br>[X] YES | [ ] NO<br>[ ] NO |

## OCCURRENCE/TREATMENT

| TIME EMPLOYEE BEGAN WORK | | DATE OF INJURY/ILLNESS | TIME OF OCCURRENCE | | LAST WORK DATE | DATE EMPLOYER NOTIFIED | DATE DISABILITY BEGAN |
|---|---|---|---|---|---|---|---|
| 07:00 | [X] AM<br>[ ] PM | 06/16/2013 | 12:15 | [X] AM<br>[ ] PM | 06-16-2013 | 06/16/2013 | |

| CONTACT NAME/PHONE NUMBER | TYPE OF INJURY/ILLNESS | PART OF BODY AFFECTED |
|---|---|---|
| Monica Mckiver # 803-408-1346 | Strain | back, shoulders, & legs |

| DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? | TYPE OF INJURY/ILLNESS CODE | PART OF BODY AFFECTED CODE |
|---|---|---|
| [X] YES [ ] NO | | |

| DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED | ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED |
|---|---|
| Kitchen area | Pots |
| SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED<br>Bent down to put pots under cabinet, stood up & started walking out of kitchen. | WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED<br>Bent down to put pots under cabinet, stood up & started walking out of kitchen. |

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.

R leg gave out. IW slipped & fell backwards. Landed flat on back, buttocks, arms & legs. Injured back, shoulders, & legs.

CAUSE OF INJURY CODE

| DATE RETURN(ED) TO WORK | IF FATAL, GIVE DATE OF DEATH | WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? | WERE THEY USED? |
|---|---|---|---|
| | | [ ] YES [X] NO | [ ] YES [X] NO |

| PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) | HOSPITAL (NAME & ADDRESS) | INITIAL TREATMENT |
|---|---|---|
| Doctors Care - Wateree Medical Center<br>1060 Highway 1 South<br>Lugoff, SC 29078 | | [ ] NO MEDICAL TREATMENT<br>[ ] MINOR BY EMPLOYER<br>[X] MINOR CLINIC/HOSP<br>[ ] EMERGENCY CARE<br>[ ] HOSPITALIZED >24 HRS<br>[ ] FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED |
| WITNESSES (NAME & PHONE #)<br>Client; | | |

| DATE ADMINISTRATOR NOTIFIED | DATE PREPARED | PREPARER'S NAME & TITLE | PHONE NUMBER |
|---|---|---|---|
| 06-20-2013 | 06-21-2013 | Monica Mckiver | 803-408-1346 |

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

WCC FORM 12-A REV. DATE 3/96

000262

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CompEndium Services Inc.

## MEDICAL EVENT REPORT FOR: Paula Tucker 247353877

| | | | |
|---|---|---|---|
| Case Manager: | **Raquel Fowler** | Authorization Number: | **PER EMP** |
| Claimant Name: | **Paula Tucker** | SSN: | **247353877** |
| Date of Injury: | **6/16/2013 12:15** | Date of Birth: | **5-26-1965** |
| Provider: | **Kershaw County Medical Center (HS)** | | |
| Physician: | **ER** | | |
| Address: | **P.O. Box 7003** | | |
| City: | **Camden SC 29020-7003** | | |
| Phone: | **803-432-4311** | | |
| Date of Visit: | **6/16/2013** | | |
| Body Part/Diagnosis: | | | |
| Assessment: | **Initial Treatment___EMS transported IW to ER. Treated and released. Confirmed per Supervisor - Monica Mckiver IW's last at work was 6/16/13 and f/u care is needed. Sent IW to Doctors care on 6/20, however the office closed early (at 3pm) therefore she'll go back on 6/21 for f/u treatment. All parties updated.rlf** | | |
| Plan of Treatment: | | | |
| Work Status: | | | |
| Test Ordered: | | Referrals: | |
| RX Written: | | Next Appt: | |

000263

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## ATTENTION SUPERVISORS

### Procedures For Reporting Work Related Injury

All Immediate Supervisors are responsible for completing all work related injuries and if the immediate supervisor is not available, the charge person can call in the injury to our new provider, Compendium Services. These are the following procedures to complete all work related injuries:

1. The employee must report any injury to the supervisor (or charged person) immediately. The supervisor only needs to call in the injury and give a report to Compendium at 877-709-2667 if the employee needs to go for medical treatment and if no medical treatment is required, no call is to be made to Compendium. However, a Report of Injury has to be completed. The supervisor is to fax a copy of the Report of Injury to the Workers' Compensation Coordinator, Sharon D. Brown at 803-898-0199 and keep the original report on file.

2. The supervisors are to refer to the "Attention Supervisors" Compendium reference card for quick reference. The supervisor is to call Compendium with the employee present (if possible).

3. The supervisor and employee will complete the *Report of Injury* (form P-16). The supervisor will fax the *Report of Injury* (P-16) to Compendium at 877-710-2667 and to the Workers' Compensation Coordinator, Sharon D. Brown at 898-0199.

4. Compendium staff will then give instructions for the medical care for the employee. The Supervisor can give preference of a provider for the employee to receive treatment or Compendium will recommend a provider for the injured employee.

5. After treatment of the employee, Compendium will normally email/fax a *Medical Event Report* to the employee's Adjuster at State Accident Fund and Sharon D. Brown, Workers' Compensation Coordinator instructing if the employee can return to regular duty, modified duty, or be temporarily out of work (this is not a guarantee). It is the employee's responsibility to submit all updates from doctor's visits and/or Physical Therapy visits to their supervisor. Please note that if the employee goes back to the supervisor before Compendium provide a medical treatment statement then the employee is to provide the supervisor with the medical treatment statement and the supervisor must fax Compendium this information (fax 877-710-2667).

6. The injured employee is responsible for contacting the case manager at Compendium and provides any follow up appointments with date and time when calling in. If employee is placed out of work the employee is still responsible for contacting the case manager and their supervisors.

7. After the supervisor receives the medical treatment information or doctor/physical therapy statement from the injured employee the supervisor must complete the *Employee/Supervisor Notification Form* (ESN). The form must be dated, injury date given, work status and restriction area completed, supervisor response, supervisor's signature, complete telephone and pager number, and date form completed.

8. The supervisor will then fax the *Employee/Supervisor Notification Form* the time keeper, and to Workers' Compensation Coordinator, Sharon D. Brown at 803-898-8618.

9. Each time the employee is absent from work per the medical provider (or the facility) due to the work related injury, the supervisor must complete a new *Employee Supervisor Notification*. Supervisor is to make sure the employee gets a copy of the *Employee/Supervisor Notification* and that the work status information is explained to the employee. Steps # 7 & 8 M are to be followed in completing the Employee/Supervisor Notification.

Each facility will keep the Workers' Compensation file on each employee in a secure (locked) place and should have one person to maintain the files.

/ab
May 04, 2009

000264



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## SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
## WORKERS' COMPENSATION ELECTION FORM

This is to certify the options available to me in connection with the on-the-job accident in which I was involved on 6/16, 2013 and have been fully explained to me. I have elected the option marked with an "X" below. I have read the Workers' Compensation explanation sheet explaining my options.

1. ✓ To be placed on paid leave status, using accrued sick leave and/or annual leave (when such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted).

2. ✓ To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 code (under this method the employee would receive the disability equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate).

3. ____ To receive sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the attached formula approved by the State Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation.

Paula Y. Tucker
Signature of employee

Paula Y. Tucker
Print or type employees name

247-35-3877
Social Security Number

Elgin TLC 6/18/13
Facility and date

FOR SUPERVISOR TO COMPLETE:

Date of injury 6/16/13

The above named employee began Sick leave (Type of leave) on 6/16/13 (Date)

Signature of Supervisor Monica J. McDuffie 6/18/13 (Date)

Distribution: DMH Workers' Comp Coordinator, Immediate Supervisor, Employee, Timekeeper, State Accident Fund

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WORKERS' COMPENSATION
ELECTION FORM HRS-147

OPTION #1

This option allows the employee to use their sick and/or annual leave. The employee can use their sick leave and choose not to use their annual leave. This must be stated on the HRS-147 ELECTION FORM. If an employee chooses to use this option, the employee's leave will not be reinstated. After the employee's leave has been exhausted, then the employee will be placed on LWOP (Leave Without Pay) status to receive Worker's Compensation benefits equaling sixty-six and two third's (66 2/3%) percent of the employee's average weekly wage, not to exceed the current maximum rate. Only permanent full time employees and permanent part time employees have this option.

OPTION #2

This option allows the employee to receive Worker's Compensation which is sixty-six and two third's (66 2/3%) percent of the employee's average weekly wage. The employee will be placed in LWOP (Leave Without Pay ) status. The employee has to be out of work for a total of seven (7) days before the Worker's Compensation insurance carrier will start to pay benefits. The Worker's Compensation insurance carrier will start to pay for only day eight (8), day nine (9), etc. until the employee is out for a total of fourteen (14) days. On the fifteenth (15th) day out of work only then will the employee be entitled to be paid for the first seven (7) days out from work. If the employee is out of work on the eighth (8th) day, the ninth (9th) day, and the tenth (10th) day and returns to work on the eleventh (11th) day the employee will only receive pay for those three (3) days. The employee has to be out of work for a total of fifteen (15) days to receive the first week of pay. The employee's earning will be based on four (4) quarters, preceding the quarter in which the injury occurred. There will be no deductions from this check as it will come from the Worker's Compensation insurance carrier. Any deductions that would normally be deducted from the employee's paycheck would not be deducted from the Worker's Compensation carrier check. The employee will be responsible for deductions that would normally come out of their paycheck. Permanent full time employees, permanent part time employees and temporary hourly paid employees have this option.

OPTION # 3

This option will also place the employee in a LWOP (Leave Without Pay) status. The employee will only be paid a portion of their sick and/or annual leave. This leave will not be reinstated. Deductions will be taken from sick and/or annual leave. In conjunction with sick and/or annual leave Workers' Compensation portion will be sixty-six and two third's (66 2/3%) percent of the employee average weekly wage. Enclosed is a chart for Option #3 election by the State Budget and Control Board. One check will be issued from the employer (sick and/or annual leave) and the sixty-six and two third's (66 2/3%) percent will be issued from the Worker's Compensation insurance carrier. Only permanent full time employees and permanent part time employees have this option. (See attached sheet)

*Timekeeper will enter LWOP and the payroll office will prorate leave for payment.

**ADMINISTRATIVE LEAVE:**
Administrative leave is for patient, inmate, or client assault only, and "Permanent full-time employees only". The period of Administrative Leave per incident may not exceed one hundred eighty (180) calendar days. The employee must submit documentation from the authorized Physician, by the Employee Health nurse, or by the facility not able to accommodate limitations before Administrative Leave will be granted. The employee must submit a HRS-147 election form before the one hundred eighty (180) days of administrative leave is exhausted.

**OFFICIAL LEAVE:**
Official leave is for "Permanent full-time employees, permanent part time and temporary hourly paid employees". Official Leave under Worker's Compensation is only leave away from work site authorized. (Example: to see the health nurse, physician, specialist, or physical therapy appointments, etc.). When the employee leaves the work site for an appointment (work related injury only) and returns to the work site after the appointment and completes a P-14 (Application for Leave) stating the reason for official leave, to see the health nurse, or physical therapy, etc...Note: Employee must submit with P-14 authorized documentation for official leave.

**Important to Note:**
Once an employee makes an election it is irrevocable, and the employee will retain that option the duration of that injury. Completion of this form is necessary before benefits of pay can begin. Until an employee submits the HRS-147 election form the time away from duty will be charged Leave Without Pay. The employee must submit this form signed and also signed by the person who explains the options.

All leave taken by an employee under Worker's Compensation must submit documentation that it is authorized for that employee to be out of work. If the employee is out of work without authorization, that employee will be charged LWOP.

All leave taken by an employee due to an on-the-job injury must submit a HRS-147/P-14/and authorized documentation.

If the employee is working under the daily pool staff, then that employee must report that injury to that primary employer.

WORKERS' COMPENSATION COORDINATOR (803-898-8618)

# *Santee-Wateree CMHC*
# *Workers Compensation Notice to Employees*

*Per our Executive Director, all injured employees MUST complete the WC paperwork and we are instructing them to be checked out medically per protocol. If the employee chooses to disregard our recommendation we will need a written disclaimer from them stating that they are choosing against our advice to not be medically evaluated. I think it is also appropriate to notify them that they may be forfeiting their rights to seek workers compensation later if the injury turns out to be more extensive or complicated than it first appeared.* 4/19/2012

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

# PRE-HEARING BRIEF
## WCC File No: 1308013

Claimant's Name: Paula Tucker
Address: 1501 Malvern Hill Drive
City: Camden State: SC Zip: 29020
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: S.C. Department of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Ip: 29202
Carrier: State Accident Fund

Preparer's Name: Page Snyder, Esquire
Preparer's Phone #: ( 803 ) 896-5896

**A claim for workers' compensation benefits is made based on the following grounds:**
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $319.20 2. AWW: $478.78 **Date of Injury:** 06/16/13
3. Type of injury and body part(s): Back, Left Shoulder, Right Shoulder, Left Leg and Right Leg
4. Facts in controversy: This is a denied claim. Was Claimant in the scope and course of employment?
5. Legal issues involved: Injury by accident arising out of and in the course of employment (42-1-160)
6. Unusual aspects: None
7. Witnesses (designate if expert):* Paula Tucker, Claimant; Monica McKeiver; Co-workers as deemed necessary
8. Exhibits: Deposition of Claimant; Personnel File; Wage and Time Records
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   Please see APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Please see APA Submissions
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner:

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

Signature: Page Snyder Email: Psnyder@saf.sc.gov

Date of hearing: 9/30/13 before Comm. Taylor Time needed for hearing: 30 minutes

On behalf of ☐ Claimant ☒ Employer

000269

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

| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA<br><br>COUNTY OF RICHLAND | )<br>)<br>) | BEFORE THE<br>SOUTH CAROLINA WORKERS'<br>COMPENSATION COMMISSION |
| Paula Tucker,<br>Claimant,<br><br>and<br><br>S.C. Department of Mental Health,<br>Employer,<br>vs.<br><br>State Accident Fund,<br>Carrier/Defendants. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | WCC File No.: 1308013<br><br><br><br>NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORT(S)/ PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF DEFENDANTS |

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND FRANK A. BARTON, ESQUIRE, ATTORNEY FOR CLAIMANT

**YOU ARE HEREBY NOTIFIED**, that the Defendants, pursuant to the provisions of the SC Workers' Compensation Act and SC Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the employer/carrier, to wit:

| APA NO. | NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE | DATE OF REPORT(S) | NO. OF PAGES |
|---|---|---|---|
| A | KershawHealth Medical Center | 06/16/13 | 1-2 |
| B | Doctor's Care | 06/21/13 | 3 |
| C | S.C. Department of Mental Health | 06/21/13 | 4 |

**YOU ARE FURTHER HEREBY NOTIFIED**, that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

**YOU ARE FURTHER NOTIFIED**, that the originals of the documents referred herein, or photocopies received from said physicians/others, will be submitted at the hearing as evidence on behalf of the employer/carrier.

**YOU ARE FURTHER NOTIFIED**, that the following witnesses may be called on behalf of the employer/carrier:

Paula Tucker, Claimant

Monica McKiver, Supervisor and/or co-workers

Page Snyder, Esq.
FOR: State Accident Fund

Columbia, SC
September 18, 2013

# DEFENDANTS'
# INDEX OF MEDICAL SUBMISSIONS

## PAULA TUCKER vs. S.C. DEPARTMENT OF MENTAL HEALTH
## W.C.C. FILE NO.: 1308013

| | | | |
|---|---|---|---|
| APA A | KershawHealth Medical Center | 06/16/13 | 1-2 pgs. |
| APA B | Doctor's Care | 06/21/13 | 3 pg. |
| APA C | S.C. Department of Mental Health | 06/21/13 | 4 pg. |

KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-9311

Urgent Care at Elgin
49 Pinnacle Parkway
Elgin, SC 29045
803-424-9020

Date: 06/16/13
Account Nbr: K1200619336628
Med Rec Nbr: M0002582943
Patient: TUCKER,PAULA
Location: EB
Physician: WASHINGTON,LORONE MD

## Patient Visit Information

**Staff**

Your caregivers today were:

Physician WASHINGTON,LORONE MD
Nurse CB

**Patient Instructions Reviewed**

Back Pain
Chronic Pain
Sciatica

received 06/16/13 - 1849

**Activity Restrictions or Additional Instructions**

Your diagnosis today is CHRONIC BACK PAIN EXACERBATION; SCIATICA.

The following studies and/or procedures were performed during your ED visit:EXAM AND X RAYS. We will call if the radiologist reads XRAY(s) as abnormal or your culture result indicates a need for a change in antibiotic.

You were given the following medication SOLUMEDROL (STEROID), DILAUDID FOR PAIN AND ZOFRAN FOR NAUSEA during your visit to the Emergency Department.

Follow-up with your physician as instructed for comprehensive care. Return to ER for worsening symptoms or concerns. Take medications as directed.

THANK YOU FOR CHOOSING KERSHAW HEALTH FOR YOUR HEALTHCARE NEEDS.

OUR GOAL IS TO PROVIDE YOU WITH VERY GOOD SERVICE.

SMOKING AND SECOND-HAND SMOKE ARE HARMFUL TO YOUR HEALTH AND THE HEALTH OF THOSE AROUND YOU, AND QUITTING SMOKING GREATLY REDUCES THE RISK OF ADVERSE HEALTH EFFECTS.
QUITLINE SUPPORT 1-800-QUIT-NOW(800-784-8669).

**Medication Dose and Instructions**

KershawHealth
Medical Center
1315 Roberts Street
Camden, SC 29020
803-432-4711

Urgent Care at Eight
48 Pinnacle Parkway
Eight, SC 29045
803-424-8828

Date: 08/16/13
Account Num: R10D01035628
Med Rec Num: M00025804S
Patient: TUCKER,PAULA
Location: ER
Physician: WASHINGTON,LORONE MD

**Follow-up**

TUCKER,PAULA has been referred to the following clinics/specialists for follow up care:

OTHER,DOCTOR
1315 ROBERTS ST
CAMDEN, SC 29020
Follow-up Plan:

Doctors Care

# Return To Work Form

HMH Monica

Name: Paula Tucker

Date: 6/21/13 Company Name: WDC

Arrival Time: Discharge Time:

WORK STATUS: Please check appropriate boxes

1. May continue full duty activities as of
2. Off duty due to work-related condition. Medical recommendations:
   Estimated return to work date with modified duty:
   Estimated return to work date for full duty:
   **RETURN FOR RE-EVALUATION AT THIS LOCATION ON** Time:
3. May work with the following accommodations as of Date:
   - No lifting more than lbs
   - No kneeling or crouching
   - Standing limited to only minutes or hours
   - No repetitive bending, twisting, squatting, pushing, jerking, pulling, or balancing
   - No prolonged or crawling and/or sitting
   - Minimal walking or climbing (ex: climbing stairs)
   - Limited use of
   - No keyboard typing
   - No high impact/vibration motor activities for extended periods of time
   - No use of
4. Not released to return to work/school at this time
5. Referred for re-evaluation at the office on Time:

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Medications: Keep clean, dry and covered Keep elevated as much as possible

Change dressing every Every shift Do not remove dressing Ice regularly Ice as needed

Ice every Apply heat every Keep elevated when sitting/lying down

No new or other medications given Follow up instructions given Send out rx

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

Dr. Date Time

Phone

Employee Signature: I have received a copy of these instructions and fully understand them.

Provider Signature: Date: 6/21/13

Date:

000275

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South Carolina Department of Mental Health

# EMPLOYEE/SUPERVISOR NOTIFICATION

Facility Location: Santee Wateree / Elgin LLC

I. EMPLOYEE: Tucker (Last) Paula (First) 247-55-3877 (Social Security #)

II. DATE MEDICAL/CLINIC VISIT: 6/21/13 DATE OF INJURY: 6/16/13

INSTRUCTIONS ☐ For medical provider: _____ (Name of Physician or Clinic)

WORK STATUS AND RESTRICTIONS:
The work status and restrictions on the above employee are as follows:

☐ Back to work Full Duty immediately _____ ☐ Out of Work until _____, Back to Work Full Duty

☐ Back to work with Restrictions _____ ☐ Out of Work until _____, Back to Work with Restrictions

☒ The work restrictions for Modified Duty are: Off during due to work related condition

☒ Out of work until medical visit on _____ at _____ ☐ AM ☐ PM

☐ Return for follow-up appointment _____ at _____ ☐ AM ☐ PM ☐ After Doctor visit

III. NOTICE TO EMPLOYEE:

I understand that I must report to my Supervisor for a work assignment when placed on Full Duty or Work Restrictions. If I am unable to return to work as authorized by the Medical Provider, I will immediately notify my Supervisor to arrange for further evaluation. I understand that an unauthorized absence can result in Excessive Without Pay status and/or Disciplinary Action.

Employee Signature: Paula Tucker Date: 6/21/13

IV. SUPERVISOR RESPONSE:

I have read and discussed with the employee the above work status prescribed by the healthcare provider and any work restrictions prescribed. Based on my observations, I have decided that the employee cannot perform the following:

☐ Can be accommodated immediately

☐ Can be accommodated, but not until: _____

☐ Cannot be accommodated

☒ Position/duties no longer available

☐ Referred to Human Resources for assistance with leave

COMMENTS OR UPDATE: (Optional) _____

Monica McQueen (Supervisor Signature) (803)425-1346 (Phone) 6/21/13 (Date)

NOTE TO SUPERVISOR: Please use Comments/Update Section to notify of any changes that occur in the work status of the employee. Write in the date and nature of the change, last touch of base, caused, Doctor's note.

Distribution: DMH Workers' Comp Coordinator
Immediate Supervisor
Employee

State Accident Fund
Employee

Revised 2/2008
DMH 50-12 Formerly DMH 50-1 Rev

000276

4

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1122060

| | |
|---|---|
| PAULA TUCKER<br><br>CLAIMANT,<br><br>VS.<br><br>DEPARTMENT OF MENTAL HEALTH<br><br>EMPLOYER,<br><br>AND<br><br>STATE ACCIDENT FUND<br><br>CARRIER. | SC WORKERS' COMPENSATION COMMISSION<br><br>FULL BOARD HEARING OF<br><br>PAULA TUCKER<br><br>VS<br><br>DEPARTMENT OF MENTAL HEALTH |

This is the Transcript of the South Carolina Workers' Compensation Full Board Hearing of Paula Tucker versus Department of Mental Health, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 3:42 P.M., Monday, September 15, 2014, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS



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

APPEARANCES

FOR THE APPELLANT:
Frank Anthony Barton, Esquire
Wayne Floyd Law Office
1611 Augusta Road
West Columbia, SC 29169

FOR THE RESPONDENT:
Ellen H. Goodwin, Esquire
SC State Accident Fund
800 Dutch Square Boulevard, Suite 160
P.O. Box 102100
Columbia, SC 29221-5000

COMMISSIONERS PRESENT:

Melody James, Chair
T. Scott Beck
Avery Wilkerson

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

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STIPULATIONS

Commissioner James: All right, Madam Court Reporter.

Court Reporter: Today is September 15th, 2014. This is South Carolina Workers' Compensation case number 1122060. This is the case of Paula Tucker, the Claimant, versus Department of Mental Health, Employer and The State Accident Fund is the Carrier. The Appellant is the Claimant, represented by Frank A. Barton. The Respondent is represented by Ellen Goodwin. Each side is allowed ten (10) minutes for oral argument and the Appellant three (3) minutes in reply. You are requested to argue the grounds of exception and stay within the record. The Single Hearing Commissioner was Commissioner Taylor.

Commissioner Wilkerson: Let me ask just one -- you gave a copy of this to Mr. Barton outside or --

Ms. Goodwin: Yes. He -- I emailed it to him Friday.

Mr. Barton: I -- he --

Commissioner Wilkerson: -- that's okay.

Mr. Barton: -- I --

Commissioner Wilkerson: That's okay.

Mr. Barton: -- no, I've got no problem with that --

Commissioner Wilkerson: No.

Mr. Barton: -- I saw it.

Commissioner Wilkerson: I -- I'm fine.

Mr. Barton: Absolutely no objection.

Commissioner Wilkerson: I just wanted to make sure you'd seen it.

Mr. Barton: I was late with mine.

Commissioner Wilkerson: That's the only thing I wanted to make, so.

Commissioner James: Okay.

Commissioner Wilkerson: Yes, I'm fine with that.

Mr. Barton: All right.

Commissioner James: Mr. Barton.

Mr. Barton: All right.

ARGUMENT FOR THE APPELLANT

By Mr. Barton:

This -- this appeal involves two (2) accidents with the same employer. The first accident occurred in April of 2011; it was a denied case. They did allow one (1) doctor's visit with Doctor's Care. Doctor's

Care wanted her to come back in about ten (10) days. The return visit was not authorized. She continued to work after that first accident and ended up -- now, she did end up seeking medical treatment from her -- you know, under her own insurance coverage. So, she was working against the restrictions, doing stuff she wasn't supposed to be doing and, obviously, she ended up, you know, what you would expect to happen happened. So, on June 16th of 2013, she fell and basically re-aggravated or aggravated everything that was hurt before. Now, the Commissioner found -- and this is unappealed -- that she did suffer injuries as a result of both accidents. She ruled there was no -- no permanent injuries as a result of the first one and those injuries were done with. As a result of the second one, she said there was aggravation and awarded -- said she was at MMI, awarded permanency for -- for the spine and for her left shoulder. The problem we've got with this case is that -- and it -- and it was clear at the hearing, the Claimant still needed medical treatment. It was a case that was denied, and I will say this, in the -- for the second accident, one (1) visit to Doctor's Care, again, was authorized; they referred her to an orthopedist, no more -- no more medical care. So, at the hearing we took the position


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she was entitled to continued medical treatment, she was entitled to -- and she was out of work -- and let me back up and make sure this is clear. She has been out of work since the day after the second accident. We took the position she was entitled to temporary total disability and medical treatment for the injuries she sustained. The Commissioner found she was at MMI, gave her temporary total up until the time of the hearing and pretty much closed the case. We just don't think that's correct under the evidence that -- that you had at the time. Nobody said she was at MMI for any injury. Nobody said that she didn't need any further medical treatment; I think Dr. Storick that -- that the Commissioner relied on said that, you know, I don't see any reason for surgery but she needs to see a spine doctor. As a matter of fact, she was still -- you'll see at one blurb in the transcript that I told the Commissioner that she was still being treated, we just didn't have those medical records but, you know, I wasn't really concerned about that because I thought it was clear she needed additional treatment. We think it should be remanded with the determination she is entitled -- she did suffer a compensable accident. And I don't care -- you know, I don't know how you all would want to do it, what's the best way to do it or



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not, but combine the injuries because they are basically the same thing, in order that she is entitled to temporary total disability from the time that she was out, which was the day after the second accident, through the current times, that's she is entitled to medical treatment for her injuries, and that -- that she wasn't at MMI and -- and the impairment ratings were -- were -- and that they just weren't -- it wasn't time -- we weren't at that timeframe yet for that to happen. Now, the Commissioner seemed to -- to be concerned that some of the medical records showed that the Claimant was trying to get the doctor to help her with disability but you've got to remember she had been out of work -- first she was working doing work that she shouldn't be doing, and second -- after the second accident, she had been out of work, she wasn't getting any disability benefits; so, yes, she needed to be on disability. And when the doctor mentioned short-term disability -- he said she's not ready for long-term disability, you know, we could consider short-term disability. That doesn't even have anything to do with Workers' Comp. That concerned the Commissioner but I don't think -- I mean, to me that makes sense that she'd try to get -- since she can't work that she'd try to get disability insurance approved. And there has

been a number of things that have happened since the hearing but I -- you know, they are not in the record, there's -- you know, we could discuss that with -- with it if it's remanded back. But that's it in a nutshell; I think it's a pretty simple case and I'll be glad to answer any questions you all have.

Commissioner James: Questions? All right.

Mr. Barton: All right.

Commissioner James: Ms. Goodwin?

ARGUMENT FOR THE RESPONDENT

By Ms. Goodwin:

May it please the Commission. We contend that the Hearing Commissioner correctly ruled in this case. As for Claimant's issue one (1) -- I'm just going to kind of track his brief on this -- that issue seems to argue that because she had more than two (2) body parts it had to be considered under 42-9-10 or 42-9-20. Well, he is right, the law is that you get whatever disability gives you more if you have two (2) or more body parts affected and -- and there clearly are, that was unappealed; I'm not going to argue about that. But I think if you considered it under 42-9-10 or 20 and you don't find that it's one of those things then you go ahead and order it under 42-9-30 because 42-9-10 or



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20 you found they didn't apply and that's what happened in this case, and I'll go back to that in a minute about not finding permanent and total disability. I don't think the Commissioner erred in finding that Claimant reached MMI, had received appropriate medical care and was not entitled to further medical care. I -- in our brief we go into great detail about the medical care she received; she didn't include -- get -- and -- and it's true we didn't provide it because the claim was denied. And generally it's our practice at the Fund, in case you don't already know this, but we'll pay for the first medical visit; if we told you to go to the doctor we'll pay for that first visit even if we later deny the claim because we told you to go to the doctor and where to go and that's just the right thing to do. But in any event, in this case I'm going to point out that -- that there was no reporting of the accident for several months. She went to work and -- and it wasn't until the 12th -- and the date, you'll see on the 12-A the date that it was reported to the Employer was in July of 2012, and so, that was a long period of time where nothing was even asked for. Then she did turn in medicals, submitted them at the hearing, that showed she had only mild age appropriate changes, she showed no evidence of radiculopathy, she


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displayed inconsistent range of motion, and nothing anybody did seemed to help her. Dr. Storick observed that she had full range of motion of the hips with internal and external rotation, non-painful deep compression of the hip bursa; non-tender, that she had normal range of motion in the neck and low back inflection and extension and that there was not much else I can offer her. In fact -- and this is on page 65 of their thicker pre-hearing brief -- he said, "At this point there is not much else I can offer her. I am not sure that surgery is indicated but I would defer that to a spine surgeon at this point." He didn't say I refer her to a spine surgeon; he just said I would -- you know, I'm not going to give an opinion on that. Also, I think it's important that the medical records from this pending surgery she had at the hearing aren't in the record; maybe if they had been there would have been some evidence that she wasn't at MMI or -- or did need further medical treatment but there's no -- there's no medical in the record, curiously, from -- from this other doctor. She -- to get the surgery scheduled she must have had to go at least once or twice. So, I -- that's -- that lack of evidence in -- in -- it would be our contention is telling. And Dr. Balogun did, on page 40 of Claimant's APA's, the


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thicker ones, said he did not consider her to be a candidate for surgery and referred her to a pain clinic, where she did go and see Dr. Storick. She also searched in -- and Mr. Barton said today that she was required to perform work outside of her work restrictions; however, I think it's important to note she went to Dr. Balogun and requested he lift her restrictions so that she could go back to work, and that's on Claimant's APA's, page 19. And she -- and so, I think there's some important things to consider. That this woman, not only with asking to be on disability and convinced she wasn't going to go back to work and -- and whatnot was, you know, working the doctors to get whatever it was that she wanted. Let's see. We would contend that the ruling on permanency wasn't pre-mature; Dr. Storick said there wasn't anything else that could be done. And then we find that she didn't err in finding her not permanently and totally disabled -- sorry for those weird negatives -- because there wasn't any evidence submitted that she was incapable of providing services under, you know, according to the standard of the Act. And then, everything else I think they have pretty much is still in the brief. Do you have any questions?

Commissioner James: No questions. Mr.



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Barton?

Mr. Barton: All right, real quick.

REPLY FROM THE APPELLANT

By Mr. Barton:

There wasn't a delay in reporting this. The delay -- and this is in the transcript and it's clear -- the delay was that immediately after this happened my client reported this to her supervisor who told her she was too busy to fill out the paperwork and she was getting ready to go out on medical leave herself, talking about the supervisor, so it was never filed and never -- the first report was never done; that's why there was a delay. It had nothing to do with my client. My client was asking for treatment. You have on page 66 of the APA's in the -- the first accident case, you have a letter from Richard Guess, who is the Executive Director, who got involved after -- after they wouldn't give her any treatment, wouldn't do anything; she finally took it up to her higher-ups and Richard Guess is in there saying we're sorry for the problems and that's when they finally got her to a doctor. It wasn't because there was a delay in reporting on her part; it was a delay in the Employer doing what they were supposed to. Now, there was a second issue just brought up about Ms. Tucker

requesting that her doctor lift her work restrictions. That was because -- and there is another letter in the file on that, and it's going to be right under 66 also that I just mentioned, right behind that. There is a memorandum of a discussion she had with the same supervisor that would not take her report stating that if she was not released to be able to do all of her duties she was going to have to be moved from the first shift to the third shift. Ms. Tucker has two (2) young children and she can't work the third shift. So, she did whatever she had to do to help take care of her family, even though she couldn't do it and you saw the result from the second accident. So, there was a reason she requested that, plus I don't think the doctor ever lifted the restrictions; he just said you can go back to work. But if there's any questions about that one I'll be glad to try to answer them. All right, thank you all.

Commissioner Wilkerson: Thank you all.

Commissioner James: Thank you all.

Commissioner Wilkerson: We appreciate it.

Commissioner James: That concludes this hearing.

(THERE BEING NO FURTHER DISCUSSION, THE FULL BOARD HEARING

CONCLUDED AT 3:56 P.M.)

Paula Tucker
Sept 30, 2013

**APPEARANCES**

**FRANK ANTHONY BARTON,** ESQUIRE
1611 AUGUSTA ROAD
WEST COLUMBIA, SOUTH CAROLINA 29169-5629

ATTORNEY FOR THE CLAIMANT,

**ELLEN H. GOODWIN,** ESQUIRE, ESQUIRE, OF THE
SOUTH CAROLINA STATE ACCIDENT FUND
POST OFFICE BOX 120100
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE EMPLOYER/CARRIER.

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PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN SUMTER, SOUTH CAROLINA.

* * * * *  * * * * *  * * * * *

**BY COMMISSIONER TAYLOR:**

TODAY IS SEPTEMBER 30TH, 2013. WE ARE HERE ON WORKERS' COMP FILE NUMBERS 1122060 AND 1308013. THESE ARE THE CLAIMS OF MS. PAULA TUCKER, WHO IS REPRESENTED TODAY BY MR. FRANK BARTON. THE EMPLOYER IS THE SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH. THE CARRIER IS THE STATE ACCIDENT FUND, BOTH OF WHOM ARE REPRESENTED TODAY BY MS. ELLEN GOODWIN. FOR THE 2011 CLAIM I HAVE A DATE OF ACCIDENT OF APRIL 5TH, 2011. THE AVERAGE WEEKLY WAGE FOR THAT CLAIM IS $431.84. THE COMPENSATION RATE IS $287.91. FOR THE 2013 CLAIM I HAVE A DATE OF ACCIDENT OF JUNE 16TH, 2013. THE AVERAGE WEEKLY WAGE FOR THAT CLAIM IS $478.78, RESULTING IN A COMPENSATION RATE OF $319.20. THOSE AVERAGE WEEKLY WAGES AND COMPENSATION RATES ARE RESULTING FROM A STIPULATION BY THE PARTIES TODAY. HOWEVER, THE CLAIMANT DOES RESERVE THE RIGHT TO REQUEST AN ACCOUNTING OF THE AVERAGE WEEKLY WAGE AND COMPENSATION RATE SHOULD ADDITIONAL INFORMATION BE DISCOVERED IN THE FUTURE.

WE ARE HERE ON THE CLAIMANT'S FORM 50, REQUEST FOR HEARING, IN BOTH OF THESE CLAIM NUMBERS. I WILL ALLOW THE PARTIES TO PUT FORMAL POSITION STATEMENTS ON THE RECORD. HOWEVER, PRIOR TO DOING SO, ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION, VENUE, OR ANY OTHER ITEMS?

**BY MR. BARTON:**

WE DON'T HAVE ANY OBJECTIONS TO THE APAs.

**BY MS. GOODWIN:**

NO, MA'AM.

**BY THE COMMISSIONER:**

THANK YOU. WITHOUT OBJECTION THE COMMISSION FILE BECOMES A PART OF THE RECORD WITH THE EXCEPTION OF SELF-SERVING DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS. MR. BARTON?

**BY MR. BARTON:**

YES, MA'AM. YOUR HONOR, I'M NOT GOING TO TAKE A BUNCH OF TIME SINCE WE WENT OVER THE ESSENTIALS OF THIS EARLIER. THE CLAIMANT SUFFERED AN ACCIDENT ON APRIL 5TH OF 2011 WHEN SHE SLIPPED ON A BAR OF SOAP. SHE SUFFERED INJURIES TO HER BACK, LEFT SHOULDER, ARM, RIGHT HIP, AND LEG. IT WAS REPORTED TO THE SUPERVISOR THE SAME DAY, BUT NO REPORT -- NO FIRST REPORT OF INJURY WAS EVER FILED. SHE WAS NEVER AUTHORIZED ANY TREATMENT, AND WE BELIEVE THAT THE --

WHEN THEY FINALLY FILED THE FORM 12-A, WHICH IS PAGE 69 OF OUR APAs, THEY ACTUALLY ADMITTED THAT IT WAS REPORTED TO -- THE ACCIDENT WAS REPORTED ON THE SAME DAY OF THE ACCIDENT, WHICH IS APRIL 5TH, 2011. THE CLAIMANT CONTINUED TO WORK UNTIL THE -- UNTIL SHE WAS FINALLY AUTHORIZED TO GO TO DOCTORS CARE. THEY GAVE HER THE DIAGNOSIS OF THE BACK, WHICH IS IN THEIR RECORDS. I WON'T REPEAT THAT. THEY GAVE HER SIGNIFICANT RESTRICTIONS. SHE CONTINUED -- AFTER THAT ANY ADDITIONAL TREATMENT WAS DENIED. SHE CONTINUED TO WORK, BECAUSE SHE HAS TO, UNTIL SHE FINALLY HAD THE SECOND ACCIDENT ON JUNE 16TH OF 2013, WHICH ESSENTIALLY AGGRAVATED EVERYTHING ELSE SHE HAD, AND PART OF THE REASON -- YOU KNOW, SHE WAS DOING THE SAME DUTIES SHE WAS DOING BEFORE, WHICH WERE CONTRARY TO THE RESTRICTIONS SHE HAD. WE ARE REQUESTING -- WE BELIEVE BOTH ACCIDENTS ARE COMPENSABLE. THE INJURIES ARE PRETTY MUCH THE SAME AT THIS POINT, AND THERE'S NO TEMPORARY TOTAL DUE FOR THE FIRST ACCIDENT, BUT WE WOULD REQUEST TEMPORARY TOTAL FROM THE DAY AFTER THE SECOND ACCIDENT, WHICH WOULD BE JUNE 17TH OF 2013. SHE HAS NOT RETURNED TO WORK.

**BY THE COMMISSIONER:**

MS. GOODWIN?

**BY MS. GOODWIN:**

IT'S OUR POSITION THAT BOTH ACCIDENTS ARE DENIED. THE FIRST ONE ESPECIALLY FOR -- LARGELY FOR TWO REASONS: ONE, THE REPORTING IS VERY UNCLEAR AND HAZY AS FAR AS WHAT WENT ON. THE -- SHE EVEN HAD AN INTERVENING NEEDLE STICK IN JUNE OF 2011. THAT GOT REPORTED AND PROCESSED FINE, BUT CERTAINLY NO CLAIM GOT TO THE STATE ACCIDENT FUND UNTIL JULY OF 2012. IN THE MEANTIME, FROM APRIL 2011 SHE HAD NO MEDICAL CARE UNTIL SHE WENT TO THE EMERGENCY ROOM IN OCTOBER 2011 AND THEN NO MORE MEDICAL CARE UNTIL JULY 2012. AND THEN, OF COURSE, WHEN IT COMES TO THE 2013 ACCIDENT, WE LOOK AND WE FIND MEDICAL RECORDS PREEXISTING THAT ACCIDENT WITH THESE PROBLEMS. SO THAT WAS WHY THAT WAS DENIED AS WELL.

**BY THE COMMISSIONER:**

THE MEDICAL RECORDS PREEXISTING THE 2013 CLAIM, WERE THEY PRIOR TO THE 2011 CLAIM OR AS A RESULT OF THE 2011 CLAIM?

**BY MS. GOODWIN:**

NO. IT WAS IN THE MEANTIME, THE ONES THAT I HAVE.

**BY THE COMMISSIONER:**

ALL RIGHT; THANK YOU. MR. BARTON, WE ARE HERE ON YOUR 50. YOU MAY CALL YOUR FIRST WITNESS.

**BY MR. BARTON:**

YES, MA'AM. I WOULD CALL PAULA TUCKER TO THE STAND.

**BY THE COMMISSIONER:**

OKAY. MADAM COURT REPORTER, IF YOU WOULD PLEASE SWEAR THE WITNESS.

**BY THE COURT REPORTER:**

MA'AM, IF YOU WOULD RAISE YOUR RIGHT HAND, PLEASE.

* * * * * * * * * * * * * * * *

THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

**PAULA Y. TUCKER,**

BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

**DIRECT EXAMINATION BY MR. BARTON:**

Q. MS. TUCKER, DO YOU WORK FOR THE -- BACK IN APRIL OF 2011 WHO WERE YOU WORKING FOR?

A. THE DEPARTMENT OF MENTAL HEALTH.

Q. WHERE WERE YOU WORKING?

A. AT 1529 DIXON ROAD IN ELGIN, SOUTH CAROLINA.

Q. WHAT IS THE NAME OF THAT FACILITY?

A. IT'S HILL'S COMMUNITY CARE, AND THEY CALL IT ELGIN TLC.

Q. OKAY. IS IT ALSO CALLED HILL HOUSE?
A. YES.
Q. THAT'S WHAT I KNEW IT BY, SO THAT'S WHY I WAS ASKING. ALL RIGHT. HOW LONG DID YOU WORK AT HILL HOUSE BEFORE YOUR FIRST ACCIDENT?
A. I WORKED THERE -- STARTED FEBRUARY THE 16TH, 2004.
Q. ALL RIGHT. AND WHAT WERE YOUR JOB DUTIES AT HILL HOUSE?
A. M.H.A., MENTAL HEALTH ASSIST ---
Q. TRY TO SPEAK THAT WAY. I'M SORRY; I'M OVER HERE.
A. MENTAL HEALTH ASSISTANCE II, AND MY JOB DUTIES CONSISTED OF PASSING THE MEDICATIONS, ORDERING THE MEDICATIONS FOR THE CLIENTS, DOING HOUSEHOLD DUTIES, MAKING THEIR BEDS, MAKING SURE THAT, YOU KNOW -- WE TRAIN THEM TO MAKE THEIR BEDS, AND WHEN THEY CAN'T MAKE THEM CORRECTLY, THEN IT'S OUR JOB TO GO BACK AND MAKE THEM FOR THEM THE CORRECT WAY. SWEEPING, MOPPING, COOKING, ANSWERING THE TELEPHONE, TAKING THEM OUT ON ACTIVITIES, TAKING THEM OUT ON APPOINTMENTS. AND I DID A LITTLE MORE THAN MOST OF THEM BECAUSE I PRETTY MUCH DEALT WITH THE DOCTORS AND DEALT WITH THE MEDICATION AND KEPT THE M.R.A. BOOK STRAIGHT IN THAT ASPECT AND MAKE SURE EVERYTHING WAS IN COMPLIANCE.
Q. BACK IN ARIL OF 2011 HOW MANY RESIDENTS WERE THERE

AT HILL HOUSE?

A. IF I REMEMBER CORRECTLY, WE HAD -- IT WAS BETWEEN EIGHT AND TEN. I DON'T REMEMBER THE EXACT NUMBER.

Q. ALL RIGHT, JUST -- AND WHAT WERE THEIR AGES? WHAT WAS THE RANGE OF THEIR AGES?

A. BETWEEN 30 -- IN THE 30s UP TO THE 50s.

Q. OKAY. NOW, LET ME TAKE YOU TO THE MORNING OF APRIL 4TH OF 2011. DID YOU SUFFER AN INJURY ON THAT MORNING?

A. YES, I DID.

Q. TELL THE COMMISSIONER WHAT HAPPENED.

A. WHEN I WAS GOING INTO ONE OF THE RESIDENT'S ROOM TO CHECK TO MAKE SURE HIS ROOM WAS STRAIGHT AND HIS BED WAS MADE, AS I ENTERED INTO THE ROOM I SLIPPED AND FELL ON A BAR OF SOAP. I WAS UNAWARE THAT THE SOAP WAS ON THE FLOOR. WHEN I REALIZED THAT I WAS SLIPPING, I TRIED TO BRACE THE FALL WITH MY LEFT HAND ON THE WALL TO KEEP FROM FALLING, BUT I STILL ENDED UP FALLING AND HITTING THE FLOOR.

Q. WHAT INJURIES DID YOU SUFFER AT THAT TIME?

A. AT THAT TIME I FELT A LOT OF PAIN IN MY LEFT ARM AND SHOULDER, MY HAND, MY NECK, MY ENTIRE BACK, THE RIGHT LEG, 'CAUSE THAT WAS THE LEG THAT I SLIPPED ON THE SOAP.

Q. OKAY. DID YOU REPORT THIS ACCIDENT TO YOUR

SUPERVISOR AT HILL HOUSE?

A. YES, I DID.

Q. WHAT WAS YOUR SUPERVISOR'S NAME?

A. HER NAME IS MONICA McKIVER.

Q. OKAY. DID YOU SIT DOWN AND FILL OUT ANY KIND OF FORMS WITH MS. McKIVER?

A. NO, I DID NOT. WHEN I REPORTED IT TO HER, IT WAS APPROXIMATELY 10:30 THAT MORNING. SHE CAME IN, AND I INFORMED HER THAT I HAD SLIPPED AND FELL, AND I TOLD HER I NEEDED TO GO TO THE DOCTOR, AND SHE SAID IN A VERY UGLY TONE, "I DON'T HAVE TIME TO FILL OUT NO PAPERWORK AND THEN REPORT THIS STUFF BECAUSE I GOT TO GET YOU ALL SCHEDULES AND STUFF READY 'CAUSE I'M GOING OUT ON MEDICAL LEAVE." AND WHEN I WENT BACK ABOUT 15 MINUTES LATER TO ASK HER A QUESTION, SHE WAS GONE. SHE WAS GONE FOR THE DAY.

Q. HOW LONG WAS SHE OUT ON MEDICAL LEAVE AFTER THAT?

A. APPROXIMATELY SIX TO EIGHT WEEKS.

Q. OKAY, ALL RIGHT. NOW, LET ME SHOW YOU -- THIS IS PAGE 69 OF HER APA; IT'S A REPORT OF INJURY. AT THE VERY BOTTOM WHERE IT SAYS, "PREPARER'S NAME AND TITLE," WHO IS LISTED AS THE PREPARER?

A. MY SUPERVISOR, MONICA McKIVER.

Q. IS THAT THE LADY THAT YOU REPORTED YOUR ACCIDENT TO?

A. YES.

Q. OKAY. AND UP HERE WHERE IT SAYS, "DATE EMPLOYER NOTIFIED," WHAT IS THAT DATE?

A. 4-5TH-2011.

Q. WAS THAT THE SAME DAY THAT YOU SLIPPED?

A. YES, IT WAS.

Q. ALL RIGHT. DID YOUR EMPLOYER EVER PROVIDE ANY MEDICAL CARE FOR THAT ACCIDENT?

A. NO, NOT UNTIL JULY 14TH OR 16TH -- I'M NOT SURE OF THE DATE -- 2012.

Q. WHAT HAPPENED THAT CAUSED THEM TO PROVIDE YOU WITH TREATMENT AT THAT TIME?

A. WHAT HAPPENED, I ENDED UP GETTING A WRITEUP. THEY TRIED TO SAY THAT I DISRESPECTED THE ADMINISTRATOR, WHICH IS THE OWNER OF THE HOUSE, AND SHE CONTRACTS THE HOUSE OUT THROUGH THE STATE, AND SHE TRIED TO SAY THAT I DISRESPECTED HER.

Q. EXCUSE ME FOR INTERRUPTING HERE. I DON'T WANT TO GO INTO EVERYTHING. HOW -- WHAT HAPPENED INSOFAR AS NOTICE OF YOUR ACCIDENT IS CONCERNED?

A. I REPORTED THE INCIDENT REPORT TO THE EXECUTIVE DIRECTOR, RICHARD GUESS, AND THAT'S HOW I GOT TO GO TO THE DOCTOR.

**BY MR. BARTON:**

YOUR HONOR, MR. GUESS IS THE EXECUTIVE DIRECTOR THAT WE HAVE THE LETTER ON PAGE 66.

**BY THE COMMISSIONER:**

THANK YOU.

**DIRECT EXAMINATION RESUMED BY MR. BARTON:**

Q. AT THAT POINT WERE YOU -- I FIGURED IF I POINTED IT OUT IT MIGHT SAVE A LITTLE BIT OF TIME. AT THAT POINT DID YOU -- WERE YOU AUTHORIZED TO SEE A DOCTOR BY YOUR EMPLOYER?

A. ON THE 14TH OF JULY, 2012, I WAS AUTHORIZED BY WORKMAN'S COMP BUT NOT BY MY EMPLOYER.

Q. OKAY, THAT'S FINE. I ASKED THAT BADLY. DID YOU FINALLY -- WERE YOU FINALLY ABLE TO SEE A DOCTOR?

A. YES.

Q. AND WHAT DOCTOR WAS THAT?

A. IT WAS THE NURSE PRACTITIONER AT DOCTORS CARE IN LUGOFF.

Q. ALL RIGHT. AND WERE YOU GIVEN A NUMBER OF RESTRICTIONS AS A RESULT OF THAT APPOINTMENT?

A. YES, I WAS.

Q. DID YOU PROVIDE THAT TO YOUR EMPLOYER?

A. YES, I DID.

Q. AFTER THAT APPOINTMENT WERE ANY OTHER MEDICAL TRIPS AUTHORIZED BY THE WORKERS' COMP CARRIER OR YOUR EMPLOYER?

A. NO, IT WASN'T. THEY DENIED IT. I WAS SUPPOSED TO RETURN WITHIN TWO WEEKS, AND THEY DENIED IT.

Q. OKAY. NOW, WHEN YOU RETURNED TO WORK, WERE YOU DOING THE SAME DUTIES THAT YOU WERE DOING AT THE TIME YOU GOT HURT?

A. YES, I WAS.

Q. WERE THERE A NUMBER OF FUNCTIONS THAT WERE AGAINST THE RESTRICTIONS THAT YOU HAD?

A. YES.

Q. NOW, DID YOUR SUPERVISOR GIVE YOU A LETTER ASKING YOU TO HAVE THE RESTRICTIONS REMOVED?

A. YES, SHE DID.

**BY MR. BARTON:**

YOUR HONOR, THIS IS OUR PAGE 75.

**BY THE COMMISSIONER:**

THANK YOU.

**DIRECT EXAMINATION RESUMED BY MR. BARTON:**

Q. AND THAT WAS IN JANUARY -- THAT WAS JANUARY OF 2013?

A. YES.

Q. OKAY. WHAT DID YOU DO AFTER RECEIVING THAT LETTER?

A. I EVENTUALLY WENT TO THE DOCTOR. IT WAS JANUARY THE 21ST, AND I WENT TO SEE DR. BALOGUN IN LUGOFF TO TRY AND GET THE RESTRICTIONS OFF OF ME.

Q. WHY DID YOU TRY TO GET THE RESTRICTIONS LIFTED?

A. BECAUSE I WAS BEING HARASSED, AND SHE TOLD ME THAT I NEEDED TO GET THE RESTRICTIONS OFF ME OR MY SHIFT WOULD BE CHANGED.

Q. WHAT WOULD IT BE CHANGED TO?
A. TO THIRD SHIFT, WHICH SHE HAD CONSTANTLY THREATENED ME THE ENTIRE TIME WITH THIRD SHIFT.
Q. WOULD THAT HAVE BEEN A PROBLEM FOR YOU?
A. YES, IT WOULD HAVE.
Q. WHY?
A. BECAUSE I HAVE A SIX-YEAR-OLD AND I HAVE A 14-YEAR-OLD AND I DON'T HAVE ANYONE THAT I CAN LEAVE THEM WITH AT NIGHT.
Q. OKAY. SO DID YOU CONTINUE WORKING AT HILL HOUSE?
A. YES, I DID.
Q. DID YOU DO THE BEST JOB YOU COULD?
A. YES, I DID.
Q. ALL RIGHT. NOW, LET'S GO TO JUNE 16TH OF 2013. TELL THE COMMISSIONER WHAT HAPPENED.
A. ON THE 16TH OF JUNE, WHICH WAS FATHER'S DAY, I WAS WORKING, AND I WAS THE ONLY EMPLOYEE THAT WAS WORKING. SO, THEREFORE, I HAD EVERYTHING TO DO, MAKING SURE THE HOUSE WAS CLEAN, DOING THE LAUNDRY, COOKING, PASSING THE MEDICATIONS. AND WHEN I WAS IN THE KITCHEN COOKING, I WAS ALREADY HURTING, YOU KNOW, HAD PAINS AND STUFF AT THAT POINT, AND BY ME CONTINUING TO DO THE JOB DUTIES THAT I WAS DOING, WHEN I BEND DOWN TO TRY AND GET THE POTS THAT I NEEDED TO COOK WITH, I COULDN'T REACH THEM. SO,

THEREFORE, I HAD TO GET ON MY KNEES AND GET THE POTS, AND WHILE I WAS DOWN THERE I GOT EVERYTHING THAT I NEEDED, PUT IT ON THE COUNTER, AND WHEN I STOOD UP I FELT EXCRUCIATING PAIN. AND I CONTINUED TO COOK, AND EVENTUALLY I ENDED UP SLIPPING AND FALLING. THE FLOOR WAS KIND OF SLICK, AND I SLIPPED AND FELL BECAUSE MY RIGHT LEG GOT WEAK AND IT WENT NUMB.

Q. HOW MUCH -- WHEN YOU WERE GETTING THE PANS OUT, HOW MANY PANS WERE YOU GETTING AT ONE TIME?

A. I WAS ONLY GETTING ONE AT A TIME, BUT SOME OF THEM WERE KIND OF HEAVY. THEY WERE PYREX DISHES, SOME OF THEM, AND SOME OF THEM WERE LIKE THE FIVE-QUART POTS, AND THEY WERE HEAVY. AND THEN I HAD TO LIFT THE FIVE-QUART POT IN ORDER TO FILL THE SINKS WHEN I WAS DOING THE DISHES WITH THE WATER, 'CAUSE WE HAVE THREE SINKS AND THE FAUCET ONLY RUNS IN THE MIDDLE SINK. SO, THEREFORE, I HAD TO FILL THE POTS AND POUR THE SINKS IN THE OTHER TWO -- THE WATER IN THE OTHER TWO SINKS.

Q. OKAY. DID THE -- WHAT YOU WERE LIFTING FROM UNDER THE COUNTER, DID THOSE WEIGH OVER FIVE POUNDS?

A. YES.

Q. AND THEN YOU WERE PUTTING WATER IN THEM AND MOVING THOSE?

A. WATER AND FOOD.
Q. OKAY. WHAT HAPPENED AFTER YOU FELL?
A. I TRIED TO GET UP, BUT I COULDN'T GET UP, AND IT FELT LIKE MY BACK HAD LOCKED UP ON ME. AND ONCE I -- THERE WERE CLIENTS -- THERE WERE TWO CLIENTS THERE. ONCE THEY REALIZED THAT I COULDN'T GET UP, ONE OF THEM CALLED 911. NATHANIEL WENT AND GOT A FEMALE CLIENT, AND SHE CALLED 911, AND THE PARAMEDICS CAME. BUT I STILL COULDN'T LEAVE TO GO TO THE HOSPITAL. I NOTIFIED MY SUPERVISOR THAT I HAD FALLEN, AND SHE SAID, "WELL, I'LL CALL YOU BACK." AND THEN SHE CALLED ME BACK WITHIN A FEW MINUTES, AND SHE ASKED, YOU KNOW, ME TO CALL MY SISTER, TO HAVE HER TO COME IN TO RELIEVE ME.
Q. DID YOUR SISTER WORK THERE, ALSO?
A. YES, MY SISTER WORKS THERE AS WELL.
Q. AND I TAKE IT, WERE YOU THE ONLY ONE THERE AT THE TIME TO MONITOR THE PATIENTS?
A. YES.
Q. OKAY. HOW LONG WAS IT BEFORE YOU COULD ACTUALLY LEAVE?
A. APPROXIMATELY AN HOUR, AN HOUR AND A HALF, MAYBE A LITTLE LONGER, MAYBE A LITTLE LESS. I'M NOT QUITE SURE.
Q. OKAY. WHAT DID -- DID YOU GO TO THE EMERGENCY ROOM?

A. YES, I DID.

Q. WAS THAT AT KERSHAW MEDICAL CENTER?

A. YES, IT WAS.

**BY MR. BARTON:**

YOUR HONOR, THOSE MEDICAL RECORDS ARE IN OUR APA SUBMISSIONS.

**BY THE COMMISSIONER:**

OKAY.

**DIRECT EXAMINATION RESUMED BY MR. BARTON:**

Q. NOW, AFTER YOU FELL ON JUNE 16TH OF 2013, WHAT INJURIES DID YOU HAVE AT THAT POINT?

A. THE SAME INJURIES; MY LEFT SIDE, MY ENTIRE LEFT SIDE, MY ENTIRE BACK, MY RIGHT LEG. BUT, ALSO, THE RIGHT SIDE AND THIS LEFT LEG, IT'S, YOU KNOW, GIVING ME PROBLEMS AS WELL.

Q. NOW, I NOTICED AT ONE POINT YOU SAW DOCTORS CARE AGAIN AFTER THE SECOND ACCIDENT. WAS THAT AUTHORIZED BY THE WORKERS' COMPENSATION PEOPLE?

A. YES, IT WAS.

Q. OKAY. NOW, DID THEY RECOMMEND ADDITIONAL TREATMENT?

A. YES. I SAW DR. OLIVER, AND DR. OLIVER WAS THE DOCTOR THAT PUT ME OUT OF WORK INITIALLY AND RECOMMENDED THAT I SEE AN ORTHOPEDIC DOCTOR ABOUT MY BACK.

Q. OKAY. NOW, WERE THERE ---

**BY MR. BARTON:**

AND, YOUR HONOR, THIS IS IN HERE, JUST TO CUT IT SHORT.

**DIRECT EXAMINATION RESUMED BY MR. BARTON:**

Q. WERE YOU TOLD NOT TO RETURN TO WORK UNTIL YOU WERE ABLE TO SEE AN ORTHOPEDIC?

A. YES.

Q. DID THEY EVER -- DID THE WORKERS' COMP PEOPLE EVER AUTHORIZE YOU TO SEE AN ORTHOPEDIC?

A. NO.

Q. HAVE YOU BEEN ABLE -- HAVE YOU RETURNED TO WORK SINCE JUNE 16TH OF 2011?

A. NO, I HAVEN'T.

Q. OF 2013; EXCUSE ME.

A. NO, I HAVEN'T.

Q. HAVE YOU FELT LIKE YOU'VE BEEN ABLE TO RETURN TO WORK?

A. NO.

Q. DO YOU WANT TO GET TREATMENT FOR YOUR BACK?

A. YES.

Q. AND FOR YOUR OTHER INJURIES?

A. YES.

Q. HAVE YOU WORKED ANYWHERE SINCE THIS ACCIDENT?

A. NO.

Q. NOW, HAVE YOU HAD ANY OTHER SLIP-AND-FALL ACCIDENTS

OR ANY INJURIES TO YOUR LEFT ARM, YOUR NECK, YOUR BACK, YOUR RIGHT LEG, OR YOUR HIPS OTHER THAN THESE ACCIDENTS?

A. NO.

**BY MR. BARTON:**

YOUR HONOR, SHE HAS BEEN -- SHE'S RECENTLY SEEN AN ORTHOPEDIC, BUT VERY RECENTLY. I DON'T EVEN HAVE ANY OF THOSE RECORDS YET. I JUST TELL YOU ALL THAT. WE'VE ACTUALLY REQUESTED THEM, HAVEN'T GOT THEM, AND SINCE THEY'RE NOT IN THERE, I'M NOT EVEN GOING TO GO INTO IT. BUT I BELIEVE HER OWN DOCTOR SENT HER TO ONE.

**BY THE WITNESS:**

YES.

**DIRECT EXAMINATION RESUMED BY MR. BARTON:**

Q. ARE YOU REQUESTING THAT THE COMMISSION ORDER THEM TO PROVIDE YOU TREATMENT?

A. YES.

Q. ARE YOU REQUESTING THAT THEY PROVIDE TEMPORARY TOTAL DISABILITY PAYMENTS?

A. YES.

**BY MR. BARTON:**

YOUR HONOR, I'VE GOT NOTHING FURTHER.

**BY THE COMMISSIONER:**

ALL RIGHT; THANK YOU. MS. GOODWIN?

**CROSS EXAMINATION BY MS. GOODWIN:**

Q. MS. TUCKER, DO YOU REMEMBER FILING A CLAIM FOR A BEE STING IN 2008?

A. YES.

Q. OKAY.

A. AND SHE DIDN'T DO THAT. SHE DIDN'T WANT TO DO THAT REPORT. I WAS TOLD THAT I COULD FILE IT ---

Q. DO YOU REMEMBER HAVING ANOTHER CLAIM FROM JUNE OF 2011 FOR A NEEDLE STICK IN YOUR THUMB?

A. YES. AND RICHARD GUESS MADE HER FILL OUT THAT REPORT AS WELL.

Q. BUT YOU DIDN'T REPORT THIS CLAIM AT THAT TIME, DID YOU?

A. WHICH CLAIM, MA'AM?

Q. THE JUNE 2011, WHEN YOU WERE REPORTING THAT CLAIM, YOU DIDN'T REPORT THE APRIL 2011 ACCIDENT, DID YOU?

A. YES, MA'AM; I DID.

Q. YOU DIDN'T REPORT IT WHEN YOU REPORTED THE NEEDLE STICK, DID YOU?

A. I DIDN'T NEED TO REPORT IT WHEN I REPORTED THE NEEDLE STICK BECAUSE THAT TOOK PLACE BEFORE THE NEEDLE STICK.

Q. RIGHT, BUT NOTHING HAD BEEN DONE; IT HAD BEEN TWO MONTHS; MS. McKIVER TOLD YOU SHE WASN'T GOING TO -- WASN'T GOING TO FILL IT OUT BEFORE SHE LEFT?

A. YES.
Q. BUT HERE YOU HAD SOMEONE TALKING TO YOU IN JUNE OF 2011, SOMEONE TO REPORT AN ACCIDENT TO, TAKING DOWN AN ACCIDENT FOR THE NEEDLE STICK, AND YOU DIDN'T REPORT THIS CLAIM FROM APRIL?
A. NO, MA'AM. MR. GUESS -- MONICA McKIVER WAS STILL OUT. WHEN SHE CAME BACK, THAT HAD TAKEN PLACE, AND SHE TOLD ME SHE WASN'T GOING TO FILL THAT OUT BECAUSE SHE WASN'T THERE ON THE DAY THAT IT HAPPENED. SHE TOLD ME TO FILL OUT THE REPORT AND PUT IT IN RICHARD GUESS' BOX AT THE CLINIC, AND THAT'S WHAT I DID, AND UNDOUBTEDLY ---
Q. WELL, THIS IS THE FIRST WE'VE HEARD OF THAT CONVERSATION, ISN'T IT?
A. MA'AM, UNDOUBTEDLY I DID THE REPORT WRONG BECAUSE HE NOTIFIED MONICA McKIVER, AND HE HAD HER TO DO THE REPORT BECAUSE IT HAD TO BE DONE ON A COMPUTER.
Q. WELL, ALICE HILL FILLED OUT THE REPORT FOR THE NEEDLE STICK, DIDN'T SHE?
A. SHE TRIED, BUT IT WASN'T DONE CORRECTLY, AND SHE WASN'T AUTHORIZED TO FILL IT OUT.
Q. BUT THAT REPORT GOT REPORTED TO THE STATE ACCIDENT FUND ON THE DAY IT HAPPENED?
A. YES, IT DID. MY SUPERVISOR WAS OUT.
Q. AND ON THAT DAY YOU MADE NO EFFORT TO TALK ABOUT

YOUR APRIL CLAIM?

A. TO BE HONEST WITH YOU, MA'AM, I DIDN'T KNOW THAT I COULD STILL FILE FOR THE APRIL CLAIM.

Q. AND, IN FACT, REALLY YOU DIDN'T DO ANYTHING ABOUT THAT APRIL CLAIM, SUPPOSEDLY, UNTIL YOU WENT TO THE EMERGENCY ROOM IN OCTOBER OF 2011; ISN'T THAT TRUE?

A. I COULD NOT BEAR THE PAIN ANY LONGER. THE PAIN CONTINUED TO GET WORSE, AND I HAD NO CHOICE BUT TO GO TO THE EMERGENCY ROOM.

Q. AND, IN FACT, YOU DIDN'T ASK YOUR EMPLOYER TO SEND YOU AGAIN, DIDN'T ASK THEM?

A. YES, MA'AM; I DID. WHEN SHE RETURNED OFF OF MEDICAL LEAVE, I ASKED HER TO PLEASE DO THE PAPERWORK TO GET ME TO THE DOCTOR, AND SHE LOOKED AT ME, AND SHE STATED TO ME, "WHAT? THAT SHOULD HAVE BEEN FILLED OUT WHEN IT HAPPENED. THAT SHOULD HAVE BEEN WRITTEN UP THEN. IF I WRITE THAT UP NOW, YOU KNOW HOW CRAZY RICHARD GET ABOUT THEM REPORTS; HE GET FOOL ABOUT THEM REPORTS, AND HE'LL FIRE YOU." ON THAT NOTE, I LEFT IT ALONE.

Q. WELL, YOU WEREN'T FIRED WHEN YOU HAD A BEE STING IN 2008, WERE YOU?

A. NO, I WASN'T FIRED.

Q. YOU WEREN'T FIRED IN 2011 WHEN YOU HAD A NEEDLE STICK, WERE YOU?

A. NO, MA'AM, BECAUSE THEY WERE REPORTED AND ---

Q. AND, IN FACT, WHEN YOU DID REPORT IT TO MR. GUESS, HE DIDN'T FIRE YOU; HE SENT YOU TO THE DOCTOR, DIDN'T HE?

A. THAT'S CORRECT. BUT ---

Q. NOW, WHEN YOU WENT TO THE EMERGENCY ROOM IN 2011, YOU PUT THAT ON YOUR HEALTH INSURANCE, DIDN'T YOU?

A. YES, I DID.

Q. OKAY. AND THEN THERE WAS NO OTHER MEDICAL TREATMENT UNTIL MR. GUESS SENT YOU TO THE DOCTORS CARE IN JULY OF 2012; ISN'T THAT CORRECT?

A. THAT'S CORRECT, BECAUSE I COULDN'T AFFORD TO GO TO THE DOCTOR, MA'AM.

Q. NOW, YOU TESTIFIED TODAY AND AT YOUR DEPOSITION THAT YOU HAD NEVER HAD PRIOR PROBLEMS WITH YOUR BACK, NECK, OR LEG; ISN'T THAT TRUE?

A. THAT'S CORRECT, NOT BEFORE THAT FALL.

Q. AND YOU ALSO TESTIFIED AT YOUR DEPOSITION -- AND I'M GOING TO SHOW IT TO YOU; IT'S THE HIGHLIGHTED PART -- "OKAY. AND HAVE YOU..." -- I'LL READ IT, AND THEN I'M GOING TO SHOW IT TO YOU.

**BY MS. GOODWIN:**

OR, FRANK, IF YOU WANT TO SHOW IT TO HER; EITHER WAY.

**BY MR. BARTON:**

WHAT PAGE?

**BY MS. GOODWIN:**

FOURTEEN, LINE THREE. I'LL WAIT.

**BY MR. BARTON:**

SORRY. OKAY.

**BY MS. GOODWIN:**

NO PROBLEM.

**CROSS EXAMINATION RESUMED BY MS. GOODWIN:**

Q. "OKAY. AND HAVE YOU HAD ANY OTHER CAR ACCIDENTS?" OOPS, I WANT TO GO TO THE PAGE BEFORE. LINE EIGHT: "OKAY. HAVE YOU EVER BEEN IN ANY CAR ACCIDENTS?" "YES, BUT THAT WAS IN -- OH, THAT WAS WELL OVER 20 YEARS OR BETTER." AND THEN FLIPPING OVER TO 14: "AND HAVE YOU HAD ANY OTHER CAR ACCIDENTS?" YOU SAID, "NO." IS THAT STILL YOUR ANSWER?

A. I HAD A CAR ACCIDENT IN MY CAR, AND THEN I WORKED WITH BABCOCK, AND WE GOT BUMPED FROM BEHIND WHEN WE WENT TO THE BEACH, AND THEY WERE LIKE TWO WEEKS APART. THOSE ARE THE ONLY -- WAIT A MINUTE. THERE WAS ANOTHER CAR ACCIDENT, BUT I CAN'T REMEMBER. I GOT BUMPED FROM BEHIND. I CAN'T REMEMBER EXACTLY WHEN THAT WAS, THOUGH.

Q. WOULD IT HAVE BEEN MAY 4TH, 2009?

A. IT COULD HAVE BEEN.

Q. BUT YOUR ANSWER AT YOUR DEPOSITION WAS THAT THERE

WERE NO OTHER CAR ACCIDENTS, JUST ONE 20 YEARS AGO?

A. I HAD FORGOTTEN ABOUT THAT ONE.

Q. AND YOU WERE TOLD, WERE YOU NOT, THAT YOUR TESTIMONY WAS UNDER OATH AT YOUR DEPOSITION?

A. YES.

Q. AND IT'S UNDER OATH HERE TODAY?

A. YES.

Q. NOW, WHEN YOU WERE IN THAT CAR ACCIDENT ON MAY 4TH, 2009, YOU REPORTED INJURIES TO YOUR BACK, NECK, AND LEG, DIDN'T YOU?

A. I DON'T REMEMBER, MA'AM. I DON'T THINK I DID.

Q. OKAY. AND YOU REALIZE YOU'RE UNDER OATH HERE TODAY?

A. YES, MA'AM.

Q. IF INSURANCE COMPANY RECORDS SHOW ---

**BY MR. BARTON:**

YOUR HONOR, I'M GOING TO OBJECT TO THE FORM OF THIS QUESTION BECAUSE IT'S HEARSAY. AND I'VE RUN INTO THIS PROBLEM BEFORE. WE NEED TO GO INTO THAT IN DETAIL VERSUS JUST HER SAYING WHAT SOME INSURANCE COMPANY HEARSAY RECORD SAYS, BECAUSE THOSE THINGS ARE A LONG WAY FROM BEING ACCURATE. SO, I WOULD -- I'M GOING TO OBJECT TO THE FORM OF THE QUESTION AHEAD OF TIME.

**BY THE COMMISSIONER:**

I'M GOING TO SUSTAIN THE OBJECTION, JUST TO THE

FORM OF THE QUESTION. I THINK YOU CAN ELICIT THE INFORMATION IN A DIFFERENT QUESTION.

**CROSS EXAMINATION RESUMED BY MS. GOODWIN:**

Q. I'LL COME BACK TO THAT. I SEE YOU WALKED IN WITH A CANE TODAY?

A. YES, I DID.

Q. AND DID ONE OF YOUR DOCTORS PRESCRIBE THAT FOR YOU?

A. NO, MA'AM.

Q. AND HOW LONG HAVE YOU BEEN USING IT?

A. SINCE THE SECOND FALL.

Q. AND SO, AFTER THE SECOND FALL, WHEN YOU HAD TO WAIT FOR RELIEF TO COME, THAT RELIEF WAS YOUR SISTER?

A. YES, IT WAS.

Q. AND SHE KEPT YOU WAITING?

A. WELL, SHE HAD TO COME FROM CAMDEN. IT WASN'T THAT SHE KEPT ME WAITING. SHE COULDN'T DO ANYTHING UNTIL MY SUPERVISOR APPROVED IT.

Q. AND THE HOUSE -- THE SITE OF YOUR ACCIDENT WAS IN ELGIN?

A. YES, MA'AM.

Q. OKAY. SO YOU ARE DENYING THAT YOU'VE EVER HAD -- REPORTED A CLAIM FROM A CAR ACCIDENT FOR YOUR BACK, NECK, OR LEG?

A. WHEN I WENT TO THE E.R., I HAD JUST HAD AN INCISION DONE. I HAD LIKE A STAPH INFECTION, AND I WENT TO

GET THAT CHECKED OUT MORE SO THAN ANYTHING.

Q. SO YOU'RE SAYING YOU WENT TO THE EMERGENCY ROOM AFTER THE MAY 4TH, 2009, CAR ACCIDENT?

A. YES.

Q. AND WHICH EMERGENCY ROOM WAS THAT?

A. KERSHAW.

Q. AND SO YOU HAVE BEEN SEEING AN ORTHOPEDIST FOR YOUR INJURIES?

A. YES.

Q. AND WHO IS THAT?

A. I SAW DR. NICHOLS FOR MY ARM, FOR THE TENDINITIS THAT'S IN THE LEFT ARM, AND ---

Q. AND WHAT -- OH, GO AHEAD.

A. --- I SAW DR. WETZEL OVER AT -- BUT THAT WAS FOR A NERVE STUDY, OVER AT MIDLANDS ORTHOPEDICS IN COLUMBIA.

Q. AND WHERE IS DR. NICHOLS' PRACTICE; IS HE WITH MIDLANDS?

A. NO, MA'AM. HE'S IN CAMDEN, CAMDEN BONE AND JOINT.

Q. AND DID HE REFER YOU FOR THE NERVE STUDY?

A. NO, HE DID NOT; DR. STORICK DID, FROM PAIN MANAGEMENT.

Q. AND WHEN DID YOU START PAIN MANAGEMENT WITH DR. STORICK?

A. MAY THE 29TH, 2013.

**BY MS. GOODWIN:**

I DON'T HAVE ANY OTHER QUESTIONS.

**BY THE COMMISSIONER:**

OKAY. THANK YOU. MR. BARTON, REDIRECT?

**BY MR. BARTON:**

VERY QUICKLY.

**REDIRECT EXAMINATION BY MR. BARTON:**

Q. BEFORE THIS ACCIDENT OF APRIL 5TH, 2011, WERE YOU HAVING ANY PROBLEMS WITH YOUR BACK, YOUR NECK, YOUR LEFT ARM, YOUR LEFT SHOULDER, YOUR RIGHT LEG, OR YOUR HIPS?

A. NO.

Q. WERE YOU ABLE TO DO ALL YOUR JOB DUTIES WELL?

A. YES.

Q. NO PHYSICAL IMPAIRMENTS THAT PREVENTED YOU FROM DOING THEM AT THAT TIME?

A. NO, NOT AT THAT TIME.

Q. WERE YOU IN ANY PAIN WHEN YOU WERE DOING YOUR JOB DUTIES BEFORE THIS ACCIDENT OF APRIL 5TH, 2011?

A. NO.

Q. OKAY. AND SINCE THERE'S A QUESTION ABOUT REPORTING THIS -- AND, AGAIN, REFERRING TO PAGE 69 OF OUR APAs -- WHO DID YOU REPORT YOUR ACCIDENT TO?

A. MONICA McKIVER.

Q. AND MONICA McKIVER IS THE ONE THAT ACTUALLY FILLED

OUT THIS RECORD, CORRECT?

A. CORRECT.

**BY MR. BARTON:**

ALL RIGHT. NOTHING FURTHER, COMMISSIONER.

**BY THE COMMISSIONER:**

MS. GOODWIN?

**RECROSS EXAMINATION BY MS. GOODWIN:**

Q. MS. TUCKER, ISN'T IT TRUE THERE'S NO WITNESSES TO EITHER ONE OF YOUR ACCIDENTS?

A. CAROLYN SILLS WAS WORKING WITH ME. SHE'S THE THERAPIST/CLINICAL COUNSELOR. SHE DID NOT SEE ME FALL, BUT SHE KNEW THAT I FELL BECAUSE I CAME OUT AND I TOLD HER. AND THE CLIENT, HE KNEW THAT I FELL BECAUSE HE STATED THAT, YOU KNOW, HE HAD DROPPED HIS BAR OF SOAP. HE HAD TOLD MS. KAREN GREEN FROM WORKMAN'S COMP WHEN SHE CAME OUT AND DID THE INVESTIGATION.

Q. BUT NO ONE SAW YOU FALL EITHER TIME, CORRECT?

A. I CAN'T TELL YOU WHETHER NATHANIEL WILLIAMS, THE CLIENT, WHETHER HE ACTUALLY SAW ME FALL OR NOT, BECAUSE I ASKED HIM TO SWEEP THE BACK PORCH OFF AND HE WAS WALKING OUT THE DOOR AT THE TIME. I DON'T KNOW; I CAN'T SAY THAT HE SAW ME BECAUSE I DON'T KNOW WHAT HE SAW.

Q. BUT HE'S NOT HERE TODAY?

A. NO, HE'S NOT.

**BY MS. GOODWIN:**

I DON'T HAVE ANY OTHER QUESTIONS.

**BY MR. BARTON:**

YOUR HONOR, I'M SORRY; I'M NOT GOING TO CALL ANY OF THOSE RESIDENTS AS WITNESSES IN A CASE LIKE THIS.

**BY THE COMMISSIONER:**

OKAY.

**BY MR. BARTON:**

ALL RIGHT.

**BY THE COMMISSIONER:**

VERY GOOD. ALL RIGHT. WELL, THE WITNESS IS EXCUSED, AND THE CLAIMANT DOESN'T HAVE ANY MORE WITNESSES. DO THE DEFENDANTS HAVE ANY WITNESSES?

**BY MS. GOODWIN:**

NO, MA'AM.

**BY THE COMMISSIONER:**

ALL RIGHT. WELL, THEN THAT CONCLUDES THIS MATTER.

**(THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS CONCLUDED AT THE HOUR OF 12:37 P.M.)**

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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FEB 10 2016
SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Case No.: 2015-000810

Paula Y. Tucker.....Appellant,

v.

SC Department of Mental Health,
and State Accident Fund,.....Respondents.

**PROOF OF SERVICE**

The undersigned does hereby certify one copy each of the **FINAL BRIEF OF APPELLANT** and **RECORD ON APPEAL** was served in the foregoing action by depositing the same in the United States mail, with sufficient postage affixed thereon and return address clearly visible on February 8, 2016, addressed to the following:

Page P. Snyder, Esquire
State Accident Fund
PO Box 102100
Columbia, South Carolina 29221

West Columbia, South Carolina
February 8, 2016

Frank A. Barton
Attorney for the Appellant

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

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Paula Y. Tucker.....Appellant,

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SC Department of Mental Health,
and State Accident Fund,.....Respondents.

**CERTIFICATE OF COUNSEL**

The undersigned counsel does hereby certify the Record on Appeal contains all material designated by both parties and no other materials.

West Columbia, South Carolina
February 26, 2016

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