

AD

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

R. Michael Campbell, II, Aisha G. Taylor and Gene McCaskill,
Commissioners for the Appellate Panel

Case No. W.C.C. File No.: 1109844
Appellate Case No. 2015-000324

Oliver M. Wiley, Employee, Appellant,

v.

Sumter County, Employer and South Carolina Counties Workers' Compensation
Trust, Carrier, Respondents.

RECORD ON APPEAL

John D. Clark, Esquire, SC Bar No. 64296
Clark Law Firm, LLC
22 East Liberty Street
Post Office Drawer 880
Sumter, South Carolina 29151-880
(803) 775-1234 • (803) 775-8590 *fax*
Attorney for Appellant

Anne V. Noonan, Esquire
Wilson Jones Carter & Baxley, P.A.
421 Wando Park Blvd, Suite 100
Mount Pleasant, South Carolina 29464
(803) 227-2239
Attorney for Respondents

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SC Court of Appeals

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Decision and Order of January 27, 2015

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1109844**

OLIVER M. WILEY,

**EMPLOYEE,
CLAIMANT/APPELLANT,**

vs.

SUMTER COUNTY,

EMPLOYER,

AND

**SOUTH CAROLINA COUNTIES
WORKERS' COMPENSATION TRUST**

**CARRIER,
DEFENDANTS/RESPONDENTS.**

**Appellate Panel Review held in Columbia, South Carolina
on September 16, 2014, upon notices timely and properly served
upon all parties of interest.**

Appellate Panel Decision and Order filed

January 27, 2015

REVERSES IN FULL

APPEARANCES:

**Claimant represented by John D. Clark, Esquire,
of Clark Law Firm, Sumter, South Carolina.**

**Defendants represented by Anne V. Noonan,
Esquire, of Willson Jones Carter & Baxley, P.A.,
Mount Pleasant, South Carolina.**

PROCEDURAL HISTORY

This claim arises from an admitted work accident of April 14, 2011, involving medical treatment for the lower back and left hip. The subject of this appeal involves a dispute over Claimant's entitlement to temporary total disability benefits (TTD).

On December 18, 2013, a hearing was held before the Honorable Melody L. James (hereinafter single Commissioner) in Camden, South Carolina to resolve the issues raised by Claimant's request for a hearing via Form 50. It is Claimant's position that he is entitled to TTD from November 3, 2011, as his inability to work is causally related to the work accident. Claimant relies on the opinions of Dr. Johnson and Dr. Storick for this position. Defendants contend that Claimant is not entitled to TTD for any period of time, as Claimant was given light duty work following the accident and thereafter released to full duty by an authorized treating physician on November 3, 2011. Defendants argue that after Claimant was released to full duty, he failed to return to work and was thereafter terminated by his employer, and Claimant never presented documentation from an authorized treating physician writing him out of work following November 3, 2011. Accordingly, Defendants argue that Claimant's inability to earn wages is not due to or because of the work injury; therefore, Claimant is not entitled to TTD. As additional support for their position that Claimant is not entitled to TTD for any periods of time, Defendants also point to the fact that Dr. Lozanne, an authorized physician, opines that Claimant reached maximum medical improvement for the lumbar spine on December 29, 2011, with 0% impairment, without work restrictions and without the need for future medical treatment, and Dr. Bethea, also an authorized physician, opines that Claimant is at maximum medical improvement for the left hip as of June 27, 2012, without any impairment rating or work restrictions.

In addition to documentary evidence submitted by the parties, both medical and

nonmedical, testimony was taken from Claimant and from witnesses for the Defendants, Lorraine Dennis and Erik Hayes.

On May 28, 2014, the single Commissioner issued a Decision and Order containing the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. *That Claimant incurred an admitted injury by accident during the course and scope of his employment with Sumter County on April 14, 2011, pursuant to S.C. Code Ann. §42-1-160 (1976, as amended).*
2. *That the situs of injury is not an issue before SCWCC for determination at this time.*
3. *That proper notice of the accident and injury was given to the Employer by Claimant, pursuant to S.C. Code Ann. §42-15-20 (1976, as amended).*
4. *That the claim in this matter was timely filed, pursuant to S.C. Code Ann. § 42-15-40, (1976, as amended).*
5. *That Claimant's Average Weekly Wage is \$911.87, and his Compensation Rate of \$607.92, pursuant to S.C. Code Ann. §42-1-40, (1976, as amended).*
6. *That the Claimant is receiving treatment for the injury and differential diagnosis to his hip and/or lower back. The etymology of the pain has been explored by various physicians.*
7. *That Claimant's medical treatment provided by Employer is causally related to Claimant's work accident.*
8. *That during the pendency of this matter, the Claimant has not sought temporary total, but the matter has been held in abeyance by the prior orders of the Commission. (Orders from hearings of March 22, 2012, September 11, 2012.*

march 5, 2013, and August 15, 2013).

9. That Claimant was released to regular duty on November 1, 2011 by the treating physician, Dr. Danny H. Ford. (113).
10. That at the time of release, Dr. Ford stated "his current symptoms are suspicious for lumbar radiculopathy/sacroiliitis," but that he does not treat radiculopathy/sacroiliitis and would recommend that Workers' Compensation consider obtaining an MRI for Claimant's lumbar spine along with a referral to a spine surgeon for further treatment recommendations.
11. That Claimant's did not attempt to return to work. He did call the employer on October 26, 2011 and November 2, 2011. On November 7, 2011, Claimant came by his place of employment, but did not attempt work.
12. The Claimant presented a work excuse to the Employer dated December 2, 2011 from the Dorn VA Medical Center, but this was not accepted because it was not from an authorized medical provider.
13. That Claimant was terminated for his failure to show up for work, or provide an excuse for his failure to appear. He was not out of work at that point and time from his injury. Pollack
14. That Claimant saw Dr. Karl A. Lozanne on December 29, 2011. Dr. Lozanne was an authorized treating physician. Dr. Lozanne (150-152) opines that the Claimant is at MMI and can work without restrictions.
15. That Claimant saw Dr. James F. Bethea on June 4, 2012. (26-31) Dr. Bethea is an authorized treating physician. Dr. Bethea opines that the Claimant can work without restrictions. (26-31 and 108).

16. *That during the period of time from December 15, 2011 until June 4, 2012, there are medical opinions of Dr. Timothy M. Zgleszewski and the VA that indicate that the Claimant should be out of work. Neither are authorized physicians/providers. These opinions are written subsequent to the Claimant not returning to his employment. More weight is given to the treating physicians, Dr. Ford, Dr. Lozanne, and Dr. Bethea in their concurrent opinions of work status. The Claimant also presents an opinion from Dr. Storick; Dr. Storick does become an authorized physician. However, Dr. Storick's opinion back-dates the period of time that the Claimant is out of work to the date of injury. He was not the treating physician during that period of time, and more weight is afforded the opinions of the physicians that were treating the Claimant at the time.*
17. *That Claimant is written out of work on August 13, 2012 by Dr. Johnson (non-authorized). Dr. Johnson is an orthopedic surgeon. Dr. Johnson refers the Claimant to Dr. Storick, who becomes a treating physician. Dr. Storick does provide an injection an injection on November 8, 2012. At this point in time, Dr. Johnson's opinion is consistent with the treating physician, Dr. Storick, that the Claimant should be written out of work, and Dr. Storick is actually seeing the patient at this point.*
18. *That on August 13, 2012, Dr. Johnson's impression was (1) left sacroiliac joint strain and (2) rule out contusion L-5 nerve root.*
19. *That on February 21, 2013, Dr. Johnson opined that Claimant was a candidate for rhizotomy of either the sacroiliac joint or L5-S1 facet, or both.*
20. *That the L5-S1 facet injection by Dr. Storick on November 8, 2012 decreased*

Claimant's left pelvic discomfort per report of Dr. Lozanne.

21. *On November 20, 2013, Dr. Wetzel ordered radio-frequency ablation on left L3-5.*
22. *On September 20, 2013, Dr. Wetzel stated that Claimant is only able to return to modified duty.*
23. *That Claimant's temporary total should begin as of November 8, 2012. Although the Claimant was terminated in 2011, the Claimant is now unable to return to work with this employer or any other employer because of his injury.*
24. *That Claimant's incapacity for work is total as of November 8, 2012.*

CONCLUSIONS OF LAW

ACCORDINGLY, it is concluded as a matter of law that:

1. *That Claimant incurred an admitted injury by accident during the course and scope of his employment with Sumter County on April 14, 2011, pursuant to S.C. Code Ann. §42-1-160 (1976, as amended).*
2. *That Claimant's Average Weekly Wage is \$911.87, and his Compensation Rate of \$607.92, pursuant to S.C. Code Ann. §42-1-140, (1976, as amended).*
3. *That Claimant was terminated for his failure to show up for work, or provide an excuse for his failure to appear. He was not out of work at that point and time from his injury.*
Pollack
4. *That Claimant's temporary total should begin as of November 8, 2012. Although the Claimant was terminated in 2011, the Claimant is now unable to return to work with this employer or any other employer because of his injury, pursuant to S.C. Code Ann. §42-9-10, (1976, as amended).*
5. *That Claimant's incapacity for work is total as of November 8, 2012.*

AWARD

Claimant is awarded temporary total disability beginning November 8, 2012 and continuing as provided under the South Carolina Workers' Compensation Act.

Claimant and Defendants timely appealed from the findings and related conclusions of law that relate to Claimant's entitlement to TTD. Specifically, Claimant argues that the single Commissioner should have awarded TTD effective November 3, 2011, whereas Defendant take the position that it was error for the single Commissioner to award any TTD. All proffered testimony has been taken. Such, together with all documentary evidence and oral argument, has been delivered to the individual members of the Appellate Panel and has since been under careful consideration. The greater weight of evidence does not support a finding that Claimant's inability to earn wages was total as of November 8, 2012 because of the work injury or at any time following the work related accident of April 14, 2011. Accordingly, the single Commissioner's decision on this issue of entitlement to TTD is hereby REVERSED in full.

STANDARD OF REVIEW

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50, review the award, weigh the evidence as presented at the hearing and, if good grounds be shown therefore, make its findings of facts and reach its own conclusions of law consistent or inconsistent with those of the Hearing Commissioner. *See Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 156 S.E.2d 318 (1967); *see also Lowe v. An-Can Transport Services, Inc.*, 283 S.C. 534, 324 S.E.2d 87 (Ct. App. 1984).

DECISION/ANALYSIS

Under Section 42-9-260 and the accompanying regulations, the entitlement of temporary total disability benefits (TTD) is premised on a nexus between the work-related injury and the

inability to earn wages, and an injured employee will be entitled to TTD compensation when the incapacity to earn wages is due to or because of the injury. *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 15, 747 S.E.2d 430, 433 (2013). The Claimant in this matter is not entitled to TTD benefits at any time as the factual nexus required by *Pollack* is not supported by the greater weight of evidence.

- I. The single Commissioner erred in finding that Claimant was entitled to TTD beginning November 8, 2012, and continuing, because Claimant's light duty restrictions were accommodated following the work accident; he thereafter refused to return to full duty when cleared to do so by an authorized treating physician on November 1, 2011, and was eventually terminated for this refusal; and because no authorized treating physicians have written Claimant out of work after November 1, 2011, or at any point thereafter.**
 - A. Following his release to full duty, Claimant was terminated for cause and therefore not entitled to TTD under *Pollack*.**

Following the admitted work accident of April 14, 2011, Claimant was offered and did perform light duty work for Sumter County. (Hr. Tr. p. 20; *see also* APA 89-99). Effective November 1, 2011, Claimant's authorized treating physician, Dr. Danny H. Ford, cleared Claimant for a return to full duty. He noted his current symptoms are suspicious for lumbar radiculitis/sacriilitis. (APA 113). Despite clearance for full duty, Claimant did not report back to work or attempt to do his job. (Hr. Tr. p. 27). On his own, Claimant went to the Dorn VA hospital on December 2, 2011, where he was given a note documenting that he could return to work on December 12, 2011. (Hr. Tr. p. 27-8; APA 45). Despite being told he could return to work on December 12, 2011, by the staff at Dorn VA hospital, Claimant did not report back to work or attempt to do his job. (Hr. Tr. p. 28). Claimant also failed to provide documentation from any physician authorized by Defendants showing that he was taken out of work. Thereafter, Claimant was terminated by Sumter County for abandoning his job. (Hr. Tr. p. 43;

APA 164). The single Commissioner in finding of fact #12 found that following his termination, Claimant was not out of work because of his work injury per *Pollock*, i.e. Claimant was terminated for cause unrelated to the work injury, and this finding is supported by the greater weight of evidence as described above.

B. Claimant has never provided documentation from an authorized treating physician showing that he is unable to work as of November 8, 2012; therefore, he is not entitled to TTD from that date and continuing.

Not only was Claimant unable to provide an "out of work" note from an authorized physician before his termination for abandonment, a closer reading of all the evidence put forth to the single Commissioner reveals that Claimant has never provided documentation from a physician authorized by Defendants showing that he is unable to work. To the contrary, the greater weight of the medical evidence indicates that Claimant has been capable of full duty work following his release by Dr. Ford. Specifically, Dr. Lozanne performed an authorized evaluation of Claimant's lumbar spine and found that Claimant had reached maximum medical improvement as of December 29, 2011, with 0% impairment, no work restrictions, and without the need for future medical treatment. (APA 150-2). Also, Dr. Bethea, who provided authorized treatment to Claimant's left hip, found that Claimant had reached maximum medical improvement on June 27, 2012, without permanent physical impairment and was "capable of full work." (APA 26-31).

Nonetheless, the single Commissioner, in error, found that Claimant is entitled to TTD from November 8, 2012. *See* single Commissioner finding of fact #16 and #22. The single Commissioner's reasoning behind these findings, as described below, is confusing and based on incorrect facts, and are therefore reversed.

The single Commissioner's reasoning behind findings of fact #16 and #22 is as follows:

Dr. Storick, who became an authorized treating physician on November 8, 2012, who was originally referred by Dr. Johnson, a non-authorized treating physician who holds the opinion that Claimant was out of work as of August 13, 2012, filled out a questionnaire prepared by Claimant's attorney on June 5, 2013, back dating Claimant's out of work period to the date of injury, therefore making Dr. Storick's opinion consistent with Dr. Johnson's opinion that Claimant should be out of work on the date Dr. Storick began seeing Claimant as an authorized provider, which was November 8, 2012. This line of reasoning is not only tenuous at best, but flawed for several reasons.

First, the documentation provided by Claimant memorializing Dr. Storick's first visit with Claimant, which was on November 8, 2012, does not mention anything about work restrictions or inability to work. (APA 20-3). Furthermore, Claimant was again seen by Dr. Storick on May 9, 2013, for an independent medical evaluation, and the narrative of this visit is also devoid of work restrictions or any statement about Claimant being unable to work. (APA 105-07). Accordingly, little if any weight should have been given to the questionnaire that was not completed until June 5, 2013 (APA 24-5), as Dr. Storick did not mention anything about being out of work or work restrictions in his actual treatment narratives.

Second, contrary to the single Commissioner's finding that Claimant was referred to Dr. Storick by Dr. Johnson, the treatment narrative is explicitly addressed to "Karl," and begins with, "Thank you for the referral of Oliver Wiley for the injection," and the cc: line at the bottom says "Karl Lozanne, M.D." (APA p. 20). The single Commissioner correctly found that Dr. Lozanne provided an authorized evaluation on December 29, 2011, and he opines that Claimant does not have any work restrictions, and on December 20, 2012, he placed Claimant at maximum medical improvement without any work restrictions. (APA p. 150-52). So, to give any additional weight

to the supposed "out of work" opinion of Dr. Storick by virtue of being referred by Dr. Johnson, a doctor that holds a "Claimant is out of work" opinion, was based on the incorrect assertion that Claimant was referred to Dr. Storick by Dr. Johnson, when Claimant was in fact referred to Dr. Storick by an authorized physician that opines Claimant does not have *any* work restrictions.

Finally, and most importantly, a correct reading of Dr. Storick's June 5, 2013 questionnaire reveals that Dr. Storick never opined that Claimant has at any point been completely unable to work because of the work accident. When asked to state whether "Claimant has been able to return to work as a *correctional officer* since [the date of the work accident] (emphasis added)," he responded "no." (APA p. 25). This is a correct statement, but the single Commissioner did not take into account the fact that per the medical records and Claimant's testimony he was working on light duty following the work accident, albeit not as a correctional officer, but in another capacity permitted by Sumter County. Dr. Storick has never opined that Claimant has been unable to work in *any* capacity since the work accident. And when asked whether Claimant "is able to return to work at this time," he responded, "yes, if light duty is available." (APA p. 25).

Despite Dr. Storick's opinion that Claimant can return to light duty, in finding of fact #22 the single Commissioner reasoned "[a]lthough the Claimant was terminated in 2011, for abandonment of his job, the Claimant is now unable to return to work with this employer or any other employer because of his injury [as of November 8, 2012]." In this finding, the single Commissioner did not factor in how Claimant's work restrictions had been accommodated through light duty work up until his release to full duty by Dr. Ford on December 1, 2011. This line of reasoning is contrary to the decision in *Pollack*, which instructs that a claimant's inability to work has to be due to or because of the injury in order for TTD to be triggered.

Just like the claimant in *Pollack*, the Claimant here is not out of work due to or because of the work injury, but because he was terminated for cause, i.e. not showing up to work without valid excuse, and but for this termination for cause, Claimant would still be working for Sumter County. Sumter County had accommodated Claimant's light duty restrictions in the past, and Claimant presented no evidence to show that Sumter County would not have accommodated his light duty restrictions per Dr. Storick's June 5, 2013 opinion. So, it was error for the single Commissioner to conclude that because Claimant no longer worked for Sumter County, even though he was cleared for light duty by Dr. Storick as of June 5, 2013, he is entitled to TTD by virtue of the fact that he no longer has a job anywhere. For the reasons, we find the single Commissioner's findings and related conclusions of law regarding Claimant's entitlement to TTD should be reversed.

- II. The single Commissioner erred in finding that Claimant's incapacity for work was total as of November 8, 2012, because there was no evidence that any authorized treating physician had written Claimant out of work following November 1, 2011, and where an authorized treating physician cleared Claimant for light duty work as of June 5, 2013, which would have been accommodated but for Claimant's termination that was not due to or because of his work injury.**

The single Commissioner's finding of fact and related conclusion of law that Claimant's incapacity for work is total as of November 8, 2012, is contrary to the greater weight of evidence submitted by the parties. Specifically, although the single Commissioner states in finding of fact #15 that more weight is given to the opinions of the authorized physicians with respect to Claimant's work capacity, that line of reasoning is inexplicably abandoned when the single Commissioner presents Dr. Storick's June 5, 2013 questionnaire as the basis for the finding that Claimant's incapacity for work is total as of November 8, 2012.

The problem with the single Commissioner's foundation for this finding is that Dr. Storick has never opined that Claimant's incapacity for work is total, or words to that effect. Dr. Storick only renders two statements with respect to Claimant's work capacity and they are as follows: (1) Claimant has been unable to work as a correctional officer since April 14, 2011, and (2) Claimant is able to return to light duty as of June 5, 2013. (See APA 25). According to the single Commissioner's decision, it is these opinions that act as the high water mark for declaring that Claimant's incapacity for work is total as of November 8, 2012, when in fact Dr. Storick only acknowledged that Claimant has not been able to do his regular job since the work accident as opposed to saying that Claimant has been unable to work at all.

Furthermore, the single Commissioner gave no weight to the fact that Sumter County had accommodated Claimant's light duty restrictions in the past. There was no evidence Sumter County would not have offered light duty in the future but for Claimant's abandoning his job, as Dr. Storick is an authorized treating physician.¹ To the contrary, the evidence shows that while Claimant was an employee with Sumter County, light duty was offered when indicated by authorized providers or physicians, such as Doctors Care and Dr. Ford, and Claimant did in fact perform light duty. (APA p. 47-56, 145-49, 165-69; Hr. Tr. p. 20).

In sum, based on the greater weight of evidence, it was error for the single Commissioner to find that Claimant's incapacity for work was total as of November 8, 2012.

FULL COMMISSION APPELLATE PANEL FINDINGS OF FACT

After a thorough review of the evidence, including the hearing testimony, and medical evidence, exhibits, and other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission file in this matter, and arguments of counsel,

¹ The reason why Claimant was never offered light duty following his release to full duty by Dr. Ford as of November 1, 2011, was because he was unable to provide an "out of work" note from an authorized treating physician. See testimony of Lorraine Dennis and Erik Hayes (Hr. Tr. p. 35-66).

with respect to the findings of fact regarding entitlement to TTD as appealed from by both parties, WE, THE APPELLATE PANEL, REVERSE THE FINDINGS OF FACT OF THE SINGLE COMMISSIONER, IN FULL, AND FIND AS FOLLOWS:

1. After Claimant's work related injury of April 14, 2011, Claimant received authorized treatment and was assigned work restrictions that were accommodated by Defendants.
2. Following Claimant's release to full duty by authorized physician Dr. Ford on or about November 1, 2011, Claimant never attempted to return to work, so he was terminated for this failure and therefore not entitled to temporary benefits at that time per *Pollock*.
3. Following his termination, Claimant was never written completely out of work by any of the authorized physicians that examined and/or treated him.
4. Based upon the greater weight of evidence, Claimant is not entitled to temporary total disability benefits for any period of time following the April 14, 2011 work accident.

FULL COMMISSION APPELLATE PANEL CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Law, with respect to the single Commissioner's conclusions of law as they relate to the issue of entitlement to temporary total disability benefits, WE, THE APPELLATE PANEL, REVERSE THE CONCLUSIONS OF LAW OF THE SINGLE COMMISSIONER, IN FULL, CONCLUDING AS FOLLOWS:

1. Under §42-9-10, § 42-9-260 and *Pollack v. Southern Wine & Spirits of America*, Claimant is not entitled to temporary total disability benefits for any periods of time following the work injury of April 14, 2011.

ORDER/AWARD

IT IS HEREBY ORDERED that Commissioner Melody L. James' Decision and Order

dated May 28, 2014, is reversed, in full, as it relates to Claimant's entitlement to temporary total disability benefits. Commissioner James' Decision and Order shall not be put into effect.

IT IS SO ORDERED.


Commissioner R. Michael Campbell, II


Commissioner Aisha G. Taylor


Commissioner Gene McEachill, Chair

CERTIFICATE OF SERVICE

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

By Kim Falls on January 27, 2015

Decision and Order of May 28, 2014

**DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1109844**

OLIVER M. WILEY, EMPLOYEE/CLAIMANT,

v.

SC ASSOCIATION OF COUNTIES, EMPLOYER

and

**EMPLOYERS INSURANCE OF WAUSAU, CARRIER,
DEFENDANTS.**

DATE OF HEARING:	December 18, 2013
LOCATION OF HEARING:	Camden, SC
APPEARING FOR CLAIMANT:	John D. Clark, Esquire Clark Law Firm, LLC
APPEARING FOR DEFENDANTS:	Anne V. Noonan, Esquire Wilson Jones Carter & Baxley, P.A.
PURPOSE OF HEARING:	To determine issues set forth in the Form 50 and Form 51
HEARING COMMISSIONER:	The Honorable Melody L. James
DECISION AND ORDER FILED:	May 28, 2014

APA SUBMISSIONS

Pursuant to S.C. Code Ann. §1-23-320, et. seq. (1976, as amended), the parties submitted the following records to be admitted into evidence under the Administrative Procedures Act:

CLAIMANT'S APAs:	DATE OF REPORT/RECORD(S)	NO. OF PAGES
Dr. Ryan Wetzel	09/05/13 – 11/11/13	04 - 14
Dr. Donald R. Johnson II	08/13/12 -- 02/21/13	15 - 17
Dr. Devin Troyer	11/15/12	18 - 19
Dr. Steven B. Storick	11/08/12 – 06/05/13	20 - 25
Dr. James F. Bethea	06/04/12 – 06/27/12	26 – 31
Dr. Karl A. Lozanne	12/29/11 – 12/20/12	32 – 40
Dr. Timothy M. Zgleszewski	12/13/11	41 – 44
Dorn VA Medical Center	12/02/11	45
Clarendon Memorial Hospital	11/11/11	46
Danny H. Ford, MD	06/21/11 - 11/03/11	47 – 56
Progressive Physical Therapy	04/25/11 - 10/13/11	57 – 88
Doctors Care	04/14/11 - 05/26/11	89 - 100

CLAIMANT'S EXHIBITS:

1 - Dorn VA Return to Work From Client's Personnel File	12/02/11	101
2 – Deposition Transcript of Darryl McGhaney (To be submitted at Hearing)		

DEFENDANTS' APAs:	DATE OF REPORT/RECORD(S)	NO. OF PAGES
Midlands Orthopaedics, PA	11/06/13 – 11/20/13	102 – 104

DEFENDANTS' APAs:	DATE OF REPORT/RECORD(S)	NO. OF PAGES
Dr. Steve Storick	05/09/13	105 – 107
Dr. James Bethea	07/24/12	108
Clarendon Memorial Hospital	05/23/11	109
Sumter Orthopaedic Associates	06/21/11 – 02/09/12	110 – 115
Progressive Physical Therapy	04/21/11 – 10/17/11	116 – 144
Doctors Care	04/14/11 – 06/11/11	145 – 149
Columbia Neurosurgical Associates	12/29/11 – 02/15/12	150 – 152
DEFENDANTS' EXHIBITS:		
Personnel File		153 – 193

STIPULATIONS

Prior to the hearing, the parties stipulated to the following:

1. The date of accident (“doa”) is April 14, 2011.
2. That the Average Weekly Wage (“AWW”) is \$911.87 and the Compensation Rate (“CR”) is \$607.92.
3. That neither party objects to jurisdiction of the South Carolina Workers’ Compensation Commission (“SCWCC”), venue in Kershaw County, South Carolina for the hearing, the APA submissions or any other item.
4. That neither party objects to the SCWCC files becoming a part of the record, with the exception of self-serving declarations or unstipulated medical reports.

STATEMENT OF THE CASE

The purpose of the hearing is to determine the issues set forth in the Form 50 and Form 51. The Claimant suffered an admitted injury to the hip or back, or hip and back, however, the situs of injury is not an issue to be determined at the hearing. The sole issue for determination at the hearing is whether Claimant is entitled to temporary total disability ("TTD"). Claimant seeks TTD from November 3, 2011 on the basis that his inability to work is causally related to injuries suffered in the accident. Defendants contend Claimant is not entitled to TTD because he was terminated from employment for failure to return to work and that the reasons for him being out of work were not related to the injuries. Defendants also contend that no treating medical providers have written Claimant out of work between November 3, 2011 and September 2013.

EVIDENCE OF CASE

Claimant is a 41 year-old high school graduate and U.S. Army Veteran. He is divorced and the father of four (4) children, two (2) of which are minors. He was employed as a correctional officer with Employer, Sumter-Lee Regional Detention Center, for twenty-eight (28) years prior to the accident in this matter. Claimant was injured on April 14, 2011 when he was attempting to break up a fight between two (2) inmates and slipped on food that had been wasted on the floor, and fell on his left hip with one (1) of inmates falling on top of him.

Claimant worked on light duty until being released by Danny H. Ford, M.D. to full duty, an authorized treating physician, for the left hip on November 3, 2011. Dr. Ford acknowledged that Claimant still had symptoms of pain in the lumbar area which were "suspicious for lumbar radiculopathy/sacroilitis", but he does not treat lumbar radiculopathy/sacroilitis and recommended "that Workers' Compensation consider obtaining an MRI of his lumbar spine along with a referral to a spine surgeon for further evaluation and treatment recommendations".

Claimant testified that when he was released by Dr. Ford, he was barely able to walk and was limping, and was unable to perform his job. Claimant offered to continue on light duty, but this was denied by the Employer. Claimant was concerned that he could not protect himself or other inmates based on the job duty requirements and the prior history of violence at the facility. Claimant testified that the Detention Center had about three hundred (300) inmates at that time and only eighteen (18) staff members to manage the inmate population on any given shift. He had to be ready to fight on notice, point, run, go up stairs, bend down going underneath their beds searching and pat search persons from top to bottom. He also would have had to perform perimeter searches.

Claimant testified that during his career at the Detention Center he had to break up approximately two (2) inmate fights a week, that he had been in over thirty (30) fights himself, that he had to intervene in situations where "shanks" were used by inmates, that he had been punched in the face, been assaulted by inmates, had urine thrown on him, and had to fight inmates in areas where feces had been spread all over the wall.

On or about November 3, 2011, Claimant explained to Detention Center Director Simon Major and Major McGhaney that he was physically unable to work regular duty and requested light duty, but was denied. On or about December 2, 2011, Claimant took the Employer a work excuse from the Dorn VA Medical Center, but this was not accepted and Claimant was terminated on or about January 10, 2012.

Lorraine Dennis, Assistant County Administrator for Sumter County, testified that when she was presented with a work excuse for Claimant from the Dorn VA Medical Center by Erik Hayes, Risk Manager for Sumter County, she told him that the County did not need another note because the VA was not one of the doctors that Claimant was referred to. Lorraine Dennis

further testified that Claimant was terminated for job abandonment. She further testified the Claimant's job was available to him after he was released to full duty but he did not attempt to come back. (Hrg. Transcript p. 43, l. 22-25). The County was provided a work note stating "return to work status regular duty, date to return 11/1/11". Hrg. Transcript p. 53, l. 6-8.

On cross examination, Lorraine Dennis admitted that written on the work excuse from the VA by Erik Hayes was "do not ask for 24 or updated note. Use one he provided" (Hrg. Transcript p. 47, l. 7-8), and that she did not put anything in writing to the effect that the work excuse was not acceptable because it was not from a doctor that Claimant was referred to by the Defendants.

Erik Hayes testified he is the Emergency Manager Director for Sumter County. He testified that he wrote on (APA 101) "no need to ask for a second or updated note. Use the one he provided." after speaking with Lorraine Dennis, but that he could not remember exactly what he told Major McGhaney at the Detention Center, nor did he ask Lorraine Dennis what she meant by her statement. Erik Hayes acknowledged that there are no other notes regarding Claimant's work excuse.

On cross examination, Erik Hayes testified that the County does not accept work restrictions from personal doctors, or doctors that are not authorized under Workers' Compensation. Erik Hayes also testified that the work excuse provided by Claimant did not cover the period from November 1, 2011 through December 2, 2011. He testified he did have a work note releasing Claimant to full duty on November 1, 2011. (Hrg. Transcript p. 61, l. 15-19).

MEDICAL EVIDENCE

Claimant was initially seen by Doctors Care for this admitted injury and referred to Dr. Ford at Sumter Orthopaedics. He was originally diagnosed with a hip contusion and released to

light duty on July 29, 2011. On October 18, 2011 Dr. Ford opined he was at MMI and released him to return to work regular duty. On December 13, 2011, Claimant underwent an independent medical examination by Timothy M. Zgleszewski, M.D. ("Dr. Z") and was diagnosed with: (1) low back pain and left parathesia and (2) probable bilateral sacroiliac joint and/or lumbar facet joint dysfunction/pain causally related to the work accident. Dr. Z opined that Claimant should not return to work until additional diagnostic testing and treatment is rendered to avoid risk of further injury.

On December 29, 2011, Claimant underwent an authorized evaluation with Karl A. Lozanne, M.D. who opined that Claimant did not have any impairment or restrictions to the lumbar spine. On December 20, 2012, Dr. Lozanne opined that Claimant was at maximum medical improvement ("MMI") from the lumbar spine perspective. The Form 14b from Dr. Lozanne dated February 15, 2012 reflects 0% lumbar spine, able to return to work without restrictions from neurosurgical standpoint, and won't need future medical care

On June 4, 2012, Claimant was examined by James F. Bethea, M.D., an authorized treating provider. Dr. Bethea did not recommend injections at that time, but did recommend a bone scan of the pelvis to assess Claimant's left sacroiliac joint. After the bone scan, which revealed slight increased activity focally at the posterior and superior aspect of the left hip greater tronchantr, Dr. Bethea gave Claimant an injection in the left hip and released him to full duty without impairment.

On August 13, 2012, Claimant had an independent medical evaluation with Donald R. Johnson, II, M.D. After examination, Dr. Johnson's impression was: (1) left sacroiliac joint strain and (2) rule out contusion L-5 nerve root. Dr. Johnson recommended an EMG and Nerve Conduction Study of the left leg and a diagnostic sacroiliac joint injection under fluoroscopy,

and indicated that he did not feel that Claimant could return to work even with restrictions. On February 21, 2013, after receiving a sacroiliac joint injection and injection at L-5 S1 facet by Dr. Storick. Dr. Johnson recommended a rhizotomy of the sacroiliac joint or L-5 S1 facet.

Steven B. Storick, M.D., also an authorized treating physician, examined Claimant on November 8, 2012 and gave Claimant an L-5 S1 facet joint injection and a left sacroiliac joint injection. Dr. Storick opined on June 5, 2013 that Claimant has not been able to work as a correctional officer since the date of accident and was only at that time able to return to work on light duty.

On September 5, 2013, Claimant was examined by Dr. Ryan Wetzel who stated that "Given the question of a lumbar facet rhizotomy, I would recommend that he undergo a diagnostic facet block. I would recommend a left side L3-5 medial ranch block to screen his left L4-5 and L5-S1 facet joints and determine if lumbar spondylosis is causing the pain". Dr. Wetzel explained that if Claimant has two (2) successful diagnostic blocks, he would then recommend lumbar facet radio-frequency rhizotomy. On November 20, 21013, Dr. Wetzel ordered lumbar radio-frequency ablation for Claimant for treatment of lumbal sacral spondylosis without myelopathy.

Claimant has not returned to work as of the date of the hearing, but is currently undergoing lumbar radio-frequency ablation by Ryan Wetzel, M.D. which did give him pain relief and he now believes he could return to work. Dr. Wetzel stated in a questionnaire that Claimant could only return to light duty as of September 2013.

FINDINGS OF FACT

Based on the Claimant's testimony and a review of the record, the undersigned makes the following findings of fact:

1. That Claimant incurred an admitted injury by accident during the course and scope of his employment with Sumter County on April 14, 2011, pursuant to S.C. Code Ann. §42-1-160 (1976, as amended).
2. That the situs of injury is not an issue before SCWCC for determination at this time.
3. That proper notice of the accident and injury was given to the Employer by Claimant, pursuant to S.C. Code Ann. §42-15-20 (1976, as amended).
4. That the claim in this matter was timely filed, pursuant to S.C. Code Ann. § 42-15-40, (1976, as amended).
5. That Claimant's Average Weekly Wage is \$911.87, and his Compensation Rate of \$607.92, pursuant to S.C. Code Ann. §42-1-40, (1976, as amended).
6. That The Claimant is receiving treatment for the injury and differential diagnosis to his hip and/or lower back. The etymology of the pain has been explored by various physicians.
7. That Claimant's medical treatment provided by Employer is causally related to Claimant's work accident.
8. That during the pendency of this matter, the Claimant has not sought temporary total, but the matter has been held in abeyance by the prior orders of the Commission. (Orders from hearings of March 22, 2012, September 11, 2012, march 5, 2013, and August 15, 2013).

9. That Claimant was released to regular duty on November 1, 2011 by the treating physician, Dr. Danny H. Ford. (APA 113)
10. That at the time of release, Dr. Ford stated “his current symptoms are suspicious for lumbar radiculopathy/sacroilitis,” but that he does not treat radiculopathy/sacroilitis and would recommend that Workers’ Compensation consider obtaining an MRI for Claimant’s lumbar spine along with a referral to a spine surgeon for further treatment recommendations.
11. That Claimant did not attempt to return to work. He did call the employer on October 26, 2011 and November 2, 2011. On November 7, 2011, Claimant came by his place of employment, but did not attempt work.
12. That Claimant was terminated for his failure to show up for work, or provide an excuse for his failure to appear. He was not out of work at that point and time from his injury. “Pollack v. Southern Wine & Spirits of America”
13. That Claimant saw Dr. Karl A. Lozanne on December 29, 2011. Dr. Lozanne was an authorized treating physician. Dr. Lozanne (APA 150-152) opines that the Claimant is at MMI and can work without restrictions.
14. That Claimant saw Dr. James F. Bethea on June 4, 2012. (APA 26-31) Dr. Bethea is an authorized treating physician. Dr. Bethea opines that the Claimant can work without restrictions. (APA 26-31 and 108)

15. That during the period of time from December 15, 2011 until June 4, 2012, there are medical opinions of Dr. Timothy M. Zgleszewski and the VA that indicate that the Claimant should be out of work. Neither are authorized physicians/providers. These opinions are written subsequent to the Claimant not returning to his employment. More weight is given to the treating physicians, Dr. Ford, Dr. Lozanne, and Dr. Bethea in their concurrent opinions of work status. The Claimant also presents an opinion from Dr. Storick; Dr. Storick does become an authorized physician. However, Dr. Storick's opinion back-dates the period of time that the Claimant is out of work to the date of injury. He was not the treating physician during that period of time, and more weight is afforded the opinions of the physicians that were treating the Claimant at the time.
16. That Claimant is written out of work on August 13, 2012 by Dr. Johnson (non-authorized). Dr. Johnson is an orthopedic surgeon. Dr. Johnson refers the Claimant to Dr. Storick, who becomes a treating physician. Dr. Storick does provide an injection an injection on November 8, 2012. At this point in time, Dr. Johnson's opinion is consistent with the treating physician, Dr. Storick that the Claimant should be written out of work and Dr. Storick is actually seeing the patient at this point.
17. That on August 13, 2012, Dr. Johnson's impression was (1) left sacroiliac joint strain and (2) rule out contusion L-5 nerve root.
18. That on February 21, 2013, Dr. Johnson opined that Claimant was a candidate for rhizotomy of either the sacroiliac joint or L5-S1 facet, or both.

19. That the L5-S1 facet injection by Dr. Storick on November 8, 2012 decreased Claimant's left pelvic discomfort per report of Dr. Lozanne.
20. On November 20, 2013, Dr. Wetzel ordered radio-frequency ablation on left L3-5.
21. On September 20, 2013, Dr. Wetzel stated that Claimant is only able to return to modified duty.
22. That Claimant's temporary total should begin as of November 8, 2012. Although the Claimant was terminated in 2011, for abandonment of his job, the Claimant is now unable to return to work with this employer or any other employer because of his injury.
23. That Claimant's incapacity for work is total as of November 8, 2012.

CONCLUSIONS OF LAW

ACCORDINGLY, it is concluded as a matter of law that:

1. That Claimant incurred an admitted injury by accident during the course and scope of his employment with Sumter County on April 14, 2011, pursuant to S.C. Code Ann. §42-1-160 (1976, as amended).
2. That Claimant's Average Weekly Wage is \$911.87, and his Compensation Rate of \$607.92, pursuant to S.C. Code Ann. §42-1-140, (1976, as amended).
3. That Claimant was terminated for his failure to show up for work, or provide an excuse for his failure to appear. He was not out of work at that point and time from his injury. "Pollack vs. Southern Wine & Spirits of America"

4. That Claimant's temporary total should begin as of November 8, 2012. Although the Claimant was terminated in 2011 for abandonment of this job, the Claimant is now unable to return to work with this employer or any other employer because of his injury, pursuant to S.C. Code Ann. §42-9-10, (1976, as amended).
5. That Claimant's incapacity for work is total as of November 8, 2012.

AWARD

Claimant is awarded temporary total disability beginning November 8, 2012 and continuing as provided under the South Carolina Workers' Compensation Act.

AND IT IS SO ORDERED.



Commissioner Melody L. James

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).

May 28, 2014

By: Tamara Morris, Administrative Assistant to Commissioner James

Decision and Order of November 5, 2012

STATE OF SOUTH CAROLINA
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1109844

Oliver Wiley,	)	
	)	
Employee,	)	
	)	
Claimant,	)	
v.	)	
	)	
Sumter County,	)	DECISION AND ORDER
	)	
Employer,	)	
	)	
and	)	
	)	
Sumter County South Carolina Counties	)	
Workers' Compensation Trust,	)	
	)	
Carrier,	)	
	)	
Defendants,	)	

A hearing in this matter was scheduled for September 11, 2012 in Camden, South Carolina before the undersigned pursuant to the Form 21 filed by the Defendants. Prior to the hearing, a pre-hearing conference was held with Counsel for both parties to determine the issues for hearing, and the respective contentions of the parties.

Defendants contend that Claimant has been provided with all the necessary medical treatment that will tend to lessen his period of disability, and that Claimant has reached Maximum Medical Improvement for the back or left hip.

Claimant contends that he is not at Maximum Medical Improvement, and that in addition to the back and left hip, he has suffered an injury to the sacroiliac joint, for which he is requesting an EMG and nerve conduction study of the left leg to determine if his leg symptoms are related to the L-5 root, and a diagnostic sacroiliac joint injection under fluoroscopy.

At the conclusion of the conference, the parties stipulated to the Commission deciding the issues based on the APA submissions, without testimony. Claimant did not object to Defendant's APA submissions, however, Defendants objected to Claimant's APA submission number six (6), the medical report of Donald R. Johnson, M.D. of Southeastern Spine Institute dated August 13, 2012, arguing that Claimant's APA submissions were not timely submitted under SC Reg 67-611. I find that Claimant's APA submissions were timely submitted and shall be admitted into evidence.

EVIDENCE

Claimant is a forty year old male who was working as a correctional officer and injured on April 14, 2011 while breaking up a fight when he slipped and fell down onto his left hip.

The Claimant initially received medical treatment from Doctor's Care and was referred to physical therapy. Claimant was then referred to Danny Ford, M.D., an Orthopedist who diagnosed Claimant with a hip contusion. Upon Claimant's release from Dr. Ford on November 3, 2011, Dr. Ford indicated that Claimant's hip was fine but that his current symptoms are "suspicious for lumbar radiculopathy-sacroiliacitis.

On December 13, 2011, Claimant was examined by Timothy R. Zglezewski, M.D. of Palmetto Spine and Sports Medicine P.A. who diagnosed Claimant with low back pain and left leg paresthesia, and probable bilateral sacroiliac joint and/or lumbar facet joint dysfunction/pain, and indicated that Claimant will require rehabilitation therapy to address low back pain and will require further diagnostic testing in form of sacroiliac joint injections to the bilateral sacroiliac fluoroscopy guidance using a pain diary.

By Consent Order dated April 20, 2012, Defendants agreed to provide a second medical opinion evaluation for Claimant's low back. On December 29, 2011, Claimant was examined by Karl A. Lozanne, M.D. of Columbia Neurological, P.A. who indicated that Claimant suffered a hip contusion, and that imaging studies of lumbar spine per radiology report fails to show any significant abnormalities, and that from a neurological and lumbar perspective, he had no further treatment to offer him, and that there is no impairment to the lumbar spine.

On June 4, 2012 Claimant was examined James F. Bethea, M.D. of Columbia Orthopaedic Specialists. Dr. Bethea also suspected SI Joint Injury and recommend a bone scan of the pelvis to assess the left sacroiliac joint. The bone scan was conducted on July 22, 2012 indicating slight increase activity focally at the posterior and superior aspect of his left hip greater trochanter. Claimant was given an injection of 40 mg Depo-Medrol and (2) cc's 2% Zillocaine to the left hip greater trochanter area. Dr. Bethea then released Claimant at Maximum Medical Improvement with no permanent impairment.

On August 13, 2012, Claimant was examined by Donald R. Johnson, M.D of Southeastern Spine Institute. Dr. Johnson indicated that Claimant's MRI of the lumbar spine and the left hip joint are both essentially normal but that it is likely given Claimant's examination history that he has an injury to the sacroiliac joint. Dr. Johnson recommended an EMG and nerve conduction study of the left leg to see if his leg symptoms are related to L-5 root. Additionally, Dr. Johnson recommends that Claimant receive diagnostic sacroiliac joint injections done under fluoroscopy, and if the injections give Claimant even temporary relief during the anesthetic and numbing phase, Claimant would be a candidate for sacroiliac joint rhizotomy. Dr. Johnson opined that Claimant is not at Maximum Medical Improvement.

Based on the evidence submitted, I make the following findings a fact and conclusions of law

FINDINGS OF FACTS

1. That Claimant sustained and admitted injury to the left hip or lumbar spine on April 14, 2011.
2. That after the accident Claimant experienced burning pain about the hip down into his legs.
3. That after receiving treatment for the left hip, Claimant symptoms of burning pain down the back of his legs are "suspicious for lumbar radiculopathy/sacroiliacitis" per Danny H. Ford, M.D.
4. That additional diagnostic testing may tend to lessen Claimant's period of disability per Donald R. Johnson, M.D.

5. That Claimant needs further diagnostic testing in the nature of an EMG and nerve conduction study of the left leg and diagnostic sacroiliac joint injections done under fluoroscopy to determine whether Claimant has suffered an injury to the sacroiliac joint or has reached MMI per Donald R. Johnson, M.D. and Timothy Zglezewski, M.D.
6. That Claimant is entitled to an EMG and nerve conduction study of the left leg and a diagnostic sacroiliac joint injection under fluoroscopy per Donald R. Johnson, M.D. and Timothy Zglezewski, M.D.

CONCLUSIONS OF LAW

1. That pursuant to SC Code Am 42-15-60, additional diagnostic testing may tend to lessen Claimant's period of disability.
2. That pursuant to SC Code Am 42-15-60, Claimant needs further diagnostic testing in the nature of an EMG and nerve conduction study of the left leg and diagnostic sacroiliac joint done under fluoroscopy to determine whether Claimant suffered an injury to the sacroiliac joint or reached MMI.
3. That the Defendants shall provide Claimant with an EMG of the left leg and a diagnostic sacroiliac joint injection under Fluoroscopy to be conducted by Dr. Lozanne. If Dr. Lozanne will not conduct above diagnostic tests, the Defendants shall engage Dr. Naso to conduct said tests. If neither of the doctors agrees to perform the tests, the parties shall agree on another doctor to perform the above tests.
4. That all other issues of every kind shall be held in abeyance.

AWARD

That the Defendants shall provide Claimant with an EMG of the left leg and diagnostic sacroiliac joint injections under Fluoroscopy to be conducted by Dr. Lozanne to determine whether Claimant has suffered an injury to the sacroiliac joint or reached MMI. If

Dr. Lozanne will not conduct the above diagnostic tests, the Defendants shall engage Dr. Naso to conduct said tests. If neither of the doctors agrees to perform the tests, the parties shall agree on another doctor to perform the above tests.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

By: 

Commissioner Melody L. James

November 5, 2012

CERTIFICATE OF SERVICE

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

By Tamara Morris on November 5, 2012

Consent Order of August 28, 2013

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

Oliver Wiley,	)	
Employee,	)	
Claimant,	)	
vs.	)	
Sumter County,	)	CONSENT ORDER
Employer,	)	
and	)	
South Carolina Counties Workers'	)	
Compensation Trust,	)	
Carrier,	)	
Defendants.	)	

This claim was scheduled for a hearing on August 15, 2013, at 11:30 A.M., in Sumter, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement to resolve the outstanding issues in controversy and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. The Defendants have authorized the Rhizotomy ordered by Commissioner Beck by Decision and Order dated March 28, 2013 with Dr. Ryan A. Wetzel.

2. All further issues shall be held in abeyance.

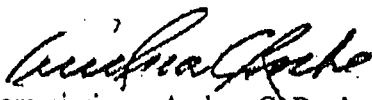
I find the agreement among the parties set forth above to be reasonable.

NOW, THEREFORE, IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. This file shall be returned to General Files until a hearing request is made by either :

party through proper pleadings. All other issues will be held in abeyance and are reserved for agreement by the parties or determination by the Commission at a later time.

AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission

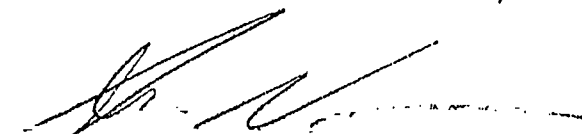
By: 
Commissioner Andrea C. Roche

Dated: August 28, 2013
Columbia, South Carolina

WE DO HEREBY CONSENT:


John D. Clark, Esquire
Attorney for Claimant

WILLSON JONES CARTER & BAXLEY, P.A.


Anne Veatch Noonan, Esquire
Attorneys for Defendants

CERTIFICATE OF SERVICE

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

By Barbara Cheeseboro on August 28, 2013

Consent Order of March 28, 2013

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

Oliver Wiley,	)	
Employee,	)	
Claimant,	)	
vs.	)	
Sumter County,	)	CONSENT ORDER
Employer,	)	
and	)	
South Carolina Counties Workers'	)	
Compensation Trust,	)	
Carrier,	)	
Defendants.	)	

This claim was heard on March 5, 2013, at 12:15 P.M., in Sumter, South Carolina. Prior to going on the record, the parties held a lengthy prehearing conference to review all medical evidence. Based on my review of the record, I find as follows:

1. This is an admitted injury to the left hip or low back as the situs of injury is disputed;
2. Claimant has received authorized medical treatment from Dr. Danny Ford, Dr. Karl Lozanne, Dr. James Bethea, Dr. Steven Storick, and Dr. Kevin Troyer. Claimant also received evaluation from Dr. Timothy Zgleszewski and Dr. Don Johnson. Claimant recently underwent EMG/NCS and fleuroscopic injection at L5-S1. He was released to maximum medical impairment by Dr. Lozanne, Dr. Ford, and Dr. Bethea. Dr. Don Johnson opined on February 21, 2013 Claimant is a candidate for Rhizotomy as he received some benefit from the

diagnostic injection performed by Dr. Storick in November, 2012.

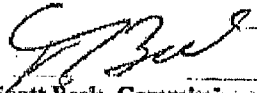
3. Defendants shall provide the Rhizotomy by Dr. Storick as recommended by Dr. Don Johnson. If Dr. Storick will not agree to perform this treatment, the parties have thirty (30) days from the date of the refusal to agree upon a second physician for the Rhizotomy. If no agreement can be reached, my office is to be notified for the provision of an alternate physician.

4. The issues of maximum medical impairment, situs of injury, permanent disability, temporary disability, and all other issues shall be held in abeyance.

NOW, THEREFORE, IT IS HEREBY ORDERED that Defendants shall provide Claimant with the Rhizotomy Procedure. All other issues will be held in abeyance and are reserved for agreement by the parties or determination by the Commission at a later time.

AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission


T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

March 28, 2013

By: Amy Bracy, Administrative Assistant to Commissioner Beck

Consent Order of April 20, 2012

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

Oliver Wiley,	)	
Employee,	)	
Claimant,	)	
vs.	)	
Sumter County,	)	CONSENT ORDER
and	)	
Employer,	)	
South Carolina Counties Workers'	)	
Compensation Trust,	)	
Carrier,	)	
Defendants.	)	

This claim was scheduled for a hearing on March 22, 2012, at 01:45 P.M., in Sumter, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement to resolve the outstanding issues in controversy and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. Defendants will provide a second opinion evaluation for Claimant's low back;
2. All further issues shall be held in abeyance.

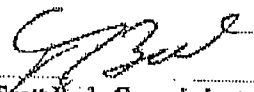
I find the agreement among the parties set forth above to be reasonable.

NOW, THEREFORE, IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. This file shall be returned to General Files until a hearing request is made by either party. All other issues will be held in abeyance and are reserved for agreement by the parties or

determination by the Commission at a later time.

AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission

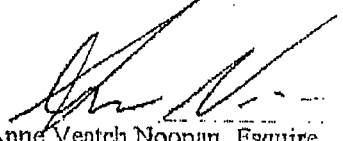
By: 
T. Scott Beck, Commissioner

Dated: April 20, 2012
Columbia, South Carolina

WE DO HEREBY CONSENT:


John D. Clark, Esquire
Attorney for Claimant

WILLSON JONES CARTER & BAXLEY, P.A.


Anne Ventch Noonan, Esquire
Attorneys for Defendants

CERTIFICATE OF SERVICE

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

By Amy A. Bracy on April 20, 2012

Full Commission Hearing Transcript of
September 16, 2014

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1109844

OLIVER WILEY,	)	
	)	FULL COMMISSION HEARING
	)	PANEL B
CLAIMANT,	)	
vs.	)	
	)	COMMISSIONER McCASKILL-CHAIR
SUMTER COUNTY,	)	COMMISSIONER TAYLOR
	)	COMMISSIONER CAMPBELL
AND	)	
	)	
SOUTH CAROLINA	)	
ASSOCIATION OF COUNTIES,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
_____	)	

COPY

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE
CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE
STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
9:07 A.M., TUESDAY, SEPTEMBER 16, 2014, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA 29202.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

APPEARANCES

FOR THE CLAIMANT

JOHN D. CLARK, ESQUIRE
CLARK LAW FIRM, LLC
POST OFFICE DRAWER 880
SUMTER, SOUTH CAROLINA 29151
803-775-1234

FOR THE DEFENDANT

ANNE V. NOONAN, ESQUIRE
WILLSON, JONES, CARTER & BAXLEY, PA
421 WANDO PARK BOULEVARD, SUITE 100
MOUNT PLEASANT, SOUTH CAROLINA 29464
843-284-1097

REPORTED BY

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

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EXHIBITS

(No Exhibits Proffered)

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 THE COURT REPORTER: Today is September 16, 2014.
2 This is South Carolina Workers' Compensation Case
3 Number 1109844. This is the case of Oliver Wiley,
4 Claimant, versus Sumter County, Employer and South
5 Carolina Association of Counties is the Carrier.

6 The Appellant is the Claimant, represented by
7 Attorney John D. Clark. The Respondent is represented
8 by Attorney Anne Noonan.

9 This is a Cross Appeal. Each side is allowed
10 eight minutes for oral argument and two minutes each
11 in reply. You are requested to argue the grounds of
12 exception and stay within the record.

13 THE COURT: All right. Mr. Clark.

14 MR. CLARK: Thank you. Good morning,
15 Commissioners. Good morning, Commissioner Campbell.
16 Pleased to appear before you for the first time.

17 COMMISSIONER CAMPBELL: Thank you.

18 MR. CLARK: This is a TTD issue and as the Panel
19 knows, in South Carolina TTD -- a denial of TTD is
20 close -- is closely scrutinized because TTD is an
21 important right. This case involves an interpretation
22 of the case known as Pollock. The Single Commissioner
23 awarded TTD but she did not award it until one year
24 after the Claimant became disabled. In essence she
25 split the baby, she didn't give him TTD from the

1 beginning, she gave him TTD one year after --
2 approximately one year after he became disabled, and
3 we submit that is error. There are two issues that
4 this Commission -- this Panel must address. Number --
5 and -- and I think looking at it that way kind of
6 simplifies the issue. One, is whether Mr. Wiley was
7 fired for cause under Pollock. Pollock is a case that
8 involves an Employee that was fire -- he was on light
9 duty, he was fired because he violated company policy
10 and the Court held that because he was fired he was
11 not entitled to TTD. The second issue is whether the
12 substantial medical evidence supports the Finding that
13 Mr. Wiley could not work from November 2011, the date
14 that he said he should be awarded TTD; that's the
15 second issue. The Single Commissioner denied TTD for
16 a year because she erroneously concluded that Mr.
17 Wiley was fired for cause pursuant to Pollock. This
18 is not a Pollock case. This man was -- was a
19 correction officer, he was hurt in a fight and he was
20 fired because he did not return to work, not because
21 he violated policy, but because he did not return to
22 work when he was released back to full duty for the
23 hip only. He didn't return to work, but the
24 authorized treating physician a year later said that
25 he couldn't return to work because of his injury. So

1 he was fired for not returning to work, he didn't have
2 the evidence from the authorized treating physician at
3 that point, but he subsequently got the evidence from
4 the authorized treating physician that he couldn't
5 return to work. So he didn't return -- he didn't get
6 fired for cause, he got fired because he couldn't
7 return to work. It's undisputed in this case that
8 that's why he was fired; there's no evidence that he
9 was fired for any violation of company policy. And so
10 what -- what happens here, this guy is injured in
11 April of 2011, he's released back to regular duty in
12 November for the hip only. But what it turns out is
13 that he has a sacroiliac joint issue and once the
14 Carrier authorizes the appropriate physician, Dr.
15 Storick, Dr. Storick says he was unable to work from
16 day one, regular duty, due to the sacroiliac joint
17 issue. That's at APA 25 where Dr. Storick says that
18 he has lumbosacral paresthesia and he was unable to
19 work. That's only one authorized treating physician
20 who said he was unable to work; Dr. Wetzel, Ryan
21 Wetzel at APA Number 3 says that he was unable to work
22 full duty and that he had sciatica, and Dr. Wetzel
23 gave him injections regarding facet joint issues. Dr.
24 Don Johnson, who was not an authorized treating
25 physician also said, at APA 16, that Mr. Wiley had an

1 SI joint issue and was unable to work. So the
2 evidence is clear that he wasn't fired for cause, he
3 simply could not return to work and substantial
4 evidence is that the medical evidence supports that he
5 could not work. Now, the Single Commissioner, in
6 essence, penalized him for a year and she relied on
7 the opinion of Dr. Ford who released Claimant back to
8 work, but if you look at APA 55 Dr. Ford released him
9 back to work and said that his hip was fine, but that
10 it was -- he was suspicious for sacroiliac joint
11 issues. Even Dr. Bethea, the authorized treating
12 physician at APA 37 said that he had a sacroiliac
13 joint issue and gave him injections. And Dr. Lozanne,
14 who was an authorized treating physician, said he
15 could return to work but from a lumbar perspective
16 only and did not address the sacroiliac joint issue.
17 So the substantial evidence is that he was not fired
18 for cause, there's no dispute that he was fired
19 because he couldn't return to work. And in essence
20 the authorized treating physicians, when they were
21 authorized, said that he couldn't return to work. The
22 Employer did not offer light duty, he could had -- he
23 perhaps could have worked light duty, but he was fired
24 instead. The Single Commissioner split the baby; she
25 began TTD a year later based on him being fired for

1 cause, which this case is easily distinguished from
2 Pollock. He was not out of work because of a company
3 violation; he simply could not do the work. This
4 opinion is kind of inconsistent with itself, because
5 if he's disabled from work in November 2012 due to a
6 sacroiliac joint issue, which is what the Single
7 Commissioner found, how can he not be disabled in
8 November 2011? It's inconsistent in and of itself;
9 she split the baby, she committed error in finding
10 that he was fired for cause when -- when this is not
11 cause under Pollock.

12 COMMISSIONER TAYLOR: When the decision to start
13 the TTD in November did -- was it based on particular
14 medical record or particular work excuse?

15 MR. CLARK: It -- it was based -- at that time in
16 November 2012 is when Dr. Storick was authorized.

17 COMMISSIONER TAYLOR: Okay.

18 MR. CLARK: And then when he was authorized, and
19 if you look at APA 25, he says that Mr. Wiley could
20 not work since the date of the accident full duty.
21 The Commissioner only started TTD on the date that Dr.
22 Storick started treating him.

23 COMMISSIONER TAYLOR: In 2012?

24 MR. CLARK: Yes, ma'am. But the opinion went
25 back to the date of the accident. And -- and as I

1 said, the -- Dr. Ford released the Claimant in
2 November of 2011, but if you look at Dr. Ford's
3 opinion it's only to the hip. He says he's fine
4 regarding his hip, but he's suspicious for sacroiliac
5 joint issues and that's important, because a year
6 later when Dr. Storick is authorized to treat the
7 sacroiliac joint issue he says he can't work. Thank
8 you.

9 THE COURT: You'll have two minutes in reply.
10 Madam Court Reporter, can we go off the record for
11 just a second?

12 (Off the record at 9:15 a.m.)

13 (On the record at 9:16 a.m.)

14 THE COURT: Let's go back on the record, please.

15 BY MS. NOONAN: And guys, before I get started I
16 just wanted to -- just one housecleaning thing. There
17 is an exhibit actually attached to John's Brief which
18 I, of course, am objecting to, because it's not part
19 of the record that is on appeal.

20 MR. CLARK: If I can address that?

21 THE COURT: Yes, you may.

22 MR. CLARK: Well, it's not an APA Exhibit, it's
23 an explanatory exhibit as part of my Brief and it's --
24 it's a document -- it's a timeline and it's a part of
25 the Brief. So it's not an APA exhibit and I'm not

1 submitting it as such, so I believe it's part of the
2 Brief and certainly the Commission can consider it.

3 THE COURT: All right.

4 MS. NOONAN: Same objection, Your Honor.

5 THE COURT: Your objection is noted for the
6 record.

7 MS. NOONAN: Thank you, Your Honor. I agree with
8 -- with John on this. I do think Commissioner James
9 was trying to split the baby with us so we wouldn't
10 end up here in front of you. The Order is a little
11 bit confusing in light of the medical evidence as to
12 how she would rule this way for either party. But
13 just to address a few things, I do think that this is
14 a -- a Pollock case, it's right on point, and that Mr.
15 Wiley was fired for job abandonment. He had an
16 accident, he fell and tripped, he went to the doctor,
17 he was released to full duty; he did not go back to
18 work. He then went on his own to the Dorn VA where he
19 got a work release saying that he could -- he was out
20 of work until December 12th of 2011, he did not go
21 back to work. He -- he took that release in, they
22 talked to him about it, he testified he did not try to
23 do the work again. He also testified he did not ask
24 for job -- of any type of light duty. He actually did
25 work light duty before he was released to full duty,

1 so Sumter County did provide him with light duty.
2 Once he was released they didn't hear from him again.
3 In his own testimony in the hearing transcript says he
4 did not attempt to do the work again. And, Your
5 Honors, that is the transcript pages 27 and 28.
6 There's another thing I wanted to touch on, John
7 indicated that the -- the record that we're referring
8 to that Commissioner James based her decision on, but
9 the questionnaire from Dr. Storick, and that is on
10 page 25; it does not say that he is unable to work.
11 If you read that questionnaire they ask the question
12 of whether he can go back to work as a corrections
13 officer and Dr. Storick checks no and then underneath
14 that it says he can do light duty. So it's our
15 position that he should not be entitled to any
16 temporary benefits because once he was taken out of
17 work he was placed on light duty restrictions which he
18 would have been offered by Sumter County and were
19 previously offered by Sumter County. But for his job
20 abandonment and getting terminated for the job
21 abandonment, which is outlined in the exhibits that we
22 filed, and supported by the testimony of Lorraine
23 Dennis at the hearing, he would have been offered that
24 light duty and would not be (inaudible). And just to
25 go through a little bit of the history of this, Mr.

1 Wiley was actually out of work for two years before he
2 pursued this temporary -- the temporary total
3 disability benefits. The medical evidence shows --
4 the MRI to the hip showed minimal degenerative
5 changes, the lumbar MRI was normal and unremarkable,
6 the EMGs were perfectly normal. Three phase bone scan
7 showed no abnormal activity at the SI Joint. We
8 initially sent him to Dr. Ford after this accident.
9 He was released on November 1st of 2011, full duty, no
10 impairment, no restrictions. That's page 113 of the
11 APAs. Mr. Wiley, at that point, did not report back
12 to work as by his own testimony in the hearing
13 transcript 27 through 28. He then went on his own to
14 Dorn VA and that was December 2nd of 2011, he was
15 released to return to work by Dorn, which was not an
16 authorized physician so the County wouldn't accept it,
17 but he was told to return to work December 12th. He
18 did not report back to work, by his own admission. He
19 then went to Dr. Lozanne, we provided a second doctor,
20 and that was on December 29th of 2011. Dr. Lozanne
21 said no restrictions, full duty, no impairment. He
22 then did not attempt to go back to work. At that
23 point he was terminated on January 10th of 2012 for
24 job abandonment. They then asked for a third opinion.
25 We then sent him to Dr. Bethea. He saw Dr. Bethea,

1 Dr. Bethea wanted a three phase bone scan to figure
2 out what was going on because nobody could find
3 anything. The three phase bone scan came back and
4 said that he does not have any issues, it's normal at
5 the sacroiliac joint. So Dr. Bethea released him on
6 June 27th of 2012, zero percent impairment, no
7 restrictions, they still have no -- no restrictions
8 for Mr. Wiley. He then went to Dr. Storick for
9 injections, he first treated with Dr. Storick on
10 November 8th of 2012 and I believe that's where we get
11 the date from TTD benefits, okay, that's the first day
12 that he saw him. Dr. Storick did not address work
13 restrictions on that day or the subsequent visit, but
14 that is the first day that he saw him. Now, in June
15 of 2013 is when Mr. Clark sent the questionnaire to
16 Dr. Storick and that is page 25 that he already
17 referenced. That questionnaire does not say he is
18 completely out of work since the date of accident;
19 that questionnaire says -- checks off that he could
20 not work as a corrections officer and that he is on
21 light duty. We then sent him, by Order of the
22 Commission, to Dr. Wetzel, just to make sure there
23 wasn't anything else that we were missing because he
24 was still complaining of pain. Dr. Wetzel did do
25 radio frequency ablation. Dr. Wetzel gave the first

1 official light duty restrictions from the authorized
2 treating physician and that was on September 5th of
3 2013. Now, it's our position that even though he did
4 get light duty restrictions on that day he's still not
5 entitled to benefits because he was fired for job
6 abandonment and that is what Commissioner James had
7 the issue with trying to trying to figure out if the
8 Pollock decision at some point expires, because at
9 this point it had been two years. Now, his job was
10 available to him, there was testimony from Lorraine
11 Dennis at the hearing that his job has been offered to
12 him. He was on light duty after the accident, his job
13 was available; he did not want to go back to work.
14 When asked about it in his deposition and at the
15 hearing, and you can read it in the transcript, he
16 said he just was still having problems so he didn't
17 think he could do it so he didn't go back and try.

18 COMMISSIONER McCASKILL: Hang on; let me try to
19 understand what you're saying. Sumter County offered
20 him light duty before he had light duty restrictions?

21 MS. NOONAN: No, he was originally on -- he got
22 injured on -- I'm sorry, April 14th of 2011 --

23 COMMISSIONER McCASKILL: Okay.

24 MS. NOONAN: -- and went to just a local primary
25 care physician and then was given restrictions and

1 came back to work at that point on light duty.

2 COMMISSIONER McCASKILL: On those restrictions?

3 MS. NOONAN: Yes, sir. We then sent him -- there
4 was a referral to the orthopedist so we then sent him
5 to Dr. Ford and Dr. Ford in all the opinions after
6 that from the authorized doctors, released him back to
7 full duty. So he was told to come back to full duty
8 and didn't return to work.

9 COMMISSIONER CAMPBELL: I noticed at one point
10 where he was offered -- there was a dispute on the
11 number of hours that he could work when he returned.
12 He said that he normally worked 13 and they offered
13 him to come back for 12, I think in a guard station or
14 something like that --

15 MS. NOONAN: Exactly.

16 COMMISSIONER CAMPBELL: -- that would be kind of
17 a sedentary type job. Would that have anything to do
18 with his not returning; the hours he was offered?

19 MS. NOONAN: I'm not sure if that would -- that
20 would just be speculation if that was the cause of why
21 he didn't return; I'm not sure, Your Honor.

22 COMMISSIONER CAMPBELL: Okay.

23 MS. NOONAN: And to go back to the -- based on
24 Pollock, what we are asking for is reversal on the
25 decision for temporary total disability benefits

1 starting in November of 2012 since he doesn't have any
2 restrictions from November of 2012, and not only that,
3 we think even if he did it's clear from the record
4 that light duty would have -- would have been offered
5 and the only reason he would not be working was
6 because of job abandonment. Even if -- even if
7 Pollock did not apply, Your Honor, I would still think
8 that he -- he is not entitled to any TTD benefits.
9 This case -- he did not seek the benefits until two
10 years after it occurred, no authorized treating
11 physician took him out of work for that entire time
12 period. The only time it was mentioned was Dr.
13 Johnson when he saw him for his own IME. Dr. Johnson
14 is the only doctor that took him out of work, but at
15 the same time he saw Dr. Storick and I think because
16 it was at the same time that's why Commissioner James
17 found that in her Order. So we would ask that you --
18 that you reverse the portion just on the TTD benefits
19 and we do think Commissioner James, of course,
20 correctly found that he was fired for job abandonment,
21 and if you would refer to the hearing transcript there
22 is the testimony of Lorraine Dennis regarding the
23 reasons he was terminated.

24 THE COURT: All right.

25 MS. NOONAN: Thank you, Your Honor.

1 MR. CLARK: Commissioner, Ms. Noonan's statement
2 about job abandonment is simply not true and not
3 supported by the evidence. If you look at page 13 of
4 the hearing transcript Mr. Wiley testified that he
5 went back to work and he spoke with his Employer and
6 told them that he could not work and they fired him.
7 That is as clear as day on page 14, line 1. I --

8 COMMISSIONER CAMPBELL: Did he not have several
9 write -- in the APAs I noticed he had several
10 write-ups prior to him -- prior to the injury. And I
11 also saw in there where he was telling them, at least
12 in the supervisor's notes; that he wasn't returning to
13 work on advice of counsel?

14 MR. CLARK: Commissioner, the write-ups are not
15 relevant to this -- this inquiry, okay. What happened
16 is the man got hurt in April, he worked on light duty.
17 He got released for his hip in April, but Dr. Ford,
18 who released him, said I think he has a -- a
19 sacroiliac joint issue, I don't treat that and I'm
20 recommending treatment for it. The Employer doesn't
21 get him treatment for it; he goes back in to work and
22 says, "I can't work". They said, "You're fired,
23 because you're not going back to full duty." That
24 cannot be job abandonment under Pollock. Okay? Also,
25 what -- what Ms. Noonan is arguing is that he was

1 released to full duty for his hip, Dr. Ford said he
2 needed a sacroiliac evaluation; they don't get the
3 sacroiliac joint evaluation, they fire him. When he
4 gets the sacroiliac joint evaluation the doctor says
5 he can work light duty, but he's already fired. And
6 they say, well, he could work light duty at that
7 point, but he's already fired. Ms. Noonan also talks
8 about the fact that he waited two years. Well,
9 Finding of Fact Number 8 by Commissioner James --

10 THE COURT: Finish your thought.

11 MR. CLARK: -- points out that there were four
12 Orders that they agreed to continue the case and hold
13 that issue in abeyance and now they come back and say,
14 oh, he waited two years when they agreed to it and she
15 found it as Fact and the Commissioner -- Commission's
16 files has the Orders in there where they agreed to a
17 continuance. So that should not be a basis to deny
18 him TTD.

19 THE COURT: Thank you, sir.

20 MR. CLARK: Thank you.

21 THE COURT: Ms. Noonan.

22 BY MS. NOONAN: Yes, with all due respect to Mr.
23 Clark who is a good friend of mine, I completely
24 disagree. I think the evidence in the record and the
25 exhibits and the testimony from the County shows that

1 he was properly fired for job abandonment, he was
2 offered his job back, he refused to show back up; and
3 those are the exhibits. I just want to go to hearing
4 transcript quickly, page 27 where I asked him, "Okay,
5 but you never reported back to work and tried to do
6 the job again?" His response was, "No, ma'am."
7 "Okay. And you went to the VA, the Dorn VA on your
8 own on December 2nd of 2011; is that right?" "Yes."
9 "Okay. And they actually told you that you could
10 return to work December 12th of 2011; is that right?"
11 "Whatever the note says", was his response. My
12 question, "Did you ever try to go back to work after
13 they told you that you could work?" His response,
14 "No, because I still had the same problems." He
15 refused to go back to work, he was terminated for job
16 abandonment and to say that all of the evidence in the
17 record and the testimony from the County as to why he
18 didn't get -- or why he was fired is irrelevant on the
19 Pollock decision, I think is just frivolous. But we
20 would again ask for a full reversal on the TTD -- on
21 the TTD that was ordered and we do not think he's
22 entitled to any benefits whatsoever. Thank you.

23 THE COURT: Any questions? All right, thank you
24 both. That concludes the hearing.

25 (The hearing concluded at 9:27 a.m.)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF LEXINGTON) CERTIFICATE

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

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

THE FOREGOING TRANSCRIPT CONSISTING OF 18
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
 AND ABILITY;

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

WITNESS MY HAND AND SEAL THIS 10TH DAY OF MARCH,
 2015.

CORA ELLIS BRUTON
 NOTARY PUBLIC FOR SOUTH CAROLINA
 MY COMMISSION EXPIRES DECEMBER 31, 2024

CORA ELLIS BRUTON - COURT REPORTER
 131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

**South Carolina Workers' Compensation
Hearing of December 18, 2013**

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1109844

EMPLOYEE/CLAIMANT: OLIVER M. WILEY

EMPLOYER: SUMTER COUNTY

COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 18TH DAY OF
DECEMBER, 2013, COMMENCING AT THE HOUR OF 2:26 P.M., IN
CAMDEN, SOUTH CAROLINA, BEFORE THE HONORABLE MELODY JAMES,
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

JOHN D. CLARK, ESQUIRE, OF THE FIRM
CLARK LAW FIRM, L.L.C.
POST OFFICE BOX 880
SUMTER, SOUTH CAROLINA 29151

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

ANNE V. NOONAN, ESQUIRE, OF THE FIRM
WILLSON, JONES, CARTER & BAXLEY, P.A.
421 WANDO PARK BLVD
MT. PLEASANT, SOUTH CAROLINA 29464

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: COLLEEN MOTLEY

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN CAMDEN, SOUTH
4 CAROLINA.

5 * * * * * * * * * * * * * *

6 BY COMMISSIONER JAMES:

7 TODAY IS DECEMBER THE 18TH, 2013. WE ARE
8 HERE ON W.C.C. FILE NUMBER 1109844. THIS IS THE
9 MATTER OF OLIVER WILEY VERSUS SUMTER COUNTY, ET AL.
10 PRESENT ON BEHALF OF THE CLAIMANT IS JOHN CLARK.
11 PRESENT ON BEHALF OF THE DEFENDANTS IS MS. ANNE
12 NOONAN. THE DATE OF ACCIDENT IS APRIL THE 14TH,
13 2011. THE PARTIES HAVE STIPULATED TO THE AVERAGE
14 WEEKLY WAGE AND THE COMPENSATION RATE. THE AVERAGE
15 WEEKLY WAGE IS \$911.87 WITH A CORRESPONDING
16 COMPENSATION RATE OF \$607.92. WE ARE HERE TO
17 DETERMINE THE ISSUES AS SET FORTH ON THE FORMS 50
18 AND 51. THE PARTIES HAVE HANDED UP APAs.

19 ARE THERE ANY OBJECTIONS TO THE APAs,
20 JURISDICTION, VENUE, OR ANY OTHER ITEMS?

21 BY MS. NOONAN:

22 NONE FROM THE DEFENDANTS, YOUR HONOR.

23 BY MR. CLARK:

24 NO, MA'AM, YOUR HONOR.

25 BY COMMISSIONER JAMES:

1 WITHOUT OBJECTION, THE COMMISSION FILE BECOMES
2 A PART OF THE RECORD WITH THE EXCEPTION OF ANY SELF-
3 SERVING DECLARATIONS AND UNSTIPULATED MEDICAL
4 REPORTS.

5 WE ARE HERE ON AN ADMITTED INJURY. THE SITUS
6 OF THE INJURY IS STILL NOT DETERMINED. IT IS THE
7 HIP OR BACK OR HIP AND BACK. AS OF THIS POINT IN
8 TIME, THE PARTIES ARE NOT PREPARED TO STIPULATE TO
9 THAT NOR DO THEY NEED A FINDING AT THIS POINT IN
10 TIME. WITH REGARDS TO THE SOLE ISSUE TO BE TRIED
11 TODAY, IT'S AN ISSUE OF TEMPORARY TOTAL. THE
12 REQUEST IS FROM THE DATE OF NOVEMBER THE 3RD, 2011,
13 FORWARD AND CONTINUING. PARTIES IN A LENGTHY
14 PRETRIAL HAVE POINTED OUT THAT THERE ARE VARIOUS
15 MEDICAL PROVIDERS WHO IN THEIR OPINIONS HAVE EITHER
16 WRITTEN OR NOT WRITTEN THE CLAIMANT OUT. I WILL NOT
17 SPEAK AS TO THE INDIVIDUAL RECORDS. THOSE OF COURSE
18 WILL BE IN THE APAs. AS TO THE DEFENDANTS'
19 POSITION, THE DEFENDANTS' POSITION IS THAT THE
20 CLAIMANT WAS TERMINATED FOR FAILURE TO RETURN TO
21 WORK IN NOVEMBER OF 2011, AND PURSUANT TO THE
22 POLLACK DECISION, THAT HE SHOULD NOT BE ALLOWED TO
23 COLLECT TEMPORARY TOTAL AS THAT HIS REASONS FOR
24 BEING OUT OF WORK WERE NOT RELATED TO THE INJURY.
25 THE CLAIMANT CONTESTS THIS, AND OF COURSE, THERE

1 WILL BE TESTIMONY TAKEN WITH REGARDS TO THAT ISSUE.
2 AS TO THE TEMPORARY TOTAL, THE DEFENDANTS ALSO TAKE
3 THE POSITION THAT THERE WERE NO TREATING PROVIDERS
4 THAT HAVE WRITTEN THE CLAIMANT OUT DURING A PERIOD
5 OF TIME FROM NOVEMBER 3RD, 2011, UNTIL SEPTEMBER OF
6 2013 BY DR. WETZEL. I BELIEVE THAT DELINEATES THE
7 ISSUES THAT ARE FOR TRIAL TODAY. IS THERE ANYTHING
8 FURTHER ON BEHALF OF THE CLAIMANT FOR THE ISSUES?

9 BY MR. CLARK:

10 YES, YOUR HONOR. WE JUST WANT TO MAKE SURE
11 THAT THE ENTIRE COMMISSION FILE IS A PART OF THE
12 RECORD. I BELIEVE YOU SAID THAT; IS THAT CORRECT?

13 BY COMMISSIONER JAMES:

14 THAT'S WHAT WE READ IN THE BEGINNING, YES,
15 WITHOUT OBJECTION.

16 BY MR. CLARK:

17 OKAY. YOU MENTIONED THAT THERE WAS NO DOCTOR
18 WRITING MR. -- NO AUTHORIZED DOCTOR WRITING HIM OUT
19 OF WORK UNTIL SEPTEMBER.

20 BY COMMISSIONER JAMES:

21 NO, I INDICATED THAT THAT WAS THE DEFENDANTS'
22 POSITION.

23 BY MR. CLARK:

24 OH, OKAY.

25 BY MS. NOONAN:

1 IT'S ACTUALLY JUNE 5TH.

2 BY COMMISSIONER JAMES:

3 OKAY.

4 BY MR. CLARK:

5 AND THAT'S DR. STORICK.

6 BY COMMISSIONER JAMES:

7 JUNE 5TH, 2013, DR. STORICK.

8 BY MS. NOONAN:

9 YES, MA'AM.

10 BY COMMISSIONER JAMES:

11 OKAY. THAT IS THE POSITION THE DEFENDANTS
12 TAKE.

13 BY MR. CLARK:

14 OKAY. I'M SORRY. THAT WAS IT.

15 BY COMMISSIONER JAMES:

16 ALL RIGHT. AND OF COURSE, THE CLAIMANT TAKES
17 THE POSITION FROM THE BEGINNING THAT HE IS ENTITLED
18 TO IT, AND THAT HE HAS -- THAT HE HAS NOT BEEN ABLE
19 TO WORK BECAUSE OF THE INJURY?

20 BY MR. CLARK:

21 YES, MA'AM.

22 BY COMMISSIONER JAMES:

23 OKAY. ALL RIGHT. SIR, IF YOU WILL RAISE YOUR
24 RIGHT HAND.

25 OH, I'M SORRY. IS THERE ANYTHING FURTHER FROM

Oliver M. Wiley - Direct Examination by Mr. Clark

8

1 THE DEFENDANTS?

2 BY MS. NOONAN:

3 NO, YOUR HONOR.

4 BY COMMISSIONER JAMES:

5 * * * * * * * * * * * * * *

6 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
7 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
8 MATTER HEREIN:

9 OLIVER M. WILEY

10 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

11 BY COMMISSIONER JAMES:

12 YOUR WITNESS, SIR.

13 BY MR. CLARK:

14 THANK YOU, MA'AM.

15 DIRECT EXAMINATION BY MR. CLARK:

16 Q. STATE YOUR FULL NAME, PLEASE.

17 A. OLIVER MARCEL WILEY.

18 Q. HOW OLD ARE YOU, SIR?

19 A. FORTY-ONE.

20 Q. AND WHERE ARE YOU FROM?

21 A. SUMTER, SOUTH CAROLINA.

22 Q. ALL RIGHT. WHERE DID YOU GO TO HIGH SCHOOL?

23 A. HILLCREST HIGH SCHOOL.

24 Q. AND AFTER GRADUATING HIGH SCHOOL, WHAT DID YOU DO?

25 A. WENT IN THE UNITED STATES ARMY.

1 Q. HOW LONG WERE YOU IN THE UNITED STATES ARMY?

2 A. THREE YEARS.

3 Q. AND WHAT KIND OF DISCHARGE DID YOU HAVE?

4 A. HONORABLE.

5 Q. ALL RIGHT. WHAT'S YOUR MARITAL STATUS?

6 A. I'M DIVORCED.

7 Q. HOW MANY CHILDREN DO YOU HAVE?

8 A. FOUR.

9 Q. AND ANY OF YOUR CHILDREN MINORS?

10 A. TWO.

11 Q. NOW, WHEN YOU GOT OUT OF THE UNITED STATES ARMY, AT
12 SOME POINT, DID YOU BEGIN WORKING AT THE SUMTER
13 COUNTY JAIL, WHICH IS NOW THE SUMTER LEE REGIONAL
14 DETENTION CENTER?

15 A. YES.

16 Q. WHEN DID YOU START WORKING THERE?

17 A. I BELIEVE IT WAS AUGUST OF '93 -- AUGUST OR
18 SEPTEMBER OF '93.

19 Q. OKAY. SO NO QUESTION IT'S BEEN SINCE 1993 THAT YOU
20 STARTED WORKING THERE?

21 A. YES, SIR.

22 Q. AND YOU CONTINUED WORKING THERE UNTIL DECEMBER 2011;
23 IS THAT CORRECT?

24 A. WHENEVER I WAS TERMINATED, FROM THAT DATE.

25 Q. ALL RIGHT. SO, IS IT FAIR TO SAY YOU HAD WORKED

1 THERE FOR AT LEAST 28 YEARS OR SO?

2 A. YES, SIR.

3 Q. ALL RIGHT. AND WHILE YOU WERE WORKING THERE -- WHAT
4 RANK DID YOU HAVE WHEN YOU STARTED OUT?

5 A. REGULAR LINE OFFICER.

6 Q. JUST A REGULAR LINE OFFICER?

7 A. YES, SIR.

8 Q. ALL RIGHT. AND OVER THE YEARS, WERE YOU PROMOTED?

9 A. YES, SIR.

10 Q. PROMOTED TO WHAT?

11 A. SERGEANT, LIEUTENANT AND CAPTAIN.

12 Q. OKAY, ALL RIGHT. AND YOU HAD AN ACCIDENT ON APRIL
13 14TH, 2011?

14 A. YES, SIR.

15 Q. TELL THE COMMISSIONER HOW THAT ACCIDENT HAPPENED.

16 A. THERE WAS A BACK-UP CALL IN DELTA POD OF A FIGHT. I
17 RAN DOWN. ONCE GETTING INSIDE THE POD, AS SOON AS
18 WE ENTERED, WE SAW -- WELL, I SAW TWO INDIVIDUALS
19 FIGHTING RIGHT BESIDE THE FOOD TRAYS, BECAUSE IT WAS
20 BREAKFAST TIME, AND THEY WERE CLEANING UP. I
21 IMMEDIATELY GRABBED ONE OF THE INMATES, TOOK HIM,
22 AND AS I'M PULLING HIM TO THE SIDE, THERE WERE SOME
23 FOOD PARTICLES ON THE FLOOR, AND I SLIPPED AND FELL.
24 WHEN I SLIPPED AND FELL, I LANDED ON MY LEFT HIP
25 WITH HIM COMING DOWN ON TOP OF ME. AFTER THAT, WE

1 WERE ABLE TO SUBDUE HIM HANDCUFF HIM. I ESCORTED
2 HIM TO MEDICAL. FROM MEDICAL, I WENT BACK TO THE
3 SUPERVISOR'S OFFICE BOOKING AREA.

4 Q. ALL RIGHT. SO, THAT'S HOW YOU GOT HURT IN 2011?
5 A. YES, SIR.

6 Q. ALL RIGHT. NOW, PART OF YOUR TREATMENT WAS WITH DR.
7 FORD, CORRECT?
8 A. YES, SIR.

9 Q. AND DR. FORD TREATED YOUR LEFT HIP?
10 A. YES, SIR.

11 Q. AND HE -- I BELIEVE HE RELEASED YOU BACK TO FULL
12 DUTY ON NOVEMBER 3RD, 2011?
13 A. SOME -- YES, SIR.

14 Q. WHATEVER THE RECORD SAYS?
15 A. YES, SIR, WHATEVER THE RECORD SAYS.

16 Q. OKAY, ALL RIGHT. WERE YOU ABLE TO WORK AT THAT
17 POINT?
18 A. NO, SIR.

19 Q. WHY NOT?
20 A. BECAUSE I WAS STILL IN PAIN, AND I COULD NOT PERFORM
21 MY JOB.

22 Q. OKAY. WERE YOU ABLE TO WALK?
23 A. I WALKED WITH A LIMP.

24 Q. WERE YOU ABLE TO STAND UP?
25 A. FOR A CERTAIN AMOUNT OF TIME, BUT THEN I WOULD HAVE

1 TO SIT DOWN.

2 Q. ALL RIGHT. NOW, WHAT ARE THE PHYSICAL REQUIREMENTS
3 AS WORKING AS A CORRECTIONAL OFFICER AS FAR AS YOU
4 KNOW AND WHAT YOU'VE BEEN TRAINED?

5 A. AT THE DETENTION CENTER?

6 Q. YES, SIR.

7 A. YOU HAVE TO BE ABLE TO FIGHT ON NOTICE, AND WHAT I
8 MEAN "FIGHT" IS MAYBE GET INTO A SITUATION WITH AN
9 INMATE WHERE YOU HAVE TO PLACE YOUR HANDS ON THEM TO
10 SUBDUE THEM. POINT, RUN, GO UP STAIRS, BEND DOWN GO
11 UNDER THEIR BEDS SEARCHING, BE ABLE TO PAT SEARCH
12 SOMEONE, AND THAT MEANS START FROM THE TOP AND WORK
13 YOUR WAY DOWN, BENDING. SEARCHES, PERIMETER CHECKS.

14 Q. AND WERE YOU ABLE TO DO ALL OF THAT ON NOVEMBER 3RD?

15 A. NO, SIR.

16 Q. DID YOU HAVE TO PASS A PHYSICAL FITNESS TEST WHEN
17 YOU TOOK THE JOB?

18 A. I TOOK A PHYSICAL FROM A DOCTOR.

19 Q. OKAY.

20 A. WE DID PHYSICALS, YES.

21 Q. ALL RIGHT. NOW, AND WERE YOU ABLE TO PERFORM --
22 AGAIN, WERE YOU ABLE TO PERFORM YOUR JOB ON NOVEMBER
23 3RD, 2011?

24 A. NO, SIR.

25 Q. HAVE YOU BEEN ABLE TO GO BACK IN THAT FACILITY SINCE

1 THAT DAY PHYSICALLY?

2 A. NO, SIR.

3 Q. WHY NOT?

4 A. BECAUSE I COULDN'T DO IT, AND I WAS STILL IN PAIN.

5 Q. ALL RIGHT. AND DID YOU TELL YOUR EMPLOYER WHEN YOU

6 GOT RELEASED ON NOVEMBER 3RD THAT YOU COULD NOT COME

7 BACK TO WORK?

8 A. YES, SIR.

9 Q. AND DID YOU SEEK MEDICAL TREATMENT YOURSELF?

10 A. YES, SIR.

11 Q. WHERE DID YOU SEEK IT FROM?

12 A. DORN V.A. MEDICAL CENTER IN COLUMBIA.

13 Q. AND DID THEY -- DID DORN V.A. MEDICAL CENTER GIVE

14 YOU A WORK EXCUSE?

15 A. YES, THEY DID, SIR.

16 Q. LOOKING AT APA NUMBER ONE, NOT THE WRITING ON THE

17 BOTTOM, BUT THE TYPEWRITTEN INFORMATION ON THAT

18 EXHIBIT, IS THAT THE WORK EXCUSE YOU TOOK TO THEM?

19 A. YES, SIR.

20 Q. ALL RIGHT. AND WHEN YOU TOOK THAT TO THEM, WHAT WAS

21 THEIR RESPONSE?

22 A. THEY TOOK IT, AND I WAS CALLED IN BY THE DIRECTOR.

23 Q. OKAY.

24 A. AND I CAME DOWN AND WENT IN HIS OFFICE, MYSELF, HIM

25 AND MAJOR MCGHANEY, AND HE TOLD ME AT THAT POINT --

1 I BELIEVE THAT'S WHEN HE TOLD ME HE WOULD HAVE TO
2 TERMINATE ME.

3 Q. OKAY. AND DID HE TELL YOU WHY?

4 A. AND I ASKED HIM -- I ASKED HIM WHY WAS I BEING
5 TERMINATED. HE SAID BECAUSE I SAID I COULD NOT
6 WORK, AND I SAID I HAD A DOCTOR'S EXCUSE. AND I
7 ASKED -- THE ONLY OTHER QUESTION I ASKED HIM WAS
8 COULD I HAVE THAT IN WRITING.

9 Q. OKAY. AND THEN WHAT WAS HIS RESPONSE?

10 A. HE SAID "YES," BUT I HAVE NEVER RECEIVED THAT IN
11 WRITING.

12 Q. ALL RIGHT. NOW, HOW MANY INMATES ARE IN THAT
13 FACILITY IF YOU KNOW?

14 A. RIGHT NOW, I DON'T KNOW HOW MANY IS IN THERE.

15 Q. HOW MANY WAS THERE WHEN YOU LEFT?

16 A. APPROXIMATELY 300 AND SOMETHING I WANT TO SAY.

17 Q. DO YOU KNOW HOW MANY CORRECTIONAL OFFICERS ARE ON
18 DUTY AT ANY GIVEN TIME?

19 A. BACK THEN, IT WAS SUPPOSED TO BE 18 TO A SHIFT.

20 Q. OKAY. SO, 18 OFFICERS TO 300 INMATES?

21 A. YES, SIR.

22 Q. ALL RIGHT. NOW, OVER THE 18 YEARS THAT YOU WORKED
23 THERE, DO YOU HAVE ANY IDEA OF HOW MANY ALTERCATIONS
24 YOU'VE BEEN IN WORKING THERE?

25 A. NUMEROUS.

1 Q. NUMEROUS?

2 A. YES.

3 Q. HAS IT BEEN MORE THAN TEN?

4 A. YES.

5 Q. MORE THAN 20?

6 A. YES.

7 Q. MORE THAN 30?

8 A. YES.

9 Q. AND TELL THE COMMISSIONER WHAT TYPES OF THINGS YOU
10 HAVE TO DO PHYSICALLY ON THAT JOB?

11 A. YOU WOULD HAVE TO -- AS A LINE OFFICER, YOU WOULD
12 PAT SEARCH INDIVIDUALS, STRIP SEARCH INDIVIDUALS,
13 SEARCHES, AND WHEN I SAY "SEARCHES," YOU HAVE TO
14 CRAWL UNDER BUNKS, BEDS, CHECKING THE CEILINGS
15 RAFTERS, EVERYTHING.

16 Q. AND WERE YOU ABLE TO DO THAT?

17 A. NO, SIR.

18 Q. ARE YOU ABLE TO DO THAT TODAY?

19 A. I THINK I COULD.

20 Q. OKAY. YOU THINK YOU COULD BECAUSE -- DID YOU ---

21 BY MS. NOONAN:

22 OBJECTION, LEADING.

23 DIRECT EXAMINATION RESUMED BY MR. CLARK:

24 Q. WELL, DID YOU HAVE THE RADIO FREQUENCY ABLATION?

25 A. YES.

1 Q. IS THAT WHY -- DID THAT MAKE YOU FEEL BETTER?

2 A. YES, IT DID.

3 Q. WERE YOU ABLE -- DO YOU THINK YOU COULD HAVE DONE
4 THIS BEFORE YOU HAD THE RADIO FREQUENCY ABLATION?

5 A. NO, SIR.

6 Q. NOW, YOU TOLD ME WHAT SOME OF YOUR DUTIES WERE, BUT
7 I WANT TO ASK YOU IN REGARDS TO ALTERCATIONS. TELL
8 THE COMMISSIONER SOME OF THE ALTERCATIONS THAT
9 YOU'VE BEEN IN SINCE YOU'VE BEEN THERE 18 YEARS AND
10 WHAT YOU'VE HAD TO DO AND WHAT'S BEEN DONE TO YOU.

11 A. WELL, I'VE HAD WHERE AN INMATE TRIED TO ATTACK AN
12 OFFICER, AND I HAD TO TAKE THEM DOWN, AND WHEN I SAY
13 "TAKE THEM DOWN," I MEAN SUBDUE HIM, TRY TO GET HIM
14 IN RESTRAINTS. I HAD TO LIFT PEOPLE UP THAT TRIED
15 TO COMMIT SUICIDE. BREAK UP PLENTY OF FIGHTS.

16 Q. WHEN YOU SAY "PLENTY," MORE THAN 25?

17 A. MORE THAN 25.

18 Q. HOW OFTEN?

19 A. IN A WEEK'S TIME, PROBABLY TWO, AND IT DEPENDS ON
20 LIKE WHAT'S GOING ON WHERE SOMEONE -- WHERE YOU'RE
21 DEALING WITH MENTALLY ILL PEOPLE AND YOU JUST NEVER
22 KNOW.

23 Q. OKAY. SO, YOU BELIEVE YOU WERE INVOLVED IN ABOUT
24 TWO ALTERCATIONS A WEEK?

25 A. YES.

1 Q. NOW, WHAT ABOUT WEAPONS, HAS ANYBODY EVER PULLED A
2 WEAPON ON YOU IN THAT FACILITY?

3 A. YES.

4 Q. TELL THE COMMISSIONER ABOUT THAT.

5 A. I'VE EVEN -- WE HAD AN INCIDENT WHERE THEY HAD A GUN
6 IN THE JAIL, AND ---

7 Q. OKAY. HOW WAS THAT PERSON TAKEN DOWN?

8 A. I GOT A CALL ABOUT THE INDIVIDUAL HAVING A GUN, AND
9 I WENT DOWN. I TALKED WITH MY DIRECTOR, AND HE TOLD
10 ME TO BRING THE PERSON UP AND SEARCH HIM, AND WHEN I
11 SEARCHED THE INDIVIDUAL, HE WAS TAKING OFF HIS
12 CLOTHES, AND THE PERSON ON THE PHONE TOLD ME WHERE
13 THE GUN WOULD BE, AND HE HAD IT WRAPPED AROUND A
14 STRING AROUND HIS WAIST, AND HE WAS IN THE JAIL FOR
15 SEVERAL DAYS. AND WHEN HE TOOK OFF HIS PANTS, I
16 NOTICED THE STRING AROUND HIS BOXERS, AND I HAD HIM
17 TAKE HIS BOXERS OFF EXPOSING THE WEAPON, AND I
18 DIDN'T WANT TO GRAB IT IN FEAR OF HIM MAYBE TRYING
19 TO SHOOT. SO, I HAD HIM TAKE IT OFF, AND I SAID --
20 VERY GENTLY, I SAID, "HAND ME THE WEAPON." AND HE
21 DID COMPLY, HANDED ME THE WEAPON. I WAS ABLE TO GET
22 IT. IT DID HAVE BULLETS IN IT, I BELIEVE.

23 Q. OKAY, ALL RIGHT. WERE THERE ANY OTHER TIMES THAT
24 YOU ---

25 A. PEOPLE HAVE HAD SHANKS.

1 Q. YES, SIR. TELL ME ABOUT THAT.

2 A. THEY WOULD TAKE A TOOTHBRUSH AND FILE IT DOWN, AND
3 WHAT I MEAN, FILE IT DOWN, THEY WOULD MAYBE USE THE
4 BRICKS IN THE JAIL OR THE BED BUNKS OR ANYTHING THEY
5 COULD TO SHAVE IT DOWN TO MAKE IT COME TO A POINT,
6 OR USING A PENCIL OR PEN, ANY OBJECT THEY COULD, AND
7 YOU HAVE -- I'VE HAD TIMES WHERE SOMEONE MAY HAVE
8 BEEN TRYING TO SHANK SOMEONE ELSE WHERE I HAD TO
9 INTERVENE OR ---

10 Q. WHEN YOU SAY "INTERVENE," WHAT DO YOU MEAN?

11 A. DIFFUSE THE SITUATION.

12 Q. WHAT DO YOU MEAN BY THAT?

13 A. EITHER TAKE THAT -- WELL, TAKE THAT PERSON DOWN TO -
14 --

15 Q. YOU MEAN PHYSICALLY FIGHT HIM?

16 A. PHYSICALLY FIGHT HIM OR USING TASERS OR USING
17 SHIELDS, JUST TO SUBDUE THAT PERSON, OR YOU HAVE A
18 MENTALLY ILL PERSON THAT WOULD TAKE A RAZOR OUT THE
19 RAZORBLADE AND CUT ON HIMSELF, AND YOU HAVE TO --
20 SOMETIMES YOU HAD TO PHYSICALLY TAKE THOSE PEOPLE
21 DOWN.

22 Q. WERE YOU EVER ATTACKED WITH A WEAPON? _ _ _ _

23 A. I WAS -- YEAH -- YEAH, I CAN SAY THAT, YES.

24 Q. TELL THE COMMISSIONER ABOUT THAT.

25 A. ONE TIME, IT WAS -- I CAN'T REMEMBER THE GENTLEMAN'S

1 NAME, AND WE WERE IN THE LOCKUP ROOM, AND HE -- HE
2 WAS BEING DISOBEDIENT KNOCKING ON THE DOOR, FLOODING
3 HIMSELF, TAKING HIS SHIRTS, FLOODING HIMSELF. SO,
4 WE HAD TO GO IN THERE AND EXTRACT HIM, AND WHILE WE
5 WERE GOING IN, HE HAD A PEN IN HIS HAND, AND HE SAID
6 HE WAS GOING TO HURT SOMEBODY. AND SO, WE BUM
7 RUSHED THE ROOM, AND WE WAS ABLE TO DISLODGE -- TAKE
8 THE PEN OUT OF HIS HAND. I'VE HAD INMATES HIT ME.
9 THE SAME INDIVIDUAL THAT CAUSED THE RIOT IN LEE
10 COUNTY, I THINK IT WAS TWO YEARS AGO, HE PUNCHED ME
11 IN MY FACE AND KNOCKED MY GLASSES OFF, AND WE WERE
12 ABLE TO SUBDUE HIM AND HANDCUFF HIM. I'VE HAD
13 INMATES HIT ME, THROW URINE ON ME, FIGHT INDIVIDUALS
14 IN THE ROOM WHERE HE HAD FECES ALL OVER THE WALL.
15 YOU NAME IT, I'VE SEEN A LOT AND DID A LOT.

16 Q. IN YOUR OPINION, DO YOU BELIEVE THAT IT WAS SAFE FOR
17 YOU TO GO BACK TO WORK FULL DUTY WHEN DR. FORD
18 RELEASED YOU IN NOVEMBER 2011?

19 A. NO, SIR.

20 Q. AND WHY NOT?

21 A. BECAUSE I KNEW I COULD NOT PERFORM MY JOB, BECAUSE I
22 COULD BARELY -- WHEN I SAY "BARELY WALK," I COULD
23 WALK, BUT I COULD NOT PHYSICALLY PROTECT MYSELF, AND
24 SO I COULDN'T PROTECT AN INMATE, AND THAT'S OUR JOB.

25 Q. AND YOU --- DO YOU HAVE A DUTY TO PROTECT OTHER

1 INMATES, TOO?

2 A. YES.

3 Q. HAVE YOU STOPPED INMATES FROM ASSAULTING OTHER

4 INMATES?

5 A. YES.

6 Q. AND THAT'S YOUR RESPONSIBILITY?

7 A. YES, SIR.

8 Q. WERE YOU ABLE TO DO THAT ON NOVEMBER 3RD, 2011?

9 A. NO, SIR.

10 Q. AND YOU EXPLAINED THAT TO -- WHO DID YOU EXPLAIN IT

11 TO?

12 A. DIRECTOR SIMON MAJOR AND MAJOR MCGHANEY.

13 Q. ALL RIGHT.

14 A. THEY WERE IN MY PRESENCE AT THAT TIME.

15 Q. AND NOW, PRIOR TO YOU BEING RELEASED BY DR. FORD ON

16 NOVEMBER 3RD, 2011, WERE YOU EVER ON LIGHT DUTY?

17 A. YES, SIR.

18 Q. DID THE DETENTION CENTER OFFER YOU LIGHT DUTY?

19 A. YES, SIR.

20 Q. DID YOU PERFORM LIGHT DUTY?

21 A. YES, SIR.

22 Q. DID YOU EVER REFUSE TO PERFORM LIGHT DUTY?

23 A. NO, SIR.

24 Q. ON NOVEMBER 3RD, DID YOU OFFER TO COME BACK ON LIGHT

25 DUTY, 2011?

1 A. WHEN HE -- ARE YOU TALKING ABOUT WHEN HE TERMINATED
2 ME?
3 Q. BEFORE HE TERMINATED YOU WHEN YOU WENT BACK ON
4 NOVEMBER 3RD?
5 A. OH, YES, SIR. I ASKED IS THERE -- "CAN I GO BACK ON
6 LIGHT DUTY?" AND THE ANSWER WAS "NO."
7 Q. WHO DID YOU ASK THAT?
8 A. THE DIRECTOR.
9 Q. ALL RIGHT. AND IF HE HAD GIVEN YOU LIGHT DUTY,
10 WOULD YOU HAVE DONE IT?
11 A. YES, SIR.
12 Q. NOW, UP TO RECEIVING THE RADIO FREQUENCY ABLATION,
13 HAD YOU EVER GOTTEN -- WELL, WHERE WAS THE PAIN --
14 WHERE DO YOU FEEL PAIN? WHERE DID YOU FEEL PAIN
15 BEFORE THE RADIO FREQUENCY ABLATION?
16 A. I FELT IT IN MY PELVIC AREA. MY LEFT LEG WOULD GO
17 NUMB AND THE SMALL OF BACK AND IN MY HIP AREA.
18 Q. OKAY. NOW, UP UNTIL YOU GOT THE RADIO FREQUENCY
19 ABLATION, DID ANY OF THE TREATMENT THAT YOU GOT, DID
20 THAT HELP YOUR PAIN AT ALL?
21 A. ONLY WHEN DR. WETZEL, HE GAVE ME TWO INJECTIONS
22 PRIOR TO THAT, AND THAT WAS PART OF THE RADIO
23 FREQUENCY ABLATION, AND HE GAVE -- HE GAVE ME ENOUGH
24 MEDICINE IN THE INJECTION THE FIRST TIME WHERE IT
25 WOULD LAST AN HOUR. THEN HE DID IT AGAIN A COUPLE

1 OF WEEKS OR A MONTH AFTER THAT; I CAN'T REMEMBER THE
2 DATES, AND THOSE TWO TIMES, THEY RELIEVED IT FOR
3 TEMPORARILY, BUT THEN THE PROBLEM CAME BACK, AND HE
4 SAID THAT THAT WOULD HAPPEN, AND HE JUST WANTED TO
5 MAKE SURE THAT WHEN HE GAVE ME THE RADIO FREQUENCY
6 ABLATION GOING -- GIVING ME THE NEEDLES IN MY SPINE
7 TO BURN THE NERVES, IT WOULD BE IN THE RIGHT SPOT.

8 Q. OKAY. BUT UNTIL -- AND THAT MADE YOU FEEL BETTER?

9 A. YES, SIR.

10 Q. AND SINCE APRIL OF 2011 UNTIL DR. WETZEL GAVE YOU
11 THE R.F.A.s, HAS ANYTHING ELIMINATED YOUR PAIN?

12 A. NO, SIR.

13 Q. HAS ANYTHING THAT YOU HAVE BEEN PROVIDED PUT YOU IN
14 A POSITION TO WHERE YOU COULD GO BACK TO WORK?

15 A. NO, SIR.

16 Q. NOW, YOU TESTIFIED A LITTLE BIT ABOUT THE FACT THAT
17 YOU HAVE FOUR CHILDREN, RIGHT?

18 A. YES, SIR.

19 Q. AND TWO CHILDREN LIVE WITH YOU?

20 A. THEY LIVE WITH THEIR MOTHER.

21 Q. AND YOU HAVEN'T BEEN PAID IN TWO YEARS?

22 A. NO, SIR.

23 Q. HOW HAVE YOU SUPPORTED YOURSELF?

24 A. MY FAMILY, FRIENDS AND GOD.

25 Q. ALL RIGHT. NOW, ARE YOU A MEMBER OF ANY

1 ORGANIZATIONS OR ANYTHING LIKE THAT, OR ARE YOU
2 INVOLVED IN YOUR CHURCH?

3 A. YES, SIR.

4 Q. HOW ARE YOU INVOLVED IN YOUR CHURCH?

5 A. DURING THE TIME, I WAS A STEWARD PROTEMP, AND IN THE
6 A.M.E. CHURCH, THAT'S EQUIVALENT TO THE HEAD DEACON
7 IN A BAPTIST OR IN ANOTHER CHURCH. BUT I STEPPED
8 DOWN BECAUSE I COULDN'T PERFORM MY DUTIES.

9 Q. WHY NOT?

10 A. BECAUSE IT REQUIRED ME TO DO -- GO PLACES LIKE ON
11 THE FIRST SUNDAY, GO WITH THE PASTOR TO SERVE
12 COMMUNION TO THE NURSING HOMES, TO THE HOSPITALS OR
13 SOMEONE THAT COULD NOT ATTEND CHURCH BECAUSE THEY
14 WAS ON THE SICK AND THE SHUT-IN LIST. AND SO
15 BECAUSE I COULDN'T FULLY DO MY DUTIES, I RESIGNED
16 FROM THAT POSITION, AND NOW, I WORK IN THE FINANCE -
17 - I'M ON THE FINANCE COMMITTEE.

18 Q. DOES THAT REQUIRE YOU TO DO ANYTHING PHYSICALLY?

19 A. NO, SIR.

20 Q. ALL RIGHT. IF YOU WERE GIVEN LIGHT DUTY TODAY,
21 WOULD YOU DO IT?

22 A. YES, SIR.

23 BY MR. CLARK:

24 THANK YOU, MR. WILEY. THOSE ARE ALL THE
25 QUESTIONS I HAVE.

1 BY COMMISSIONER JAMES:

2 CROSS EXAMINATION.

3 BY MS. NOONAN:

4 YES, MA'AM.

5 CROSS EXAMINATION BY MS. NOONAN:

6 Q. MR. WILEY, YOU ARE AWARE YOUR LUMBAR M.R.I. IS
7 NORMAL, RIGHT?

8 A. SIR -- MA'AM?

9 Q. YOU'RE AWARE THAT THE M.R.I. OF YOUR LUMBAR SPINE
10 WAS NORMAL?

11 A. I'M AWARE THAT MY LUMBAR SPINE IS NORMAL?

12 Q. THE M.R.I. OF YOUR LUMBAR SPINE WAS NORMAL; DO YOU
13 REMEMBER DISCUSSING THAT WITH THE DOCTOR?

14 BY MR. CLARK:

15 THIS CALLS FOR A MEDICAL OPINION BY MR. WILEY,
16 AND I OBJECT TO IT. HE DOESN'T KNOW. HE DOESN'T
17 KNOW HOW TO INTERPRET AT M.R.I.

18 BY COMMISSIONER JAMES:

19 THAT'S WHAT SHE IS ASKING.

20 CROSS EXAMINATION RESUMED BY MS. NOONAN:

21 Q. ARE YOU AWARE THAT THE M.R.I. DONE ON YOUR LUMBAR
22 SPINE CAME BACK NORMAL?

23 A. I THINK, YES.

24 Q. OKAY. AND ARE YOU AWARE THAT THE M.R.I. DONE ON
25 YOUR LEFT HIP CAME BACK JUST SHOWING MINIMAL

1 DEGENERATIVE CHANGES?

2 A. I KNOW THEY SAID IT WAS A PROBLEM. I DON'T -- TO
3 THE EXTENT, I DON'T KNOW.

4 Q. OKAY. AND ARE YOU AWARE THAT YOUR E.M.G. NERVE
5 CONDUCTION STUDIES AND YOUR BONE SCAN SHOWED NO
6 ABNORMALITIES?

7 A. FROM WHAT DOCTOR, BECAUSE I DON'T KNOW?

8 Q. DR. TROYER.

9 A. I DON'T EVEN REMEMBER HIM. I'M SORRY.

10 Q. OKAY. THAT'S ALL RIGHT. AND YOU WORKED LIGHT DUTY
11 THROUGH OCTOBER OF 2011; IS THAT RIGHT?

12 A. I BELIEVE --- THE DATES I DON'T REMEMBER BECAUSE IT'S
13 BEEN SO LONG.

14 Q. THAT'S ALL RIGHT. YOU ANSWERED PHONES AND WORKED IN
15 THE CONTROL ROOM ON LIGHT DUTY; DOES THAT SOUND
16 FAMILIAR?

17 A. THE FIRST LIGHT DUTY I PERFORMED WAS NOT AT THE
18 JAIL. IT WAS AT THE COUNTY MAINTENANCE OFFICE, AND
19 I DID ANSWER THE PHONES THERE.

20 Q. AND WHEN YOU CAME BACK FOR LIGHT DUTY AT THE
21 DETENTION CENTER, THEY HAD YOU IN THE CONTROL ROOM?

22 A. YES, MA'AM.

23 Q. OKAY, AND DR. FORD WAS YOUR TREATING ORTHOPEDIST FOR
24 WORKERS' COMPENSATION BACK IN 2011?

25 A. I WENT TO DR. FORD, YES, MA'AM.

- 1 Q. AND DR. FORD -- I KNOW MR. CLARK KEPT SAYING
2 "NOVEMBER 3RD," BUT DOES IT SOUND RIGHT THAT HE
3 RELEASED YOU TO FULL DUTY ON NOVEMBER 1ST OF 2011?
4 A. MA'AM, ONCE AGAIN, I DO NOT RECALL THE DATE.
5 Q. OKAY. DO YOU RECALL TAKING THAT NOTE IN TO MAJOR
6 MCGHANEY AND TELLING HIM ON THE PHONE THAT YOU JUST
7 COULDN'T DO THE WORK?
8 A. I KNOW IF DR. FORD GAVE ME AN EXCUSE, I KNOW I TOOK
9 IT TO MY EMPLOYER.
10 Q. OKAY. AND THAT WAS AN EXCUSE FOR FULL DUTY,
11 CORRECT?
12 A. I BELIEVE SO.
13 Q. AND YOU NEVER RETURNED TO THE DETENTION CENTER FOR
14 WORK, DID YOU?
15 A. I BELIEVE I WENT IN ONE DAY, AND I SAID I COULD NOT
16 DO IT. I BELIEVE. I CAN'T -- I DON'T WANT TO TELL
17 AN UN-TRUTH.
18 Q. YOU DIDN'T GO IN AT ALL DURING NOVEMBER AFTER YOU
19 HAD BEEN RELEASED TO FULL DUTY TO THE DETENTION
20 CENTER?
21 A. LIKE I SAY, I THINK I WENT IN A DAY OR TWO -- A DAY,
22 AND I JUST COULDN'T DO IT, BECAUSE I HAD TO WALK
23 DOWN THE LONG HALLWAY FROM THE EMPLOYEE ENTRANCE.
24 Q. AND I BELIEVE YOU TESTIFIED EARLIER THAT WAS YOUR
25 MEETING WITH MAJOR MCGHANEY AND THE DIRECTOR OF THE

1 DETENTION CENTER?

2 A. WHEN I GOT TERMINATED?

3 Q. NO, WHEN YOU WENT BACK IN THAT ONE DAY TO TAKE THEM
4 YOUR EXCUSE?

5 A. RIGHT.

6 Q. OKAY. BUT YOU DIDN'T MAKE ANY ATTEMPT TO ACTUALLY
7 DO YOUR JOB?

8 A. I KNEW THAT IF I WALKED THROUGH THE JAIL CELL DOORS,
9 INMATES WALK UP AND DOWN THE HALLWAY, AND AT ANY
10 POINT, THE INMATES FROM THE KITCHEN, CLEANUP
11 CREW, BECAUSE THEY ARE PER SE NOT ESCORTED, AND THAT
12 WOULD PUT ME IN DANGER.

13 Q. RIGHT. AND I UNDERSTAND THAT, AND YOU'VE TESTIFIED
14 TO THAT, BUT YOU DIDN'T FEEL THAT YOU COULD DO IT.
15 BUT YOU DIDN'T ACTUALLY GO AND REPORT TO WORK AFTER
16 YOU WERE RELEASED TO FULL DUTY ON NOVEMBER 1ST OF
17 2011, DID YOU?

18 A. I CALLED OUT SICK; I BELIEVE I DID.

19 Q. OKAY. BUT YOU NEVER REPORTED BACK TO WORK AND TRIED
20 TO DO THE JOB AGAIN?

21 A. NO, MA'AM.

22 Q. OKAY. AND YOU WENT TO THE V.A., TO DORN V.A. ON
23 YOUR OWN ON DECEMBER 2ND OF 2011; IS THAT RIGHT?

24 A. YES.

25 Q. OKAY. AND THEY ACTUALLY TOLD YOU THAT YOU COULD

1 RETURN TO WORK DECEMBER 12TH OF 2011; IS THAT RIGHT?

2 A. WHATEVER THE NOTE SAYS.

3 Q. OKAY. DID YOU EVER TRY TO GO BACK TO WORK AFTER
4 THEY TOLD YOU THAT YOU COULD WORK?

5 A. NO, BECAUSE I STILL HAD THE SAME PROBLEMS.

6 Q. OKAY. DID YOU TELL MAJOR MCGHANEY THAT YOU, NUMBER
7 ONE, COULDN'T DO THE WORK AND, NUMBER TWO, IT WAS
8 BECAUSE YOUR ATTORNEY TOLD YOU NOT TO GO BACK TO
9 WORK?

10 A. NO.

11 Q. YOU DON'T REMEMBER HAVING THAT CONVERSATION WITH
12 HIM?

13 A. NO, MA'AM.

14 Q. AND YOU TESTIFIED EARLIER THAT YOU WERE TERMINATED
15 BY THE DIRECTOR IN THAT MEETING, BUT WEREN'T YOU
16 ACTUALLY TERMINATED LATER ON JANUARY 10TH OF 2012 BY
17 H.R.?

18 A. WHENEVER -- I WAS TERMINATED BY DIRECTOR SIMON MAJOR
19 AND ---

20 Q. OKAY. WAS THAT -- I'M SORRY, GO AHEAD.

21 A. AND MAJOR MCGHANEY WHEN THEY -- LIKE I SAID, WHEN
22 THEY CALLED ME INTO THE OFFICE.

23 Q. OKAY. DOES IT SOUND FAMILIAR THOUGH THAT YOU WERE
24 TERMINATED JANUARY 10TH?

25 A. OKAY. IT COULD BE. I'M SORRY.

- 1 Q. OKAY. THAT'S ALL RIGHT. AND SINCE NOVEMBER 1ST OF
2 2011, YOU HAVEN'T APPLIED FOR WORK ANYWHERE OR TRIED
3 TO GET ANY JOBS?
- 4 A. NO, MA'AM.
- 5 Q. OKAY. AND YOU JUST TESTIFIED YOU'RE STILL LIVING
6 WITH HELP FROM FAMILY AND FRIENDS?
- 7 A. YES, MA'AM.
- 8 Q. OKAY. AND SINCE YOUR ACCIDENT IN APRIL OF 2011; YOU
9 HAVEN'T APPLIED FOR ANY TYPE OF DISABILITY?
- 10 A. ONLY THROUGH THE V.A., WHICH I WAS TRYING TO DO
11 ANYWAY.
- 12 Q. DID YOU GET ANY MONEY OR ANY TYPE OF INCOME FROM THE
13 V.A.?
- 14 A. I HAVE BEEN APPROVED, BUT I HAVE NOT RECEIVED ANY
15 MONIES PER SE MYSELF YET, NO.
- 16 Q. SO FOR TWO AND A HALF YEARS, YOU HAVEN'T HAD ANY
17 TYPE OF INCOME?
- 18 A. NO, MA'AM. THE ONLY THING I RECEIVE IS FOOD STAMPS,
19 \$200 FOOD STAMPS.
- 20 Q. BUT YOU JUST TESTIFIED A MOMENT AGO THAT YOU'VE BEEN
21 WORKING ON A -- I GUESS AS A FINANCE PERSON FOR YOUR
22 CHURCH?
- 23 A. NO, I'M NOT PER SE WORKING, NOT GETTING ANY MONIES.
24 THIS IS A VOLUNTEER THING FOR OUR CHURCH.
- 25 Q. RIGHT. SO, YOU ARE VOLUNTEERING FOR A JOB FOR YOUR

1 CHURCH, BUT YOU CAN'T LOOK FOR A JOB THAT WOULD
2 ACTUALLY PAY YOU MONEY?

3 A. THEY -- WHEN I SAY "VOLUNTEER," AND I WOULDN'T SAY
4 "VOLUNTEER," THEY HAD ME ON THE ROLL AS FAR AS
5 WORKING WITH THE CHURCH FINANCES, AND THAT'S AFTER
6 CHURCH SERVICE IF THEY COLLECT SOME MONEY, COUNT THE
7 MONEY IF NEED BE, BUT JUST LIKE THIS PAST SUNDAY, I
8 WENT, I DIDN'T COUNT ANY MONEY, AND MY TEAM WAS ON
9 THERE. I DON'T -- I DON'T PER SE DO IT.

10 Q. HOW LONG HAVE YOU BEEN WORKING AS A VOLUNTEER FOR
11 YOUR CHURCH?

12 A. SINCE I'VE EVER BEEN TO -- SINCE I BECAME A MEMBER,
13 I'VE WORKED -- I WAS WORKING IN THE CHURCH.

14 Q. OKAY. AND YOU'VE MAINTAINED THAT ---

15 A. NO.

16 Q. --- SINCE YOUR ACCIDENT?

17 A. NO. THAT'S WHAT I'M SAYING, I AM ON THE ROLL, BUT
18 ACTUALLY PHYSICALLY DOING THE JOB, THAT'S WHY WHEN I
19 GOT HURT, I STEPPED DOWN FROM THE PART THAT REQUIRED
20 ME TO DO WALKING AND OTHER STUFF. THE PHYSICAL
21 PORTION, I STOPPED.

22 Q. AND I UNDERSTAND YOU STOPPED THE PHYSICAL PORTION,
23 BUT YOU THEN WENT INTO A DIFFERENT ROLE AS A
24 VOLUNTEER FOR THE CHURCH, WHICH YOU JUST TESTIFIED
25 TO IN THE FINANCE COMMITTEE.

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1 A. WELL, NOT A DIFFERENT ROLE, BECAUSE I WAS PART OF
2 THAT ALL THE TIME.

3 Q. BUT YOU STILL CONTINUED TO WORK AS A VOLUNTEER ---

4 A. KEEP MY NAME ON ---

5 Q. --- FOR JUST THE FINANCE PORTION FOR YOUR CHURCH?

6 A. I KEPT MY NAME ON THE ROLL AS FAR AS THAT.

7 Q. DID YOU CONTINUE TO HELP WITH THE FINANCES FOR THE
8 CHURCH?

9 A. I WENT IN THE ROOM, BUT I HAVE NOT PHYSICALLY --
10 I'VE COUNTED MONEY BEFORE, YES, MA'AM, FOR MAYBE TEN
11 MINUTES.

12 Q. SO, YES OR NO, ---

13 A. YES, MA'AM.

14 Q. --- DID YOU CONTINUE TO VOLUNTEER FOR THE CHURCH
15 THROUGHOUT 2012 AND 2013 IN ANY CAPACITY?

16 A. YES, MA'AM.

17 BY MS. NOONAN:

18 OKAY. NO FURTHER QUESTIONS, YOUR HONOR.

19 BY COMMISSIONER JAMES:

20 ANY RE-DIRECT?

21 BY MR. CLARK:

22 JUST BRIEFLY, COMMISSIONER.

23 RE-DIRECT EXAMINATION BY MR. CLARK:

24 Q. NOW, MR. WILEY, THIS VOLUNTEERING THAT YOU'RE DOING,
25 HOW MUCH TIME A WEEK DOES THAT REQUIRE?

1 A. TEN, MAYBE 15 MINUTES ON A SUNDAY.

2 Q. ALL RIGHT. DO YOU GET ANY PAY FOR THAT?

3 A. NO, SIR.

4 Q. ALL RIGHT. AND MS. NOONAN ASKED YOU WHAT YOU KNEW
5 ABOUT YOUR M.R.I. DID YOU KNOW WHAT DR. WETZEL SAID
6 THAT YOU HAD LOW BACK PAIN WITH LEG SCIATICA; IS
7 THAT WHAT HE TOLD YOU?

8 A. YES, SIR.

9 Q. DID YOU KNOW THAT DR. STORICK SAID YOU HAD
10 PARESTHESIA; DID HE TELL YOU THAT?

11 A. YES, SIR.

12 Q. AND WERE YOU AWARE WHEN DR. FORD RELEASED YOU, HE
13 SAID THAT YOUR SYMPTOMS WERE SUSPICIOUS FOR LUMBAR
14 RADICULOPATHY SACROILIITIS; WERE YOU AWARE OF THAT?

15 A. YES, SIR.

16 Q. AND WERE YOU AWARE HE WAS JUST RELEASING YOU FOR
17 YOUR HIP AND NOT THOSE INJURIES?

18 A. RIGHT, AND I BELIEVE HE SAID THAT HE WAS GOING TO --

19

20 BY MS. NOONAN:

21 AND I'M GOING TO OBJECT TO ANY HEARSAY.

22 BY MR. CLARK:

23 WELL, SHE OPENED THE DOOR FOR IT.

24 BY COMMISSIONER JAMES:

25 SUSTAINED.

1 BY MS. NOONAN:

2 NO, I DIDN'T OPEN THE DOOR FOR ---

3 BY MR. CLARK:

4 SHE ---

5 BY COMMISSIONER JAMES:

6 NOT FROM WHAT THE DOCTOR SAYS. I BELIEVE THE
7 QUESTION WAS EARLIER WAS HE AWARE THAT HIS M.R.I.
8 WAS NORMAL. THAT WAS THE QUESTION EARLIER.

9 BY MR. CLARK:

10 OKAY.

11 BY COMMISSIONER JAMES:

12 SO, IF IT'S WITHIN THE RECORDS, YOU CAN ASK,
13 BUT NEITHER PARTY CAN SOLICIT TESTIMONY OUTSIDE FROM
14 THAT.

15 BY MR. CLARK:

16 YES, MA'AM.

17 BY COMMISSIONER JAMES:

18 OKAY.

19 RE-DIRECT EXAMINATION RESUMED BY MR. CLARK:

20 Q. WERE YOU AWARE THAT DR. FORD WHEN HE RELEASED YOU
21 WAS RECOMMENDING THAT YOU BE REFERRED TO A SPINE
22 SURGEON?

23 A. YES, SIR.

24 Q. WERE YOU AWARE THAT DR. WETZEL DIAGNOSED YOU WITH
25 LUMBAR SPONDYLOSIS WITHOUT MYELOPATHY; WERE YOU

1 AWARE OF THAT?

2 A. YES, SIR.

3 Q. AND YOU WERE AWARE HE DIAGNOSED YOU WITH SCIATICA?

4 A. YES, SIR.

5 Q. AND ALSO LUMBAGO; YOU'RE AWARE OF THAT?

6 A. YES, SIR.

7 BY MR. CLARK:

8 THANK YOU, SIR. THAT'S ALL I HAVE.

9 BY COMMISSIONER JAMES:

10 ANY RE-CROSS?

11 BY MS. NOONAN:

12 NO, YOUR HONOR.

13 BY COMMISSIONER JAMES:

14 ANY FURTHER WITNESSES ON BEHALF OF THE

15 CLAIMANT?

16 BY MR. CLARK:

17 NO, MA'AM.

18 BY COMMISSIONER JAMES:

19 ANY WITNESSES ON BEHALF OF THE DEFENDANTS?

20 BY MS. NOONAN:

21 YES, YOUR HONOR. WE'RE GOING TO CALL LORRAINE

22 DENNIS.

23 BY COMMISSIONER JAMES:

24 OKAY.

25 BY MS. NOONAN:

Lorriane Dennis - Direct Examination by Ms. Noonan

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1 WHERE DO YOU WANT HER TO SIT BY THE WAY?

2 BY COMMISSIONER JAMES:

3 SHE CAN SIT AT THE END. WOULD THAT PICK UP?

4 BY THE COURT REPORTER:

5 YES. THANK YOU.

6 (OFF THE RECORD)

7 BY COMMISSIONER JAMES:

8 MS. DENNIS, IF YOU WILL RAISE YOUR RIGHT HAND
9 FOR ME, PLEASE.

10 * * * * *

11 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
12 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
13 MATTER HEREIN:

14 LORRAINE DENNIS

15 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

16 BY COMMISSIONER JAMES:

17 YOUR WITNESS.

18 DIRECT EXAMINATION BY MS. NOONAN:

19 Q. MS. DENNIS, WHAT IS YOUR POSITION WITH SUMTER
20 COUNTY?

21 A. I'M CURRENTLY THE ASSISTANT COUNTY ADMINISTRATOR.

22 Q. HOW LONG HAVE YOU WORKED FOR SUMTER COUNTY?

23 A. APPROXIMATELY 16 YEARS.

24 Q. NOW, I KNOW YOU'RE FAMILIAR WITH THIS CASE. MR.

25 CLARK HAS SUBMITTED INTO EVIDENCE A NOTE THAT WAS

1 WRITTEN ON TOP OF THE V.A. DORN MEDICAL RECORD WHERE
2 MR. HAYES INDICATES THAT HE SPOKE WITH YOU, "SPOKE
3 WITH L. DENNIS, DO NOT OR NO NEED ASK FOR SECOND OR
4 SECONDARY OR UPDATED NOTE. USE ONE HE PROVIDED."
5 WHAT DID THAT MEAN?

6 BY MR. CLARK:

7 OBJECTION, YOUR HONOR. SHE DIDN'T WRITE THAT
8 NOTE, AND FOR HER TO TESTIFY TO WHAT MR. HAYES
9 WROTE. HE'S OUTSIDE. HE WROTE IT, AND FOR HER TO
10 SAY WHAT IT MEANT AND SHE DIDN'T WRITE IT, I WOULD
11 OBJECT, AND I THINK THAT'S IMPROPER.

12 BY MS. NOONAN:

13 YOUR HONOR, THE REASON I'M ASKING IS BECAUSE --
14 JOHN, YOU WERE THE ONE THAT REPRESENTED THAT THIS
15 WAS BASED ON HER OPINION IN THE ---

16 BY MR. CLARK:

17 WELL, THAT'S WHAT MR. HAYES SAID. THAT'S WHAT
18 HE SAID. NOW, I NEVER TALKED TO MS. DENNIS ABOUT
19 THIS.

20 BY COMMISSIONER JAMES:

21 OKAY. IF YOU WANT TO LAY A FOUNDATION, BECAUSE
22 I DON'T KNOW.

23 BY MR. CLARK:

24 I UNDERSTAND.

25 BY COMMISSIONER JAMES:

1 THAT'S UP TO Y'ALL WITH REGARDS TO THE EVIDENCE
2 TO PRESENT IT TO ME.

3 BY MR. CLARK:

4 I OBJECT AS PREVIOUSLY STATED.

5 BY COMMISSIONER JAMES:

6 THAT'S FINE.

7 DIRECT EXAMINATION RESUMED BY MS. NOONAN:

8 Q. MS. DENNIS, ERIK HAYES TESTIFIED IN HIS DEPOSITION,
9 WHICH MR. CLARK HAS SUBMITTED INTO EVIDENCE, THAT HE
10 WROTE ON A NOTE ON A V.A. RECORD THAT HE HAD A
11 CONVERSATION WITH YOU ABOUT NOT NEEDING TO GET
12 ANOTHER WORK NOTE FROM MR. WILEY. DO YOU RECALL
13 THAT CONVERSATION?

14 A. YES, I DO.

15 Q. OKAY. AND WHAT WAS THE CONTEXT OF THAT
16 CONVERSATION?

17 A. THE REASON FOR NOT -- FOR ME TELLING HIM THAT WE DID
18 NOT NEED TO GET ANOTHER NOTE WAS BECAUSE THAT WAS
19 NOT ONE OF THE DOCTORS THAT HE WAS REFERRED TO.

20 Q. OKAY. AND WAS THIS UNDER WORKERS' COMPENSATION?

21 A. YES, IT WAS.

22 Q. OKAY. DO YOU NORMALLY ACCEPT WORK RESTRICTIONS OR
23 NOTES FROM PERSONAL DOCTORS INSTEAD OF THE WORKERS'
24 COMPENSATION DOCTORS?

25 A. NO, WE DO NOT.

1 Q. OKAY. AND WAS MR. WILEY'S JOB AVAILABLE FOR HIM AT
2 SUMTER COUNTY AFTER HE WAS RELEASED TO FULL DUTY?

3 A. YES, MA'AM.

4 BY MR. CLARK:

5 OBJECTION TO HEARSAY IF SHE DIDN'T SPEAK WITH
6 HIM AND IS BASING THIS ON WHAT SOMEONE ELSE HAS
7 SAID.

8 BY MS. NOONAN:

9 SHE IS THE H.R. FOR SUMTER COUNTY.

10 BY MR. CLARK:

11 SHE DIDN'T MAKE THE DECISION ---

12 BY MS. NOONAN:

13 I'M ALLOWED TO ASK HER IF THE JOB IS AVAILABLE.

14 BY MR. CLARK:

15 I'M OBJECTING IF HER ANSWER IS BASED ON
16 HEARSAY. THAT'S ALL I'M OBJECTING TO. I'M SORRY IF
17 I INTERRUPTED YOU.

18 BY COMMISSIONER JAMES:

19 I'M GOING TO ALLOW THE TESTIMONY. OF COURSE,
20 YOU CAN CROSS EXAMINE.

21 BY MR. CLARK:

22 THANK YOU.

23 THE WITNESS RESUMES ANSWER:

24 A. IT WAS AVAILABLE.

25 DIRECT EXAMINATION RESUMED BY MS. NOONAN:

1 Q. OKAY. AND ARE YOU AWARE WHETHER HE EVER ATTEMPTED
2 TO COME BACK TO WORK?

3 A. I'M NOT AWARE OF THAT WHETHER HE ATTEMPTED TO COME
4 BACK TO WORK. I BELIEVE WHAT HAPPENED WAS -- WELL,
5 HE ---

6 BY MR. CLARK:

7 OBJECT TO ANY HEARSAY. ANY HEARSAY, I OBJECT
8 TO IT IF SHE DOESN'T HAVE PERSONAL KNOWLEDGE.

9 BY THE WITNESS:

10 HE DID NOT ATTEMPT TO COME BACK.

11 BY COMMISSIONER JAMES:

12 I'M SORRY. I DIDN'T HEAR THAT.

13 BY MR. CLARK:

14 OBJECT IF IT'S NOT BASED ON PERSONAL KNOWLEDGE.

15 BY COMMISSIONER JAMES:

16 ALL RIGHT. FIRST OF ALL, AND I UNDERSTAND
17 YOU'RE TRYING TO MAKE THE OBJECTION CONTEMPORANEOUS
18 WITH WHAT SHE'S GOING TO SAY. I DON'T BELIEVE THERE
19 WAS ANY HEARSAY TESTIFIED TO YET. AS FAR AS THE
20 FOUNDATION FOR HER KNOWLEDGE, IF YOU CAN LAY A
21 FOUNDATION FOR THAT.

22 DIRECT EXAMINATION RESUMED BY MS. NOONAN:

23 Q. WHAT IS YOUR POSITION WITH SUMTER COUNTY?

24 A. FOR THE QUESTION THAT WAS JUST ASKED?

25 Q. NO, WHAT IS YOUR POSITION WITH SUMTER COUNTY?

1 A. MY POSITION WITH SUMTER COUNTY, ASSISTANT COUNTY
2 ADMINISTRATOR.

3 Q. OKAY. IN 2011, WHAT WAS YOUR POSITION WITH SUMTER
4 COUNTY?

5 A. MY POSITION WAS ASSISTANT COUNTY ADMINISTRATOR SLASH
6 HUMAN RESOURCES DIRECTOR.

7 Q. AND AS THE HUMAN RESOURCES DIRECTOR, WOULD YOU BE
8 NOTIFIED IF THERE WERE ANY ISSUES WITH ANY EMPLOYEES
9 OF SUMTER COUNTY?

10 A. YES.

11 Q. OKAY. WAS THAT PART OF YOUR ROLE WITH SUMTER
12 COUNTY?

13 A. YES, MA'AM.

14 Q. OKAY. AND IF THERE WERE ISSUES WITH EMPLOYEES OF
15 SUMTER COUNTY, WERE YOU THE PERSON THAT WAS
16 NOTIFIED?

17 A. YES, MA'AM.

18 Q. OKAY. WERE YOU NOTIFIED OF ANY ISSUES WITH MR.
19 WILEY?

20 A. YES, MA'AM.

21 BY MR. CLARK:

22 THAT'S THE HEARSAY I'M OBJECTING TO.

23 BY MS. NOONAN:

24 SHE IS THE SUMTER COUNTY H.R., JOHN. JUST
25 BECAUSE ---

1 BY MR. CLARK:

2 WELL, LISTEN, DON'T ARGUE WITH ME, OKAY.

3 BY MS. NOONAN:

4 --- YOU DON'T LIKE HER TESTIMONY, DOESN'T MEAN
5 YOU CAN KEEP IT OUT.

6 BY COMMISSIONER JAMES:

7 SSSH.

8 BY MR. CLARK:

9 DON'T ARGUE WITH ME. YOU TALK TO THE
10 COMMISSIONER.

11 BY COMMISSIONER JAMES:

12 WELL, Y'ALL ---

13 BY MR. CLARK:

14 DON'T ARGUE WITH ME.

15 BY COMMISSIONER JAMES:

16 BOTH OF YOU NEED TO ADDRESS ME, BUT AS FAR AS
17 RIGHT NOW, NOTIFICATION VERSUS TESTIMONY -- THE
18 NOTIFICATION ITSELF IS HEARSAY. I DON'T KNOW WHAT
19 THE NOTIFICATION IS ABOUT. YOU CAN BE NOTIFIED
20 ABOUT THINGS. BUT, OKAY -- I'M GOING TO ALLOW THE
21 FIRST QUESTION. IF YOU WANT TO HAVE A RUNNING
22 OBJECTION, THEN I WILL RULE ON THE REST, OR IF YOU
23 WANT TO MAKE AN OBJECTION CONTEMPORANEOUSLY WITH THE
24 REST.

25 BY MR. CLARK:

1 I WOULD LIKE TO PUT -- IF I COULD PUT IT ON THE
2 RECORD.

3 BY COMMISSIONER JAMES:

4 WELL, THE OBJECTION IS ON THE RECORD.

5 BY MR. CLARK:

6 I DON'T FEEL LIKE I PUT MY FULL GROUNDS ON
7 RECORD IS WHAT I'M SAYING.

8 BY COMMISSIONER JAMES:

9 WELL, IT'S HEARSAY WAS YOUR GROUNDS.

10 BY MR. CLARK:

11 AND IF I COULD JUST MAKE ONE OTHER STATEMENT
12 WITH THAT.

13 BY COMMISSIONER JAMES:

14 YES.

15 BY MR. CLARK:

16 I THINK SHE CAN TESTIFY TO WHAT HER RECORDS
17 SHOW IF IT'S A RECORD REGULARLY KEPT BY HER OFFICE,
18 BUT SHE CAN'T TESTIFY TO JUST WHAT WAS TOLD TO HER,
19 AND THAT'S MY POSITION.

20 BY COMMISSIONER JAMES:

21 MR. CLARK, I'M MAKING THE DISTINCTION HERE AT
22 THIS MOMENT WITH REGARDS TO "I HAD A CALL" VERSUS
23 WHAT THE CALL WAS ABOUT.

24 BY MR. CLARK:

25 OKAY, I UNDERSTAND.

1 BY COMMISSIONER JAMES:

2 I RECEIVED A CALL. WHAT I'M SAYING, THE
3 QUESTION AT THIS POINT IN TIME IS DOES SHE HAVE
4 NOTICE.

5 BY MR. CLARK:

6 OKAY.

7 BY COMMISSIONER JAMES:

8 THAT'S THE PENDING QUESTION.

9 BY MR. CLARK:

10 ALL RIGHT.

11 DIRECT EXAMINATION RESUMED BY MS. NOONAN:

12 Q. AS THE H.R. FOR SUMTER COUNTY, WERE YOU NOTIFIED
13 THAT THERE WAS A PROBLEM WITH MR. WILEY AT THE END
14 OF 2011?

15 A. YES, MA'AM.

16 Q. OKAY. AND WHAT DID YOU DO ON BEHALF OF THE COUNTY?

17 A. OKAY. CAN YOU RESTATE THAT, PLEASE.

18 Q. WHAT ACTION DID YOU TAKE ON BEHALF OF THE COUNTY AS
19 H.R.?

20 A. AS IT RELATED TO HIM NOT RETURNING BACK TO WORK?

21 Q. YES, MA'AM.

22 A. THE ACTION WAS THAT ABANDONMENT OF JOB. HE WAS
23 GIVEN AN EXCUSE FROM THE DOCTORS THAT HE WAS
24 REFERRED TO TO COME BACK TO FULL DUTY, AND HE DID
25 NOT RETURN BACK. SO, THE POSITION WAS TERMINATION

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1 BASED ON ABANDONMENT OF JOB.

2 BY MS. NOONAN:

3 THANK YOU. I DON'T HAVE ANYTHING FURTHER, YOUR
4 HONOR.

5 BY COMMISSIONER JAMES:

6 CROSS EXAMINATION.

7 BY MR. CLARK:

8 YES, MA'AM.

9 CROSS EXAMINATION BY MR. CLARK:

10 Q. MS. DENNIS, DID YOU EVER SPEAK WITH MR. WILEY AT ALL
11 PERSONALLY OR DIRECTLY DURING THIS TIME PERIOD?

12 A. NO, SIR.

13 Q. SO, ALL OF YOUR TESTIMONY IS BASED ON WHAT YOU WERE
14 TOLD; IS THAT CORRECT?

15 A. NOT NECESSARILY WHAT I WAS TOLD BUT THAT AND THE
16 DIRECTOR AND ASSISTANT DIRECTOR PROVIDED ME WITH THE
17 DOCUMENTATION AS WELL.

18 Q. OKAY. WELL, CAN YOU SHOW THAT TO ME TODAY?

19 A. THE DOCUMENTATION, WHICH WAS THE DOCTOR'S EXCUSES
20 STATING THAT HE COULD RETURN BACK TO WORK.

21 Q. OKAY. SO, YOU'RE TALKING ABOUT THAT DOCUMENT?

22 A. RIGHT.

23 Q. ALL RIGHT. BUT AS FAR AS WHETHER HE ATTEMPTED TO GO
24 BACK TO WORK OR NOT, YOU DON'T HAVE ANY PERSONAL
25 KNOWLEDGE OF THAT, DO YOU?

1 A. NO, I DO NOT.

2 Q. AND WHAT CONVERSATION -- WHAT HE OFFERED TO DO,
3 WHETHER HE CAME BACK, WHETHER HE ASKED TO COME BACK
4 ON LIGHT DUTY, WHETHER THAT WAS OFFERED TO HIM BY
5 THE DIRECTOR, YOU DON'T HAVE ANY PERSONAL KNOWLEDGE
6 OF THAT, DO YOU?

7 A. NOT IF IT WAS OFFERED BY THE DIRECTOR.

8 Q. YES, MA'AM. AND THE NOTE THAT WE'RE TALKING ABOUT
9 HERE, IT SAYS -- YOU SAY THIS MEANS DON'T ACCEPT THE
10 NOTE THAT WAS BROUGHT FROM THE UNAUTHORIZED DOCTOR?

11 A. THAT IS CORRECT.

12 Q. OKAY. WELL, DO YOU KNOW WHY HE PUT "USE THE ONE
13 PROVIDED"?

14 A. I HAVE NO -- I DON'T KNOW.

15 Q. DO YOU HAVE -- THIS WAS TWO YEARS AGO.

16 A. THAT IS CORRECT.

17 Q. DO YOU REMEMBER THE EXACT CONVERSATION AND
18 EVERYTHING THAT WAS SAID?

19 A. NOT THE EXACT CONVERSATION, BUT I DO KNOW THAT MR.
20 HAYES WAS RELATIVELY NEW IN THAT POSITION AND WOULD
21 CALL AND ASK ME OR COME OVER AND ASK ME FOR MY
22 ADVICE, AND THAT WAS ONE OF THOSE CASES WHERE AS I
23 TOLD HIM THAT WE WERE NOT GOING TO USE THAT
24 PARTICULAR STATEMENT.

25 Q. OKAY. DID YOU EVER ISSUE A WRITING TO THAT EFFECT?

1 A. NO, I DID NOT.

2 Q. IS THERE ANYTHING IN THE FILE TO THAT EFFECT?

3 A. NO.

4 Q. BUT THIS DOCUMENT THAT SAYS "USE THE ONE PROVIDED"
5 IS IN THE FILE, ISN'T IT?

6 A. IT'S IN HIS FILE, I GATHER.

7 Q. RIGHT. AND DO YOU HAVE ANY OTHER DOCUMENTS TO THE
8 CONTRARY THAT SAY "DO NOT USE THIS EXCUSE"?

9 A. I DON'T HAVE ANYTHING.

10 Q. AND YOU DIDN'T ISSUE ANYTHING?

11 A. I DIDN'T ISSUE ANYTHING, BECAUSE THAT WAS A VERBAL
12 DECISION.

13 Q. RIGHT.

14 A. NOTHING IN WRITING.

15 Q. AND AGAIN, YOU CAN'T REMEMBER THE EXACT
16 CONVERSATION, CAN YOU?

17 A. NOT ALL OF THE CONVERSATION, BUT I CAN REMEMBER HIM
18 ASKING IF THAT WAS A STATEMENT THAT WE COULD USE.

19 Q. ALL RIGHT. HE ASKED YOU IF IT WAS A STATEMENT THAT
20 Y'ALL COULD USE, RIGHT?

21 A. MM-HMM.

22 Q. AND THIS STATEMENT SAYS ---

23 BY MR. CLARK:

24 MAY I APPROACH THIS WITNESS, YOUR HONOR?

25 BY COMMISSIONER JAMES:

1 CERTAINLY.

2 CROSS EXAMINATION RESUMED BY MR. CLARK:

3 Q. HE ASKED YOU WHETHER THIS WAS A STATEMENT THAT COULD
4 BE USED?

5 A. MM-HMM.

6 Q. AND WOULD YOU PLEASE READ THAT LAST LINE THERE.

7 A. "SPOKE WITH L. DENNIS. DO NOT --- DO NOT OR NO NEED
8 ASK FOR 24 OR UPDATED NOTE. USE ONE HE PROVIDED."

9 Q. RIGHT. SO, YOUR TESTIMONY HERE TODAY IS THAT HE
10 COULDN'T USE THIS ONE, BUT THE ONLY DOCUMENT THAT WE
11 HAVE SAYS USE THIS ONE, AND YOU DON'T HAVE ANYTHING
12 CONTRARY TO THIS IN WRITING IN ANY FILE; IS THAT
13 CORRECT?

14 BY MS. NOONAN:

15 OBJECTION, YOUR HONOR. THAT IS NOT WHAT SHE
16 TESTIFIED TO EARLIER.

17 BY MR. CLARK:

18 WELL, LET ME BE CLEAR. I'M SORRY.

19 CROSS EXAMINATION RESUMED BY MR. CLARK:

20 Q. DID YOU SAY -- YOU SAID YOU COULDN'T USE THIS ONE?

21 A. I TOLD HIM NOT TO USE THAT ONE.

22 Q. OKAY. BUT YOU ACKNOWLEDGE THIS IS A PART OF HIS
23 PERSONNEL FILE, AND IT SAYS "USE THIS ONE"?

24 A. NO, IT DIDN'T SAY TO USE THAT ONE. I TOLD MR. HAYES
25 ---

1 Q. NOW, I'M NOT ASKING YOU ABOUT WHAT YOU TOLD HIM NOW.

2 BY MS. NOONAN:

3 LET HER FINISH.

4 BY MR. CLARK:

5 WELL, THAT'S NOT THE QUESTION.

6 BY MS. NOONAN:

7 SHE GETS TO ANSWER.

8 CROSS EXAMINATION RESUMED BY MR. CLARK:

9 Q. GO AHEAD. GO AHEAD AND ANSWER.

10 A. I TOLD MR. HAYES THAT HE COULD NOT USE THAT ONE,
11 BECAUSE WE DID NOT -- HE WAS NOT REFERRED TO THAT
12 PARTICULAR DOCTOR.

13 Q. OKAY. NOW, BUT YOU ACKNOWLEDGE THERE'S NOTHING IN
14 WRITING THAT SAYS THAT YOU SAID THAT, RIGHT?

15 A. THERE'S NOTHING IN WRITING.

16 Q. BUT THIS DOCUMENT THAT YOU JUST READ SAYS "USE THIS
17 ONE," DOESN'T IT?

18 A. I DON'T SEE IT AS SAYING USE IT.

19 Q. WELL -- OKAY, GO AHEAD. I'M SORRY. I DIDN'T MEAN
20 TO INTERRUPT YOU. GO AHEAD.

21 BY MR. CLARK:

22 MS. DENNIS IS A FRIEND OF MINE BY THE WAY, SO
23 I'M A LITTLE UNCOMFORTABLE, BUT WE'RE GOING TO GET
24 THROUGH THIS.

25 CROSS EXAMINATION RESUMED BY MR. CLARK:

1 Q. GO AHEAD.

2 A. NO, THERE'S NOTHING -- I DID NOT PUT IT IN WRITING,
3 BUT I DID TELL HIM NOT TO USE THAT.

4 Q. OKAY. ALL RIGHT. BUT YOU ACKNOWLEDGE THIS SAYS
5 "USE THIS ONE," RIGHT? ISN'T THAT WHAT IT SAYS?
6 I'M NOT ASKING YOU TO INTERPRET IT. I'M ASKING YOU
7 TO READ WHAT IT SAYS.

8 BY MS. NOONAN:

9 ACTUALLY IT SAYS "USE ONE HE PROVIDED." IT
10 DOESN'T SAY "USE THIS ONE."

11 CROSS EXAMINATION RESUMED BY MR. CLARK:

12 Q. WELL, WHAT'S AT THE TOP OF THAT, WORK EXCUSE?

13 A. "RETURN TO WORK."

14 Q. RIGHT.

15 A. IT'S A PROGRESS NOTE.

16 Q. I UNDERSTAND. ALL RIGHT. BUT -- WELL, IT SAYS
17 RETURN TO WORK WHEN?

18 A. IT SAYS "RETURN TO WORK SLASH ACTIVITY LIMITATIONS."

19 Q. OKAY. WHEN THOUGH?

20 A. TWELVE-O-TWO. WELL, IT SAYS MONDAY, DECEMBER 12TH,
21 ---

22 Q. OKAY.

23 A. --- 2011.

24 Q. SO, IT IS A WORK EXCUSE UNTIL DECEMBER 12TH, ISN'T
25 IT?

1 A. MM-HMM.

2 Q. ALL RIGHT. AND JUST FINALLY, I'M GOING TO FINISH
3 THIS UP. THIS ONE SAYS "USE ONE HE PROVIDED,"
4 RIGHT?

5 A. THIS ONE SAYS "DO NOT OR NO NEED ASK FOR 24 HOUR --
6 24 OR UPDATED NOTE. USE ONE HE PROVIDED."

7 Q. RIGHT. AND MY QUESTION TO YOU IS YOU BEING THE
8 ASSISTANT COUNTY ADMINISTRATOR. YOU WERE THE HUMAN
9 RESOURCES DIRECTOR AT THAT TIME. DO YOU HAVE ANY
10 DOCUMENT THAT SAYS ANYTHING DIFFERENT THAN THIS?

11 A. I HAVE NOTHING. I DID NOT PUT IT IN WRITING.

12 BY MR. CLARK:

13 THANK YOU SO MUCH. I APPRECIATE IT.

14 BY COMMISSIONER JAMES:

15 RE-DIRECT.

16 RE-DIRECT EXAMINATION BY MS. NOONAN:

17 Q. MS. DENNIS, THIS IS ANOTHER DOCTOR'S EXCUSE THAT WAS
18 SUBMITTED TO THE COUNTY BY MR. WILEY. IT'S
19 DEFENDANTS' PAGE 113 WRITTEN BY ---

20 BY MR. CLARK:

21 I OBJECT TO THIS AS BEGIN IMPROPER RE-DIRECT.
22 IT DOES NOT RESPOND TO THE CROSS EXAMINATION.

23 BY MS. NOONAN:

24 THIS RESPONDS EXACTLY TO YOUR CROSS
25 EXAMINATION.

1 BY MR. CLARK:

2 I DIDN'T ASK ANYTHING ABOUT THAT.

3 BY MS. NOONAN:

4 YEAH, YOU ASKED HER IF THERE ---

5 BY MR. CLARK:

6 I'M NOT GOING TO ARGUE WITH YOU.

7 BY MS. NOONAN:

8 --- WAS ANOTHER MEDICAL RECORD, ---

9 BY MR. CLARK:

10 ANNE ---

11 BY MS. NOONAN:

12 --- AND THERE IS.

13 BY MR. CLARK:

14 --- I'M DIRECTING EVERYTHING TO THE
15 COMMISSIONER.

16 BY COMMISSIONER JAMES:

17 ACTUALLY JUST A MINUTE AGO, YOU WEREN'T. YOU
18 WERE TALKING TO HER. SO, Y'ALL BOTH TALK TO ME, AND
19 ALSO ALL OF US. TRY NOT TO TALK OVER THE TOP OF
20 EACH OTHER. IT MAKES THE COURT REPORTER'S JOB VERY
21 HARD.

22 BY MR. CLARK:

23 OKAY.

24 BY COMMISSIONER JAMES:

25 ALL RIGHT. SO, YOU'RE INDICATING THAT YOUR

1 QUESTIONS ARE RELATED TO THE CROSS ON WHAT ISSUE?

2 BY MS. NOONAN:

3 MR. CLARK ASKED MS. DENNIS IF THERE WAS
4 ANYTHING ELSE IN WRITING OR ANOTHER WORK NOTE.

5 BY MR. CLARK:

6 I ASKED ABOUT THIS DOCUMENT, COMMISSIONER.

7 BY COMMISSIONER JAMES:

8 ALL RIGHT. STILL Y'ALL ARE BOTH ASKING WITH
9 REGARDS TO -- I UNDERSTAND THIS ---

10 BY MR. CLARK:

11 CAN I SEE IT?

12 BY COMMISSIONER JAMES:

13 THIS WITNESS IS NOT ---

14 BY MS. NOONAN:

15 IT'S PAGE 113.

16 BY COMMISSIONER JAMES:

17 THIS WITNESS IS NOT THE PERSON THAT AUTHORED
18 THIS PARTICULAR STATEMENT, AND Y'ALL ARE ASKING
19 QUESTIONS ABOUT THE MEANING OF THAT STATEMENT. AND
20 SO YOU'RE ASKING AND I'M GOING TO ALLOW HER ALSO TO
21 ASK THE SAME TYPE OF QUESTIONS.

22 BY MR. CLARK:

23 ALL RIGHT.

24 RE-DIRECT EXAMINATION RESUMED BY MS. NOONAN:

25 Q. MR. CLARK ASKED YOU ABOUT THAT DOCUMENT AND THE

1 REFERRAL DOWN THERE "USE THE ONE HE PROVIDED." I'M
2 GOING TO HAND YOU THIS DOCUMENT, DEFENDANTS' PAGE
3 113, WHICH WAS ANOTHER WORK EXCUSE WHICH WAS
4 PROVIDED TO THE DETENTION CENTER. IF YOU WOULD, MS.
5 DENNIS, WHAT DOES THAT NOTE SAY?

6 A. THIS NOTE SAYS "RETURN TO WORK STATUS REGULAR DUTY,
7 DATE TO RETURN 11/1/11." AND NOTHING HAS BEEN
8 CHECKED OFF FOR PHYSICAL LIMITATIONS.

9 Q. OKAY.

10 BY MS. NOONAN:

11 I DON'T HAVE ANYTHING FURTHER, YOUR HONOR.

12 BY COMMISSIONER JAMES:

13 ANY RE-CROSS?

14 BY MR. CLARK:

15 NO, MA'AM, I DON'T THINK SO.

16 BY COMMISSIONER JAMES:

17 ANY FURTHER WITNESSES?

18 BY MS. NOONAN:

19 NONE FROM THE DEFENSE, YOUR HONOR.

20 BY COMMISSIONER JAMES:

21 ANYTHING FURTHER FROM THE CLAIMANT?

22 BY MR. CLARK:

23 YES, YOUR HONOR, I WOULD CALL ERIK HAYES.

24 BY COMMISSIONER JAMES:

25 IS MR. HAYES HERE?

1 BY MR. CLARK:

2 YES.

3 BY MS. NOONAN:

4 HE IS HERE, BUT IF YOU'RE GOING TO CALL HIM AS
5 A WITNESS, THEN I WOULD LIKE HIS DEPOSITION REMOVED
6 FROM THE APA. BECAUSE IF HE IS HERE FOR LIVE
7 TESTIMONY, THEN THAT'S NOT ADMISSIBLE. BECAUSE IT
8 WASN'T A DE BENE DEPOSITION.

9 BY MR. CLARK:

10 I WILL JUST USE IT FOR CROSS EXAMINATION, YOUR
11 HONOR. I DON'T CARE ABOUT IT BEGIN SUBMITTED.

12 BY COMMISSIONER JAMES:

13 ALL RIGHT. THEN I WON'T -- UNLESS IT'S USED
14 FOR CROSS, THEN I WON'T NEED IT AS A SUBMISSION.

15 BY MR. CLARK:

16 YES, MA'AM.

17 BY COMMISSIONER JAMES:

18 OKAY.

19 (OFF THE RECORD)

20 BY COMMISSIONER JAMES:

21 ALL RIGHT, MR. HAYES, IF YOU WOULD RAISE YOUR
22 RIGHT HAND FOR ME, PLEASE, SIR.

23 * * * * * * * * * * * * * * *

24 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
25 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE

Erik Hayes - Direct Examination by Mr. Clark

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1 MATTER HEREIN:

2 ERIK HAYES

3 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:
4 BY COMMISSIONER JAMES:

5 ALL RIGHT. YOUR WITNESS, SIR.

6 DIRECT EXAMINATION BY MR. CLARK:

7 Q. MR. HAYES, WHERE DO YOU WORK, SIR?

8 A. FOR SUMTER COUNTY.

9 Q. WHAT'S YOUR JOB TITLE?

10 A. RISK MANAGER FOR SUMTER COUNTY, ALSO EMERGENCY
11 MANAGEMENT DIRECTOR.

12 Q. ALL RIGHT. AND WHAT DO YOU DO?

13 A. WELL, EMERGENCY MANAGER DIRECTOR, I'M RESPONSIBLE
14 FOR THE PLANS FOR THE COUNTY, EMERGENCY OPERATION
15 PLANS, LIAISON WITH THE STATE AND FEDERAL
16 GOVERNMENT. AS A RISK MANAGER, I'M THE LIAISON WITH
17 EMPLOYEES ON WORKMANS' COMP CASES, YOU KNOW, AS FAR
18 AS HANDLING THE PAPERWORK AND BETWEEN THE INSURANCE
19 COMPANY AND THE EMPLOYEE.

20 Q. OKAY. ALL RIGHT.

21 BY MR. CLARK:

22 AND DID YOU GIVE HIM A COPY OF THAT? I DON'T
23 HAVE AN EXTRA ONE. I'LL TAKE THIS ONE OUT.

24 DIRECT EXAMINATION RESUMED BY MR. CLARK:

25 Q. MR. HAYES, I'M GOING TO SHOW YOU WHAT IS APA NUMBER

1 101 AND ASK YOU DID YOU -- ARE YOU FAMILIAR WITH
2 THAT DOCUMENT?

3 A. YES, SIR.

4 Q. ALL RIGHT. AND IS THAT YOUR HANDWRITING ON THAT
5 DOCUMENT?

6 A. YES, SIR, IT IS.

7 Q. ALL RIGHT. WHEN DID YOU WRITE THAT?

8 A. I BELIEVE I GOT IT -- IT'S CUT OFF WITH THE DATE,
9 BUT -- AND WE SAID THAT WAS -- I BELIEVE WE AGREED
10 BEFORE THAT WAS 12/5/11.

11 Q. OKAY, ALL RIGHT. AND WHAT DID YOU WRITE, SIR?
12 COULD YOU READ THAT FOR ME, PLEASE.

13 A. THESE ARE SOME NOTES I MADE FOR MY PERSONAL
14 SHORTHAND NOTES I WAS MAKING IN ORDER TO TRY TO
15 BRIEF -- I BELIEVE I WAS BRIEFING ON DARRYL MCGHANEY
16 WHO IS THE MAJOR OUT AT THE JAIL. DO YOU WANT ME TO
17 READ THE ENTIRE THING?

18 Q. YES, SIR.

19 A. OKAY. THESE ARE NOTES MADE WHERE I SPOKE WITH
20 DARRYL MCGHANEY ABOUT WILEY. "NUMERAL ONE, THIS
21 DOES NOT COVER HOW TO RETURN TO WORK, PARENTHESIS,
22 LIGHT DUTY, ET CETERA, END OF PARENTHESIS. NUMBER
23 TWO, THIS DOES NOT COVER --

24 Q. WELL, LET ME ASK YOU THIS.

25 A. I'M SORRY. GO AHEAD.

1 Q. WHAT YOU'RE READING NOW, IS THAT WHAT WAS TOLD TO
2 YOU BY MR. MCGHANEY?

3 A. NO, SIR.

4 Q. ALL RIGHT. WELL, WHO TOLD YOU THAT, OR IS THAT --
5 WELL, READ IT FIRST. I'M SORRY. READ IT.

6 A. NO, IT'S FINE. IF YOU WANT ME TO CONTINUE, I WILL.
7 I MEAN, I CAN ANSWER THE QUESTION YOU JUST ASKED, I
8 BELIEVE.

9 Q. I'M SORRY. CAN YOU GO AHEAD AND READ WHAT YOU WERE
10 READING. I'LL ASK YOU WHEN YOU'RE DONE.

11 A. OKAY. "NUMBER THREE," WE ENDED WITH NUMBER TWO.
12 "SIMON MAJOR, THE DIRECTOR, HAD ASKED PRIOR FOR A
13 DOCTOR'S NOTE AROUND THE FIRST OF NOVEMBER AND NEVER
14 RECEIVED ONE. FOUR, MCGHANEY SAID HE WOULD SPEAK
15 WITH SIMON MAJOR ABOUT CONTACTING WILEY IN REFERENCE
16 TO BRINGING TWO OTHER NOTES -- OR TWO NOTES AND THEN
17 SPOKE WITH L. DENNIS. DO NOT -- OR NO NEED TO ASK
18 FOR A SECOND OR UPDATED NOTE. USE THE ONE HE
19 PROVIDED."

20 Q. OKAY. WHO TOLD YOU THAT?

21 A. THAT'S A NOTE I MADE TO MYSELF. WHEN I -- THESE
22 NOTES WERE A CONVERSATION I HAD WITH MS. DENNIS TO
23 MYSELF TO GO BACK AND SPEAK WITH MR. MCGHANEY AND
24 ALL, AND THAT'S A NOTE I REFERENCED FOR SOMETHING TO
25 HELP ME TRY TO REMEMBER WHAT TO TALK TO MAJOR

1 MCGHANEY ABOUT.

2 Q. OKAY. ISN'T IT TRUE, SIR, THAT YOU NEVER TOLD MAJOR
3 MCGHANEY THAT?

4 BY MS. NOONAN:

5 OBJECTION, LEADING. IT'S HIS WITNESS.

6 BY MR. CLARK:

7 IT'S CROSS ---

8 BY MS. NOONAN:

9 IT'S YOUR WITNESS.

10 DIRECT EXAMINATION RESUMED BY MR. CLARK:

11 Q. DID YOU EVER TELL MR. MCGHANEY ---

12 BY MR. CLARK:

13 WELL, HE'S A HOSTILE WITNESS. HE'S AN ADVERSE
14 WITNESS.

15 BY MS. NOONAN:

16 HE HASN'T PROVEN HIMSELF HOSTILE YET, YOUR
17 HONOR.

18 BY MR. CLARK:

19 HE'S ADVERSE. HE -- OKAY.

20 DIRECT EXAMINATION RESUMED BY MR. CLARK:

21 Q. DID YOU EVER TELL MR. MCGHANEY THAT?

22 A. TO THE BEST OF MY KNOWLEDGE, YES. IN MY
23 RECOLLECTION, YES, THIS WAS THE NOTES THAT I MADE.

24 Q. SO, YOU TOLD MR. MCGHANEY THAT THAT MR. -- DID YOU
25 TELL HIM EXACTLY WHAT YOU PUT ON THE NOTE?

- 1 A. LIKE I SAID, THIS WAS MY SHORTHAND. AS FAR AS I
2 DON'T REMEMBER EXACTLY WHAT I TOLD HIM. NO, I CAN'T
3 RECALL THAT AT THIS TIME, BUT THESE WERE NOTES THAT
4 I TOOK IN MY SHORTHAND JUST IN A CONVERSATION TO
5 HELP WRITE DOWN TO HAVE THOSE CONVERSATIONS.
- 6 Q. RIGHT. DID YOU EVER TELL MR. MCGHANEY WHAT YOU HAVE
7 WRITTEN ON THAT PAPER?
- 8 A. AS FAR AS THE ---
- 9 Q. OF WHAT ---
- 10 A. I HAD A CONVERSATION WITH HIM. WHAT THE EXACT
11 WORDING OF THE CONVERSATION WAS, NO, SIR, I CAN'T
12 REMEMBER AT THIS MOMENT.
- 13 Q. OKAY.
- 14 A. I KNOW THAT'S -- GO AHEAD. YES, SIR.
- 15 Q. WELL, YOU CAN FINISH YOUR ANSWER. I JUST ---
- 16 A. NO, NO, SIR. THAT'S FINE.
- 17 Q. BUT THE PART DOWN HERE THAT SAYS "SPOKE TO L.
18 DENNIS. DO NOT" -- AND YOU HELP ME UNDERSTAND,
19 BECAUSE THERE'S A QUESTION ABOUT WHAT IT ACTUALLY
20 SAYS. "SPOKE WITH L. DENNIS. DO NOT OR NO NEED ASK
21 FOR" -- WHAT'S THAT RIGHT THERE?
- 22 A. "2ND," TWO WITH THE...
- 23 Q. OKAY, "2ND OR UPDATED NOTE"?
- 24 A. YES.
- 25 Q. "USE ONE PROVIDED." IS THAT WHAT IT SAYS?

Erick Hayes - Cross Examination by Ms. Noonan

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1 A. THAT'S WHAT IS WRITTEN THERE, YES.

2 Q. AND DID YOU TELL MR. McGHANEY THAT?

3 A. I CANNOT RECALL IF I TOLD HIM THOSE EXACT WORDS AT
4 THIS TIME, NO, SIR. I'M SORRY.

5 Q. SO, IT IS YOUR TESTIMONY YOU DON'T KNOW WHAT YOU
6 TOLD HIM?

7 A. I REMEMBER I DID HAVE A CONVERSATION WITH HIM ABOUT
8 THIS CASE -- WITH THIS. THAT WAS ON MY NOTES. WHAT
9 THE EXACT CONVERSATION WAS AT THIS TIME, NO, SIR, I
10 CAN'T TELL YOU.

11 Q. ALL RIGHT. AND DID YOU EVER ASK MS. DENNIS WHAT
12 THAT MEANT?

13 A. DID I ASK HER WHAT THIS MEANT?

14 Q. YES, SIR.

15 A. NO, SIR.

16 Q. ALL RIGHT.

17 BY MR. CLARK:

18 THANK YOU, SIR. THAT'S ALL I HAVE.

19 BY COMMISSIONER JAMES:

20 ANY CROSS?

21 BY MS. NOONAN:

22 YES, YOUR HONOR.

23 CROSS EXAMINATION BY MS. NOONAN:

24 Q. MR. HAYES, IF YOU COULD, READ NUMBER TWO ALSO. YOU
25 DIDN'T READ THAT ONE INTO THE RECORD.

- 1 A. OH, I THOUGHT I DID. I'M SORRY.
- 2 Q. THAT'S ALL RIGHT.
- 3 A. "THIS DOES NOT COVER" -- I CAN'T READ MY WRITING
4 RIGHT THERE, THE ONE THING BETWEEN 30-DAY GAP. THIS
5 DOES NOT COVER -- THAT MIGHT BE "THE 30 DAY GAP FROM
6 NOVEMBER 1ST TO DECEMBER 2ND."
- 7 Q. AND WHAT DOES THAT MEAN?
- 8 A. I BELIEVE THAT WAS -- THE EMPLOYEE WAS OUT FOR SOME
9 TIME, AND THIS WAS A NOTE BUT IT DIDN'T COVER SOME
10 TIME HE WAS OUT.
- 11 Q. WOULD THAT HAVE BEEN NOVEMBER 1ST THROUGH DECEMBER
12 2ND WHERE YOU DIDN'T HAVE A NOTE ADDRESSING THOSE
13 TIME PERIODS?
- 14 A. YES, MA'AM.
- 15 Q. ALL RIGHT. AND I KNOW YOU ALL COVERED THIS EARLIER,
16 BUT ARE YOU AWARE OF A WORK NOTE THAT WAS GIVEN TO
17 MR. WILEY RELEASING HIM TO FULL DUTY ON NOVEMBER
18 1ST?
- 19 A. YES, MA'AM, I AM AWARE OF THAT.
- 20 Q. OKAY. AND SINCE YOU STARTED IN YOUR NEW POSITION
21 WITH THE COUNTY, DO YOU ALL ACCEPT WORK RESTRICTIONS
22 FROM PERSONAL DOCTORS OR DOCTORS THAT ARE NOT
23 AUTHORIZED UNDER WORKERS' COMP?
- 24 A. NO, MA'AM. JUST DOCTORS THAT ARE AUTHORIZED BY THE
25 INSURANCE COMPANY.

Erik Hayes - Re-Direct Examination by Mr. Clark

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1 BY MS. NOONAN:

2 THAT'S ALL I HAVE.

3 BY COMMISSIONER JAMES:

4 ANY RE-DIRECT?

5 BY MR. CLARK:

6 YES, MA'AM.

7 RE-DIRECT EXAMINATION BY MR. CLARK:

8 Q. MR. HAYES.

9 A. YES, SIR.

10 Q. THAT NOTE, IS THAT THE BEST RECORD THE COUNTY HAS OF
11 WHAT TRANSPIRED BACK IN 2011?

12 BY MS. NOONAN:

13 YOUR HONOR, ---

14 BY MR. CLARK:

15 DO YOU KNOW OF ANY OTHER?

16 BY MS. NOONAN:

17 I OBJECT. THAT IS OUTSIDE THE SCOPE OF RE-
18 DIRECT. I DIDN'T ASK HIM ANYTHING ABOUT THAT ON
19 CROSS EXAMINATION.

20 BY MR. CLARK:

21 SHE ASKED HIM ABOUT THE NOTE. SHE ASKED HIM
22 ABOUT THE NOTE.

23 BY COMMISSIONER JAMES:

24 WELL, Y'ALL HAVE ALL ---

25 BY MS. NOONAN:

1 I ASKED HIM ABOUT NUMBER TWO.

2 BY COMMISSIONER JAMES:

3 Y'ALL HAVE ALL BEEN ASKING ABOUT THE NOTE, SO
4 I'M GOING TO ALLOW THE QUESTION.

5 RE-DIRECT EXAMINATION RESUMED BY MR. CLARK:

6 Q. IS THAT THE BEST RECORD, YOU BEING THE SAFETY
7 DIRECTOR, THAT SUMTER COUNTY HAS ABOUT WHAT HAPPENED
8 BACK IN 2011?

9 A. I WOULD SAY I CAN'T SAY IF IT IS OR NOT THE BEST
10 NOTE. THIS IS JUST THE NOTES THAT I HAD MADE SOME
11 NOTES. WHETHER THEY'RE -- AND I CAN ANSWER IT THAT
12 WAY. I IMAGINE THAT SOMEBODY ELSE MIGHT HAVE NOTES,
13 TOO, THROUGH THE INSURANCE COMPANY OR ANYTHING LIKE
14 THAT, TOO.

15 Q. OKAY. DO YOU -- LET ME ASK YOU THIS WAY; DO YOU
16 KNOW OF ANY OTHER NOTES THAT EXPLAIN -- THAT SPEAK
17 TO WHAT'S ON THAT PAPER OF WHAT HAPPENED IN 2011?

18 A. NO, I KNOW OF NO OTHER NOTES.

19 Q. ALL RIGHT. AND, MR. HAYES, TODAY DO YOU REMEMBER
20 THE EXACT CONVERSATION THAT YOU HAD WITH MS. DENNIS?

21 A. NO, SIR, I CANNOT SAY I KNOW THE EXACT CONVERSATION
22 I HAD WITH MS. DENNIS. NO, SIR.

23 Q. OKAY. AND JUST SO I'M CLEAR, DID YOU RELATE WHAT
24 MS. DENNIS SAID TO THE DIRECTOR OR NOT?

25 BY MS. NOONAN:

1 OBJECTION, ASKED AND ANSWERED.

2 BY MR. CLARK:

3 WELL, IF YOU DON'T MIND, THAT'S MY LAST
4 QUESTION.

5 BY COMMISSIONER JAMES:

6 SUSTAINED. ARE THERE ANY FURTHER QUESTIONS
7 FROM THIS WITNESS? I DO HAVE ONE THAT MAY HAVE NOT
8 BEEN ADDRESSED AND JUST BECAUSE Y'ALL HAVE HAD --
9 Y'ALL HAVE ASKED FOR HIM TO READ HIS NOTES, AND YOU
10 MAY HAVE ASKED THIS.

11 BUT THE DATE OF THE NOTE, SIR, I CAN'T READ
12 THAT.

13 BY THE WITNESS:

14 I THINK THE -- IF I CAN REFERENCE THE
15 DEPOSITION, I BELIEVE HE HAD A DIFFERENT -- MR.
16 CLARK HAD A DIFFERENT COPY OF THAT THAT DAY THAT I
17 THINK WAS A LITTLE MORE LEGIBLE. PLEASE CORRECT ME
18 IF I'M WRONG. I THINK IT WAS ---

19 BY MR. CLARK:

20 I'M NOT SURE.

21 BY THE WITNESS:

22 --- GOING WITH THE ABOVE DATE WHERE IT SAID
23 "12/2" ON THAT NOTE THERE, I BELIEVE THAT WAS
24 12/5/11.

25 BY COMMISSIONER JAMES:

Erik Hayes - Re-Cross Examination by Ms. Noonan

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1 ALL RIGHT.

2 BY THE WITNESS:

3 I BELIEVE.

4 BY COMMISSIONER JAMES:

5 DOES ANYBODY HAVE ANY FURTHER QUESTIONS OF THIS
6 WITNESS?

7 BY MR. CLARK:

8 NO, MA'AM, I DON'T.

9 BY MS. NOONAN:

10 YES, YOUR HONOR, I JUST HAVE ONE.

11 RE-CROSS EXAMINATION BY MS. NOONAN:

12 Q. MR. CLARK JUST ASKED YOU IF THERE WERE ANY OTHER
13 RECORDS OF WHAT HAPPENED IN 2011 OR IF THAT WAS THE
14 BEST NOTE FOR THE COUNTY. HAVE YOU SEEN ALL THE
15 DIFFERENT INCIDENT REPORTS FROM 2011 AND BEGINNING
16 OF 2012 THAT WERE PREPARED BY MR. McGHANEY THAT ARE
17 IN THE RECORD?

18 A. YES -- YES, MA'AM.

19 Q. OKAY. AND DO THESE DOCUMENT EVERYTHING THAT
20 OCCURRED IN 2011 TO YOUR KNOWLEDGE?

21 A. TO MY KNOWLEDGE, I BELIEVE THOSE INCIDENT RECORDS
22 ARE FROM THE CORRECTIONAL CENTER, AND AS FAR AS IF
23 IT COVERS ALL OF THAT, I CAN'T ANSWER THAT TO SAY
24 THAT IT DOES COVER ALL OF IT, BUT I -- I DID SEE
25 THAT THERE WERE MULTIPLE RECORDS AS FAR AS THAT GOES

1 THROUGH THAT. SO, TO THAT EXTENT, I CAN'T -- I
2 STILL CAN'T ANSWER DOES IT COVER ALL OF IT.

3 Q. THANK YOU.

4 BY MS. NOONAN:

5 AND, YOUR HONOR, THAT'S JUST STARTING ON
6 DEFENDANTS' PAGE 163. IT'S ALL IN THERE.

7 BY COMMISSIONER JAMES:

8 ALL RIGHT. ANY FURTHER WITNESSES?

9 BY MR. CLARK:

10 NO, MA'AM.

11 BY COMMISSIONER JAMES:

12 ALL RIGHT. THAT CONCLUDES THIS HEARING.
13 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
14 CONCLUDED AT THE HOUR OF 3:30 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1109844

EMPLOYEE/CLAIMANT: OLIVER M. WILEY

EMPLOYER: SUMTER COUNTY

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 66 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF OLIVER M. WILEY TAKEN ON THE 18TH DAY OF DECEMBER, 2013.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 9TH DAY OF APRIL, 2014.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 2-04-2024

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

Pre-hearing Brief and APA Submissions of
Claimant dated December 3, 2013

JOHN D. CLARK
jclark@theclarklawfirm.com

SHARON BAKER CLARK
sbclark@theclarklawfirm.com



CLARK
LAW FIRM, LLC

www.theclarklawfirm.com

22 E. Liberty Street, P.O. Box 880, Sumter, SC 29151
PH: (803) 775-1234 FX: (803) 775-8590

December 3, 2013

The Honorable Melody L. James
Commissioner
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Claimant: Oliver Wiley
Employer: Sumter County
WCC File No: 1109844
Our File No: 11-160

Dear Commissioner James:

Enclosed please find the Claimant's Form 58 Pre-Hearing Brief and Notice of Witnesses and Submission of Records/Reports in connection with the above referenced matter. Copies of supporting evidence will be introduced at the hearing. I kindly request that a clocked copy of the Form 58 be returned to my office in the self-addressed, stamped envelope provided. By copy of this letter, I am serving a copy of the Form 58 upon Anne V. Noonan, Esquire, Attorney for Defendants.

If you should have any questions, please do not hesitate to contact my office.

Sincerely,

John D. Clark

JDC:lc

Encls.

pc: Anne V. Noonan, Esquire

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: 1109844

Claimant's Name: Oliver M. Wiley Employer's Name: Sumter County
Address: 2477B Peach Orchard Road Address: 13 East Canal Street
City: Sumter State: SC Zip: 29154 City: Sumter State: SC Zip: 29150
Home Phone: (803) 238-0839 Work Phone: Carrier: SC Counties Workers' Compensation Trust
Preparer's Name: John D. Clark, Esquire Preparer's Phone #: (803) 776-1234

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$607.92 2. AWW: \$911.87 Date of Injury: 04-14-11

3. Type of Injury and body part(s): Right ankle.

4. Facts in controversy: Whether Claimant is entitled to TTD.

5. Legal Issues Involved: Same as Number 4 above.

6. Unusual aspects: None.

7. Witnesses (designate if expert):* Claimant.

8. Exhibits:
1. Record from Personnel File, 12/02/11;
2. Deposition Transcript of Darryl McGanney; and
3. Deposition Transcript of Erik Hayes

1. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):

Pursuant to R.67-612, medical records from Doctors Care; Dr. Danny Ford, Sumter Orthopaedic & Associates; Clarendon Memorial Hospital; Progressive Physical Therapy; Dr. Timothy Zgleszewski, Palmetto Spine & Sports Medicine PA; James F. Bathea, MD, Columbia Orthopaedic; Donald R. Johnson, Southeastern Spine Institute; Karl A. Lozanne, MD, Columbia Neurosurgical Associates; Steven B. Storck, MD, Palmetto Health Pain Management; Ryan Wetzel, MD, Midlands Orthopaedics, PA.

2. Name, address, and specialty, if any, of the treating physician:

Dr. Danny Ford, Sumter Orthopaedic & Associates, 100 N. Sumter Street, Suite 200, Sumter, SC; Dr. Timothy Zgleszewski, Palmetto Spine & Sports Medicine, PA, 3 Southern Court, Suite B, West Columbia, SC; James F. Bathea, MD, Columbia Orthopaedic, 1301 Taylor Street, Suite #3-O, Columbia, SC; Donald R. Johnson, Southeastern Spine Institute, 1106 Chuck Dawley Blvd., Suite 200, Mt. Pleasant, SC; Karl A. Lozanne, MD, Columbia Neurosurgical Associates, 132 Sunset Court, West Columbia, SC; Steven B. Storck, MD, Palmetto Health Pain Management, 223 Stoneridge Drive, Columbia, SC; and Ryan Wetzel, MD, Midlands Orthopaedics, P.A., 1910 Blanding Street, Columbia, SC.

3. Impairment rating(s); body part(s); physician and date of opinion: 13%, back/spine, Timothy M. Zgleszewski, MD, 12/14/11

12. I am amending my Form 50/51 in the following manner:

☐ 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.

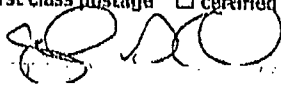
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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 Anne V. Noonan, Esquire, Wilson Jones Carter & Baxley, PA, 421 Wando park Blvd., Mt. Pleasant, SC 29464 on

the 3rd day of December, 2013 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature:

Date of hearing: December 18, 2013



Email:

jdclark@theclarklawfirm.com

Time needed for hearing:

Thirty (30) minutes

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.

WCC Form # 58

Revised 7/13

58

PRE-HEARING BRIEF

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: 1109844

Claimant's Name: Oliver M. Wiley

Employer's Name: Sumter County

Address: 2477B Peach Orchard Road

Address: 13 East Canal Street

City: Sumter

State: SC Zip: 29154

City: Sumter

State: SC Zip: 29150

Home Phone: (803) 236-0839

Work Phone:

Carrier: SC Counties Workers' Compensation Trust

Preparer's Name: John D. Clark, Esquire

Preparer's Phone #: (803) 775-1234

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Date of Injury: 04-14-11

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6. Unusual aspects: None.

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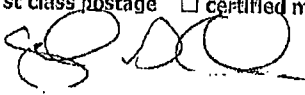
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the 3rd day of December, 2013 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____

Date of hearing: December 18, 2013



Email:

jclark@theclarklawfirm.com

Time needed for hearing:

Thirty (30) minutes

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.

WCC Form # 58

Revised 7/13

58

PRE-HEARING BRIEF

**STATE OF SOUTH CAROLINA
THE SOUTH CAROLINA WORKERS COMPENSATION COMMISSION
WCC FILE NO. 1109844**

OLIVER M. WILEY, Employee,)
)
 Claimant,)
)
 v.)
)
 SUMTER COUNTY,)
)
 Employer,)
)
 and)
)
 SC ASSOCIATION OF COUNTIES SIF,)
)
 Carrier,)
)
 Defendants.)

**NOTICE OF WITNESSES OF
RECORDS AND REPORTS TO
BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
CLAIMANT**

**TO: THE HONORABLE MELODY L. JAMES, COMMISSIONER, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION AND ANNE V. NOONAN,
ESQUIRE, ATTORNEY FOR DEFENDANTS:**

YOU ARE HEREBY NOTIFIED THAT JOHN D. CLARK, Attorney for Claimant,
pursuant to the provisions of the South Carolina Workers Compensation Act and South Carolina
Code Section 1-23-330, (1976 as amended), herewith submits the following medical reports as direct
evidence on behalf of the Claimant:

NAME OF REPORT/RECORD(S) OR OTHER EVIDENCE	DATE OF REPORT/RECORD(S)	NUMBER OF PAGES
Dr. Ryan Wetzel	09/05/13 - 11/11/13	1 - 14
Donald R. Johnson II, MD	08/13/12 - 02/21/13	15 - 17
Devin Troyer, MD	11/15/12	18 - 19
Dr. Steven B. Storick	11/08/12 - 06/05/13	20 - 25
Dr. Bothea	06/04/12 - 06/27/12	26 - 31
Dr. Karl A. Lozanne	12/29/11 - 12/20/12	32 - 40
Dr. Timothy M. Zgleszewski	12/13/11	41 - 44
Dorn VA Medical Center	12/02/11	45
Clarendon Memorial Hospital	11/11/11	46

NAME OF REPORT/RECORD(S) OR OTHER EVIDENCE	DATE OF REPORT/RECORD(S)	NUMBER OF PAGES
Danny H. Ford, MD	06/21/11 - 11/03/11	47 - 56
Progressive Physical Therapy	04/25/11 - 10/13/11	57 - 88
Doctors Care	04/14/11 - 05/26/11	89 - 100

Exhibits

1 - Dorn VA Return to Work From Client's Personnel File	12/02/11	101
2 - Deposition Transcript of Darryl McGhaney (To be submitted at Hearing)		
3 - Deposition Transcript of Erik Hayes (To be submitted at Hearing)		

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said individuals, entities and/or physicians, will be delivered to the SC Workers' Compensation Commission pursuant to Regulation 67-612 at the time of the hearing for insertion in the file of the SC Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant. Claimant respectfully reserves the right to amend this list and submit additional records and/or reports.

CLARK LAW FIRM, L.L.C.



JOHN D. CLARK, ESQUIRE

Attorney for Claimant

22 East Liberty Street

Post Office Box 880

Sumter, SC 29151

(803) 775-1234 • (803) 775-8590 (fax)

December 3, 2013

STATE OF SOUTH CAROLINA
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

OLIVER M. WILEY, Employee,

CLAIMANT,

v.

SUMTER COUNTY,

EMPLOYER,

and

SC ASSOCIATION OF COUNTIES SIF,

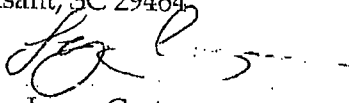
CARRIER,

DEFENDANTS.

CERTIFICATE OF MAILING

I, the undersigned, an employee of the Clark Law Firm L.L.C., do hereby certify that I have this 3rd day December, 2013, foregoing Form 58 Pre-Hearing Brief upon Anne V. Noonan, Esquire, Attorney for Defendants, on behalf of Employee/Claimant Oliver M. Wiley, by personally depositing same in the United States Post Office, postage prepaid, addressed to the individual(s) as indicated below:

Anne V. Noonan, Esquire
Willson Jones Carter & Baxley, P.A.
421 Wando Park Blvd. - Suite 100
Mount Pleasant, SC 29464


Larry Carter

Surgery Order

Son. 8-2013 02:18pm 15007/004
8-23-320

09/06/2013

Co een

From Provider

RYAN WETZEL, MD
MIDLANDS ORTHOPAEDICS, P.A.
1910 Blanding Street
COLUMBIA, SC 29201-3820
Phone: (803) 263-4107
Fax: (803) 263-8876

To Provider

MIDLANDS ORTHOPAEDICS SURGERY CENTER LLC
1930 BLANDING ST
COLUMBIA, SC 29201
Phone: (803) 461-4740
Fax: (803) 461-4742

Orders Included: 1

724.2: Lumbago

- MEDIAL BRANCH BLOCK, LUMBOSACRAL (PROC)
Send To: MIDLANDS ORTHOPAEDICS SURGERY CENTER LLC
Note to Provider:
MBB Left Lumbar 5-6
Workerscomp

Patient

NAME: WILEY, OLIVER M ** PATIENT ID:
2078907 ** PATIENT SSN: 247330598
Gender: M ** DOB: 07/22/1972 ** AGE: 41
YR

Address

2477B PEACH ORCHARD ROAD,
SUMTER, SC 29164

Phone

H: (803) 409-0888

Primary Ins.

** ID: ** Policy Holder:

** Claim Case#: 8800000232489 ** Case Injury Date:
04/14/2011 ** Case Worker's Name: COLLEEN MOTLEY

Secondary Ins.

** ID: ** Policy Holder:

Electronically Signed by: RYAN WETZEL, MD

[Handwritten Signature]

2078001

STATE OF SOUTH CAROLINA
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

OLIVER M. WILEY, EMPLOYEE,
CLAIMANT,

v.

SUMTER COUNTY,

EMPLOYER,

and

SC ASSOCIATION OF COUNTIES, SIF,

CARRIER,

DEFENDANTS.

STATEMENT OF
DR. RYAN A. WETZEL
MIDLANDS ORTHOPAEDICS
RE: OLIVER M. WILEY

The undersigned, Ryan A. Wetzel, M.D. of Midlands Orthopaedics, having examined Claimant Oliver M. Wiley on September 5, 2013, respectfully offers the following opinions, stated to a reasonable degree of medical certainty:

1. Please state your current diagnosis of Claimant.

Low Back Pain with left Leg Sciatica

2. Please state whether your diagnosis is causally related to Claimant's work accident of April 14, 2011?

✓ Yes

No

RECEIVED SEP 17 2013

STATEMENT OF
RYAN A. WETZEL, M.D.
RE: OLIVER M. WILEY
PAGE TWO

3. Please state whether Claimant has been able to return to work as a correctional officer since the date of accident, April 14, 2011?

Yes

N/A

No

4. Please state whether Claimant is able to return to work as this time.

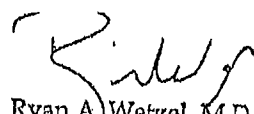
✓ Yes

in modified duty

No

5. Please state your recommendations for treatment at this time.

Diagnostic Lumbar Medial Branch
Block of the Left Lumbar Facet Joints


Ryan A. Wetzel, M.D.
Midlands Orthopaedics, P.A.
1910 Blanding Street
Columbia, SC 29201

September , 2013

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blandin Street, COLUMBIA SC 29201-3520

WILEY, OLIVER M (id #2078907, dob: 07/22/1972)

Encounter Summary

Patient

Name : WILEY, OLIVER (41, M) ID# 2078907 Appt. Date/Time : 09/05/2013 11:00AM
 DOB : 07/22/1972 Service Dept. : Gregg
 Provider : RYAN WETZEL, MD
 Insurance : Med Worker's Comp; ARIEL TPA

Employer Name : SUMTER COUNTY
 Case # : 5800000232489
 Case Injury Date : 04/14/2014
 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

None recorded.

Problems

Reviewed Problems

- Lumbosacral spondylosis without myelopathy (721.3)
- Lumbago (724.2)
- Sciatica (724.3)

Patient's Providers

Insurance Adjustor (Worker's Comp): COLLEEN MOTLEY; PH (856) 222-6379 EX370, Fax (856) 628-9307

Patient's Pharmacies

RITE AID-1077 BROAD STREET (ERX): 1077 BROAD STREET, SUMTER SC 29150, PH (803) 778-6551, Fax (803) 418-0311

Medications

None recorded.

Allergies

Reviewed Allergies
 NKDA

Past Medical History

Reviewed Past Medical History
 High Blood Pressure: Y
 Sleeping Disorders: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
 Mother

- Arthritis
- High Blood Pressure
- High Blood Pressure
- High Blood Pressure
- Sickle Cell Trait

Social History

Reviewed Social History
 Ortho
 Smoking Status: Current some day smoker.
 Alcohol intake: Occasional.
 Number of children: 4.
 Marital status: Divorced.
 Diet: Regular.
 Chewing tobacco: none.
 Cigar/Pipe Use: N.
 Smoker (1 PPV).
 Work History: Disabled.

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

Are you currently employed?: N
Hand Dominance: Right

Vitals

BP: 148/89 sitting
09/06/2013 11:47 am

HT: 8 ft 4 in 09/06/2013
11:30 am

WT: 270 lbs 09/06/2013
11:30 am

BMI: 32.9 09/06/2013 11:30
am

Pulse: 100 bpm 09/06/2013
11:47 am

HPI

Lower Back

Reported by patient.

Location: left

Quality: burning; throbbing; sharp; worsening

Severity: covers; pain level 9/10; worst pain 9/10

Duration: continuous since onset

Timing: All the time

Context: work injury

Alleviating Factors: nothing helps

Aggravating Factors: sitting; standing; lying down; walking; lifting; carrying; twisting; bending/squatting; pushing/pulling;
weightbearing; exercise; previous surgery; going from sit to stand; upstairs; downstairs; morning; daytime; nighttime

Associated Symptoms: no tingling; no swelling; no redness; no ecchymosis; no catching/locking; no popping/clicking; no
buckling; no grinding; no instability; no drainage; no chills; no weight loss; no change in bowel/bladder habits; weakness;
numbness; warmth; radiation down leg; fever

Previous Surgery: none

Prior Imaging: MRI

Previous Injections: helped a little

Previous PT: did not help

Work Related: no

Working: no

ROS

Patient reports night sweats and exercise intolerance but reports no fever, no significant weight gain, and no significant weight loss. He reports difficulty hearing but reports no ear pain. He reports muscle weakness, arthralgia/joint pain, and back pain but reports no muscle aches and no swelling in the extremities. He reports weakness and numbness but reports no loss of consciousness, no seizures, no dizziness, and no headaches. He reports depression but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no dry eyes, no irritation, and no vision change. He reports no frequent nosebleeds and no nosebleed problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no tooth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and no vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 41-year-old male.

Constitutional: Patient well developed, tall gentleman. Patient appears stated age.

Psychiatric: AAOx3. Mood and affect are appropriate.

Eyes: Pupils are equal, round, reactive to light. No scleral icterus.

CV: No significant swelling or edema on inspection and palpation of lower extremities.

Respiratory: Equal chest expansion. Respirations are unlabored.

Skin: Inspection and palpation reveal no significant lesions on the back.

Neurologic:

Bilateral patellar MSRs 2/4

Bilateral Achilles MSRs 2/4

Sensation of BLE is normal to light touch.

Manual muscle strength testing reveals 5/5 in all major muscle groups of BLE.

Musculoskeletal:

ROM of lumbar spine is mildly limited in extension, he is more restricted in his flexion.

No tenderness to palpation in lumbar paraspinals.

No bony tenderness over spinous processes.

Straight leg raise negative bilaterally.

SI joint maneuvers on the left give him anterior groin pain.

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

Assessment / Plan

this is a gentleman who was a correctional officer and hurt in April of 2011 due to a fall while involved with a prisoner altercation. He has since been evaluated by multiple surgical and non-surgical physicians, including Dr. Johnson, Dr. Lozano, Dr. Storck, and Dr. Bethea. He was sent to me with a question as to whether he is appropriate for a radiofrequency rhizotomy. He has persistent left back and hip pain, with intermittent left leg paresthesias.

He has undergone an EMG and nerve conduction which did not reveal an explanation for his left leg paresthesia. He has undergone a lumbar MRI which was unremarkable. He has undergone a three-phase bone scan of the pelvis which showed slight increased uptake at the left greater trochanter but no abnormal activity at the SI joints. He underwent a course of PT in 2011.

There is some confusion as to exactly which injections he underwent, as there is some mention of facet injections in the records, but looking through the records this never occurred, it was only discussed as a possible recommendation. He did undergo a left SI joint injection in November of 2012 with Dr. Storck, as well as left greater trochanter injection in June of 2012 with Dr. Bethea, according to procedure notes in the records I have for review. The patient reports that the SI joint injection did not help as best as he can recall, and looking through the records it does not seem that he got any relief from the injection. Dr. Johnson makes mention of possibly performing SI joint rhizotomy or a lumbar facet rhizotomy. The patient is now sent to me with a question as to whether he is appropriate for a radiofrequency rhizotomy. Given the poor response to the therapeutic SI joint injection, I doubt that he would benefit from an SI joint rhizotomy. Given the question of a lumbar facet rhizotomy, I would recommend that he undergo a diagnostic facet block. I would recommend a left side L3-5 medial branch block to screen his left L4-5 and L5-S1 facet joints and determine if lumbar spondylosis is causing the pain.

Diagnostic medial branch block was discussed with the patient. Risks and benefits were reviewed. I explained to the patient that if the initial diagnostic block was positive, I would recommend a second diagnostic block for confirmation. If he has two successful diagnostic blocks, I would then recommend him for a lumbar facet radiofrequency rhizotomy. If the diagnostic block is negative however, then I would not recommend further spinal injections, and at that point he would be at MMT.

1. LUMBAGO (724.2)

- MEDIAL BRANCH BLOCK, LUMBOSACRAL (PROC) -
Note to Provider:
MBB Left Lumbar 3-5
Workerscomp

2. SCIATICA (724.3)

3. LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY (721.3)

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by Ryan Wetzel, MD, 08/06/2013.

Encounter performed and documented by Ryan Wetzel, MD

Encounter reviewed & signed by Ryan Wetzel, MD on 08/06/2013 at 2:34pm

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-3520

WILEY, OLIVER (Id #2078907, dob: 07/22/1972)



Phone: (803) 250-4107 • www.midlandsortho.com • Fax: (803) 253-0070

WORK STATUS INFORMATION

NAME: Oliver Wiley
DATE OF BIRTH: 07/22/1972
PROVIDER'S NAME: RYAN WETZEL, MD
CARRIER: ARIEL TPA
WC CLAIM#: 5800000232489
DX CODE(S) & DESCRIPTION: Lumbago (724.2),

ACCOUNT: 2078907
EMPLOYER: SUMTER COUNTY
DOS: 09/05/13
DOA: 04/14/2011

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
☒ Light duty as of 09/05/13 with restrictions.
(availability of light duty is determined by the employer, not the physician)
☐ Remain out of work until *
☐ Part time (whether regular duty or light duty)
☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☐ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 20 (lbs)
☐ No climbing	☒ Lifting and carrying limit 20 (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting or stretching	☐ No work at heights

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Ryan Wetzel, MD for New Patient at Gregg on 09/05/2013

Electronically Signed by: RYAN WETZEL, MD
MIDLANDS ORTHOPAEDICS, P.A.

Wiley, Oliver (ID: 2078907), DOB: 07/22/1972

MIDLANDS ORTHOPAEDICS, P.A. • 1210 Blanding Street, COLUMBIA, SC 29201-3520

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

MIDLANDS ORTHOPAEDICS, P.A. • 1210 Blanding Street, COLUMBIA, SC 29201-3520

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

WILEY, OLIVER 07/22/72 #2



*1295531w021 5-1

Discharge Notes

Numbness and Tingling: ☒ Upper Extremities ☒ Lower Extremities ☒ Bilateral Dorsal
Movement in: ☒ Upper Extremities ☒ Lower Extremities ☒ Spontaneous
Alert & Oriented: ☒ Able to Ambulate: ☒ Yes ☐ No
Swallowing without difficulty: ☒ Yes ☐ No
Respiratory Distress: ☒ Yes ☐ No
Vital Signs Stable: ☒ Yes ☐ No
Bandages: ☒ Minimal bleeding ☒ No Hgts on the bandage
Post Injection Intrathecal given: ☒ Yes ☐ No
Discharge for: ☒ Home ☐ Other
Mode of transportation: ☒ Ambulatory ☐ Wheelchair ☐ Stretcher

Time of Discharge: 8:45

Signature: *[Handwritten Signature]*

Date: 12/7/13

Witness: _____ Date: _____

Notes:

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-3520
WILEY, OLIVER M (id #2078907, dob: 07/22/1972)

WILEY, OLIVER M 07/22/72 #2078907

820033-1W82# E-Healthix

POST INJECTION INFORMATION

Depending on your condition and the type of injection performed, you may experience some of the following symptoms:

Post Lumbar Injection

Increased low back and/or leg pain for several days. Discomfort in leg pain may be noticed in the first 2 to 3 days, but may be delayed for as long as 4 to 6 days.

Post Cervical Injection

Increased neck and/or arm pain for several days. Discomfort in arm pain may be noticed in the first 2 to 3 days, but may be delayed for as long as 4 to 6 days.

The steroid (corticosteroid) medication used during the injection can take 7 to 10 days to begin working. To reduce the inflammation and swelling, you may use ice packs. The 1st and 2nd injections of the steroid can be used to numb your back or neck with most all other injections in 6 hours.

1. During the first 1 to 2 days after the injection, you may have an increase in the pain and/or leg pain in 20 minutes or a day.

2. Keep activity to a minimum for the first 24 hours after your injection. You may resume normal activities in 48 hours.

3. Do not drive a car or operate machinery for at least 12 hours after the procedure.

4. Use caution with hot or cold because you may notice skin in hot or cold areas by temperature with your skin in mind.

5. You may shower after the injection, but use caution with the hot water temperature.

6. Possible temporary side effects could include increased hunger, increased thirst, increased urination, dizziness, headache, upset stomach, flushing or swelling of the face, neck, increased blood sugar levels, hiccups, or numbness or weakness of the extremities. These side effects are usually mild and will go away within a few days.

7. Rare possible complications associated with this procedure include infection, bleeding and/or allergic reaction.

8. If you have any problems or questions regarding your injection, please call the office: (803) 242-4197.

9. Some immediate medical attention is given to the nearest emergency room if you experience any of these very rare symptoms:

- A fever of 101.5 or greater
- New or worse back or neck pain
- New numbness or weakness
- Swelling of the face and tongue, wheezing or difficulty breathing.

For follow-up care and any questions concerning medical care, please call your referring physician.

Please respond and inform the office immediately.

Signature: *Oliver M. Wiley* Date: 10-7-13

Witness: *Paula D. Wiley* Date: 10-7-13

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-3520

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

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WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

WILEY, OLIVER 07/22/72 M2



*1205531W021 B4

DATE: 10/04/2013

I, OLIVER M. WILEY, give permission for Dr. Dr. [Signature] and/or such assistants as required by him to perform Arthroscopic Medial Meniscectomy on my Right knee. I understand that this procedure may be considered necessary or advisable for this procedure. Known Anesthesia or Drug Allergies: None. I recognize that during the course of this procedure, the doctor could find it may be necessary to perform additional or different procedures or services than those listed above. I further authorize and request the above named physician and/or his associates, partners, students or designees, perform such procedure as are in his professional judgment necessary and desirable.

I am aware that x-ray will be used during this procedure, and to the best of my knowledge I am not pregnant.

The physician, or his staff, has explained the nature, purpose, risks involved, and the possibility of complications, to me. No guarantees or assurances have been made or given by anyone as to the results that may be obtained from this procedure.

I, the undersigned, have had this fully explained to me and understand the contents of this authorization.

Signed: [Signature] Date: 10-7-13

Physician: [Signature] Date: 10-7-13

Witness: [Signature] Date: 10/7/13

Procedure Record

ARRIVAL TIME: 814

BP: 140/88 Pulse: 90 SpO2: 97%

Date: 10/7/13 Procedure Start Time: 835

MEDICATIONS

Local:

☒ 1% Lidocaine 5 cc(s)

☐ Other: _____

Block:

☐ Depo-Medrol 40mg/cc _____ cc(s)

☐ Depo-Medrol 40mg/cc _____ cc(s)

☐ Dexamethasone 10mg/cc _____ cc(s)

☐ Bupivacaine _____ cc(s)

☐ 1% Lidocaine _____ cc(s)

☒ 0.25% Marcaine 3 cc(s)

☐ 0.9% NaCl _____ cc(s)

☐ Insulin _____ cc(s)

Procedure Stop Time: 839 Fluoro Time: 0.3 min

POST VITALS

Time: 839 BP: 140/88 Pulse: 90 SpO2: 97% Notes: _____

Time: _____ BP: _____ Pulse: _____ SpO2: _____ Notes: _____

Time: _____ BP: _____ Pulse: _____ SpO2: _____ Notes: _____

Time: _____ BP: _____ Pulse: _____ SpO2: _____ Notes: _____

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

Previous PT: did not help

Previous Injections: gave relief for a few hours

Athletics: no participation

ROS

Patient reports fever and exercise intolerance but reports no night sweats, no significant weight gain, and no significant weight loss. He reports muscle aches, muscle weakness, arthralgias/joint pain, back pain, and swelling in the extremities. He reports weakness, numbness, and restless legs but reports no loss of consciousness, no seizures, no dizziness, and no headaches. He reports depression and sleep disturbances but reports feeling safe in relationship and no alcohol abuse. He reports fatigue. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 41-year-old male.

general: No acute distress. Awake, alert

Spine: Minimal tenderness of the lumbar paraspinals on the left

Procedure Documentation

None recorded.

Previous Assessment / Plan

Date of Service

09/06/2013

This is a gentleman who was a correctional officer and hurt in April of 2011 due to a fall while involved with a prisoner altercation. He has since been evaluated by multiple surgical and nonsurgical physicians, including Dr. Johnson, Dr. Lozanne, Dr. Storick, and Dr. Bethea. He was sent to me with a question as to whether he is appropriate for a radiofrequency rhizotomy. He has persistent left back and hip pain, with intermittent left leg paresthesias.

He has undergone an EMG and nerve conduction which did not reveal an explanation for his left leg paresthesias. He has undergone a lumbar MRI which was unremarkable. He has undergone a three-phase bone scan of the pelvis which showed slight increased uptake at the left greater trochanter but no abnormal activity at the SI joints. He underwent a course of PT in 2011.

There is some confusion as to exactly which injections he underwent, as there is some mention of facet injections in the records, but looking through the records this never occurred, it was only discussed as a possible recommendation. He did undergo a left SI joint injection in November of 2012 with Dr. Storick, as well as left greater trochanter injection in June of 2012 with Dr. Bethea, according to procedure notes in the records I have for review. The patient reports that the SI joint injection did not help as best as he can recall, and looking through the records it does not seem that he got any relief from the injection. Dr. Johnson makes mention of possibly performing SI joint rhizotomy or a lumbar facet rhizotomy. The patient is now sent to me with a question as to whether he is appropriate for a radiofrequency rhizotomy. Given the poor response to the therapeutic SI joint injection, I doubt that he would benefit from an SI joint rhizotomy. Given the question of a lumbar facet rhizotomy, I would recommend that he undergo a diagnostic facet block. I would recommend a left side L3-5 medial branch block to screen his left L4-5 and L5-S1 facet joints and determine if lumbar spondylosis is causing the pain.

Diagnostic medial branch block was discussed with the patient. Risks and benefits were reviewed. I explained to the patient that if the initial diagnostic block was positive, I would recommend a second diagnostic block for confirmation. If he has two successful diagnostic blocks, I would then recommend him for a lumbar facet radiofrequency rhizotomy. If the diagnostic block is negative however, then I would not recommend further spinal injections, and at that point he would be at MMI.

1. 724.2: Lumbago

- MEDIAL BRANCH BLOCK, LUMBOSACRAL (PROC) -
Note to Provider:
MBB Left Lumbar 3-5
Workerscomp

2. 724.3: Sciatica

3. 721.3: Lumbosacral spondylosis without myelopathy

Assessment / Plan

he reported about 2 hours of relief following the diagnostic block, and rated it 98% relief. Given the positive response to the diagnostic block, I do believe we should proceed to performing the second diagnostic block for confirmation. I believe this has been approved.

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WILEY, OLIVER M (id #2078907, dob: 07/22/1972)

- Lumbosacral spondylosis without myelopathy
- Sciatica
- Low back pain

Patient's Care Team

Insurance Adjuster (Worker's Comp): COLLEEN MOTLEY: Ph (865) 222-8379 EX370, Fax 888-679-4689

Patient's Pharmacies

RITE AID-1077 BROAD STREET (ERX): 1077 BROAD STREET, SUMTER SC 29150, Ph (803) 778-6551, Fax (803) 418-0811

Medications

No medications reported

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History

Mother

- Arthritis
- Hypertensive disorder
 - previously recorded as High Blood Pressure

Unspecified Relation

- Sickle cell trait
 - previously recorded as Sickle Cell Trait
- Hypertensive disorder
 - previously recorded as High Blood Pressure

Father

- Hypertensive disorder
 - previously recorded as High Blood Pressure

Social History

Reviewed Social History

Ortho

Smoking Status: Current some day smoker.
Alcohol Intake: Occasional.
Number of children: 4.
Marital status: Divorced.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Smoker (1 PPW).
Work History: Disabled.
Are you currently employed?: N.
Hand Dominance: Right.

Vitals

11/06/2013 11:38 am

Ht:

6 ft 4 in

Wt:

275 lbs

BMI:

33.5

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? worse
Change in symptoms: no
Pain pain 9/10
How are you alleviating the pain? changing position
Medications: helping a little

MIDLANDS ORTHOPAEDICS, P.A. - 1910 Blanding Street, COLUMBIA SC 29201-3520

WILEY, OLIVER M (Id #2078907, dob: 07/22/1972)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 11/11/2013

Patient

Name	WILEY, OLIVER (41, M) ID# 2078907	Appt. Date/Time	11/11/2013 11:20AM
DOB	07/22/1972	Service Dept.	Gregg
Provider	RYAN WETZEL, MD		
Insurance	Med Worker's Comp: ARIEL TPA Employer Name: SUMTER COUNTY Case #: 5800000232489 Case Injury Date: 04/14/2011		

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Allergies

Allergies not reviewed (last reviewed 11/06/2013)
NKDA

Procedure Documentation

RW LumMBBL3-5:

Left L3,4,5 Medial Branch Block to the L4-5 and L5-S1 Facet Joints #2

Physician: Ryan Wetzel, MD

Referring: I have evaluated in clinic

Diagnosis: Lumbar Spondylosis

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and placed in a prone position. The patient's skin was prepped and draped in the usual sterile fashion. An oblique scout film identifying the junction of the transverse process and the superior articular process at the above mentioned levels was obtained. For the L5 dorsal ramus, the junction of the S1 superior articular process and sacral ala was identified in a slightly oblique view. Patient's skin and local tissues were infiltrated with 1% lidocaine. 22g 3.5 inch Quincke spinal needles were then inserted under fluoroscopic guidance. Os was contacted with each needle tip. Final needle positioning was confirmed with fluoroscopy in a lateral view. After negative aspiration, 0.6mL of 0.5% bupivacaine was injected at each medial branch level. Two medial branch nerves were blocked for each facet joint level. The needles were removed. Patient's skin was cleaned and the wound was covered with an adhesive bandage. Vital signs remained stable throughout the procedure and in recovery. There were no apparent complications.

I did use the entire length of the 3.5 inch needle, if he proceeds to RFA I would likely use the 145mm cannula.

Encounter Sign-Off

Encounter signed-off by Ryan Wetzel, MD, 11/11/2013.

Encounter Date: 11/08/2013

Patient

Name	WILEY, OLIVER (41, M) ID# 2078907	Appt. Date/Time	11/08/2013 11:45AM
DOB	07/22/1972	Service Dept.	Gregg
Provider	RYAN WETZEL, MD		
Insurance	Med Worker's Comp: ARIEL TPA Employer Name: SUMTER COUNTY Case #: 5800000232489 Case Injury Date: 04/14/2011		

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Lower Back Pain

Problems

Reviewed Problems

SOUTHEASTERN SPINE INSTITUTE

WILEY, OLIVER

Independent Medical Evaluation

Patient # 648500

DOB: 07/22/1972

August 13, 2012

This patient is a 40-year old referred by his attorney for an independent medical evaluation. He is from Sumter. He has complaints of low back pain particularly on the left side, left groin pain, numbness and paresthesias in his left leg particularly with sitting. He is S/P a work accident of 4/14/11. The patient worked as a prison guard, was a Lieutenant at the Sumter Jail Correctional Facility. He has worked at this position for some 19-years. He states he was terminated of 2012 for reasons that are unclear to him.

He states that he "slipped on grits and eggs breaking up inmates fighting". He landed on his left heel on a concrete floor and an inmate landed on top of him. He has been seen through Doctors Care, pain management physician Dr. Zgleszewski, and orthopedic surgeon Dr. Bethea. He states that he was told by Dr. Zgleszewski that he has a problem with his sacroiliac joint. He was given one or two local injections by Dr. Bethea. He was prescribed physical therapy. He has apparently had MRIs of both his hip and lumbar spine. Most recently he has been released by Dr. Bethea. He understands that he was released with no restrictions to full duty job.

Currently his pain is 9/10. Nothing makes his pain better, moving makes his pain worse. Past back or hip history is negative prior to his accident. He is otherwise healthy. He does have hypertension.

ALLERGIES: NKDA.

No chronic medical illnesses. He is currently unemployed.

Prior to being a correctional officer he was in the military for almost four years.

He is accompanied by a lumbar MRI from 11/11/11. I have personally reviewed it with the radiologist's report. I agree that this is a normal study. There is no evidence of disc herniation, fracture or stenosis.

He is accompanied by past medical records that I have reviewed from Dr. Jim Bethea. I have reviewed Dr. Bethea's notes; I note that the patient has had an MRI of the left hip on 5/23/11 which Dr. Bethea described as having evidence of "only minimal degenerative change". This study is not here with the patient today. Dr. Bethea did give the patient an injection in the greater trochanter i.e. the hip in order to bone scan across the pelvis to rule out a problem of the sacroiliac joint. Dr. Bethea's last note that I have states that the bone scan review "slight increased activity focally along the posterior and superior aspects of the left hip greater trochanter". Per his 6/27/12 note the patient was placed at maximum medical improvement with no impairment, given no restrictions and felt that he was "capable of full duty work".

(continued)

SOUTHEASTERN SPINE INSTITUTE

WILEY, OLIVER

Patient # 648500

DOB: 07/22/1972

August 13, 2012

PAGE TWO

I have reviewed the past medical records of Dr. Danny Ford. His note of 7/29/11 gives a diagnosis of a hip contusion.

I have multiple medical records from physical therapy. I do not have any medical records from Dr. Zgleszewski whom the patient states diagnosed the sacroiliac joint problem.

PHYSICAL EXAMINATION: The patient is 6'4" 280 pounds. He is large. He is very pleasant. He is very tender in the posterior aspect of the left sacroiliac joint. Straight leg raising is non-provocative. He does have paraesthesias particularly with weight bearing today, anteriorly and posteriorly through his leg. He seems to be non-tender in the lumbar spine. Range of motion of the hip particularly with internal rotation seems to exacerbate his pain. He has a positive Faber's test today.

IMPRESSION:

1. Left sacroiliac joint strain.
2. Rule out contusion L-5 nerve root.

RECOMMENDATIONS: This patient has had an MRI of the lumbar spine, and the left hip joint both of which are essentially normal. I agree that it is likely given his examination and history, that he has an injury to the sacroiliac joint. As the L-5 root anatomically is in close proximity to this joint, I think the patient needs to have an EMG and nerve conduction study of his left leg to see if his leg symptoms are related to this L-5 root. Additionally, the patient needs to have a diagnostic sacroiliac joint injection done under fluoroscopy. If this gives him even temporary relief during the anesthetic i.e. numbing phase, he would be a good candidate for a sacroiliac joint rhizotomy, which could be done by pain management anesthesiologists. He has no indications for surgical intervention. I do not find him at maximum medical improvement. I do not feel that he can return to the workplace even with restrictions at this point.

All opinions given above are most probable to a reasonable degree of medical certainty.

Donald R. Johnson II, M.D.

DRJ/dam

T- 08/15/12

Cc: John Clark, Esquire Fax # 803-775-8590

SOUTHEASTERN SPINE INSTITUTE

WILEY, OLIVER

Patient # 648500

DOB: 07/22/1972

February 21, 2013

This patient returns apparently directed from his attorney as best I can tell. This patient was seen for an independent medical evaluation on 8/13/12 and I made a number of recommendations, including an EMG and nerve conduction study which was done on 11/15/12 by Dr. Devin Troyer. I have reviewed it with his report, he states this was a normal study with no evidence of radiculopathy or peripheral neuropathy. Additionally I suggested the patient have a sacroiliac joint injection under fluoroscopy and if he had temporary improvement with this he should be considered for a rhizotomy.

The patient apparently has had an injection in his sacroiliac joint and his L5-S1 facet per these medical records from Dr. Carl Lozanne. The patient relates that he has had "one injection in his hip and one in his spine". Apparently the one that the patient received in his spine helped significantly. Reading through Dr. Lozanne's notes this would appear to be the L5-S1 facet injection.

For whatever reason a more definitive rhizotomy was not offered to this patient.

I agree the patient has no indication for surgical intervention. I do think that as I did in August however that he continues to be a candidate for a rhizotomy. Whether this is a rhizotomy of the sacroiliac joint or his L5-S1 facet or both I think is inconsequential but particularly since he did get good albeit temporary relief from one of his injections with Dr. Storick I think he should be allowed to return to see Dr. Storick to have this completed. This gentleman has no surgical indications and should follow-up with nonoperative physicians from this point forward.

Donald R. Johnson II, M.D.

DRJ/dam

T- 2/22/13

Cc: John Clark, Esquire Fax # 803-775-8590

Devin Troyer, MD BMG/NCS
Board Certified Electromyography

Patient: Willey, Oliver
Sex: Male
Age: 40
Ref. M.D.: Starick, O'Callaghan

Address:
Physician: Troyer
Test Date: 11/5/12

History/Comments:

The patient describes pain in the low back, posterior hip area. The pain has been present for about a year and a half after trying to break up a fight at work. The pain radiates to the left lower extremity to the pelvis. There is numbness described in the left leg down to the medial calf area. There is weakness described in the left leg especially when trying to cross them.

Patient describes past history of PTSD and hypertension.

The patient's examination is significant for weakness of the hip muscles with giveaway weakness and pain on testing. ROM of the hip caused posterior hip and groin pain on the left. Reflexes were 2/4 and symmetric at the knees and ankles.

Motor Nerve Study

Left Peroneal Nerve	Lat (ms)	Norm Lat	Dist (ms)	Amp (mV)	Dist (ms)	C.V. (m/s)
Rec Site: HX						
Stim Site						
Ankle	4.6	>6.0	4.3	9.7		
Fib Head	13.8		4.7	8.6	430	45.4

Left Tibial Nerve	Lat (ms)	Norm Lat	Dist (ms)	Amp (mV)	Dist (ms)	C.V. (m/s)
Rec Site: AN						
Stim Site						
Ankle	5.4	<6.0	5.5	6.6		

Sensory Nerve Study

Left Peroneal Nerve	Norm Lat	PK Lat (ms)	Amp (uV)	Dist (ms)
Rec Site: dors. ft				
Stim Site				
Lower leg	<3.8	3.0	6.0	120

Left Sural Nerve	Norm Lat	PK Lat (ms)	Amp (uV)	Dist (ms)
Rec Site: Ankle				
Stim Site				
mid calf	>3.0	3.6	8.3	120

2/1

16-Nov-2012 02:28 PM KERSHAW HEALTH - W/ REHAB 803430881

RECEIVED NOV 16 2012

Patient: Wiley, Oliver
I.D.#:

Test Date: 11/15/12

page 2

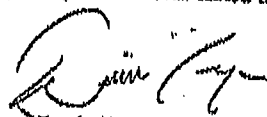
RMC Study

Name	Tra	Aot	Riba	PGW	Facolica	Polyph	HU	Asp	HU	Dur	Recurit
L. Tibialis Ant.	norm	none	none	norm	none	none	norm	norm	norm	norm	norm
L. Peroneus Lp.	norm	none	none	norm	none	none	norm	norm	norm	norm	norm
L. Gastroc. Med. M.	norm	none	none	norm	none	none	norm	norm	norm	norm	norm
L. Vastus Med.	norm	none	none	norm	none	none	norm	norm	norm	norm	norm
L. Dors. Int. 1	norm	none	none	norm	none	none	norm	norm	norm	norm	norm

Summary/Interpretation:

1. This is a normal study.
2. There was no evidence of peripheral nerve impingement.
3. There was no evidence of peripheral polyneuropathy.
4. There was no evidence of radiculopathy on needle exam of the tested left lower extremity.
5. The results of today's study were discussed with the patient and they were instructed to follow up with their physician.

Cutaneous skin temperature was monitored with testing today in the areas tested and was maintained at 27-30 degrees Celsius.


Devin Troyer M.D.

**PALMETTO HEALTH
PAIN MANAGEMENT AND REHABILITATION CENTER**

NAME: WILEY, OLIVER
DOB: 07/22/1972
VISIT DATE: 11/08/2012

RECORD NO: 000879804
ACCOUNT #: 1231002366

Dear Karl,

Thank you for the referral of Oliver Wiley for the injection. As you know Mr. Wiley has a work related injury and is complaining of chronic left back pain into his groin and leg. His MRI was essentially normal other than small left paracentral disc bulge at L4-5. The medical records sent over from your office including Dr. Don Johnson's notes that suggested a left sacroiliac joint injection. The order from Columbia Neurosurgical Associates requested L5-S1 joint injection. I took this to mean that you also wanted a left sacroiliac joint injection as well. That procedure was performed today without complications. My understanding is that Mr. Wiley is to follow up with you in the future. Should you have any questions or concerns please feel free to contact me at your convenience. Again, thank you for referral of this pleasant gentleman.

Yours Truly,

Steven B. Storck, MD/jm

D: 11/08/2012 11:07 T: 11/08/2012 14:27

Job #: 73374 Doc #: 20811558

cc: Steven B. Storck, MD
Karl Lozanne, M.D.

223 STONERIDGE DRIVE COLUMBIA, SC 29210 PHONE 803-296-7246
FAX 803-296-2400 www.PalmettoHealth.com

Palmetto Health Pain Management and Rehabilitation Center

Date: 11/8/12
Patient:
Chart:

WILEY, OLIVER M
3'231002308
43 00 1879004
07/22/072
STORICK, STEVEN B
40Y

Joint Injection

Procedure Note:

After obtaining consent, the patient was placed in a prone supine / lateral / sitting position on the C-arm table. The area overlying the appropriate joint was prepped and draped in a sterile fashion. Local anesthesia of the skin and subcutaneous tissue was obtained using a # 25 / 27 gauge needle and 1 % lidocaine. With Without C-arm guidance and using a # 22 gauge 3/4 inch needle, the following joint(s) was injected: Left / Right / bilateral at 5.5. Negative aspiration and no paresthesia noted. Each site was injected with 2 ml of PF 0.25% bupivacaine 1 % Lidocaine pre-mixed with 4/12 mg of PF Depo-Medrol / 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.

Steve Storick, M.D.

720.2
Diagnosis

WILEY, OLIVER M
B1231002368
MR DE 0070604 STORICK, STEVEN B
07/22/1972 40Y M

CONSENT FOR OPERATION, DIAGNOSTIC AND/OR TREATMENT PROCEDURES

I hereby consent to and authorize Palmetto Health and the designated physician, Dr. Steven Storick,
and/or such assistants as may be selected by the physician to perform or have performed the following procedure(s) on:
Patient Name: Oliver Wiley

List Procedure(s):

ASPIRATION AND INJECTION

The Physician has explained the following:

1. the nature and purpose of the proposed procedure
2. risk, benefits and consequences of the procedures,
3. risks and prognosis if no treatment is rendered,
4. the probability that the proposed procedure will be successful and
5. alternative methods of treatment (if any) and their associated risks and benefits.
6. other practitioners may be assisting him/her in performing this procedure on me, including (but not limited to)

They may perform tasks such as opening and closing the incision, dissecting tissue, removing tissue, altering tissue,
harvesting grafts and/or implanting devices.

I understand that all surgery involves general risks such as severe loss of blood, infection and severe life threatening situations.
No guarantee has been made to me that this operation will improve my condition. The Physician has explained to me that
sometimes during surgery it is determined that additional surgery is needed immediately. If I need such additional surgery
during my operation, I permit the Physician to proceed.

Informed Consent for Disposal: I consent to the disposal by hospital authorities of any blood, tissue, body parts/limbs,
prostheses or foreign objects as may be removed during the course of the procedure. I also consent to hospital authorities,
at their discretion, saving for research or educational purposes all or part of the blood and/or tissue normally discarded.
I understand that saved blood and/or tissue will not identify me in any way.

Informed Consent for Observation: I consent to allowing medical personnel and trainees to observe my operation or
procedure for the purposes of advancing medical education, subject to the consent and approval of my Physician and only
under such conditions and at such times as may be approved by my Physician.

Informed Consent for Presence of Vendors: I consent to allowing technical representatives and/or vendors requested
by my physician to be present during my procedure to provide support services including those involving their product.
These technical representatives and vendors are necessary for the knowledge of medical products and/or equipment.

Informed Consent for Photography: I consent to allowing personnel approved by Palmetto Health and/or my physician to
photograph, film and/or videotape some or all of my procedure (hereinafter referred to collectively as "photographs").
I understand the photographs may be used for my treatment and may become part of my medical record. I further
understand such photographs may be used for educational purposes.

If you do not give permission for any of the above, strike through the sentence(s) and initial to the left of the paragraph.

Patient's Signature or Legally Qualified Representative

Oliver M. Wiley
Patient's Printed Name

11/8/12
Date

10:15
Time

Relation to Patient

Witness

Lynn Sloan, RN

Lynn Sloan, RN
Witness's Printed Name

I have discussed with the patient and/or patient's representative the risks, benefits, potential complications, and alternative
options associated with the planned procedure to include not having the procedure; possible loss of blood and
sedation/anesthesia if appropriate; answered the patient's questions; and obtained his/her permission to proceed.

PHYSICIAN SIGNATURE:

DATE 11/8/12

85003C1001r 10/03r 4/05r 5/06r 10/06

Oliver Wiley
Relationship to Physician
Relatives to Physician

PALMETTO HEALTH
PAIN MANAGEMENT AND REHABILITATION CENTER
 223 S. Main, Suite 200, Columbia, SC 29210
 Phone (803) 256-7246 Fax (803) 256-2400

For: *Mr. W. W. W. W.*
 Address: *(2) 1503, 5th St*
1st - 12th Dr. 1st 13

Date: *5/9/13*

Refill: *1*
 M.D. *David Redmond, M.D.*
 M.D. *Russ D. Lynch, M.D.*
 M.D. *Steven B. Smith, M.D.*

Dispense as Written: *X*

Substitution Permitted: *X*

PALMETTO HEALTH
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 Phone (803) 256-7246 Fax (803) 256-2400

For: *Mr. W. W. W. W.*
 Address: *1st - 12th Dr. 1st 13*

Date: *5/9/13*

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Dispense as Written: *X*

Substitution Permitted: *X*

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STATE OF SOUTH CAROLINA
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1109844

OLIVER M. WILEY, EMPLOYEE,
CLAIMANT,
v.
SUMTER COUNTY,
EMPLOYER,
and
SC ASSOCIATION OF COUNTIES, SIF,
CARRIER,
DEFENDANTS.

STATEMENT OF
STEVEN B. STORICK, M.D.
PALMETTO HEALTH PAIN
MANAGEMENT AND
REHABILITATION CENTER
RE: OLIVER M. WILEY

The undersigned, Steven B. Storick, M.D. of Columbia Neurosurgical Associates, LLC,
having provided medical treatment for Claimant Oliver M. Wiley, date of accident April
14, 2011, respectively offers the following opinions, stated to a reasonable degree of
medical certainty:

1. Please state your current diagnosis of Claimant:

*Chronic low back and left leg pain
left numbness and Paresthesia*

2. Please state whether your diagnosis is causally related to Claimant's work accident
of April 14, 2011?

☒ Yes

No

RECEIVED JUN 06 2013

STATEMENT OF
STEVEN B. STORICK, M.D.
RE: OLIVER M. WILEY
PAGE TWO

3. Please state whether Claimant has been able to return to work as a correctional officer since April 14, 2011?

Yes

☒ No

4. Please state whether Claimant is able to return to work at this time.

☒ Yes
light duty is available

☒ No

5. Please state your recommendations for treatment at this time.

*Medication: L5-S1 ESI. 1 month
program if no improvement.
From no direction ESI.*

6/3/2013
Steven B. Storick, M.D.
Palmetto Health Pain Management
And Rehabilitation Center
223 Stoneridge Drive
Columbia, SC 29210

May , 2013

JW
CW GKAV

Columbia Orthopaedic Specialists, LLC
1301 Taylor Street, Suite 3-0
Columbia, SC 29202-0306

DATE: 06/04/12

PATIENT: Oliver Wiley
SSN: 247-63-0698

CHIEF COMPLAINT: Lower back and left hip injuries.

PRESENT ILLNESS: This is a 39-year-old male who injured his lower back and left hip while working as a Sumter County Detention Center Officer April 14, 2011. He was breaking up a fight when he slipped on some grits and eggs. His left lower extremity went up and he landed on his left hip and then an inmate landed on him.

He was seen at Doctors Care and sent for physical therapy at Progressive.

Dr. Ford saw him October 18, 2011 and November 3, 2011 and stated that there was no apparent hip injury but that his symptoms were suspicious for lumbar radiculopathy or sacroiliitis. An MRI scan of his lumbar spine with a consult by a spine surgeon was recommended. Dr. Ford did release him to regular-duty work as of November 1, 2011.

Dr. Lozanne saw him December 29, 2011 and stated that he had suffered a hip contusion with no particular impairment of his lumbar spine.

Dr. Zgleszewski saw him December 13, 2011 and a diagnosis of probable bilateral sacroiliac joint and/or lumbar facet joint dysfunction/pain was diagnosed. Sacroiliac joint and lumbar facet nerve blocks were recommended as was Deepwave Treatment/Percutaneous Electrical Nerve Stimulation. It was felt that this treatment would most probably tend to lessen the period of disability and impairment and prevent regression of his condition.

At the present time, he states that his pain can be as severe as 10/10. He is taking Neurontin, ibuprofen, Robaxin and Indocin as prescribed by his physician at the VA.

He has numbness radiating to the toes of the left foot. To cross his legs he must use his left hand to lift his left lower extremity. Walking is limited to 10 to 15 minutes. He no longer can workout. His sex life is bad. There has been no loss of bowel or bladder control.

He was able to attend church Sunday for about two hours. He is living with his mother and he has yet to return to any type of work. When driving his Ford Explorer, his left lower extremity will go numb.

Today he was sent here for an evaluation.

PAST MEDICAL HISTORY: His only other medication is Zastoretic. No drug allergy was mentioned. Apparently he has never had any surgery.

Oliver Wiley
Page 2

PHYSICAL EXAMINATION: General appearance is that of a pleasant 6'4", 280-pound male who had normal gait. No assistive device or brace was being used.

At the lumbar spine he had at least 90° of flexion and 10° extension. Lateral bending was possible to 20° in either direction with the move to the right more uncomfortable. Lateral rotation is possible to 25° either to the right or left with the latter more uncomfortable.

Straight leg raising was negative. Distal neurovascular status was intact.

There was tenderness on palpation of the left hip greater trochanter area.

The FABER test was positive for left hip anterior and posterior pain. Manual compression of his pelvis was uncomfortable.

MRI SCAN: Left hip MRI images May 23, 2011 revealed evidence of only minimal degenerative change. The lumbar spine MRI images scan November 11, 2011 failed to reveal any abnormality.

IMPRESSION: LOWER BACK AND LEFT HIP PAIN.

DISPOSITION: I would not recommend any injections at this point. I think the patient would be served by having a bone scan done of his pelvis to assess his left sacroiliac joint. If that is negative, I think that it can be said that he is at maximum medical improvement and that there are no work restrictions.

I would like to see him back shortly after the scan is done to discuss the findings with him.

I would not place any absolute work restrictions on him at this point.

ADDENDUM: I did discuss with the nurse case manager my findings of my examination today, as well as the patient's current work restrictions.

James F. Bethea, M.D.
JFB/mdw
(Next Appointment p.r.n.)

cc: GENEX
Att: Jennifer Williams, RN, CCM
Medical Case Manager
8310 University Executive Park Drive, Suite 520
Charlotte, NC 28262

South Carolina Association of Counties SIF
Companion TPA
P.O. Box 100160
Columbia, SC 29202

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Marvin Kay
000/20024/

1 803 996 1410
JENNIFER WILKINS

p. 1
PAGE 00/01

COLUMBIA ORTHOPAEDIC SPECIALISTS, P.C.
JAMES F. BETHA, M.D.
DEA: AB7000830 NPI: 1000103070
1801 TAYLOR STREET, SUITE 3-0, COLUMBIA, SC 29201
(803) 808-8198 FAX: (803) 808-8170

PATIENT'S FULL NAME: *Olivier, Willy* SEX: *MALE* DATE OF BIRTH: *6/4/12*
ADDRESS: *3010 Ocean Blvd*
SC 29405
Waggoner, DSI
21

ORTHOPAEDIC SPECIALISTS
Refills: 1 2 3 4
No Refills Valid After: *12/31/2012*

DEA #: *AB7000830*

IMAGECARE, LLC
710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

Name: Wiley, Oliver M
Patient ID: 168389
DOB: 07/22/1972
Acc#: 647023
Patient Phone #: (803) 499-4026

Exam Date: 06/22/2012
Exam: NM Bone Scan-3Ph
Reason:
Referrer: Bethaa, James

PROCEDURE: Three-phase bone scan, pelvis, limited.

CLINICAL HISTORY: Pain over left hip and sacroiliac joint region since SI joint injury April 2011.

TECHNIQUE: Three-phase bone scan was performed with the intravenous administration of 23.9 mCi of technetium 99m labeled MDP (884.3 mBq). Flow phase images are obtained every 2 seconds from initial visualization of the radiopharmaceutical through 1 minute. Blood pool images are obtained and a steady state, delayed images are obtained. The patient moved during the flow phase images and these images are therefore suboptimal.

FINDINGS: Flow phase imaging shows no specific increased blood flow within the pelvis on the right or left side. Blood pool images demonstrate activity within the urinary bladder without specific increased uptake at the right or left sacroiliac joints. Delayed phase images demonstrate slightly increased uptake at the posterior superior aspect of the left greater trochanter, possibly related to muscle insertion or enthesopathy. There is no increased activity or asymmetry at the level of the sacroiliac joints.

IMPRESSION: Slight increased uptake focally at the posterior superior aspect of the left greater trochanter, likely related to the insertion of the gluteal and/or other muscles, with otherwise normal three-phase bone scan of pelvis. There is no abnormal activity at the level of the sacroiliac joints.

Timothy P. Close, M.D.
Electronic Signature
Date Finalized: 06/23/2012

DD: 06/22/2012 DT:06/23/2012

Columbia Orthopaedic Specialists, LLC
1301 Taylor Street, Suite 3-0
Columbia, SC 29202-0306

DATE: 06/27/12
PATIENT: Oliver M. Willey
SSN: 247-63-0698

Today this 39-year-old male reports that he is doing okay for the most part. For his pain he takes about two doses of ibuprofen daily.

At his lumbar spine he had at least 30° of flexion and 30° extension. Lateral bending was possible to 30° in either direction and lateral rotation was possible to 60° either to the right or left. Left lateral bending and left lateral rotation did cause some mild discomfort.

Palpation of his left hip area revealed some tenderness just posterior to the greater trochanter. He had at least 20° of internal rotation of his left hip.

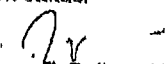
Straight leg raising was negative. Distal neurovascular status was intact.

BONE SCAN: Multiple Images done June 22nd revealed slight increased activity focally at the posterior and superior aspect of his left hip greater trochanter.

Under sterile technique and using ultrasonic guidance for needle placement, an injection of the left hip greater trochanter area was carried out using 40 mg Depo-Medrol and 2 cc 2% Xylocaine.

I do believe that he is at maximum medical improvement and he is capable of full work. Using the 5th and 6th edition of the AMA Guides, there is no permanent physical impairment.

I did have a discussion with the case manager regarding my findings and the patient's work status.


James F. Bethea, M.D.
JFB/mdw

(Next Appointment p.r.n.)

cc: GENEX
Att: Jennifer N. Williams, RN, CCM Medical Case Manager
8310 University Executive Park Drive, Suite 520
Charlotte, NC 28262

South Carolina Association of Counties SIF
Companion TPA
P.O. Box 100159
Columbia, SC 29202

Jun 27 12 02:08p
06/27/2012 12:41

Marvin Kay
003(3404)

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JENNIFER WILLIAMS

P. 1
PAGE 01/01

Columbia
Orthopaedic Specialists, LLC

1301 Taylor Street, Suite 300
PO Box 305
Columbia, SC 29202-0205

609.408.0100
609.006.1174

WORK STATUS

DATE: 6-27-12

PATIENT: D'AR V. W.

REGULAR DUTY DATE TO RETURN TO WORK

6/27/12

LIGHT DUTY DATE TO RETURN TO WORK

REMAIN OUT OF WORK APPROX. DURATION

PHYSICAL LIMITATIONS:

NONE
NO WALKING OR CLIMBING
NO STANDING
NO PROLONGED STANDING
NO SITTING
NO BENDING OR STOOPING
NO TWISTING OR STRETCHING
NO CHANGE FROM PREVIOUS STATUS
OTHER:

PUSHING & PULLING LIMIT LBS
LIFTING & CARRYING LIMIT LBS
SEDENTARY DUTIES ONLY
NO KNEELING, SQUATTING, CRAWLING
NO WORK INVOLVING R/L ARM/HAND
NO OVERHEAD WORK
NO WORK AT HEIGHTS

FOLLOWUP:

DAYS MONTHS
WEEKS (AS NEEDED)
DISCHARGED

NEXT APPOINTMENT

JAMES F. BETHA, M.D.

PHYSICIAN SIGNATURE

www.OrthoDoc.org/03/11/OrthoSpec

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine

Steven B. Storick, MD
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

OFFICE CONSULTATION

Patient: Oliver M. Wiley
Chart: 131632 WC
Date: 12/29/11

CHIEF COMPLAINT: Pain and numbness in the left hip and leg, also pain in the lower back.

HISTORY OF PRESENT ILLNESS: The patient is a 39-year-old right-handed male who was injured on April 14, 2011 when he was involved in an on-the-job injury while working for the Sumter County Detention Center as an officer. He was intervening at an altercation and slipped on breakfast foods that were on the floor. His left leg went up and out. He fell to the concrete on his left hip. An inmate then fell on top of him. He states that he instantly felt pain in his left hip and in his lower back and the numbness in the left leg began by the next day. He was treated initially by Dr. Danny Ford in the Sumter area for a hip contusion. He was later diagnosed by Dr. Zgleszewski with SI joint pain. His pain is in his left lower back and into his left hip and upper anterior thigh area. Numbness and tingling in his left hip, down the front of his leg, over the top of his foot and into his toes. He states that his pain is a burning sensation and numbness and tingling are constant but that they increase in intensity with walking, standing or sitting too long. Lying on his right side helps his pain. He has had lumbar physical therapy and is scheduled to begin another round of lumbar physical therapy in January ordered by the Veterans Administration physician.

HISTORIES: Please see patient history form for past medical history, surgical history, social history, family history, and review of systems which are well documented in the intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

CURRENT MEDICATIONS: None currently.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: The patient is seated on the exam table and appears generally healthy for age. The patient is awake, alert, and oriented. PERRLA. EOMI. Speech and language are normal, as are attention span and concentration. Affect is grossly normal, and fund of knowledge appears appropriate. Height is 76", weight is 280 pounds, respirations are 14 and regular, unlabored and clear to auscultation. Exam of the low back reveals mild paraspinous tenderness greatest on the left side and over his left hip. Some decreased ROM due to pain. DTRs are 2+ and symmetrical. Power is 5/5 throughout the extremity muscle groups with pain except for trace decrease in his tibialis anterior and extensor hallucis longus on the left side. There is a positive decrease in sensation over the posterolateral left calf and the lateral aspect of his left foot. He has negative SLR. Negative Patrick's, negative Babinski and negative for clonus. CN III-XII are intact. He walks with a limp favoring his left leg.

IMAGING: MRI of the lumbar spine, 11/11/11, was not brought for my direct review. I do have a report from the radiologist that read the imaging that was performed at Clarendon Memorial Hospital. He saw no significant abnormalities in the lumbar spine and no apparent neural compromise.

IMPRESSION/PLAN: Oliver Wiley is a 39-year-old who suffered a work related injury as he worked as a corrections officer. From a lumbar spine perspective, I do not see a radicular component to his

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

Page 2

Re: Oliver M. Wiley

12/29/11

current complaints. He appears to have suffered a hip contusion. Imaging studies of his lumbar spine per radiology report fail to show any significant abnormalities.

I have nothing to offer from a neurosurgical perspective. From a lumbar perspective, there are no particular restrictions.

There is no particular impairment to his lumbar spine. I will release him from my care.

I made myself readily available to review the images as they are delivered to my office. I will add an addendum to this note if the imaging studies are delivered for my direct review. All in all, however, considering the radiology read showing no significant abnormalities, I do not expect any significant change in my evaluation.

This patient was seen and examined by me as well as W. Howard Altman, RN.

Thanks once again for allowing me to partake in his care. Feel free to contact me with any questions or concerns.

Karl A. Lozanne, MD

Karl A. Lozanne, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

KAL/SB

CNAWT: 5000

Devin Troyer MD EMG/NCS
Board Certified Electromyography

Patient: Willey, Oliver
 Sex: Male
 Age: 40
 Ref. M.D.: Storick, One Call Med.

Address:
 Physician: Troyer
 Test Date: 11/15/12

History/Comments:

The patient describes pain in the low back, posterior hip area. The pain has been present for about a year and a half after trying to brack up a fight at work. The pain radiates to the left lower extremity to the pelvis. There is numbness described in the left leg down to the medial calf area. There is weakness described in the left leg especially when trying to cross them.

Patient describes past history of PTSD and hypertension.

The patients examination is significant for weakness of the hip muscles with giveway weakness and pain on testing. ROM of the hip caused posterior hip and groin pain on the left. Reflexes were 2/4 and symmetric at the knees and ankles

Motor Nerve Study

Left Peroneal Nerve						
Rec Site: EM	Lat (ms)	Norm Lat	Dist (ms)	Amp (mV)	Dist (ms)	C.V. (m/s)
Stim Site						
Ankle	4.6	>6.0	4.3	9.7		
Fib Head	13.8		4.7	8.6	420	45.4

Left Tibial Nerve						
Rec Site: AN	Lat (ms)	Norm Lat	Dist (ms)	Amp (mV)	Dist (ms)	C.V. (m/s)
Stim Site						
Ankle	5.4	<6.0	5.5	6.6		

Sensory Nerve Study

Left Peroneal Nerve				
Rec Site: dors.ft	Norm Lat	Pk Lat (ms)	Amp (uV)	Dist (ms)
Stim Site				
Lower leg	<3.8	3.0	6.0	120

Left Sural Nerve				
Rec Site: Ankle	Norm Lat	Pk Lat (ms)	Amp (uV)	Dist (ms)
Stim Site				
mid calf	>3.8	3.6	8.3	120

Patient: Wiley, Oliver
I.D.#:

Test Date: 11/15/12

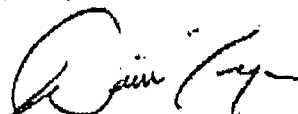
EMG Study

Exam	Ins	Act	Fibs	PSW	Fascicls	Polyph	MU Amp	MU Dur	Recruit
L. Tibialis Ant.	NORM	NONE	NONE	NONE	NONE	NONE	NORM	NORM	NORM
L. Peroneus Ln.	NORM	NONE	NONE	NONE	NONE	NONE	NORM	NORM	NORM
L. Gastroc. Med. H.	NORM	NONE	NONE	NONE	NONE	NONE	NORM	NORM	NORM
L. Vastus Med.	NORM	NONE	NONE	NONE	NONE	NONE	NORM	NORM	NORM
L. Dors. Int. 1	NORM	NONE	NONE	NONE	NONE	NONE	NORM	NORM	NORM

Synopsis/Interpretation:

1. This is a normal study.
2. There was no evidence of peripheral nerve impingement.
3. There was no evidence of peripheral polyneuropathy.
4. There was no evidence of radiculopathy on needle exam of the tested left lower extremity.
5. The results of today's study were discussed with the patient and they were instructed to follow up with their physician.

Cutaneous skin temperature was monitored with testing today in the areas tested and was maintained at 29-30 degrees celsius.


Devin Troyer M.D.

Report from: SUMTER CBOC Station #544GF Page 1
Imaging (local only) JUL 22, 1972 (39)
WILEY, OLIVER MARC W L 247-63-0598

=====

*** WORK COPY ONLY *** Printed: 11/30/2011 16:23

HIP 2 OR MORE VIEWS

Exm Date: OCT 27, 2011@17:08
Req Phys: OTOOLE, PAMELA ANN

Pat Loc: WJB ER PROVIDER-X (Req'g Loc)
Img Loc: DIAGNOSTIC OOS
Service: Unknown

(Case 2108 COMPLETE) HIP 2 OR MORE VIEWS (RAD Detailed) CPT:73510
Proc Modifiers : LEFT
Reason for Study: hip pain radiates to foot

Clinical History:

Report Status: Verified

Date Reported: OCT 27, 2011
Date Verified: OCT 27, 2011

Verifier E-Sig:/ES/JASON C BELAND

Report:

Impression:

FINDINGS: Frontal and frogleg view of the left hip shows the hip is intact and aligned, unremarkable with no finding of fracture or dislocation. Patient has a normal appearance of the SI joints. The pubic symphysis is unremarkable, and there is no periosteal reaction. There is no cortical lucency.

The frogleg left hip is unremarkable.

IMPRESSION:

NORMAL PELVIS AND FRONTAL AND FROGLEG LEFT HIP.

Primary Interpreting Staff:

TIMOTHY S HANES, Staff Physician

VERIFIED BY:

JASON C BELAND, Staff Physician

/JS

*** WORK COPY ONLY ***

CLARENDON MEMORIAL HOSPITAL
10 HOSPITAL STREET
MANNING, SC 29102
RADIOLOGY REPORT

Patient name:	WILEY OLIVER M	Acct #:	1194191
Age:	39	Sex:	M
Birthday:	07/22/1972	Stay type:	O/P
Admit date:	11/11/11	Room:	
Disch date:	11/11/11	Phone:	803/236/0839
		Admit Phy:	FORD DANNY H
		Ordering Phy:	FORD DANNY H
		Med Rec #:	199567
		X-Ray #:	

MRI LUMBAR W/O CONTRAST 72148 COMPLETE: 11/11/11 14:39 rth 9501
(B) Reason for Procedure: PAIN

MRI OF THE LUMBAR SPINE:

CLINICAL HISTORY: low back and left leg pain

PROCEDURE: Multiplanar imaging was performed without contrast. No prior study is available.

FINDINGS: There is normal marrow signal throughout the bony elements. No fracture or destructive lesion is present. The alignment is normal. The conus is normal. The intervertebral discs all have normal signal and contour. No significant degenerative change is seen. No significant encroachment of the canal or foramina is identified.

OPINION: Normal MRI of the lumbar spine.

CARL D. GEIER, MD FOR
MICHAEL E. FAULSTICH, MD, PhD

Dictated by: MEF
Transcribed by: KJM
Date: 11/11/11 15:23
Signed: 11/11/11 16:29

Electronically Reviewed and signed by: MICHAEL E. FAULSTICH, MD, Ph.D.
Diplomate ACR

Reports and Images can be viewed on the internet at <http://pacs.clarendonhealth.com> Please call 803-433-3121 to gain access.

Copy for: FORD DANNY H via fax
Copy for: 048 MEDICAL RECORDS (HIM)

Report from: SUMTER CBOC Station #544GF Page 1
Imaging (local only) JUL 22, 1972 (39)
WILEY, OLIVER MARCELL 247-63-0598

=====

*** WORK COPY ONLY *** Printed: 11/30/2011 16:23

SPINE LUMBOSACRAL MIN 2 VIEWS

Exm Date: OCT 27, 2011@17:08
Req Phys: OTOOLE, PAMELA ANN
Pat Loc: WJB ER PROVIDER-X (Req'g Loc)
Img Loc: DIAGNOSTIC OOS
Service: Unknown

(Case 2109 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT:72100
Reason for Study: left hip leg pain

Clinical History:

Report Status: Verified Date Reported: OCT 27, 2011
Date Verified: OCT 27, 2011
Verifier E-Sig:/ES/JASON C BELAND

Report:

Impression:

FINDINGS: Three views of the lumbar spine show the vertebrae are intact and aligned. The intervertebral disk spaces are preserved. Patient's posterior elements are unremarkable, and the spinous processes are unremarkable.

IMPRESSION:

NORMAL 3 VIEW LUMBAR SPINE.

Primary Interpreting Staff:

TIMOTHY S HANES, Staff Physician
VERIFIED BY:
JASON C BELAND, Staff Physician

/JS

*** WORK COPY ONLY ***

CLARENDON MEMORIAL HOSPITAL
10 HOSPITAL STREET
MANNING, SC 29102
RADIOLOGY REPORT

Patient name:	WILEY OLIVER M	Acct #:	1169375
Age:	38	Sex:	M
Birthday:	07/22/1972	Stay type:	O/P
Admit date:	05/23/11	Room:	
Disch date:	05/23/11	Phone:	803/236/0839
		Admit Phy:	CAMPO ARNOLD B
		Ordering Phy:	CAMPO ARNOLD B
		Med Rec #:	199567
		X-Ray #:	

MRI LWR JOINT LT WO CON 73721 COMPLETE:05/23/11 11:39 RTH94118
(B)Reason for Procedure: LEFT HIP PAIN

HISTORY: left hip pain

MRI OF THE LEFT HIP:

MRI of the left hip was performed with multiple sagittal, axial, and coronal images using the standard pulse sequences.

MRI demonstrates no bone contusion or significant joint effusion at the left hip.

The left hip joint space appears intact. No osteonecrosis or occult fracture demonstrated.

There is no evidence of soft tissue hematoma or abscess formation.

IMPRESSION: MRI demonstrates minimal left hip degenerative changes, with no evidence of bone contusion or occult fracture.

There is no evidence of osteonecrosis or soft tissue hematoma formation.

Dictated by: MEF
Transcribed by: KJM
Date: 05/23/11 13:18
Signed: 05/23/11 14:26

Electronically Reviewed and signed by: MICHAEL E. FAULSTICH, MD, Ph.D.
Diplomate ACR

Reports and images can be viewed on the internet at <https://pics.clarendonhealth.com>. Please call 803-435-3121 to gain access.

Copy for: CAMPO ARNOLD B via fax
Copy for: 048 MEDICAL RECORDS (HJM)

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

INDEPENDENT MEDICAL EVALUATION

Patient: Oliver M. Wiley
Chart: 131632
DOB: 7/22/72
Date: 12/20/12

Oliver Wiley is a 40-year-old officer who works at the Sumter County Detention Center. In April 2011 he suffered a fall while performing work activities. He landed on his left hip and was sent to me for evaluation in December. At that stage he had imaging studies that failed to show any significant abnormalities to his lumbar spine and I suspected that he suffered a hip contusion. There was no need for any neurosurgical intervention and from my perspective there was no permanent impairment to the lumbar spine.

He has been sent back to me after he completed an IME by another surgeon. He was recommended to undergo EMG and nerve conduction studies to assess whether he had a radiculopathy and he also underwent a diagnostic injection into his sacroiliac joint.

Dr. Storick performed the sacroiliac joint injection which failed to relieve any discomfort. He also performed an L5-S1 facet injection which Oliver states felt like it decreased somewhat some of his left pelvic discomfort. However, the discomfort has returned. He continues to describe a pain that originates in the left buttock and hip region and radiates along his groin area.

EMG and nerve conduction studies performed 11/15/12 by Dr. Troyer failed to show any abnormalities.

On examination today, his motor strength remains 5/5 throughout. ROM testing of his left hip exacerbates discomfort across the pelvis.

IMPRESSION/PLAN: I explained to Oliver that I do not have anything to offer him from a lumbar perspective. I went back and reviewed completion of imaging studies to assess his bony anatomy in the lumbar spine. He had x-rays in October 2011 with three views which failed to show any abnormalities. Once again, the MRI performed in November 2011 also failed to show any significant abnormality.

That being the case, I feel that he is at maximum medical improvement from a lumbar spine perspective. I do not see a lumbar impairment. I have nothing else to add and I do not see any particular restrictions from a lumbar spine perspective.

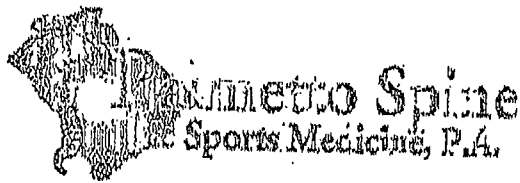
Karl A. Lozanne, MD

Karl A. Lozanne, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

KAL/LH

CNAWT: 5040



Timothy M. Zgleszewski, M.D.
Board Certified
• Physiatry
• Pain Medicine

Non-Operative Spine Care • Interventional Pain Medicine • Electrodiagnostics • Musculoskeletal Medicine

INDEPENDENT MEDICAL EXAMINATION

EXAMINEE: Oliver M. Wiley
DATE OF EXAM: December 13, 2011
DATE OF BIRTH: July 22, 1972
DATE OF INJURY: April 14, 2011
REFERRAL ORGANIZATION: Clark Law Firm, LLC
REFERRING INDIVIDUAL: John D. Clark, Esq.
EVALUATING PHYSICIAN: Timothy M. Zgleszewski, M.D.
LOCATION OF EVALUATION: Columbia, SC

Mr. Wiley was referred for an Independent Medical Evaluation at the request of the above agent. The IME process was explained to the examinee, and the examinee understands that no patient/visiting physician relationship exists and that a report will be sent to the requesting agent. Analysis is based upon the subjective complaints, history given by the examinee, review of medical records, data provided to me and objective clinical findings on physical examination. History was provided by the examinee. Approximately 30 minutes were spent with the examinee. This included taking a history and performing a detailed physical examination. An additional 25 minutes were spent reviewing medical information and preparation of this report. As routinely performed in my medical practice, today's history was formulated by direct patient interview and, when available, medical records that from time to time are utilized for specific detail and accuracy of events regarding the mechanism of injury and the treatment rendered to the individual being evaluated.

HISTORY: Mr. Wiley is a 39 year old gentleman who states he was involved in a work accident that occurred on or about April 14, 2011, while employed by the Sumter-Lee Regional Detention Center, working as a Shift Lieutenant. The examinee states the injury occurred when he slipped and fell on some zelts and eggs while restraining an inmate. He states that he landed on his left hip and buttocks. The examinee reports that the onset of pain occurred after he finished subduing the inmate. He reports that he has only progressed through physical therapy for his low back pain. The examinee states that he has not received any other treatment to the low back. He states that his pain continues.

The examinee states the pain is located in the left greater than right low back. It radiates into the left posterolateral buttock and thigh and into the groin. The pain extends down past the knee into the posterior and lateral lower leg extending into the foot. The pain is described as a throbbing, burning, tingling, and numbing sensation. Aggravating factors include sitting.

3030 Ashley Town Center Drive, Suite A-102 • Charleston • SC • 29414 • (843) 673-9997 • fax (843) 377-1446
3 Southern Court, Suite B • West Columbia • SC • 29169 • (803) 791-9773 • fax (803) 791-3997
9637 Ocean Highway, Unit B-2 • Pawleys Island • SC • 29583 • (843) 673-9997 • (843) 377-1446

• www.palmettospine.com •

EXAMINEE:

Oliver M. Wiley

DATE:

December 13, 2011

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driving, standing, walking, changes of position, going up and down steps, forward bending, backward bending, lying on his back, lying on his stomach, twisting, and reaching. Alleviating factors include side lying with a pillow between his legs. The examinee's current pain averages around 9/10 on the pain scale. At times, it flares up to 10/10 on the pain scale.

The examinee has not had any interventional spinal procedures in the past. The examinee has progressed through physical therapy. The examinee is taking Methocarbamol and Indomethacin for the pain with minimal reduction of his discomfort. The examinee's diagnostic testing includes x-rays and a Lumbar MRI performed to date.

CURRENT MEDICATIONS: Lisinopril, Methocarbamol, and Indomethacin

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Hypertension

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: The examinee is a non-smoker and a non-drinker. He consumes a minimal amount of caffeinated beverages per day. He is divorced with four children. The examinee's highest level of education completed is high school.

FAMILY HISTORY: Non-contributory

WORK HISTORY: The examinee states that he has not worked since November of 2011.

REVIEW OF SYSTEMS: Non-contributory

GENERAL APPEARANCE: Physical examination reveals a well-developed and well-nourished gentleman in a moderate to severe amount of pain. The examinee is alert and oriented to time, place, and person.

Gait and station reveals a limp on the left. Inspection of the upper and lower extremities demonstrates no edema with intact radial and pedal pulses. Inspection of the low back low back demonstrates a normal lumbar lordosis. There is no lumbar shift present on today's examination. There are no prior surgical incisions at the lumbosacral spine. Range of motion of the lumbar spine is painful. Pain is increased with forward bending and extension. Range of motion of the hips is normal. There is negative simulated axial compression testing, negative simulated axial rotation testing, negative regional testing, and negative distraction testing. Overall, today's Waddell's Testing is negative.

On palpation, there is tenderness and spasm in the left greater than right lumbar paraspinals. There is tenderness over the left greater than right lumbar facets. There is no generalized tenderness over the Greater Trochanters. There is tightness noted in the bilateral piriformis muscles today. There is tenderness over the left greater than right PSIS. There is a positive Fortin Finger Test on the left. There is a positive Patrick's Test bilaterally. There are negative neural tension signs in both legs in the seated slump position. There is a negative Straight Leg Raise Test bilaterally. Bilateral lower extremity motor examination was normal. Bilateral lower extremity sensory examination was normal to soft touch and pinprick. Deep tendon reflexes of the bilateral patella and Achilles are normal and symmetric.

DIAGNOSTIC TESTING/MEDICAL RECORDS:

1. Progressive Physical Therapy
2. Doctors Care
3. Danny H. Ford, MD of Summit Orthopaedic Associates, LLC
4. MRI of the lumbosacral spine dated November 11, 2011, from Clarendon Memorial Hospital

DIAGNOSES:

1. Low back pain and left leg paresthesia
2. Probable bilateral sacroiliac joint and/or lumbar facet joint dysfunction/pain

DISCUSSION: After reviewing today's history, physical examination, review of the medical records, and provided diagnostic testing, the examinee has the above diagnoses. It is my medical opinion that the above diagnoses are causally related to the work accident in question. The mechanism of injury described is consistent with the above diagnoses. It is my medical

PAGE 03/05

PALMETTO SPINE AND S

12/14/2011 17:44 0432567435

EXAMINEE:
DATE:
Page 3

Oliver M. Wiley
December 13, 2011

opinion that the examinee is not currently at Maximal Medical Improvement (MMI).

All impairment ratings are derived using the AMA Guides to the Evaluation of Permanent Impairment 5th Edition, herein after referred to as the AMA Guides.

The cause of the examinee's low back pain, at least in part, is coming from the lumbar facet joints and from the examinee's bilateral sacroiliac joint based on the mechanism of injury as well as physical examination today with positive maneuvers. The bilateral sacroiliac joints and lumbar facet joints have not been tested to date.

The examinee will require rehabilitation therapy to address the low back pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require diagnostic sacroiliac joint (SI) injections to the bilateral SI joints under fluoroscopic guidance utilizing a pain diary. If positive, he will need to proceed with therapeutic SI joint injections with corticosteroids. If no long term benefit is obtained, then he will need to proceed with radiofrequency ablation of the involved SI joints.

The examinee will require diagnostic lumbar facet nerve blocks to the bilateral L3-4, L4-5, and L5-S1 facet joints under fluoroscopic guidance utilizing a pain diary. If positive, he will need to proceed with therapeutic facet joint injections with corticosteroids. If no long term benefit is obtained, then he will need to proceed with radiofrequency ablation to the medial branches of the involved facet joints.

The examinee will require oral pain medications to control his low back pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

The examinee is a candidate for Deepwave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the low back pain. The examinee will require six in office treatments; and if successful, he will possibly require a home unit. Deepwave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen his discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

Mr. Wiley is not currently at Maximal Medical Improvement (MMI). If Mr. Wiley is deemed to be at MMI, then based on the AMA Guides, the examinee is considered to be DRE Lumbar Category II, 8% impairment to the back/spine secondary to the lumbar facet joint dysfunction/pain.

Secondary to the bilateral SI joint dysfunction and pain, the examinee has an additional 5% impairment to the back/spine. This is based on page 428, Table 15-19, where it states "these disorders may be combined with impairment ratings from either DRE or ROM methods for spine impairment." The combined back/spine impairment rating is therefore 8%, combined with 5%, which is 13%.

If needed, I could assume the care of this examinee to carry out the above.

The examinee should not return to work in my medical opinion until the above additional diagnostic testing and treatment is rendered. In my medical opinion, the examinee would be at risk for further injury if he returns to work before the additional diagnostic testing and treatment is rendered.

Recommendations regarding the examinee's ability to work, or participate in activities of daily living and other opinions provided in this report are given totally independent of the requesting agent. If any new medical records are provided, the above recommendations and opinions may change. These recommendations and opinions are based upon reasonable degree of medical certainty.

At the conclusion of the examination, the examinee was asked whether or not there was any information that was not asked that he wanted to include in this report. The answer to this question was no.

The above diagnostic and treatment recommendations will most probably tend to lessen the examinee's period of disability and impairment and prevent regression of his condition. The above recommendations and opinions are made with a reasonable degree of medical certainty and are made independent of the requesting agent.

PAGE 04/05

PALMETTO SPINE AND S

12/14/2011 17:44 8432662436

EXAMINEE:

Oliver M. Wiley

DATE:

December 13, 2011

Page 4

"I certify and affirm that the foregoing report is true to the best of my knowledge under penalty of perjury."

Thank you for allowing me to complete this TME of Oliver M. Wiley. I believe I have answered all questions asked of me. If there are any further inquiries, please do not hesitate to contact me in writing.

Timothy M. Zgleszewski, M.D.
Board Certified Physical Medicine Rehabilitation
Sub Specialty Board Certified, Pain Medicine
Fellowship Trained Interventional Spine/Pain Medicine

cc: John D. Clark, Esq.
Phone# (803) 775-1234
Fax# (803) 775-8590

Electronically signed by Timothy M. Zgleszewski, M.D. on 12/14/2011 at 01:30:02 PM

MEDICAL RECORD

Progress Notes

NOTE DATED: 12/02/2011 13:43
LOCAL TITLE: RETURN TO WORK/ACTIVITY LIMITATIONS
STANDARD TITLE: ADMINISTRATIVE NOTE
VISIT: 12/02/2011 12:41 WJB HR PROVIDER-X
MEMORANDUM FOR WHOM IT MAY CONCERN:
Subject: Absentee Form

REFERENCE: OLIVER M WILEY was seen on this date at the VA HOSPITAL at
Columbia, SC.

The patient has been advised not to return to work until: Monday December
12, 2011

Signed by: /es/ ANN-LYNN CAUGHMAN
Nurse Practitioner
12/02/2011 13:44

WILEY, OLIVER MARCELL
247-63-0598 DOB: 07/22/1972

COLUMBIA, SC VAMC
Pt Loc: OUTPATIENT

Printed: 12/02/2011 13:44
Vice SF 509

CLARENDON MEMORIAL HOSPITAL

10 HOSPITAL STREET

MANNING, SC 29102

RADIOLOGY REPORT

Patient name: WILEY OLIVER M Acct #: 1194191
Age: 39 Sex: M Admit Phy: FORD DANNY H
Birth day: 07/22/1972 Stay type: O/P Ordering Phy: FORD DANNY H
Admit date: 11/11/11 Room: Med Res #: 199567
Disch date: 11/11/11 Phone: 803/236/0839 X-Ray #:

MRI LUMBAR W/O CONTRAST 72148 COMPLETE: 11/11/11 14:39 rth 9601
(H) Reason for Procedure: PAIN

MRI OF THE LUMBAR SPINE:

CLINICAL HISTORY: Low back and left leg pain

PROCEDURE: Multiplanar imaging was performed without contrast. No prior study is available.

FINDINGS: There is normal marrow signal throughout the bony elements. No fracture or destructive lesion is present. The alignment is normal. The conus is normal. The intervertebral discs all have normal signal and contour. No significant degenerative change is seen. No significant encroachment of the canal or foramina is identified.

OPINION: Normal MRI of the lumbar spine.

CARL D. GRIER, MD FOR
MICHAEL E. PAULSTICH, MD, PhD

Dictated by: MEF
Transcribed by: KJM
Date: 11/11/11 15:23
Signed: 11/11/11 16:29

Electronically Reviewed and signed by: MICHAEL E. PAULSTICH, MD, Ph.D.
Diplomate ACR

Reports and Images can be viewed on the internet at <https://pacs.clarendonhealth.com>. Please call 803-495-3121 to gain access.

Copy for: FORD DANNY H via fax
Copy for: 048 MEDICAL RECORDS (HIM)



Wiley, Oliver M

38 Y old Male, DOB: 07/22/1972
2477 E Peach Orchard Road, Sumter, SC-29154

Home: 803-499-4025

Guarantor: Wiley, Oliver M Insurance: Companion TPA

Payer ID: 1360

PCP: Arnold B Campo Referring: Arnold B Campo

Appointment Facility: Sumter Orthopaedic Associates, LLC

06/21/2011

WC: Danny H. Ford, MD

Current Medications

Roxid
Naproxen
Medication List reviewed and reconciled with
the patient

Past Medical History

Unremarkable

Surgical History

Unremarkable

Family History

Father: deceased
Mother: alive

Social History

Smoking: yes, Cigarettes a Day 1-2.
Alcohol: yes, Weekly.
Marital status: Separated.
Occupation: Sumter Lee Regional Detention
Center.

Allergies

None

Review of Systems

Constitutional:
no Fever.
Neurology:
no Headache.
Psychology:
no Panic attacks.
Ophthalmology:
Vision loss yes, Wears contacts.
ENT:
no Hearing loss.
Cardiology:
no Chest pain.
Respiratory:
no Chest pain, no Shortness of breath.
Gastroenterology:
no Nausea, no Vomiting.
Musculoskeletal:
Joint pain yes.
Dermatology:
no Rash.
Urology:
no Dysuria.

Reason for Appointment

1. WC evaluation left hip

History of Present Illness

Left hip:

Patient is a 38 year old pleasant male who presents today for
evaluation of his left hip at the request of Worker's Compensation. He is
a correctional officer at a local prison who developed an acute onset of
left hip pain secondary to a fall while involved in an altercation with a
prisoner. He complains of pain that varies in character, mild to
moderate in intensity and located posteriorly and laterally. His pain is
aggravated with activity and relieved with rest. Associated symptoms are
negative for groin pain, radicular pain or paresthesias.

Vital Signs

Wt 275, Ht 6-4, RR 17.

Examination

General Examination:

General appearance: well developed, alert and orientated x 3, and in
no acute distress. Mood: pleasant.

Left hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: tender laterally and posteriorly. Range of motion: normal.
Stability: no instability. Strength: normal. Sensation: normal.
Vascular: normal. Lymphatic: no lymphadenopathy. Special
tests: unremarkable. Lower extremity: unremarkable. Leg
length: equal. Gait: favors right side.

Right hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: nontender. Range of motion: normal. Stability: no
instability. Strength: normal. Sensation: normal. Vascular: normal.
Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower
extremity: unremarkable. Leg length: equal.

Imaging Studies

Hip X-Ray: Reason, pain. Findings, AP pelvis and 2 views of the left
hip demonstrate no acute abnormalities. Hip MRI: MRI images of the
left hip were reviewed and demonstrate no evidence of any fractures or
other abnormalities.

Assessments

1. Hip contusion - 924.01 (Primary)

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 06/21/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Treatment

1. Hip contusion

He appears to have a left hip contusion. We discussed his diagnoses and treatment options in detail. We are going to proceed with local modalities, activity modification, trial of anti-inflammatory medication and physical therapy for now. A work restriction form was given to him today. ITO in 6 weeks for recheck or sooner if any problems.

2. Others

Start Naprosyn 500mg, 1 tablet po BID with food, 60, Refills 5

Diagnostic Imaging

X ray: Hip, left av, X ray: Pelvis, AP

Procedure Codes

73510 X-ray hip, unilateral, a views

72170 X-ray pelvis, AP

Follow Up

6 Weeks

Electronically signed by Danny Ford M.D., MD on 08/09/2011
at 03:48 PM EDT

Sign off status: Pending

Sumter Orthopaedic Associates, LLC
100 N. Sumter St. Suite 200
Sumter, SC 29150
Tel: 803-774-7621
Fax: 803-774-7631

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 06/21/2011

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)



Wiley, Oliver M

39 Y old Male, DOB: 07/22/1972
2477 B Peach Orchard Road, Sumter, SC 29154

Home: 803-499-4025

Guarantor: Wiley, Oliver M Insurance: Companion TPA

Payer ID: 1360

PCP: Arnold B Campo Referring: Arnold B Campo

Appointment Facility: Sumter Orthopaedic Associates, LLC

07/29/2011

Progress Notes: Danny H. Ford, MD

Current Medications

Flexeril
Ibuprofen
Medication List reviewed and reconciled with
the patient

Past Medical History

Unremarkable

Surgical History

Unremarkable

Family History

Father: deceased
Mother: alive

Social History

Smoking: yes, Cigarettes a Day 1-2.
Alcohol: yes, Weekly.
Marital status: Separated.
Occupation: Sumter Lee Regional Detention
Center.

Allergies

none

Review of Systems

Constitutional:
no Fever.
Neurology:
no Headache.
Psychology:
no Panic attacks.
Ophthalmology:
Vision: yes, Wears contacts.
ENT:
no Hearing loss.
Cardiology:
no Chest pain.
Respiratory:
no Chest pain, no Shortness of breath.
Gastroenterology:
no Nausea, no Vomiting.
Musculoskeletal:
Joint pain yes.
Dermatology:
no Rash.
Endocrinology:
no Dysuria.

Reason for Appointment

1. Recheck left hip

History of Present Illness

Left hip:

Patient returns today for recheck of his left hip. Overall, his hip feels
about the same. Unfortunately, workers compensation has not approved
his anti-inflammatory medication and physical therapy to date.

Vital Signs

Wt 275, Ht 6-4, RR 18.

Examination

General Examination:

General appearance: well developed, alert and orientated x 3, and in
no acute distress. Mood: pleasant.

Left hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: tender laterally and posteriorly. Range of motion: normal.
Stability: no instability. Strength: normal. Sensation: normal.
Vascular: normal. Lymphatic: no lymphadenopathy. Special
tests: unremarkable. Lower extremity: unremarkable. Leg
length: equal. Gait: favors right side.

Right hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: nontender. Range of motion: normal. Stability: no
instability. Strength: normal. Sensation: normal. Vascular: normal.
Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower
extremity: unremarkable. Leg length: equal.

Imaging Studies:

Hip X-Ray: Reason, pain. Findings, AP pelvis and 2 views of the left
hip demonstrate no acute abnormalities. Hip MRI: MRI images of the
left hip were reviewed and demonstrate no evidence of any fractures or
other abnormalities.

Assessments

1. Hip contusion - 924.01 (Primary)

Treatment

1. Hip contusion

I am not sure why Worker's Compensation did not approve his anti-
inflammatory medication or physical therapy. I gave him another

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 07/29/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

prescription for Naprosyn and physical therapy. A work restriction form was given to him today. RTO in 6 weeks for recheck or sooner if any problems.

a. Others

Start Naprosyn 500mg, 1 tablet po BID with food, 60, Refills 5

Follow Up

6 Weeks

Electronically signed by Danny Ford M.D., MD on 08/09/2011 at 03:48 PM EDT

Sign off status: Pending

Sumter Orthopaedic Associates, LLC
100 N. Sumter St. Suite 200
Sumter, SC 29150
Tel: 803-774-7621
Fax: 803-774-7631

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 07/29/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Wiley, Oliver M

39 Y old Male, DOB: 07/22/1972

2477 B Peach Orchard Road, Sumter, SC 29154

Home: 803-499-4025

Guarantor: Wiley, Oliver M Insurance: Companion TPA

Payer ID: 1360

PCP: Arnold B Campo Referring: Arnold B Campo

Appointment Facility: Sumter Orthopaedic Associates, L.L.C.

09/08/2011

Progress Notes: Danny H. Ford, MD

Current Medications

Flexeril

Ibuprofen

Medication List reviewed and reconciled with
the patient

Past Medical History

Unremarkable

Surgical History

Unremarkable

Family History

Father: deceased

Mother: alive

Social History

Smoking: yes, Cigarettes a Day 1-2.

Alcohol: yes, Weekly.

Marital status: Separated.

Occupation: Sumter Lee Regional Detention
Center.

Allergies

none

Review of Systems

Constitutional:

no Fever.

Neurology:

no Hand/Arm.

Psychiatry:

no Panic attacks.

Ophthalmology:

Vision loss yes, Wears contacts.

ENT:

no Hearing loss.

Otolaryngology:

no Chest pain.

Respiratory:

no Chest pain, no Shortness of breath.

Gastroenterology:

no Nausea, no Vomiting.

Musculoskeletal:

Joint pain yes.

Dermatology:

no Rash.

Urology:

no Dysuria.

Reason for Appointment

1. Recheck left hip

History of Present Illness

Left hip:

Patient returns today for recheck of his left hip. His physical therapy
and anti-inflammatory medication was approved by Worker's
Compensation. He has been going to physical therapy and taking
Naprosyn twice a day. Overall, his hip feels better. However, he
continues to have a burning type pain about the hip.

Vital Signs

Ht 6-4, Wt 275, RR 17.

Examination

General Examination:

General appearance: well developed, alert and orientated x 3, and in
no acute distress. Mood: pleasant.

Left hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: tender laterally. Range of motion: normal. Stability: no
instability. Strength: normal. Sensation: normal. Vascular: normal.
Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower
extremity: unremarkable. Leg length: equal. Gait: favors right side.

Right hip:

Inspection: no skin abnormalities, no swelling. Alignment: normal.
Palpation: nontender. Range of motion: normal. Stability: no
instability. Strength: normal. Sensation: normal. Vascular: normal.
Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower
extremity: unremarkable. Leg length: equal.

Assessments

1. Hip contusion - 924.01 (Primary)

Treatment

1. Hip contusion

Overall, he is making progress. However his progress is slow. We are
going to continue with the current protocol. RTO in 6 weeks. I anticipate
that he will be at MMI at that time.

2. Others

Stop Naprosyn 500mg, 1 tablet po BID with food, 60

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 09/08/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Start Voltaren, 75 mg, 1 po BID with food, 60, Refills 5

Follow Up
6 Weeks

Electronically signed by Danny Ford M.D., MD on 10/18/2011
at 05:01 PM EDT

Sign off status: Pending

Sunter Orthopaedic Associates, LLC
100 N. Sumter St. Suite 200
Sumter, SC 29150
Tel: 803-774-7621
Fax: 803-774-7631

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 09/08/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Wiley, Oliver M

39 Y old Male, DOB: 07/22/1972
2477 R Peach Orchard Road, Sumter, SC-29164
Home: 803-499-4025

Guarantor: Wiley, Oliver M Insurance: Companion TPA
Payer ID: 1360
PCP: Arnold B Campo Referring: Arnold B Campo

Appointment Facility: Sumter Orthopaedic Associates, LLC

Progress Notes: Danny H. Ford, MD

0/18/2011

Current Medications

Flexeril
ibuprofen

Past Medical History

Unremarkable

Surgical History

Unremarkable

Family History

Father: deceased
Mother: alive

Social History

Smoking: yes, Cigarettes a Day 1-2.
Alcohol: yes, Weekly.
Marital status: Separated.
Occupation: Sumter Lee Regional Detention Center.

Allergies

none

Review of Systems

Constitutional:
no Fever.
Neurology:
no Headache.
Psychiatry:
no Panic attacks.
Ophthalmology:
Vision loss yes, Wears contacts.
ENT:
no Hearing loss.
Cardiology:
no Chest pain.
Respiratory:
no Chest pain, no Shortness of breath.
Gastroenterology:
no Nausea, no Vomiting.
Musculoskeletal:
Joint pain yes.
Dermatology:
no Rash.
Urology:
no Dysuria.

Reason for Appointment

1. Recheck left hip

History of Present Illness

Left hip:

Mr. Wiley returns today for recheck of his left hip. He continues to have a burning type pain about the hip. He seems to have reached a plateau.

Vital Signs

Ht 6-4, Wt 273, RR 17.

Examination

General Examination:

General appearance: well developed, alert and orientated x 3, and in no acute distress. Mood: pleasant.

Left hip:

Inspection: no skin abnormalities, no swelling.
Alignment: normal. Palpation: tender laterally. Range of motion: normal. Stability: no instability. Strength: normal.
Sensation: normal. Vascular: normal. Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower extremity: unremarkable. Leg length: equal. Gait: favors right side.
Right hip:

Inspection: no skin abnormalities, no swelling.
Alignment: normal. Palpation: nontender. Range of motion: normal. Stability: no instability. Strength: normal. Sensation: normal.
Vascular: normal. Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower extremity: unremarkable. Leg length: equal.

Assessments

1. Hip contusion - 924.01 (Primary)

Treatment

1. Hip contusion

It has been approximately 6 months since his injury. I think he has reached max med medical improvement. Workers Compensation will arrange permanent impairment rating. He was given a work release form to return to regular duty on 11-1-11. He may participate in activities as tolerated and return as needed.

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 10/18/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

a. Others

Stop Naprosyn 500mg, 1 tablet po BID with food, 60
Start Voltaren, 75 mg, 1 po BID with food, 60, Refills 5

Follow Up
PRN.

Electronically signed by Danny Ford M.D., MD on 11/04/2011
at 09:22 AM EDT
Sign off status: Pending

Sumter Orthopaedic Associates, LLC
100 N. Sumter St. Suite 200
Sumter, SC 29150
Tel: 803-774-7621
Fax: 803-774-7631

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 10/18/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Wiley, Oliver M

39 Y old Male, DOB: 07/22/1972
2477 B Peach Orchard Road, Sumter, SC 29154

Home: 803-499-4025
Guarantor: Wiley, Oliver M Insurance: Companion TPA
Payer ID: 1360
PCP: Arnold B Campo Referring: Arnold B Campo
Appointment Facility: Sumter Orthopaedic Associates, LLC

11/03/2011

Progress Notes: Danny H. Ford, MD

Current Medications

Flexeril
Ibuprofen
Voltaren
Medication list reviewed and reconciled with the patient.

Past Medical History

Unremarkable

Surgical History

Unremarkable

Family History

Father: deceased
Mother: alive

Social History

Smoking: yes, Cigarettes a Day 1-2.
Alcohol: yes, Weekly.
Marital status: Separated.
Occupation: Sumter Lee Regional Detention Center.

Allergies

None

Review of Systems

Constitutional:
no Fever.
Neurology:
no Headache.
Psychology:
no Panic attacks.
Ophthalmology:
Vision loss yes, Wears contacts.
ENT:
no Hearing loss.
Cardiology:
no Chest pain.
Respiratory:
no Chest pain, no Shortness of breath.
Gastrointestinal:
no Nausea, no Vomiting.
Musculoskeletal:
Joint pain yes.
Dermatology:
no Rash.

Reason for Appointment

1. Recheck left hip

History of Present Illness

Left hip:

Mr. Wiley returns today for recheck of his left hip. He continues to have a burning type pain about the posterior lateral aspect of his hip that radiates down the lateral aspect of his thigh to the level of the knee. He also has occasional paresthesias in the same distribution.

Vital Signs

Ht 6-4, Wt 273, RR 17.

Examination

General Examination:

General appearance: well developed, alert and orientated x 3, and in no acute distress. Mood: pleasant.

Left hip:

Inspection: no skin abnormalities, no swelling.
Alignment: normal. Palpation: tender about the sacroiliac joint and laterally about the hip. Range of motion: normal. Stability: no instability. Strength: normal. Sensation: normal. Vascular: normal. Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower extremity: unremarkable. Leg length: equal. Gait: favors right side.

Right hip:

Inspection: no skin abnormalities, no swelling.
Alignment: normal. Palpation: nontender. Range of motion: normal. Stability: no instability. Strength: normal. Sensation: normal. Vascular: normal. Lymphatic: no lymphadenopathy. Special tests: unremarkable. Lower extremity: unremarkable. Leg length: equal.

Assessments

1. Hip pain - 7/9-45 (Primary)

Treatment

1. Hip pain

His current symptoms are suspicious for lumbar radiculopathy/sacroiliitis. I think his "hip" is fine. We discussed his possible diagnosis and treatment options. I do not treat lumbar radiculopathy/sacroiliitis. I would recommend that Worker's

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 11/03/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Urology:
no Dysuria.

Compensation consider obtaining an MRI of his lumbar spine along with a referral to a spine surgeon for further evaluation and treatment recommendations. RTO p.r.n.

2. Others

Continue Voltaren, 75 mg, 1 po BID with food, 60, Refills 5

Follow Up

PRN.

Electronically signed by Danny Ford M.D., MD on 11/04/2011 at 09:23 AM EDT

Sign off status: Pending

Sumter Orthopaedic Associates, LLC
100 N. Sumter St, Suite 200
Sumter, SC 29160
Tel: 803-774-7621
Fax: 803-774-7631

Patient: Wiley, Oliver M DOB: 07/22/1972 Progress Note: Danny H. Ford, MD 11/03/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Patient: O'iver H. e
 Physician: Arnold Campman
 Diagnosis: Chippin

Data: 4-25-201
Therapist: Vicki Cooper
DOB: 1-27-1912

Pain Rating: Current 6/10 Worst: 10/10

[illegible]

Strength: $\frac{1}{2}$ lb. clear 3-4 ft. unit for all movements. Run to most by most.

ROM $\phi = 80^\circ$, $\alpha = 40^\circ$, $\beta = 40^\circ$, $\gamma = 120^\circ$ and $\gamma = 120^\circ$. $\alpha = 80^\circ$, $\beta = 40^\circ$, $\gamma = 120^\circ$. $\alpha = 80^\circ$, $\beta = 40^\circ$, $\gamma = 120^\circ$.

Palpation: *in the 2nd & 3rd intercostal spaces.*

Special Test: ① PAPER
Wt. Bearing/ Galt: UBAT ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔

Sensation: Wk damp $\odot$ 1st 2nd fingers; last 2nd & 3rd fingers x 1st 2nd fingers; last 2nd & 3rd fingers.

Swelling/Appearance None; no gross discoloration or swelling.

Other Findings: *(?)* for *11/11* -

Physical Demands of Job: *a. full family house*

Meds: *insulin, blood.*

X-ray/ MRI: N/A

Worse: CUB and (E -

W.D.S.E. W.D.S.E. W.D.S.E.
Assessment: 27-10-19

[illegible]

Short Term Goals (1-4 Weeks):

- ① Independent with home exercise program
- ② Pain levels decreased to 0/10 at rest, 0/10 at worst
- ③ Increase strength and ROM of L_5S_1 to improve function & ADL's

Long Term Goals (4 Weeks-Therapy Completion):

- ② Return to full ADLs & work activities with minimal limitations.

Recommended Plan of Care:

Physical Therapy 2-3 times/week for 4-6 weeks for therapeutic exercises, open and closed chain strengthening exercises, gait training, body mechanics education, functional activities, and modalities to include:

Phonophoresis X Tontophoresis X MENSATONVPC X Ultrasound X Manual Therapy

Rehab Potential: Poor Fair Good

Comments: Thank you for this referral!

Please sign and fax back to 803-934-8457 as soon as possible. Thank you

Physician Signature _____

Date _____

Therapist/Signature

Date _____

Time In: / Time Out:
1:38 / 2:49

CHECKOUT TIME: 1:38

37179 04/25/11 11:00AM PT SUMTER, 0-73527 77303
NAME & ADDRESS MONDAY
WILEY, OLIVER DOB:
GENDER:
EAG:
FOL: 0
CELL:
003-236-0829
WRK1
INSURED: WILEY, OLIVER RELATION: SELF
INS:
REASON: NEW PATIENT/EVAL
INSURANCE
BALANCE 00.00
ACCOUNT
BALANCE 00.00
CURRENT
CHARGES 7306
AMOUNT
PAID
NEW
BALANCE 7306

Evaluation 97001 32-
OT Evaluation 97002
Functional Capability Evaluation 97780
Physical Performance Test 97750.1
Work Hardening, 2 hours 97545
Work Hardening, add'l 1 hour 97546
Acc. Sports Ach. Program ASAP
Strength STRENGTH
SFOP SFOP
Paraffin Bath 97018
Whirlpool 97022
Ultrasound, 15 mins. 97096
Iontophoresis, 15 mins. 97098
Infrared / LLLT, 15 mins. 97026
Therapeutic Exercise, 15 mins. 97110 10-
Functional Activities, 15 mins. 97530
Electrical Stim. (manual), 15 mins. 97082 25-
Massage, 15 mins. 97124
Manual Therapy 97140
Mechanical Traction 97012
Neuromuscular Re-Educ., 15 mins. 97112
Gait Training, 15 mins. 97116
Self Care Training, 15 mins. 97536 39-
TENS Set Up 64550
ROM Measure & Report 95851
Other / Supplies 99070

S: please see eval from Dr. DeBartoli
COPY
F: performed, X5-10 reps to @ip
Pain & swelling as instructed.
W/8 = ITC X5 min to @ip (gluteal) zone
Self care for pain/inflammation as just.
L: 7- started ankle holding a light & distal @
to swing. Please see eval from Dr. DeBartoli.
F: as file per Dr. POC.
Visit Number 1
Staff:
Therapist's Signature: [Signature]
RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.
Patient or Authorized Person's Signature

Date

Time In: / Time Out:

EXAM ROOM TIME
27179 04/27/11 11:00am PT SUMTER, 1077431

NAME & ADDRESS WEDNESDAY

WILEY, OLIVER

B

2477 PEACH ORCHARD RD

SUMTER, SC 29154

803-499-4025

WRK:

INSURED: WILEY, OLIVER

INS: WC/ALIGN NETWORKS

REASON: FOLLOW UP LEFT PELVIS / HIP / THIG

NICKNAME:

DOB: 07/22/1972 (38 years)

GENDER: M

ISS:

FCL: 0

CELL: 803-236-0839

RELATION: OTHER

COPY:

INSURANCE BALANCE \$326.00

ACCOUNT BALANCE \$326.00

CURRENT CHARGES 245-

AMOUNT PAID

NEW BALANCE 31-

- ☐ - Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97026
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 04850
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 89070

3. N. state he is still pretty stable & are looking good. RX therapeutic exercise & see daily log in Ld. Th. VP = the Goro ops to 1. 2p. glut all

15 - he still state symptoms; strength

Visit Number: 9
Staff: [Signature]
The apt's signature:

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

EXAM ROOM TIME: 11:00 / 1:00
 CHECKOUT TIME: 11:00am
 37179 04/29/11 PT SUMTER, C-775945 1077552

7
 NAME & ADDRESS: WILEY, OLIVER B
 2477 PEACH ORCHARD RD
 SUMTER, SC 29154
 803-499-4025
 WRK:
 INSURED: WILEY, OLIVER
 INS: WC/ALION NETWORKS
 REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
 NICKNAME:
 DOB: 07/22/1978 (30 years)
 GENDER: M
 ID#: 1001
 FCL: 6
 CELL: 803-236-0839
 RELATION: OTHER
 C-775945
 INSURANCE BALANCE: \$571.00
 ACCOUNT BALANCE: \$571.00
 CURRENT CHARGES: 300-
 AMOUNT PAID:
 NEW BALANCE: 8-
 CO-PAY:

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97780
- ☐ Physical Performance Test 97780.1
- ☐ Work Hardening, 2 hours 97846
- ☐ Work Hardening, add'l 1 hour 97846
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97035
- ☐ Infrared / LLLT, 15 mins. 97026
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electroal Stlm. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 84550
- ☐ ROM Measure & Report 98851
- ☐ Other / Supplies 90070

(S) not able to feel a little bit better today
(C) BK - Gerson's exam for distal see dates for for Ls - H UP - TFC, C-775945
Ops: to (C) (B) distal hip an
X 15 - one (C) could s-
Conduct

Visit Number: 3 of 7
 Staff: [Signature]
 Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
 I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 11:20 / Time Out: 12:56

EXAM ROOM TIME: 37179 05/02/11 11:00am PT SUMTER, 1077609

NAME & ADDRESS: MONDAY
WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

DOB: 07/22/1972 (38 years)
GENDER: M
ISS:
FCL: 6
CELL: 803-236-0829

RELATION: OTHER
COPY:

INSURANCE BALANCE: \$871.00
ACCOUNT BALANCE: \$871.00
CURRENT CHARGES: 330
AMOUNT PAID:
NEW BALANCE: 201

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97846
- ☐ Work Hardening, add'l 1 hour 97846
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97036
- ☐ Iontophoresis, 15 mins. 97038
- ☐ Infrared / LLLT, 15 mins. 97028
- ☒ Therapeutic Exercise, 15 mins. 97110 330
- ☐ Functional Activities, 15 mins. 97590
- ☒ Electrical Stim. (manual), 15 mins. (VC) 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97118
- ☐ Self Care Training, 15 mins. 97596
- ☐ TENS Set Up 64650
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S: pt is not in v s's independent visit
C: KOP + then ex performed on follow up visit
W/ R T DFC to @ this improve relation

2nd 1 pain straight leg lift only
not able complete them all
Q: 1

Visit Number: 4 of 0
Staff: [Signature]
Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 11:00 / Time Out: 12:45

EXAM ROOM TIME 37179 05/04/11 11:00am PT SUMTER, 1077712

NAME & ADDRESS WEDNESDAY
WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALIAN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:
DOB: 07/22/1972 (38 years)
GENDER: M
ID#: 100
FOL: 5
CELL: 803-236-0639
RELATION: OTHER
COPAY:
INSURANCE BALANCE \$1,201.00
ACCOUNT BALANCE \$1,201.00
CURRENT CHARGES 330
AMOUNT PAID
NEW BALANCE 1531

11:00am 12:45pm

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97546
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFCP SFCP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97036
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97028
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☒ Electrical Stim. (manual), 15 mins (N) 97532
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97536
- ☐ TENS Set Up 64560
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S. It's more, it's in a bit sore today but not as much as last visit.

O. S. L. reference performed services last visit. 11:00am 12:45pm

A. R. noted p. study STB made two days. felt very weak in family & asked pt why.

Visit Number: 5
Staff: J. A.
Therapist's Signature: J. A.

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: / Time Out:
 37179 05/06/11 11:00AM PT SUMNER,
 CHECKOUT TIME: 0778758 1077834

NAME & ADDRESS: FRIDAY
 WILEY, OLIVER
 B
 2477 PEACH ORCHARD RD
 SUMTER, SC 29154
 803-499-4025
 WRK:
 INJURED: WILEY, OLIVER
 INS: WC/ALION NETWORKS
 REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
 NICKNAME:
 DOB: 07/22/1972 (38 years)
 GENDER: M
 TAG:
 FCL: 6
 CELL: 803-236-0039
 RELATION: OTHER
 INSURANCE BALANCE \$1,531.00
 ACCOUNT BALANCE \$1,531.00
 CURRENT CHARGES 320-
 AMOUNT PAID
 NEW BALANCE 86

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97780
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFCP SFCP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97033
- ☐ Iontophoresis, 15 mins. 97036
- ☐ Infrared / LLLT, 15 mins. 97028
- ☒ Therapeutic Exercise, 15 mins. (L) 97110
- ☐ Functional Activities, 15 mins. 97530
- ☒ Electrical Stim. (manual), 15 mins. (NE) 97082
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 94550
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplier 99070

*S: its getting better, it
 just gets sore sometimes if
 he sit too long
 O: Bx therapeutic exercise on
 right side daily long for
 L3-F4 IAP & IFC 8/10
 wds, to O w/ Zip max x/5
 one
 it is very concerned
 Capital &
 PR*

Visit Number: 9 of 9
 Staff:
 Therapist's Signature:
 RELEASE OF MEDICAL INFORMATION and
 ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to
 process this claim and authorize payment of medical benefits to PPT or
 their designee for services described above.
 Patient or Authorized Person's Signature
 Date

Time In: 1:10 / Time Out: 2:35

EXAM ROOM TIME

CHECKOUT TIME

27179 05/09/11 11:00am PT SUMTER, 0719143 1077897

NAME & ADDRESS MONDAY
 WILEY, OLIVER
 2477 PEACH ORCHARD RD
 SUMTER, SC 29154
 803-499-4025
 WRK:
 INSURED: WILEY, OLIVER
 INS: WC/ALLEN NETWORKS
 REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
 NICKNAME:

DOB: 07/22/1972 (38 years)
 GENDER: M
 IBO:
 FCL: 6
 CELL: 803-236-0839

RELATION: OTHER
 COPAY:

INSURANCE BALANCE \$1,861.00
 ACCOUNT BALANCE \$1,861.00
 CURRENT CHARGES 279-
 AMOUNT PAID
 NEW BALANCE 2140-

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours. 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97026
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 64850
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S: See progress note

O: ref ex per flow sheet
 Comp 80 to L, greater to include

A: Pt completed neck ex
 & some guarding 2" pain.
 Modified weight + res in
 response to pt symptoms.

S: Cont per DOC

Visit Number 7 of 0

Staff: [Signature]

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
 ASSIGNMENT OF BENEFITS

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

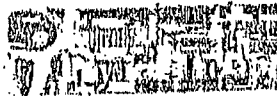
Patient or Authorized Person's Signature

Date

Case Manager:

Claim Number:

Current Level:



2475 Broad St
Sumter, SC 29160
PH: (803) 934-8479
Fax: (803) 934-8437

Faxed

Mailed

Given to Patient

PHYSICAL THERAPY SUMMARY - LOWER EXTREMITY

Patient: Wiley, L. N.
DX/ICD9: 72.91, 72.92
DOB: 7-22-72 SSN: 217-82-0398

Date: 5/11/11
Therapist: Nancy Wilson, PTA
Physician: Archie Campbell, MD

Treatment(s)/Intervention(s):

☒ Hip Progression

☐ Knee Progression

☐ Ankle / Foot Progression

☒ PROM / AAROM / AROM

☒ Stretching Program

☒ Self-Care Training

☒ Open-Chain Progression

☒ Closed-Chain Progression

☐ Proprioception Progression

☐ Home Exercise Program

☐ Modalities / Physical Agents

☐ Other:

Date of initial evaluation: 2-25-11 of last Rx: 5-1-11 No. of treatments attended: 8 No. of treatments missed: 0

Impression of patient attitude towards regaining function: Good ☒ Fair ☐ Poor ☐

Impression of patient compliance with Home Exercise Program: Good ☒ Fair ☐ Poor ☐

Current Status: pat. with sharp pain in (L) greater trochanter 2-8/10 burning
pt. called out of back 5-11-11

AROM: (L) 110° / 120° / 130° / 140° / 150° / 160° / 170° / 180°

Strength: (L) Hip V 3/5, AD 3/5, ER 3/5, IR 3/5

Objective Findings: pt. tender @ (L) greater trochanter

Progress Toward Work Related Goals: pt. has not been able to begin functional work
reared goods 2' out back 2' up stairs, plus (L) greater trochanter

Established Goals Include:

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

Recommendations: pt. ing. cast therapy 2-3 x wk for 3-4 wks, to 1 ROM,
1 extension, 1 flexion

Comments: pt. has (L) attitude toward PT. P- has been making steady progress
****Please direct physical therapist as indicated below if different from the above recommendations****

I have read the above progress report and would request that:

☐ the patient be discharged at this time

☐ present treatment is continued for _____ times/week for _____ weeks

☐ therapist calls me concerning this patient

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

Physician/NP/PAC: Archie Campbell, MD Date: 5-12-11

Therapist: Nancy Wilson, PTA Date: 5-11-11

Time In: 1:02.5 / Time Out: 2:38

EXAM ROOM TYPE: PT SUMTER, 11:00am, 05/11/11, 37179, 1078005, 1078005

NAME & ADDRESS: WILEY, OLIVER, 2477 PEACH ORCHARD RD, SUMTER, SC 29154, 803-499-4025, WRK, INSURED: WILEY, OLIVER, INS: WC/ALION NETWORKS, REASON: FOLLOW UP LEFT PELVIS / HIP / THIG, NICKNAME: WEDNESDAY, DOB: 07/22/1972 (38 years), GENDER: M, ISO: FCL: 6, CELL: 803-236-0639, RELATION: OTHER, COPY: INSURANCE BALANCE: \$2,140.00, ACCOUNT BALANCE: \$2,140.00, CURRENT CHARGES: 300, AMOUNT PAID: NEW BALANCE: 260

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFCP SFCP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97028
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97507
- ☐ Electrical Stim. (manual), 15 mins. 97502
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97505
- ☐ TENS Set Up 64550
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S: See progress note
O: rec ex per flow sheet
Comp 80 to (L) greater improvement
EC ENLP to (L) hip & Sum(R) SL
A: P+ completed rec ex 3 weeks
no v symptoms.

P: Cant per POC

Visit Number: 8 of 0
Staff: PTA
Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PFT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 0. / Time Out: 12:30

EXAM ROOM TIME: 37179 05/13/11 11:00am PT SUMTER, 1078115
CHECKOUT TIME: 1078115

NAME & ADDRESS: WILEY, OLIVER B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4085
WRK: INSURED: WILEY, OLIVER
INS: WYALON NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME: FRIDAY
DOB: 07/22/1972 (38 years)
GENDER: M
IB#: FCL: 6
CELL: 803-236-0839
RELATION: OTHER
INSURANCE BALANCE: \$2,440.00
ACCOUNT BALANCE: \$2,440.00
CURRENT CHARGES: 327
AMOUNT PAID: 0
NEW BALANCE: 0

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97780
- ☐ Physical Performance Test 97780.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFCP SFCP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☒ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97026
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 04550
- ☐ ROM Measure & Report 96861
- ☐ Other / Supplies 99070

S: Pt reports that (L) hip pain
7/10 & that he is waiting for
MRI.

O: Ther ex per flow sheet
IFC = MHP to (L) hip x 15 min (R) SL
Comp 90 to (L) hip

A: Pt slow to complete ther ex
2" fatigue in pain, prone sint apns
cause burn in (L) hip - modified to 15 min

P: Con' per POC

Visit Number: 9 of 9

Staff: [Signature]

Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 1:30 / Time Out: 12:30

EXAM ROOM TIME: 37179 00/10/11 11:30am PT SUMTER, 02270

NAME & ADDRESS: WILEY, OLIVER B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: EVALUATION
NICKNAME:
DOB: 07/22/1972 (39 years)
GENDER: M
IBG:
FCL: 6
CELL: 803-236-0839
RELATION: OTHER
COPY:
INSURANCE BALANCE: \$0.00
ACCOUNT BALANCE: \$0.00
CURRENT CHARGES: 348-
AMOUNT PAID:
NEW BALANCE: 348-

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

S: please see eval form for details.
C: section of (per flow sheet) (K5) up to
① CE & D's rem & staying on as indicated
date 2 DPCX 15 in for CE & D's rem.
0501 15 min 8 min (05) to some (ant/last hip)
will be for pain/inflammation agent.
K: I have continued in functional status
5's from 0 to 5. See eval form for details.
P: no-able rem. per POC.
Visit Number: 1 of 10
Staff:
Therapist's Signature: *[Signature]*

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.
Patient or Authorized Person's Signature
Date

Time In: 12:50 / Time Out: 2:10

CHECKOUT TIME 12:50

37179 08/12/11 01:00pm PT SUMTER, 20824556 2082413
NAME & ADDRESS FRIDAY

WILEY, OLIVER
B
2477 BEACH ORCHARD RD
SUMTER, SC 29154
803-459-4039
WRK

DOB: 07/22/1972 (39 years)
GENDER: M
ID#: 1
FOL: 5
CELL: 803-226-0639

INSURANCE
BALANCE \$348.00
ACCOUNT
BALANCE \$348.00
CURRENT
CHARGES 245-
AMOUNT
PAID
NEW
BALANCE

INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

RELATION: OTHER
COPAY:

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97548
- ☐ Work Hardening, add'l 1 hour 97548
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97066
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLT, 15 mins. 97026
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97118
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 84550
- ☐ ROM Measure & Report 88851
- ☐ Other / Supplies 89070

S: Pt feels sore + states
that he has some S/S.

Other ex per flow sheet
= C to N.H.P x 15 min to (L) tip (R) BL

L: Pt completed 1 in ex &
mod breaks 20 S/S.

25- Cont per POC

Visit Number: 2 of 10

Staff: J. L. PTA

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Time In: 10:55 / Time Out: 2:10

EXAM ROOM TIME
37179 08/16/11 11:30am PT BUMTER, CHECKOUT TIME 2:10 PM

NAME & ADDRESS: WILEY, OLIVER B
2477 PEACH ORCHARD RD
BUMTER, SC 29154
803-499-4025
WKK
INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:
DOB: 07/22/1972 (39 years)
GENDER: M
ISS:
FCL: 6
CELL: 803-236-0839
RELATION: OTHER
COFAY:
INSURANCE BALANCE: 6593.00
ACCOUNT BALANCE: 6593.00
CURRENT CHARGES: 245-
AMOUNT PAID:
NEW BALANCE:

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97780.1
- ☐ Work Hardening, 2 hours 97546
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97020
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97330
- ☐ Electrical Stim. (manual), 15 mins. 97084
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97536
- ☐ TENS Set Up 64860
- ☐ ROM Measure & Report 95861
- ☐ Other / Supplies 90070

S: P: reports same S/S & unable to attend work over weekend 2nd pm.
O: Ther ex per 2nd sheet
= C 2 cond pain x/bm -> L/hip (R) side lying
P: Pt needs mod stairs during exer ex to complete exercises.
25- P: Cont per POC

Visit Number: 3 of 10
Staff: [Signature] PTA
Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

208

Time In: 12:35 / Time Out: 2:15

EXERCISE ROOM TIME: 37129 08/23/11 01:00pm PT SUMTER, 20820281 2082023

NAME & ADDRESS TUESDAY

WILEY, OLIVER

B

2477 PEACH ORCHARD RD

SUMTER, SC 29184

803-499-4025

WRK:

INSURED: WILEY, OLIVER

INS: WC/ALISON NETWORKS

REASON: FOLLOW UP LEFT PELVIS / HIP / THIG

NICKNAME:

DOB: 07/22/1972 (39 years)

GENDER: M

ISS:

FCL: 6

CELL: 803-236-0839

RELATION: OTHER

COPY:

INSURANCE BALANCE \$1,028.00

ACCOUNT BALANCE \$1,028.00

CURRENT CHARGES 29.7

AMOUNT PAID

NEW BALANCE

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97760
- ☐ Physical Performance Test 97760.1
- ☐ Work Hardening, 2 hours 97645
- ☐ Work Hardening, add'l 1 hour 97646
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97038
- ☐ Infrared / LLLT, 15 mins. 97028
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97118
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 64550
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S: Pt reports being very sore

O: Ther ex per flow sheet

IFC = M+P x (3mm to (L) hip (R, SL)
STM x 8mm to (L) Hip

P: Pt complained that ex =
more sore & discomfort

P: Cant per POC

Visit Number: 5 of 10

Staff: 1 W. P. P.

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Time In: 8:30 / Time Out: 10:25

CHECKOUT TIME: 10:25

37179 08/25/11 08:30AM PT SUMTER,

NAME & ADDRESS

THURSDAY

WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29134
803-499-4025
WRK:

DOB: 07/22/1972 (39 years)
GENDER: M
ISS:
FCL: 6
CELL: 803-234-0839

RELATION: OTHER

INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

INSURANCE
BALANCE \$1,219.00
ACCOUNT
BALANCE \$1,219.00
CURRENT
CHARGES 391
AMOUNT
PAID
NEW
BALANCE

☐	Evaluation	97001
☐	OT Evaluation	97002
☐	Functional Capacity Evaluation	97750
☐	Physical Performance Test	97760.1
☐	Work Hardening, 2 hours	97545
☐	Work Hardening, add'l 1 hour	97546
☐	Aco. Sports Ach. Program	ASAP
☐	Strength	STRENGTH
☐	SFCP	SFCP
☐	Paraffin Bath	97018
☐	Whirlpool	97022
☒	Ultrasound, 15 mins. (WC)	97035
☐	Iontophoresis, 15 mins.	97033
☐	Infrared / LLLT, 15 mins.	97026
☒	Therapeutic Exercise, 15 mins. 5	97110
☐	Functional Activities, 15 mins.	97530
☒	Electrical Stim. (manual), 15 mins. (WC)	97032
☐	Massage, 15 mins.	97124
☒	Manual Therapy	97140
☐	Mechanical Traction	97012
☐	Neuromuscular Re-Educ., 15 mins.	97112
☐	Gait Training, 15 mins.	97116
☐	Self Care Training, 15 mins.	97536
☐	TENS Set Up	64550
☐	ROM Measure & Report	66851
☐	Other / Supplies	99070

S = 15 lbs. rehab on use "training"
Sensation in right hip - it's all the bad a stage comes.

C = 15 lbs. rehab on use "training"
S = 15 lbs. rehab on use "training"
S = 15 lbs. rehab on use "training"

L = 15 lbs. rehab on use "training"
S = 15 lbs. rehab on use "training"
S = 15 lbs. rehab on use "training"

Visit Number: 6
Staff: [Signature]
Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature
Date

Time In: 8:30 / 10:30
Time Out:

EXAM ROOM TIME
37179 08/30/11 08:30am PT SUMTER, 2083253
CHECKOUT TIME 08:30am 2083253

6
NAME & ADDRESS TUESDAY
WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-452-4025
WRR
INSURED: WILEY, OLIVER
INS: WC/ALIAN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:
DOB: 07/22/1972 (39 years)
GENDER: M
ISSN
FCL: 6
CELL: 803-236-0839
RELATION: OTHER
CO-PAY:
INSURANCE BALANCE \$1,640.00
ACCOUNT BALANCE \$1,640.00
CURRENT CHARGES 300-
AMOUNT PAID
NEW BALANCE

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97780
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97036
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97028
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97590
- ☐ Electrical Stim. (manual), 15 mins. 97662
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97118
- ☐ Self Care Training, 15 mins. 97836
- ☐ TENS Set Up 64560
- ☐ ROM Measure & Report 98861
- ☐ Other / Supplies 99070

3:30 reports pain eval was
V except for certain motions.
(V & rotation)

0:10 ex per flow sheet
IFC E MHP x 15mm to (L) Hip (R) SL

At P: completed their ex & breaks
"P: notes he is progressing
saw y."

P: Cont. see POC

Visit Number: 7 of 10

Staff: [Signature] PTA

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Time In: / Time Out:

25/25

EXAM ROOM TIME: 37179 09/01/11 0100pm PT BUNTER, 2083300

CHECKOUT TIME: 2083300

NAME & ADDRESS: WILEY, OLIVER THURSDAY
 2477 PEACH ORCHARD RD
 BUNTER, SC 29154
 803-499-4025
 WRK:
 INSURED: WILEY, OLIVER
 INS: WC/ALION NETWORKS
 REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
 NICKNAME:

DOB: 07/22/1972 (39 years)
 GENDER: M
 ID#: 1
 FOL: 6
 CELL: 803-636-0029

RELATION: OTHER

INSURANCE BALANCE \$1,940.00
 ACCOUNT BALANCE \$1,940.00
 CURRENT CHARGES 327
 AMOUNT PAID
 NEW BALANCE

11/11/11 11:11 AM

☐ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97546	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports Ach. Program	ASAP	
☐ Strength	STRENGTH	
☐ SFOP	SFOP	
☐ Paraffin Bath	97010	
☐ Whirlpool	97022	
☒ Ultrasound, 15 mins.	97036	
☒ Iontophoresis, 15 mins.	97039	52
☒ Infrared / LLT, 15 mins.	97026	
☒ Therapeutic Exercise, 15 mins.	97110	275
☐ Functional Activities, 15 mins.	97530	
☐ Electrical Stim. (manual), 15 mins.	97032	
☐ Massage, 15 mins.	97124	
☒ Manual Therapy	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97116	
☐ Self Care Training, 15 mins.	97536	
☐ TENS Set Up	04860	
☐ ROM Measure & Report	95861	
☐ Other / Supplies	09070	

S/C/A
 work done
 units, stars, steps, bands
 training, etc.

Visit Number: 52
 Staff: 275
 Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
 I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature: [Signature]

Time In: 12:47 / Time Out: 2:45

EXAM ROOM TIME: 09/06/11 01:00pm PT SUMTER, 2083478

37179 09/06/11 01:00pm PT SUMTER, 2083478
NAME & ADDRESS: WILEY, OLIVER B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:
DOB: 07/22/1972 (39 years)
GENDER: M
IBG:
FCL: 6
CELL: 803-236-0039
RELATION: OTHER
CORPAY:
INSURANCE BALANCE: \$2,267.00
ACCOUNT BALANCE: \$2,267.00
CURRENT CHARGES: 300-
AMOUNT PAID:
NEW BALANCE:

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97546
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97086
- ☐ Iontophoresis, 15 mins. 97083
- ☐ Infrared / LLLT, 15 mins. 97028
- ☐ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97082
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Edu., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97533
- ☐ TENS Set Up 64650
- ☐ ROM Measure & Report 95861
- ☐ Other / Supplies 99070

S: Pt reports (L) hip pain 6/2/10
U: inner ex per flow sheet
IFC 2 MP x 15mm to @ hip @ 2/4/11
F.L. Pt completed 1 ther ex
E mod signs & symptoms - pt
requires inrx. APP
25-
25- P. Cont per POC

Visit Number: 0 of 10
Staff: LK PTA
Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
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their designee for services described above.

Patient or Authorized Person's Signature

Date

Case Manager: _____
Claim Number: _____
Current Level: _____



2475 Broad St
Spartanburg, SC 29130
Ph: (803) 934-1470
Fax: (803) 934-1487

Filed

Mailed

Given to Patient

PHYSICAL THERAPY SUMMARY - LOWER EXTREMITY

Patient: O. J. N. V. e. y.
DX/ICD9: 94.45
DOB: 7-22-72 SSN: XXX-XX-0548

Date: 9/8/11
Therapist: Will Carter
Physician: Dr. J. L. N. V. e. y.

Treatment(s)/Intervention(s):

☒ Hip Progression

☒ Knee Progression

☐ Ankle / Foot Progression

☒ PROM / AAROM / AROM

☒ Stretching Program

☒ Self-Care Training

☒ Open-Chain Progression

☒ Closed-Chain Progression

☒ Proprioception Progression

☒ Home Exercise Program

☒ Modalities / Physical Agents

☐ Other: _____

Date of initial evaluation: 8-10-11 of last Rx: 8-1-11 No. of treatments attended: 10 No. of treatments missed: 0
Impression of patient attitude towards regaining function: Good ☒ Fair _____ Poor _____
Impression of patient compliance with Home Exercise Program: Good ☒ Fair _____ Poor _____

Current Status: Has improved some, but still has pain in hip & knee. No longer able to walk without a cane.

AROM: hip flex - 120°, hip ext - 10°, hip abd - 30°, hip add - 30°, hip rot - 30°

Strength: hip flex - 4/5, hip ext - 4/5, hip abd - 4/5, hip add - 4/5, hip rot - 4/5

Objective Findings: no swelling, no redness, no warmth, no tenderness, no pain with ROM

Progress Toward Work Related Goals: no progress, still unable to walk without a cane

Established Goals include:

☒ Increase functional capacity

☒ Education

☒ Decrease signs / symptoms

☒ Increase strength / ROM

☒ Increase general fitness / endurance

☒ Ambulate without gait deviations

☒ Independent with Clinical Ex. Prescription

☐ Other: _____

Increase functional capacity in:

☒ Weight bearing & gait

☒ ADL's

☒ Work Activities

☒ Sport Activities

Recommendations: Continue with PT, use cane, no weight bearing on hip & knee.

Comments:

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

I have read the above progress report and would request that:

☒ the patient be discharged at this time.

☐ present treatment is continued for _____ times/week for _____ weeks

☐ therapist call me concerning this patient.

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

Physician/NP/PA/C

Date

Therapist

Date

~~CONFIDENTIAL~~

100-443887-100

- Visit Number: 10 of 10
Staff: [Signature]
Therapist's Signature: [Signature]

Date _____

Time In: 12:50 / Time Out: 2:45

CHECKOUT TIME
37179 09/22/11 01:00pm PT BUNTER, 2084338 2084282
NAME & ADDRESS

TUESDAY
WILEY, OLIVER
B
2477 PEACH ORCHARD RD
BUNTER, SC 29154
803-429-4025
WRK
INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

DOB: 07/22/1972 (39 years)
GENDER: M
IDBI
FCL: 6
CELL: 803-236-2639

RELATION: OTHER
COPAY:

INSURANCE
BALANCE \$2,897.00
ACCOUNT
BALANCE \$2,897.00
CURRENT
CHARGES 300
AMOUNT
PAID
NEW
BALANCE

- RECEIVED**
- ☐ Evaluation 97001
 - ☐ OT Evaluation 97002
 - ☐ Functional Capacity Evaluation 97780
 - ☐ Physical Performance Test 97750.1
 - ☐ Work Hardening, 2 hours 97545
 - ☐ Work Hardening, add'l 1 hour 97546
 - ☐ Acc. Sports Ach. Program ASAP
 - ☐ Strength STRENGTH
 - ☐ SFOP SFOP
 - ☐ Paraffin Bath 97018
 - ☐ Whirlpool 97022
 - ☐ Ultrasound, 15 mins. 97036
 - ☐ Iontophoresis, 15 mins. 97038
 - ☐ Infrared / LLLT, 15 mins. 97020
 - ☒ Therapeutic Exercise, 15 mins. 97110 275
 - ☐ Functional Activities, 15 mins. 97530
 - ☐ Electrical Stim. (manual), 15 mins. 97082 25
 - ☐ Massage, 15 mins. 97124
 - ☐ Manual Therapy 97140
 - ☐ Mechanical Traction 97012
 - ☐ Neuromuscular Re-Educ., 15 mins. 97112
 - ☐ Gait Training, 15 mins. 97116
 - ☐ Self Care Training, 15 mins. 97535
 - ☐ TENS Set Up 64550
 - ☐ ROM Measure & Report 95851
 - ☐ Other / Supplies 09070

S: Pt reports pain S/HO (L) hip
today, & very itchy burning symptoms

O: Trax ex per flow sheet
IFC ER HP x 15min to (L) hip (R) Side
lyng

P: Pt completed 1 Hare ar
& mtn complaints S/S.

? Cont per POC

Visit Number: 8 of 8
Staff: J. J. V. PTA
Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 2:55 / Time Out: 3:00

CHECKOUT TIME

37179 09/23/11 01:00pm PT SUMTER, 5084.501 EC84471

NAME & ADDRESS

FRIDAY

WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-492-4020
WRK:
INSURED: WILEY, OLIVER
ING: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

DOB: 07/22/1972 (39 years)
GENDER: M
ISS:
FCL: 5
CELL: 803-236-0839

RELATION: OTHER

COPY:

INSURANCE
BALANCE \$3,197.00
ACCOUNT
BALANCE \$3,197.00
CURRENT
CHARGES 300-
AMOUNT
PAID:
NEW
BALANCE

WILEY, OLIVER

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97780.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Act. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97020
- ☐ Therapeutic Exercises, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97635
- ☐ TENS Set Up 64550
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S: Pt reports that (L) hip pain is getting him know something is wrong. "I need a second opinion from a MD."

O: per ex per flow sheet
IFCE Mhip x 15min to (L) top (R) side yms

A: Pt completed their ex - pt
No 16 thru pain in mid weeks.

P: Cont per POC

Visit Number: 2 of 8

Staff: D L PTA

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Time In: 1:30 / Time Out: 2:15

CHECKOUT TIME

37179 09/27/11
NAME & ADDRESS

01:00PM PT SUMTER

2840351 2004873

WILEY, OLIVER
B
5477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025

DOB: 07/22/1972 (39 years)
GENDER: M
ISS:
FCL: 6
CELL: 803-236-0839

INSURANCE
BALANCE \$3,497.00
ACCOUNT
BALANCE \$3,497.00
CURRENT
CHARGES 305
AMOUNT
PAID
NEW
BALANCE

WRK:
INURED: WILEY, OLIVER
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

RELATION: OTHER

COPY:

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97780
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97035
- ☐ Iontophoresis, 15 mins. 97038
- ☐ Infrared / LLLT, 15 mins. 97026
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 94550
- ☐ ROM Measure & Report 95851
- ☐ Other / Supplies 99070

S. J. reports feeling about
the same.

O: Ther ex per flow sheet
IFC E.MHP x 15 min to (L) hip (R) side
17ms

A: P. tolerated 1 ther ex
but has to really "push hard"
to complete ther ex.

P. Cont per POC

Visit Number: 3 of 8

Staff: J. J. PTA

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Time In: 7:55 / Time Out: 3:00

CHECKOUT TIME: 2087071
NAME & ADDRESS: 37178 09/29/11 01:00pm PT SUMTER, 2087071 2084667

WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALISON NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

DOB: 07/22/1972 (39 years)
GENDER: M
IBGN
FCL: G
CELL: 803-236-0839

RELATION: OTHER
COPAY:

INSURANCE
BALANCE \$3,797.00
ACCOUNT
BALANCE \$3,797.00
CURRENT
CHARGES 300
AMOUNT
PAID
NEW
BALANCE

THURSDAY

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97543
- ☐ Work Hardening, add'l 1 hour 97548
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. (N/C) 97035
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97028
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97530
- ☐ Electrical Stim. (manual), 15 mins. 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy (N/C) 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97118
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 94580
- ☐ ROM Measure & Report 95051
- ☐ Other / Supplies 99070

S: see progress note

O: nec ex per flow sheet
ICE MHP x 1/2 in to (L) hip (R) side
5" M x 8" in to (L) hip (R) side
43" girth 100% to (L) hip
See progress note

P: Conc per POC

Visit Number: 6 of 8
Staff: [Signature]
Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 1:00 / Time Out: 3:30

CHECKOUT TIME: 1:00 PM

37179 10/04/11 01:00pm PT SUMTER, AC849207 2004054

NAME & ADDRESS TUESDAY

WILEY, OLIVER
H
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

DOB: 07/22/1972 (39 years)
GENDER: M
ISS:
FOL: 6
CELL: 803-236-2839

RELATION: OTHER
COPAY:

INSURANCE BALANCE \$4,097.00
ACCOUNT BALANCE \$4,097.00
CURRENT CHARGES 300-
AMOUNT PAID
NEW BALANCE

☐ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97545	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports-Ach. Program	ASAP	
☐ Strength	STRENGTH	
☐ SFOP	SFOP	
☐ Paraffin Bath	97018	
☐ Whirlpool	97022	
☐ Ultrasound, 15 mins. (NC)	97035	
☐ Iontophoresis, 15 mins.	97033	
☐ Infrared / LLLT, 15 mins.	97020	
☒ Therapeutic Exercise, 15 mins.	97110	075-
☐ Functional Activities, 15 mins.	97530	
☐ Electrical Stim. (manual), 15 mins.	97032	075-
☐ Massage, 15 mins.	97124	
☒ Manual Therapy (NC)	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97118	
☐ Self Care Training, 15 mins.	97535	
☐ TENS Self Up	64550	
☐ ROM Measure & Report	95851	
☐ Other / Supplies	99070	

5" Pt reports slightly better today compared to previous visit. pain 6/10.

0: Ther ex per flow sheet

IFC EMHP x 13 min to CL hip. (R) sole

51M x 2 min to (L) hip (R) right sole

45 min x 12 100% to (L) hip x 6 min

Pt reports soreness/pain in CL hip following ther ex.

R reports (L) hip feels swollen after ther ex.

P Cont per POC.

Visit Number: 5 of 8

Staff: J. D. W. P. L.

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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Patient or Authorized Person's Signature

Date

Time In: 12:45 PM / Time Out: 3:45 PM

EXAM ROOM: 37179 10/06/11 01:30pm PT SUMTER, 2084987

NAME & ADDRESS: WILEY, OLIVER B

2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4023

DOB: 07/22/1972 (39 years)
GENDER: M
FOLLO: 0
CELL: 803-236-0839

INSURED: WILEY, OLIVER
INS: WC/ALISON NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME:

RELATION: OTHER
COPAY:

INSURANCE BALANCE \$4,397.00
ACCOUNT BALANCE \$4,397.00
CURRENT CHARGES 330
AMOUNT PAID
NEW BALANCE

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97010
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. 97038
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97026
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97580
- ☒ Electrical Stlm. (manual), 15 mins. (NC) 97032
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97535
- ☐ TENS Set Up 94550
- ☐ ROM Measure & Report 95251
- ☐ Other / Supplies 99070

S: \$5 new/different 9/0/00 date.
C: P: Kerner performed for low back.
W: P: DEX 15 min to D: K: Kerner

L: R: feel much better to all techniques for low back.
C: K: Kerner performed for low back.

P: A: Kerner performed for low back.
Visit Number: 10 of 8
Staff: [Signature]
Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Time In: 3:30 / Time Out: 3:24

CHECKOUT TIME: 10/11/11

37179 10/11/11 01:30pm PT SUMTER, 2085149
NAME & ADDRESS TUESDAY
WILEY, OLIVER DOB: 07/22/1972 (39 years)
2477 PEACH ORCHARD RD SUMTER, SC 29154
803-409-4025
WRK: INSURED: WILEY, OLIVER RELATION: OTHER
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIG
NICKNAME: COPY: 2085149
INSURANCE BALANCE \$4,134.00
ACCOUNT BALANCE \$4,134.00
CURRENT CHARGES 300-
AMOUNT PAID
NEW BALANCE

- ☐ Evaluation 07001
- ☐ OT Evaluation 07002
- ☐ Functional Capacity Evaluation 07750
- ☐ Physical Performance Test 07750.1
- ☐ Work Hardening, 2 hours 07546
- ☐ Work Hardening, add'l 1 hour 07546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 07018
- ☐ Whirlpool 07022
- ☐ Ultrasound, 15 mins. 07033
- ☐ Iontophoresis, 15 mins. 07083
- ☐ Infrared / LLLT, 15 mins. 07028
- ☒ Therapeutic Exercise, 15 mins. 07110
- ☐ Functional Activities, 15 mins. 07530
- ☐ Electrical Stim. (manual), 15 mins. 07032
- ☐ Massage, 15 mins. 07124
- ☐ Manual Therapy 07140
- ☐ Mechanical Traction 07012
- ☐ Neuromuscular Re-Educ., 15 mins. 07112
- ☐ Gait Training, 15 mins. 07110
- ☐ Self Care Training, 15 mins. 07535
- ☐ TENS Set Up 04550
- ☐ ROM Measure & Report 05351
- ☐ Other / Supplies 09070

S: Pt reports (L) hip feels
the same as S/S.
O: Ther ex per flow sheet
IFC = MHP x 15 min to (L) hip
(R) side sym
F: Pt completed ther ex
w/o discomfort

P: Cont per POC
Visit Number: 2 of 8
Staff: [Signature]
Therapist's Signature: [Signature]

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS
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process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

DRG

Protonics
Physical Therapy

The Leader in Innovative Therapies
Patient Name: *Oliver, W. C.*
DOB: *7-28-52*
Chart #: *58008232489*

SPINAL PROGRESS SUMMARY
2475 Broad Street
Sumter, SC 29150
Phone: 803-934-4400
Fax: 803-934-6137

To M.D.
☐ Paced
☐ Mailed
☒ Given to Patient
☐ Filed in DC chart

Dr/ICD-9: *719.45* Date: *10-13-11*
Date of Onset: *4-14-11* Physician: *Danny, Ford, MD*
Date of Surgery: *N/A* Therapist: *Dave, Wilson, PTA*

Date of initial evaluation: *8-10-11* Date of last treatment: *10-13-11* Total visits attended: *18* Missed: *0*

Benefit of treatment received by the patient?
Compliance to PT HEP perceived by therapist?
Current Work status:

☐ Good	☒ Fair	☐ Poor
☐ Excellent	☐ Fair	☐ Poor
☐ N/A	☐ On regular duty	
☐ On light duty	☐ Off duty Reason	

SUMMARY OF TREATMENTS

☐ Cervicothoracic Rehab-ROM/ stabilization	☐ Back School	☐ Manual Treatments
☐ Lumbosacral Rehab-ROM/ core stabilization	☐ Postural Education	☒ Hip Rehab
☐ Work Rehab / Conditioning	☐ Home Exercise Program	☐ Functional Training
		☐ Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: *6/10 @ present, 8/10 @ best, 9/10 @ worst* Location: *(L) iliac crest, greater trochanter*
Quality: *(sharp) dull aching, especially at night and with stairs, other "burning"*
Neuro/ Radicular Complaints: *0/10 hip - no numbness or tingling*
Functional Limitations/Aggravating Factors: *ambulating > 30 min pt has to sit, standing sitting pt expects having to constantly adjust*



SUMMARY OF OBJECTIVE FINDINGS:

ROM: *0/1 Hip Full, ER 10%, IR 10%, ABD 45%, ADD 45%*

Strength: *(R) Hip 4/5, Ext 4/5, ABD 4/5, ADD 4/5, ER 4/5, IR 4/5 (all w/ pain)*

Functional Abilities Demonstrated: *pt unable to complete F/A w/ 2/5*

Other Objective Findings: *Since previous progress note on 9-9-11, pt has demonstrated very min progression. A persistent report of 6/10 pain at 2/5 seems to have 1. the past 2 wks. I reports that he would like a 2nd opinion he something is wrong.*

REVIEW OF ESTABLISHED GOALS

Patient has met 1 out of 7 initial PT goals established at the initial evaluation.

☐ Independent with HEP (initially/moderately/not met)	☐ Increase/Decrease joint mobility (initially/moderately/not met)
☐ Decrease symptoms (initially/moderately/not met)	☐ Improve quality of movement (initially/moderately/not met)
☐ Increase range of motion (initially/moderately/not met)	☐ Increase functional capacity (initially/moderately/not met)
☐ Increase strength (initially/moderately/not met)	

RECOMMENDATIONS

REQUESTED BY PT

☐ Continue Physical Therapy for *2* x per week for *2* weeks
pt appears to have reached max potential 2. therapy. Further
inversion may reveal a more severe problem
pt consists of 1. back ex, modalities (heat, ice, 4/5), & manual therapy.

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

☐ Continue Physical Therapy *x* per week for *2* weeks
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient

Follow up visit scheduled with MD:

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral.
X *10/25/11* PTA
Physician Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

10-13-11
Date

Time In: 12:25 / Time Out: 2:30

CHECKOUT TIME 10/13/11

37175 10/13/11 01:00pm PT SUMTER, 208533a7 2085289

NAME & ADDRESS THURSDAY
WILEY, OLIVER
B
2477 PEACH ORCHARD RD
SUMTER, SC 29154
803-499-4025
WRK:
INSURED: WILEY, OLIVER
INS: WC/ALION NETWORKS
REASON: FOLLOW UP LEFT PELVIS / HIP / THIB
NICKNAME:
DOB: 07/22/1972 (35 years)
GENDER: M
ISS:
FOL: G
CELL: 803-236-0839
RELATION: OTHER
COPAY:
INSURANCE BALANCE \$4,434.00
ACCOUNT BALANCE \$4,434.00
CURRENT CHARGES \$300
AMOUNT PAID
NEW BALANCE

10/13/11 10:00am 10:00am

- ☐ Evaluation 97001
- ☐ OT Evaluation 97002
- ☐ Functional Capacity Evaluation 97750
- ☐ Physical Performance Test 97750.1
- ☐ Work Hardening, 2 hours 97545
- ☐ Work Hardening, add'l 1 hour 97546
- ☐ Acc. Sports Ach. Program ASAP
- ☐ Strength STRENGTH
- ☐ SFOP SFOP
- ☐ Paraffin Bath 97018
- ☐ Whirlpool 97022
- ☐ Ultrasound, 15 mins. (N/C) 97036
- ☐ Iontophoresis, 15 mins. 97033
- ☐ Infrared / LLLT, 15 mins. 97026
- ☒ Therapeutic Exercise, 15 mins. 97110
- ☐ Functional Activities, 15 mins. 97630
- ☐ Electrical Stim. (manual), 15 mins. 97082
- ☐ Massage, 15 mins. 97124
- ☐ Manual Therapy 97140
- ☐ Mechanical Traction 97012
- ☐ Neuromuscular Re-Educ., 15 mins. 97112
- ☐ Gait Training, 15 mins. 97116
- ☐ Self Care Training, 15 mins. 97536
- ☐ TENS Set Up 64650
- ☒ ROM Measure & Report (N/C) 95061
- ☐ Other / Supplies 99070

S: see progress note

O: Ther ex per flow sheet
ROM Measure & Report

IFC = MHP x 5min to (L) hip (R) 5min
U.S 00% 1.8 W/cm² x 2min to (L) hip

F: see progress note

P: or to see MD before returning

Visit Number 8 of 8

Staff: [Signature] PTA

Therapist's Signature:

RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

478132 04/14/11 09:42am DO SUMTER

E153625

NAME & ADDRESS

WILEY, OLIVER

DOB: 07/22/1972

(38 years)

2477B PEACH ORCHARD RD

GENDER: M

SUMTER, SC 29154

IDB:

803-236-0639

CELL: 803-499-4725

INSURED: WILEY, OLIVER

RELATION: OTHER

INS: WC/COMPANION, PROPERTY, CASUALTY

REASON: WKC 4/14/11 HURT, L HIP ***NO DS**

NICKNAME: slipped & fell down the stairs @ 7:20 PM

INSURANCE

BALANCE: \$0.00

ACCOUNT

BALANCE: \$0.00

CURRENT

CHARGES

AMOUNT

PAID

NEW

BALANCE

Personal Hx: Family Hx: Social Hx:

DM: HTN: Alcohol: Tobacco:

Allergies:

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

Medications:

☐ Meds/Allergies Reviewed

PHYSICAL: (see reverse) Omit if N/A

☐ If nml., ☐ 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

DIAGNOSIS:

☐ Patient Care Instructions Discussed☐ Lifestyle Modification☐ Preventative Recommendation(s)☐ Prescriptions / OTC Meds☐ Side Effects Discussed☐ Follow-Up:

Return:

☐ Worsening symptoms☐ If not better

Go to ER if:

Off Work / School

M.D., D.O., P.A., N.P.

I, the undersigned, do hereby certify that the patient and his/her family have been informed of the risks and benefits of the proposed treatment and have given their informed consent to the treatment.

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Return To Work Form

- ☐ 850 Allen Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Bollino Blvd., Columbia, SC 29208 (803) 782-1051
- ☐ 1060 Highway 1, North Lugoff, SC 29078 (803) 433-9789
- ☐ 917 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
- ☐ 7934 Broad River Road, Irmo, SC 29116 (803) 749-2308

- ☐ 430 ... Drive, Saffo A, Columbia, SC 29206 (803) 736-0522
- ☐ 217 ... Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NW, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☐ 4214 Hardensville Road, Columbia, SC 29223 (803) 736-8935
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-3030
- ☐ 2475 Pinard Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0345
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4231
- ☐ 1320 Knox Avenue, N. Augusta, SC 29041 (803) 279-4120

Name: W. C. Lee

Arrival Time: 9:25 Discharge Time: 10:10

Date: 4-14-11 Company Name: Sumter Lee Pentecostal Church

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 _____

☒ 3. May work with the following accommodations as of: 4-14-11

☐ No lifting more than _____ lbs.

☐ No operation of hazardous or fast-moving machinery, no driving. X personal vehicle

☐ Ground level work only, no ladders or heights.

☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bounding.

☐ No continuous standing and/or sitting.

☐ Minimal walking or climbing (including stairs)

☐ Limited use of: in/p

☐ 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 _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS

Diagnosis: Wound

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 _____

REFERENCE: 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: _____

Date: 4/14/11

Provider Signature: _____

Date: 4-14-11

(MED-F014-(01-11))

EXAM ROOM TIME: 0:10
CHECKOUT TIME: 0:10
TICKET NO. 2174806

478132 04/21/11 09:28am DJ SUMTER,
NAME & ADDRESS: WILEY, OLIVER
DOB: 07/22/1972 (38 years)
5477B REACH ORCHARD RD. GENDER: M

SUMTER, SC 29154
803-236-0839
WRK:
INSURED: WILEY, OLIVER
INS: WC/COMPANION PROPERTY CASUALTY
REASON: WKC 4/14/11 LFT HIP EVAL
NICKNAME:
RELATION: OTHER
CO-PAY:

INSURANCE
BALANCE: \$258.00
ACCOUNT
BALANCE: \$258.00
CURRENT
CHARGES
AMOUNT
PAID
NEW
BALANCE
CASH: 0.00

hip is still hurting, feels numbness in toes.

Personal Hx: Family Hx: Social Hx:
N / /
It bacuo

Ident? ☐ yes ☐ no yes, when state
te of Accident:
W. chart rev., no sig chg.

Above Hx rev.:

74 BMI 130/88 PULSE 88

RESP: 12 TEMP: 98.6
LMP: Tolanus UTD

Allergies:

NKDA

Medications:

0

☐ Meds/Allergies Reviewed

YSICAL: (see reverse) Omit if N/A
If nml, O if abnm, & 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

Cont pain @ hip
c inter ab. h
to walk, stand
lay down
sa. imply into foot

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

☐ Labs - Send Out

AGNOSIS:

Patient Care Instructions Discussed

Lifestyle Modification

Preventative Recommendation(s)

Prescriptions / OTC Meds

Side Effects Discussed

Follow-Up:

Item:

Worsening symptoms

If not better:

to ER H:

Crotches/Spills/Supplies Given ☐ Recommended

PSR Notes:

ESTAB

092114

14

13

Off Work / School

I warrant payment for and all health care treatment and diagnostic procedures provided by Doctor Caro and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine is other health care professionals 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 Doctor Caro. Doctor Caro does not warrant or guarantee the results of the treatments or examinations. I authorize payment of medical benefits to Doctor Caro physicians or their designees for services rendered, treatment and health care operations consistent with

Not an Authorized Person's Signature

Date:

Workers Compensation patient: I hereby authorize Doctor Caro and its associated physicians, clinicians and other personnel to release my medical records and the treatment records to my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my

Not an Authorized Person's Signature

Date:



Return To Work Form

- ☐ 850 Alkan Mill Drive, Alkan, SC 29803 (803) 648-1464
- ☐ 511 Battine Blvd, Columbia, SC 29203 (803) 782-4041
- ☐ 1080 Highway 1, South Lugoff, SC 29078 (803) 430-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 784-0476
- ☐ 7653 Camels Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 4416 ... Drive, Suite A, Columbia, SC 29206 (803) 738-2522
- ☐ 247 ... Avenue, Lexington, SC 29072 (803) 359-3511
- ☐ 1020 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 100-10 Two Notch Road, Columbia, SC 29223 (803) 788-1133
- ☐ 4214 Florenceville Road, Columbia, SC 29223 (803) 736-8933
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-3030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 776-6553
- ☐ 2030 Augusta Road, W. Columbia, SC 29170 (803) 939-0343
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 275-4120

Name: James Wiley Arrival Time: 9:12 Discharge Time: _____
Date: 4-21-11 Company Name: Sumner - ee Det. Carter 1250 Winkles Rd

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 4-21-11
 - ☐ No lifting more than 5 lbs.
 - ☒ No operation of hazardous or fast-moving machinery, no driving. personal vehicle
 - ☒ 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 hand
 - ☐ 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 4-28-11 Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: Disinjury 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: PT Date: _____ Time: _____

For: _____

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

Employee Signature: [Signature] Date: 4/21/11

Provider Signature: [Signature] Date: 4-21-11

020

038

EXAM TIME
DATE TIME

W. CHECKOUT TIME TICKET NO.

478138 04/28/11 3:12 PM DC SUMTER,
WILEY, OLIVER THURSDAY
2477B PEACH ORCHARD RD

DOB: 07/22/1972 (38 years)
GENDER: M

SUMTER, SC 29154
803-236-0839

ISS: CELL: 803-499-4025

INSURED: WILEY, OLIVER RELATION: OTHER
INS: WC/COMPANION PROPERTY CASUALTY
REASON: WKC 4.11.11
NICKNAME: Chip still painful throbbing pain

2202042
INSURANCE
BALANCE \$359.00
ACCOUNT
BALANCE \$359.00
CURRENT
CHARGES
AMOUNT
PAID
NEW
BALANCE

Family Hx: DM, HTN, Alcohol, Tobacco

ROS (1 or 0): 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

Allergies: NKDA

Medications: Flexeril

did not? ☐ yes ☐ no If yes, which state:
te of Accident:
iv, chart rev., no sig chg.

Above Hx rev.:

Wt 170 BMI 28.0 PULSE 76 RESP 18 TEMP 97.7

☐ LMP ☒ Tetanus (+)

☐ Meds/Allergies Reviewed

PHYSICAL: (see reverse) Omit if N/A
If nml, O if abnml. & give details

Chief Complaint:

HPI Still a intermittent pain
unable to walk &
leg pain
attending PT is still
improvement

General
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
Ext
GU
Neuro
Skin/Breasts
Chaperone
I.V.
Injection
Nebulizer
Procedure
Pulse Ox

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

AGNOSIS:

Chip still painful

NKC 959.6 / ES49.3

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up:
Return:
Worsening symptoms:
If not better:
to ER if:

Critchies/Spills/Supplies ☐ Given ☐ Recommended

PSR Notes:

ESTAB

99214-14100

rested mobil
Flexed @ 60
cant PT

Off Work / School

I, the undersigned, do hereby certify that the treatment and diagnosis procedures provided by Doctor Caro and his associated physicians, assistants and other personnel, I am aware that the privacy of medical records and the treatment I have received or will receive, is confidential and that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor Caro. Doctor Caro holds a Privacy Practices. I authorize payment of medical benefits to Doctor Caro physicians or their designees for services rendered.

Print or Authorized Person's Signature

Date:

Workers Compensation patient: I hereby authorize Doctor Caro and his associated physicians, assistants and other personnel, to release my medical records and the treatment I have received or will receive, to my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my

Print or Authorized Person's Signature

Date: 4.28.11

[MED-P014-02-10]

Employed Signature: _____
 Date: 11-28-11
 I have received a copy of those instructions for myself and for my employer.
 Date: 11-28-11
 Employer Signature: _____

For: _____
 Date: _____
 Time: _____
 REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:
☐ home exercises/instructions given
☐ follow instructions sheet given
☐ bed rest for
☐ wear elastic support/immobilizer/keep taped
☐ apply heat every
☐ ice every
☐ keep dry and clean
☐ do not remove dressing
☐ elevate extremity
☐ warm soaks
☐ as needed
 Medications: _____ as directed

PATIENT DISCHARGE INSTRUCTIONS:
 Additional comments: _____
 Date: 11-28-11
 Time: _____

Has reached Maximum Medical Improvement (MMI)
☐ Yes
☐ No
☐ No high repetitive hand activities for extended periods of time.
☐ No overhead lifting.
☐ Limited use of
☐ No repetitive bending, scooping, squatting, pushing, jacking, twisting, or bouncing.
☐ No operation of hazardous or fast-moving machinery, no driving.
☐ No lifting more than _____ lbs.
☐ May work with the following accommodations as of _____
 RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____
 Date: 11-28-11
 Time: _____

WORK STATUS (Check appropriate boxes)
☐ May perform full duty activities as of _____
☐ Off duty due to work-related condition.
☐ Partial return to work date with modified duty.
☐ Limited duty to work date for full duty.
 RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____
 Date: 11-28-11
 Time: _____

Without accommodations.
 Date: 11-28-11
 Time: _____

Arrival Time: _____
 Discharge Time: _____
 Company Name: _____
 Date: 11-28-11
 Time: _____

Return to Work Form
 Date: 11-28-11
 Time: _____

4416 P. Drive, Suite A, Columbia, SC 29206, (803) 738-5522
 2474 In Avenue, Lexington, SC 29073, (803) 359-5533
 1029 White Street NW, Aiken, SC 29801, (803) 648-1119
 4214 Hardemobile Road, Columbia, SC 29223, (803) 738-1553
 100 Jimmy Love Lane, Columbia, SC 29212, (803) 773-3030
 2473 Broad Street, Sumter, SC 29150, (803) 778-6555
 2136 Avenue K, W. Columbia, SC 29170, (803) 339-0545
 3210 Sunset Blvd, West Columbia, SC 29169, (803) 706-1251
 1320 Knox Avenue, N. Aiken, SC 29811, (803) 339-1120

EXAM ROOM TIME 705
DATE TIME

C2
CHECKOUT TIME 02
TICKET NO.

478132 05/05/11 08:54am DD SUMTER,
JAMES & ADDRESS THURSDAY
WILEY, OLIVER DOB: 07/22/1972 (38 years)
2477B PEACH ORCHARD RD GENDER: M
SUMTER, SC 29154
803-236-0839
INSURED: WILEY, OLIVER RELATION: OTHER
INS: WC/COMPANION PROPERTY CASUALTY
REASON: WKC 4/14/11 LFT HIP EVAL
NICKNAME: COPY:

2909202
INSURANCE
BALANCE \$540.00
ACCOUNT
BALANCE \$540.00
CURRENT
CHARGES
AMOUNT
PAID
NEW
BALANCE
CASH ON HAND 100.00

Personal Hx: Pain Hx: Social Hx:
IM DM Alcohol
ITN HTN 28 Tobacco
Accident? ☐ yes ☐ no If yes, when state:
Date of Accident:
Rev. chart rev., no sig. orig. Above Hx rev.:

HOS (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

After Hx:
Medications:
Rx

VT HT BMI 20.88 SP PULSE 98.2 RESP TEMP 98.2
☐ LMP ☐ Tetanus LTD ☐ Meds/Allergies Reviewed

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
clg before c ↑ Rom
↓ numbness into toes
stl. 2 pain in morning
f j sitting
cont med 'pr

☐ CBC
☐ EKG
☐ FBS
☐ Flu
☐ Heme
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Microalb
☐ Mono
☐ Strep
☐ Tetanus
☐ UA
☐ U Prog
☐ Wet Prep
☐ X-Ray

DIAGNOSIS: (L) hip injury

☐ Patient Care Instructions Discussed
☐ Lifestyle Modification
☐ Preventative Recommendation(s)
☐ Prescriptions / OTC Meds
☐ Side Effects Discussed
☐ Follow-Up: WR
Return:
☐ Worsening symptoms:
☐ If not better:
Go to ER if:
Off Work / School

PSR Notes: 10.6
ESTAB
00210 14
773

Staff:
1. I voluntarily consent to the use of health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
2. I consent to the use and disclosure of my/our patient's protected health information for purposes of obtaining payment for services rendered to me/our 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 designees for services rendered.
Patient or Authorized Person's Signature: [Signature] Date: 5/5/11
4. Workers Compensation patients: I hereby authorize Doctors Care to report to a qualified third party, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received for my condition.
Patient or Authorized Person's Signature: [Signature] Date: 5/5/11

Return To Work Form

- 880 Alkon Mall Drive, Alkon, SC 29103 (803) 610-1461
- 311 Ballins Blvd., Columbia, SC 29205 (803) 782-1051
- 1060 Highway 1, South Lugoff, SC 29078 (803) 438-0789
- 977 Knox Abbott Drive, Cayce, SC 29933 (803) 794-0476
- 7633 Canons Ferry Road, Columbia, SC 29209 (803) 783-2467
- 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- 4416 Po. Drive, Studio A, Columbia, SC 29206 (803) 738-9522
- 247 Col J Avenue, Lexington, SC 29073 (803) 399-5333
- 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- 13040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- 4214 Hardensville Road, Columbia, SC 29223 (803) 736-8935
- 120 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- 2475 Brand Street, Sumter, SC 29156 (803) 776-6533
- 2836 Augusta Road, W. Columbia, SC 29176 (803) 939-0845
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-1251
- 1520 Knox Avenue, N. Augusta, SC 29841 (803) 270-1123

Name: Sumner Lee Arrival Time: 8:30 Discharge Time: 2:20
 Date: 5-5-11 Company Name: Sumner Lee Co. Center 250 Winkfield

WORK STATUS: (Check Appropriate Boxes)

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

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

- ☒ 3. May work with the following accommodations as of 5-5-11 Time: _____
 - ☒ a. No lifting more than 5 lbs.
 - ☒ b. No operation of hazardous or fast-moving machinery, no driving. X personal vehicle
 - ☒ c. Ground level work only, no ladders or heights.
 - ☒ d. No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - ☒ e. No continuous standing and/or sitting.
 - ☒ f. Minimal walking or climbing (including stairs)
 - ☒ g. Limited use of (C) m.g.
 - ☒ h. No overhead lifting.
 - ☒ i. No high repetitive hand activities for extended periods of time.
 - ☒ j. No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on 5-12-11 Time: _____

Additional Comments: cat p7

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: (C) m.g. Medications: ☒ as directed ☐ as needed
- Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
- ☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
- ☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: _____ Date: _____ Time: _____
 For: _____

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

Employee Signature: [Signature] Date: 5/5/11
 Provider Signature: [Signature] Date: 5-5-11

EXAM ROOM TIME 1037
CHECKOUT TIME 112
TICKET No. 12

47A122 05/12/11 10:07am DR SUMTER,
AME & ADDRESS THURSDAY
WILEY, OLIVER DOB: 07/22/1972 (38 years)
2477B PEACH ORCHARD RD GENDER: M
SUMTER, SC 29154
023-236-0839
INSURED: WILEY, OLIVER RELATION: OTHER
INS: WC/COMPANION PROPERTY CASUALTY
REASON: WKC "Hurt in ship exp"
NICKNAME: COPY:

PP15216
INSURANCE
BALANCE \$681.00
ACCOUNT
BALANCE \$681.00
CURRENT
CHARGES
AMOUNT
PAID
NEW
BALANCE
CASH: \$0.00

Personal Hx: M, TN
Family Hx: DM, HTN
Social Hx: Alcohol, Tobacco
colden? ☐ yes ☐ no If yes, which site:
ate of Accident:
rev. chart rev., no sig chg.: Above Hx rev.:

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

Allergies:

Medications:

T HIT BMI BP PULSE RESP TEMP
3090 130

RESPIR LMP
☐ Tetanus

SEE 1.5K
☐ Meds/Allergies Reviewed

PHYSICAL: (see reverse) Omit if N/A
/ If nm, O if abnm, & give details)

Chief Complaints:

HPI
good day bad days
out of work
last two days
due to worry

General
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
Ext
GU
Neuro
Skin/Breasts
Chaperons
I.V.
Injection
Nebulizer
Procedure
Pulse Ox

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

DIAGNOSIS:

☐ Patient Care Instructions Discussed
☐ Lifestyle Modification
☐ Preventative Recommendation(s)
☐ Prescriptions / OTQ Meds
☐ Side Effects Discussed
☐ Follow-Up:
Return:
☐ Worsening symptoms:
☐ If not better:
Go to ER if:

Critches/Spills/Supplies ☐ Given ☐ Recommended

PSR Notes:

ESTAB

Staff:

1. I voluntarily consent to all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, ethicians 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 of Doctors Care.
2. I consent to the use and disclosure of my/this patient's protected health information for purposes of obtaining payment for services rendered to me/this 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 designees for services rendered.

Patient or Authorized Person's Signature:

Date:

4. Workers Compensation patients: I hereby authorize Doctors Care to release 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.

Date:

Patient or Authorized Person's Signature:



Return To Work Form

- 4416 P... Drive, Suite A, Columbia, SC 29206 (803) 738-9322
- 247... Avenue, Lexington, SC 29072 (803) 359-5533
- 1029... Street NE, Allen, SC 29801 (803) 648-4119
- 140 Avonia Way, Columbia, SC 29223 (803) 788-1133
- 4214 Hardacre Road, Columbia, SC 29223 (803) 736-8955
- 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- 2475 Broad Street, Sumter, SC 29150 (803) 778-6553
- 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0345
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- 1524 Knix Avenue, N. Augusta, SC 29841 (803) 279-6120

Name: David White Arrival Time: 9:30 Discharge Time: 11/12
Date: 5/12 Company Name: David White 2901 Wm. (W. 12)

WORK STATUS (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of 5/12/11 without accommodations. Sumner 3/21/53
- ☐ 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

- ☐ 3. May work with the following accommodations as of 5-12-11 Time: 9:30
- ☐ No lifting more than 5 lbs.
 - ☐ No operation of hazardous or fast-moving machinery, no driving. Person in vehicle
 - ☐ 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 Chair
 - ☐ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of Chair

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on 5-19-11 Time: 9:30

Additional Comments: Sumner 3/21/53

PATIENT DISCHARGE INSTRUCTIONS

- Diagnosis: Wound on injury Care Medications: ☒ as directed ☐ as needed
- Wound on 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: Sumner 3/21/53 Date: 5-12-11 Time: 9:30

For: Sumner 3/21/53

Address: Sumner 3/21/53

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: Sumner 3/21/53 Date: 5-12-11

Provider Signature: Sumner 3/21/53 Date: 5-12-11

(MCO-P014-(0-09))

EXAM ROOM TIME

28

478132 05/26/11 10:27 AM DO SUMTER,
ME & ADDRESS THURSDAY
WILEY, OLIVER
84775 PEACH ORCHARD RD

DOB: 07/22/1972 (33 yrs)
GENDER: M

2234073

INSURANCE
BALANCE \$22.00
ACCOUNT
BALANCE \$22.00
CURRENT
CHARGES
AMOUNT
PAID
NEW
BALANCE

SUMTER, SC 29154
803-236-0839

IB#: 023-499-4022
CELL: 803-499-4022

INSURED: WILEY, OLIVER

RELATION: OTHER

INS: WC/COMPANION PROPERTY CASUALTY

REASON: WKC 4/14/11 L HIP EVALUATION

NICKNAME:

COMPAY:

Personal Hx: Family Hx: Social Hx:
DM: Alcohol: Tobacco:

allergic? ☐ yes ☐ no If yes, which state:
date of Allergies:

ev. chart rev., no sig chg.

HT: BMI: T: P.J.S:

RESPI: LMP: T: All others negative

Chief Complaint:

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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,
Painful Pains, Vag. D/C, Headache, Syncope,
Rash

Allergies:

Medications:

See list

See list

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DIAGNOSIS:

1 Patient Care Instructions Discussed

1 Lifestyle Modification

1 Preventative Recommendation(s)

1 Prescriptions / OTC Meds

1 Side Effects Discussed

1 Follow-Up:

1 Return

1 Worsening Symptoms

1 If no better

1 Go to ER/IC

1

1

1

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Crutches/Splints/Supplies ☐ Given ☐ Recommended

PSR Notes:

ESTAB

Off Work / School

M.D., D.O., P.A., P.N.P.

I, Physician, certify that I am a duly licensed physician and am duly qualified to provide the services provided by Doctor Care and its associated physicians, osteopaths 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 Doctor Care.

I, Patient, consent to the use and disclosure of my health information for purposes of obtaining payment for services rendered to me for patient treatment and health care operations consistent with the Doctor Care Policy of Privacy Practices.

I authorize payment of medical bills to Doctor Care physicians or their designees for services rendered.

Patient or Authorized Person's Signature

1. Workers Compensation patient's hereby Authorize Doctor Care to seek to substitute a 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 with respect to

Patient or Authorized Person's Signature

1. Workers Compensation patient's hereby Authorize Doctor Care to seek to substitute a 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 with respect to

Patient or Authorized Person's Signature

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Patient or Authorized Person's Signature

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Patient or Authorized Person's Signature

1. Workers Compensation patient's hereby Authorize Doctor Care to seek to substitute a 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 with respect to

RECEIVED OCT 03 2011



Return To Work Form

- 850 Ashley Mall Drive, Aiken, SC 29801 (803) 648-1464
- 511 Hollins Ave., Columbia, SC 29203 (803) 783-4031
- 1068 Highway 1, South Lugoff, SC 29078 (803) 438-9739
- 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- 7653 Chimney Pony Road, Columbia, SC 29209 (803) 783-2661
- 1236 St. Matthews Road, Orangeburg, SC 29116 (803) 436-0613

- 4116 Port Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- 247 Co. 1 Avenue, Lexington, SC 29072 (803) 339-4533
- 1029 York Street NE, Aiken, SC 29801 (803) 648-1119
- 110 Arthur Way, Columbia, SC 29223 (803) 788-1153
- 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-3938
- 100 Jimmy Love Lane, Columbia, SC 29212 (803) 773-5030
- 2478 Broad Street, Sumter, SC 29150 (803) 778-6585
- 2838 Augusta Road, W. Columbia, SC 29170 (803) 939-0343
- 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- 1520 Knox Avenue, N. Augusta, SC 29841 (803) 9379-4130

Name: Oliver Wilson

Arrival Time: 10:12

Discharge Time: 2:20

Date: 5/26/11

Company Name: Sumter Lee Rent Center 1250 workless Rd

WORK STATUS: (Check Appropriate Boxes)

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

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____

Time: _____

- ☐ 3. May work with the following accommodations as of 5-26-11:
 - ☒ No lift no more than 5 lbs.
 - ☒ No operation of hazardous or fast-moving machinery, no driving, X personal vehicle
 - ☒ 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 (L) leg
 - ☐ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____

Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: (L) leg 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: ORL

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.

Employer Signature: _____

Date: 5/26/11

Provider Signature: _____

Date: 5-26-11

(MED-PC14-0-09)

MEDICAL RECORD

Progress Notes

NOTE DATE: 12/02/2011 13:43
LOCAL TITLE: RETURN TO WORK/ACTIVITY LIMITATIONS
STANDARD TITLE: ADMINISTRATIVE NOTE
VISIT: 12/02/2011 12:41 WJB ER PROVIDER-X
MEMORANDUM FOR WHOM IT MAY CONCERN:
Subject: Absentee form

REFERENCE: OLIVER M WILEY was seen on this date at the VA HOSPITAL at Columbia, SC.

The patient has been advised not to return to work until: Monday December 12, 2011

Signed by: /ea/ ANN-LYNN CAUGHMAN
Nurse Practitioner
12/02/2011 13:44

-5 II

Spoke with D. McShaney about Wiley

1. This does not cover how to return to work (light duty etc)
2. This does not cover the 80 day + gap from Nov 1 - ^{Dec 2}
3. S. Major (Director) had asked prior for a Dr Note around the 16th of Nov.
6 Never received one.
4. McShaney said he would speak with S. Major about contacting Wiley in ref. to bringing 2 notes.

Spoke with L. Dennis do not or increase note for Jlt or updated note. Use one he provided

WILEY, OLIVER MARCELL
247-63-0598 DOB: 07/22/1972

COLUMBIA, SC VAMC
Pt Loc: OUTPATIENT

Printed: 12/02/2011 13:44
Vice SF 509

Pre-hearing Brief and APA Submissions of
Defendants dated December 6, 2013

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA

Anne Veatch Noonan
Direct (843) 284-1097
Fax (843) 284-1081
avnoonan@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcbaw.net

December 6, 2013

The Honorable Melody L. James
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Oliver Wiley vs. Sumter County
WCC File No.: 1109844 DOI: 4/14/2011
Carrier: South Carolina Counties Workers' Compensation Trust - Claim No.: 580000232489
WJC&B File No.: 0560.00474

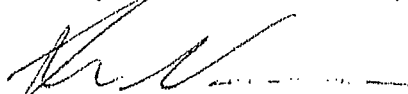
Dear Commissioner James:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to John D. Clark, claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Anne Veatch Noonan

AVN/ems

Enclosures
cc (w/enclosures): John D. Clark, Esquire
Ms. Colleen Motley (via e-mail)

South Carolina Workers' Compensation Commission

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

WCC File # 1109844
Carrier File # 580000232489
Carrier Code #
Employer FEIN

Oliver Wiley 247-63-0598
Claimant's Name SSN
2477B Peach Orchard Road, Sumter, SC 29154
Address City State Zip
(803) 236-0839 (803) 486-2363
Home Phone Work Phone

Sumter County
Employer's Name
13 East Canal Street, Sumter, SC 29150
Address City State Zip
South Carolina Counties Workers' Compensation Trust
Insurance Carrier

Anne Veatch Noonan 421 Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464 (843) 284-1097
Preparer's Name Address Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND JOHN D. CLARK, ESQUIRE, ATTORNEY FOR CLAIMANT

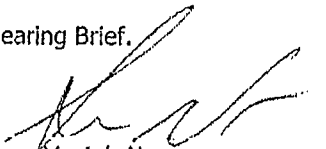
YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
APA (13) Midlands Orthopaedics, PA	11/6/13 – 11/20/13	102 – 104
APA (14) Dr. Steve Storick	5/9/13	105 – 107
APA (15) Dr. James Bethea	7/24/12	108
APA (16) Clarendon Memorial Hospital	5/23/11	109
APA (17) Sumter Orthopaedic Associates	6/21/11 – 2/9/12	110 – 115
APA (18) Progressive Physical Therapy	4/21/11 – 10/17/11	116 – 144
APA (19) Doctors Care	4/14/11 – 6/11/11	145 – 149
APA (20) Columbia Neurosurgical Associate	12/29/11 – 2/15/12	150 – 152
EXHIBIT (A) Personnel file		153 – 193

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 depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.


Anne Veatch Noonan
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

December 6, 2013

December 18, 2013
(hearing date)

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: 1109844

Claimant's Name: Oliver Wiley

Address: 2477B Peach Orchard Road

City: Sumter State: SC Zip: 29154

Home Phone: (803) 499-4025 Work Phone: (803) 486-2363

Preparer's Name: Anne Veatch Noonan

Employer's Name: Sumter County

Address: 13 East Canal Street

City: Sumter State: SC Zip: 29160

Carrier: South Carolina Counties Workers' Compensation Trust

Preparer's Phone #: (843) 284-1097

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

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$607.94 2. AWW: \$ 911.87 Date of Injury: 4/14/2011
3. Type of Injury and body part(s): Admitted injury to the lumbar spine or left hip as situs of injury is in dispute.
4. Facts in controversy:
 - 1) Whether Claimant is entitled to TTD benefits. Claimant was terminated for job abandonment. Claimant was released to full duty by the authorized treating physician on November 1, 2011 but refused to return to work. Claimant subsequently submitted a work excuse from an unauthorized physician and still refused to return. Claimant was noted as having no work restrictions from Dr. Ford, Dr. Lozanne, and Dr. Bethea. Claimant is now raising TTD 2 years after his termination.
 - 2) History of treatment: Claimant originally reported left hip pain. MRI's show minimal left hip degenerative changes with no evidence of contusion or fracture. The lumbar MRI was also normal. Claimant was treated by Dr. Ford for the hip. Dr. Ford opined that his symptoms are suspicious for lumbar radiculopathy or sacroiliitis and stated that the hip was fine (no restrictions and MMI). Dr. Ford sent Claimant for evaluation to Dr. Karl Lozanne, neurosurgeon. Dr. Lozanne ultimately released the Claimant with 0% impairment to the lumbar spine. Claimant's attorney sent him to Dr. Zgleszewski for an IME who opined that the Claimant suffers low back and left leg paresthesias and is in need of ongoing medical treatment. However, even though he is not at MMI, he would assign a rating of 13% to the back. The Claimant was sent for a 3rd evaluation by Defendants to Dr. Bethea who treated him for a short period and required a bone scan. The bone scan revealed slight increased activity focally at the posterior and superior aspect of the left hip. The Claimant was given an injection for the left hip and was placed at MMI with no impairment. Dr. Bethea opined he is capable of full work. Claimant was then sent to Dr. Don Johnson by his attorney. Dr. Johnson opined diagnostic testing in the form of EGM/NCS and sacroiliac joint injections were necessary to rule out additional concerns. This claim was set for hearing on 09/11/2012 (TTD not litigated) based on Defendants Form 21. Commissioner James indicated Claimant must be sent back to Dr. Lozanne or a mutually agreed upon physician for diagnostic testing recommended in Claimant's IME from Dr. Johnson to rule out any additional problems. Claimant was sent back to Dr. Lozanne who then had Dr. Troyer perform the EMG/NCS and Dr. Storick performed the diagnostic sacroiliac joint injections (no abnormalities were found). Claimant was again noted at MMI with 0% impairment, no work restrictions, and no future medical treatment needed. Commissioner Beck ordered that Claimant is to undergo a rhizotomy with Dr. Storick or another physician. Dr. Storick refused. The Claimant is now scheduled for RFA with Dr. Wetzel on 12/10/13. This was rescheduled from 12/2/2013 on the grounds Claimant was sick. However, it has since been determined Claimant was in an intervening accident/physical altercation and was admitted to the local ER and hospitalized (records to be submitted).
5. Legal Issues Involved: See No. 4. Laches. Medical records from Tuomey Hospital to be submitted upon receipt.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the
7. Witnesses (designate if expert):* Employer Representative, Erik Hayes, Daryl McGhaney, Lorraine Dennis
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Dr. Karl Lozanne, Columbia Neurosurgical Associates, 132 Sunset Court, West Columbia, SC; Dr. James Bethea, Columbia Orthopaedic Specialists, 1301 Taylor Street, Suite 3-O, Columbia, SC
11. Impairment rating(s); body part(s); physician and date of opinion: 1) 0%; lumbar spine; Dr. Karl Lozanne 12/29/11; 2) 0% lower back/left hip; Dr. James Bethea 6/27/12; MMI by Dr. Ford on 10/18/11.
12. I am amending my Form 50/51 in the following manner: Intervening Accident.

☐ 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.

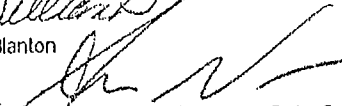
I certify that I have served this document pursuant to R.67-212 by delivering a copy to: John D. Clark, 22 East Liberty Street, P.O. Drawer 880

Name & Address

Sumter, SC 29151 and Melody L. James, P.O. Box 1715 Columbia, SC 29202-1715 on the 6th day of December, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.


Certifier, Lauren M. Blanton

Signature:


Anne Veatch Noonan, Willson Jones Carter & Baxley, P.A.

Email: avnoonan@wjlaw.net

Date of hearing: 12/18/2013

Time needed for hearing: 1 hour

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.

WCC Form # 58

Revised 7/13

58

PRE-HEARING BRIEF

11/12/2013 Tue 15:49

TEICHA 8039336193

ID: #85628 Page 2 of 3

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-3520

WILEY, OLIVER M (id #2078907, dob: 07/22/1972)



Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Oliver Wiley
DATE OF BIRTH: 07/22/1972
PROVIDER'S NAME: RYAN WETZEL, MD

ACCOUNT: 2078907
EMPLOYER: SUMTER COUNTY
DOS: 11/06/13
DOA: 04/14/2011

CARRIER: ARIEL TPA

WC CLAIM#: 5800000232489

DX CODE(S) & DESCRIPTION:

Lumbosacral spondylosis without myelopathy,
Sciatica, Low back pain,

WORK STATUS:

- ☐ Regular duty as of with no restrictions.
☒ Light duty as of 11/07/13 with restrictions.
(availability of light duty is determined by the employer, not the physician)
☐ Remain out of work until *
☐ Part time (whether regular duty or light duty)
☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

☐ None	☐ No kneeling, squatting, crawling
☐ No walking	☒ Pushing or pulling limit 20(lbs)
☐ No climbing	☒ Lifting and carrying limit 20 (lbs)
☐ No standing	☐ Sedentary duties only
☐ No prolonged standing	☐ No overhead work
☐ No twisting or stretching	☐ No work at heights

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

•--Ryan-Wetzel, MD-for-Return-Office Visit at Gregg on 11/06/2013

Electronically Signed by: RYAN WETZEL, MD

MIDLANDS ORTHOPAEDICS, P.A.

Wiley, Oliver M (ID: 2078907), DOB: 07/22/1972

02

11/12/2013 Tue 15:45

TEICHA 8039336193

ID: #85628 Page 2 of 2

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street,
COLUMBIA SC 29201-3520

Search

Print

WILEY, OLIVER M (id #2078907, dob: 07/22/1972)

Encounter Summary

Patient

Name

WILEY, OLIVER (41, M) ID# 2078907

Appt. Date/Time

11/11/2013 11:20AM

DOB

07/22/1972

Service Dept.

Gregg

Provider

RYAN WETZEL, MD

Insurance

Med Worker's Comp: ARIEL TPA

Employer Name : SUMTER COUNTY

Case # : 5800000232489

Case Injury Date : 04/14/2011

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Allergies

Allergies not reviewed (last reviewed 11/06/2013)

NKDA

Procedure Documentation

RW LumMBBL3-5:

Left L3,4,5 Medial Branch Block to the L4-5 and L5-S1 Facet Joints #2

Physician: Ryan Wetzel, MD

Referring: I have evaluated in clinic

Diagnosis: Lumbar Spondylosis

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and placed in a prone position. The patient's skin was prepped and draped in the usual sterile fashion. An oblique scout film identifying the junction of the transverse process and the superior articular process at the above mentioned levels was obtained. For the L5 dorsal ramus, the junction of the S1 superior articular process and sacral ala was identified in a slightly oblique view. Patient's skin and local tissues were infiltrated with 1% lidocaine. 22g 3.5 inch Quincke spinal needles were then inserted under fluoroscopic guidance. Os was contacted with each needle tip. Final needle positioning was confirmed with fluoroscopy in a lateral view. After negative aspiration, 0.5mL of 0.5% bupivacaine was injected at each medial branch level. Two medial branch nerves were blocked for each facet joint level. The needles were removed. Patient's skin was cleaned and the wound was covered with an adhesive bandage. Vital signs remained stable throughout the procedure and in recovery. There were no apparent complications.

I did use the entire length of the 3.5 inch needle, if he proceeds to RFA I would likely use the 145mm cannula.

Encounter Sign-Off

Encounter signed-off by Ryan Wetzel, MD, 11/11/2013.

Encounter performed and documented by Ryan Wetzel, MD

Encounter reviewed & signed by Ryan Wetzel, MD on 11/11/2013 at 11:38am

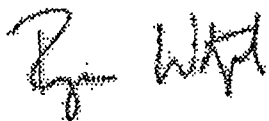
33

Surgery Order

11/20/2013

From Provider		To Provider	
RYAN WETZEL, MD MIDLANDS ORTHOPAEDICS, P.A. 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 253-8676		MIDLANDS ORTHOPAEDICS SURGERY CENTER LLC 1930 BLANDING ST COLUMBIA, SC 29201 Phone: (803) 461-4740 Fax: (803) 461-4742	
Orders Included: 1 Lumbosacral spondylosis without myelopathy ICD-9: 721.3: Lumbosacral spondylosis without myelopathy • LUMBAR RADIOFREQUENCY ABLATION Send To: MIDLANDS ORTHOPAEDICS SURGERY CENTER LLC Note to Provider: RFA Lumbar Spine Left L3-5			
Patient	NAME: WILEY, OLIVER M ** PATIENT ID: 2078907 ** PATIENT SSN: 247630598 Gender: M ** DOB: 07/22/1972 ** AGE: 41 YR		
Address	2477B PEACH ORCHARD ROAD, SUMTER, SC 29154		
Phone	H: (803) 499-0598 M: (803) 236-0839		
Primary Ins.	** ID: ** Policy Holder:	**Claim Case#: ** Case Injury Date: ** Case Worker's Name:	
Secondary Ins.	** ID: ** Policy Holder:		

Electronically Signed by: RYAN WETZEL, MD




Steve Storick, M.D.

Palmetto Health Pain Management and Rehabilitation Center

INDEPENDENT MEDICAL EXAMINATION

Name: Oliver Wiley (DOB: 7/22/1972)

Date: 5/9/13

Chief Complaint: My pelvis, left leg.

HPI: Oliver Wiley is a 40-year-old male and former employee of Sumter County Jail when he was injured on the job on 4/14/2011. Mr. Wiley describes slipping on a floor while breaking up a fight between two inmates. He landed on his left hip. Since that time, he has had constant left pelvic pain radiating into the groin that he describes as more of a burning, aching sensation. The pain may be more intensified if he tries to cross his left leg over his right. He seems to have a fair amount of discomfort at night when he is trying to lie flat. He will also note persistent left leg numbness that extends from the left groin all the way down to his feet and toes. The numbness seems to be more persistent if he sits or stands too long. He feels there is subjective weakness, although there is no frank motor loss or sphincter dysfunction noted. Mr. Wiley is asymptomatic in his right leg. There is also left-sided low back pain which extends around the left waist that is intensified with standing. He denies any frank motor loss or sphincter dysfunction. Mr. Wiley attended physical therapy but did not note any substantial improvement. He has also had a left sacroiliac joint injection by me that's maybe offered some mild benefit for a few days at the most. A left hip injection he thought was helpful for about a month. There is no history of any chiropractic treatments or surgeries on the spine or hip. He is not currently on any medications. He believed he tried a Prednisone dose pack without any benefit. Nerve studies were normal. He also had an MRI of his lumbar spine which was reviewed by me as normal. An MRI report of his hip from 5/23/2011 notes minimum degenerative changes. Mr. Wiley has had several evaluations including Dr. Don Johnson and Dr. Karl Lozanne with varying opinions. His Oswestry is 68% and his SQAPP-R is 28.

No known drug allergies.

Medications: Mr. Wiley describes being on antihypertensive medication, antidepressant medication, and a sleeping pill of which he does not know the names.

Past Medical History: Hypertension, depression and post traumatic stress disorder, and a sleeping disorder. He denies any surgical history.

05

Oliver Wiley
5/9/13
Page 2

Social History: Mr. Wiley is divorced with four children ages twenty, nineteen, seventeen and eleven. He smokes one pack of cigarettes a week. He reports occasional ETOH consumption. He completed high school and has some college experience. He was in the United States Army for four years. He was previously employed with Sumter County Jail for nineteen years prior to his termination.

Family History and Review of Symptoms: reviewed and documented on chart. Pertinent review of symptoms noted in HPI. Mr. Wiley completed a 12 point review of symptoms.

Physical Exam: Stated Height is 6'4"; Weight is 267 lbs.; Blood Pressure 126/98; Pulse 72; Respiration 18.

General: Is a pleasant, tall, middle-aged male in no acute distress.

Extremities: Warm to touch. No cyanosis, edema or discoloration. Full range of motion of his hip, knees and ankles without limitation. Internal and external rotation of the hips are non-painful. Deep compression of the left hip bursa causes some localized tenderness. No muscle atrophy.

Musculoskeletal: Mr. Wiley stands upright. His spine is normally aligned. His pelvis is level. He is diffusely tender along the left lumbosacral juncture and sciatic notch. Piriformis is non-tender. Active range of motion to the waist notes his fingertips to about the knees and hyperextension increases his low back pain.

Neurologic: Sensation is intact to light touch. His motor function notes consistent weakness in the left plantar flexion slightly more than dorsiflexion at 4/5 compared to the right at 5/5. All other groups were 5/5 without any other deficits. DTRs were 2+ and equal. No clonus. Plantar reflexes downgoing. Gait is minimally antalgic. There is no foot drop. No sympathetic changes or allodynia. Negative Hoffmann. No history of Lhermitte.

Psychological: Alert and oriented times three. He followed simple commands. Normal thought processes. No clinical evidence of depression or anxiety.

Assessment:

1. Chronic left back and groin and leg pain.
2. Left lumbosacral paresthesia.

Oliver Wiley
5/9/13
Page 3

Plan:

Mr. Wiley's symptoms tend to correlate with a left L5 or possibly S1 radiculitis. Typically, these nerve roots may cause groin pain and symptoms may radiate all the way down to the foot. He also has mild weakness that may correlate with those findings. The only problem is diagnostic tests to date are normal. Dr. Don Johnson entertained the possibility of a contusion to one of the nerve roots which I may be in agreement. His symptoms are not typical of sacroiliitis, especially the numbness down the entire leg especially into the foot. Facet Joint arthropathy is typically more confined to the back and possibly the groin, but again not causing numbness down the leg. Again the hip does not typically cause numbness in the leg. I suggested trying an epidural steroid injection from the left L5-S1 approach. I have also recommended starting him on Neurontin, 300mg at night for a week and then increase to twice a day. Risks and benefits as well as side effects of the medicine and injections were reviewed in detail. The treatment plan was discussed with Mr. Wiley as well as his case manager, Jennifer Williams, RN. Should he fail to improve with conservative treatments, I would suggest obtaining a lumbar myelogram/CT scan to ensure there is no evidence of any type of nerve root impingement that was not picked up on the previous diagnostic testing including MRI and EMG.

At this point there is no medical reason to pursue Radiofrequency Rhizotomy for the lumbar facet joints or Sacroiliac joint based on Mr. Wiley's symptoms or response to previous injections. All my opinions are based upon a reasonable degree of medical certainty. Should there be any further questions or concerns, please feel free to contact me at your convenience.

Respectfully,

Steve Stonick, M.D.

SS:g

cc: Jennifer Williams, RN

South Carolina Workers' Compensation Comm. on
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Oliver Wiley

Employer's Name: Sumter County

Physician's Name: James F. Bethea, MD

Insurance Carrier: South Carolina Counties Workers' Compensation Trust

Practice/Clinic: Columbia Orthopaedic Specialists, LLC

SCWCC File No: 1108844

Preparer's Name:

Phone: ()

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her Injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: April 14, 2011

Date of first office visit: 0-1-2

Date of last visit: 6-8-2

Diagnosis or nature of Injury or Illness: LOW BACK PAIN - L5/S1

Body part(s) injured: LOWER BACK

Body part(s) affected:

Date of Maximum Medical Improvement: 6-8-2

Based on the AMA Guidelines, the claimant has sustained a part(s) and a % medical impairment to

0 % medical impairment to injured body other affected body part(s).

✓ The claimant is able to return to work without restriction.

The claimant is able to return to work with the following restrictions:

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

✓ will not need future medical care related to his or her work related Injury or Illness based on a reasonable degree of medical certainty (more likely than not).

will need future medical care and treatment related to his or her work related Injury or Illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician, James F. Bethea, M.D.

Date: 7/27/12

9/07

James F. Bethea, M.D. C80989

Phone #: 803-806-8198

Fax #: 803-806-8178

Fed Tax ID #: 72-1523779

14B

Physician's Statement

08

CLARENDON MEMORIAL HOSPITAL
10 HOSPITAL STREET
MANNING, SC 29102
RADIOLOGY REPORT

Patient name:	WILBY OLIVER M	Acct #:	1169275
Age:	38	Sex:	M
Birth day:	07/22/1972	Admit Phy:	CAMPO ARNOLD B
Admit date:	05/23/11	Stay type:	O/P
Disch date:	05/23/11	Ordering Phy:	CAMPO ARNOLD B
		Room:	Med Rec #:
		Phone:	199517
			X-Ray #:

MRI LWR JOINT LT WO CON 73721 COMPLETE:05/23/11 1139 RTH 94118
(B)Reason for Procedure: LEFT HIP PAIN

HISTORY: left hip pain

MRI OF THE LEFT HIP:

MRI of the left hip was performed with multiple sagittal, axial, and coronal images using the standard pulse sequences.

MRI demonstrates no bone contusion or significant joint effusion at the left hip.

The left hip joint space appears intact. No osteonecrosis or occult fracture demonstrated.

There is no evidence of soft tissue hematoma or abscess formation.

IMPRESSION: MRI demonstrates minimal left hip degenerative changes, with no evidence of bone contusion or occult fracture.

There is no evidence of osteonecrosis or soft tissue hematoma formation.

Dictated by: MEF
Transcribed by: KJM
Date: 05/23/11 13:18
Signed: 05/23/11 14:26

Electronically Reviewed and signed by: MICHAEL E. FAULSTICH, MD, PhD.
Diplomate ACR

Reports and Images can be viewed on the internet at <https://pacs.clarendonhealth.com> Please call 803-435-3121 to gain access.

Copy for: CAMPO ARNOLD B via fax
Copy for: 048 MEDICAL RECORDS (HIM)



PH: (803)774-7621 FAX: (803)774-7631
 TUOMEY HEALTHCARE SYSTEM
 100 N. Sumter St., Suite 200, Sumter, SC 29150

- ☐ Danny H. Ford, M.D.
DEA # BF5672305
- ☐ Kurt T. Stroebel, M.D.
DEA # BS2393712
- ☐ Frank L. Cucc, D.O.
DEA # BC4106654
- ☐ Brandon S. Fites, M.D.
DEA # BF9080499
- ☐ P. Douglas deHoff, M.D.
DEA # BD5010615

PATIENT NAME:

Oliver Wiley

ADDRESS:

DATE: *6/21/11*

Rx

*P-1.
 700: Left hip conversion
 100: Gs & Robert*

☐ Label, unless checked.

Dispense as written.

3203 Rev 02/01/00

M.D. / D.O.

Substitution permitted.

M.D. / D.O.

REFILL: 1 2 3 4 5 PRN

From: AlignNetworks To: 8038708932
08/03/2011 13:20 FAX 8039348457

Date: 8/8/2011 9:33 AM EST
Progressive Physical

Page: 5 of 5
0002/0002

Progressive Physical
PATIENT NAME: *Oliver, William*
ADDRESS: *100 N Summit St, Suite 200, Little Rock, AR 72201*
DATE: *8/8/11*
PHYSICIAN: *Dr. [Signature]*
7x *Ge. L. [Signature]*
M.D. / D.O. / N.P. / P.A. / Other: *[Signature]*
SUBJECT: *[Signature]*
REASON FOR REFERRAL: *[Signature]*



Danny H. Ford, M.D.
Brandon S. Fites, M.D.
P. Douglas deHoll, M.D.

Kurt T. Stroebel, M.D.
Frank L. Cucé, D.O.

Report of Medical Examination

Patient Name *Oliver Wilkey* Social Security Number *829161*
Employer *D. Fites* Date of Office Visit *8/29/01*
Physician/Provider Signature of Physician/Provider

RETURN TO WORK STATUS:

☐ Regular Duty
☒ Light Duty
☐ Remain out of work

Date to Return
Date to Return
Duration:

PHYSICAL LIMITATIONS:

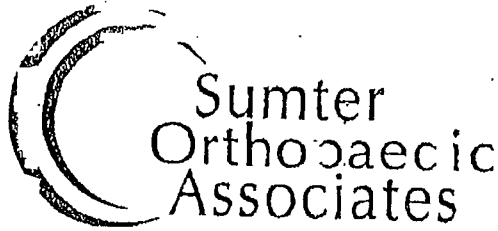
☐ None
☐ No prolonged standing or sitting
☐ No twisting or stretching
☐ No overhead work
☐ No work involving arm/hand
☒ Pushing and pulling limit: 10 lbs.
☒ Lifting and carrying limit: 10 lbs.
☒ Sedentary duties only
☒ Other: *Avoid contact with persons*

No Walking or climbing
No bending or stooping
No kneeling, squatting, crawling
No work at heights
No reaching over shoulder
May work _____ hours per day

FOLLOW-UP:

No climbing, avoid stairs
Days _____ Weeks _____
Months _____ PRN _____
Discharged with permanent limitations above
Next Appointment: *10 weeks*

**** If the employee is able to return to work with restrictions and the employer is unable to accommodate the restrictions, it is the employer's responsibility to place the employee off work. ****



Danny H. Ford, M.D.
P. Douglas deHoll, M.D.

Kurt T. Stroebel, M.D.
Frank L. Cucé, D.O.

Report of Medical Examination

Patient Name *Oliver Wiley*

Social Security Number

Employer

Date

Physician/Provider

Signature of Physician/Provider

RETURN TO WORK STATUS:

- ☒ Regular Duty
☐ Light Duty
☐ Remain out of work
☐ Sedentary duties only

☒ Date to Return
Date to Return
Duration:

PHYSICAL LIMITATIONS:

- None
No prolonged standing or sitting
No twisting or stretching
No overhead work
No work involving arm/hand
Pushing and pulling limit: lbs.
Lifting and carrying limit: lbs.
Other:

- No Walking or climbing
No bending or stooping
No kneeling, squatting, crawling
No work at heights
No reaching over shoulder
May work hours per day

FOLLOW-UP:

Days

Months

Weeks

☒ PRN

Discharged with permanent limitations above

Next Appointment:

**** If the employee is able to return to work with restrictions and the employer is unable to accommodate the restrictions, it is the employer's responsibility to place the employee off work. ****

RECEIVED

OCT 17 2011

BY: _____

100 North Sumter Street, Suite 200 Sumter, South Carolina 29150
Phone: (803) 774-7621 Fax: (803) 774-1791

Sumner Orthopaedic Associates
P.H. (803) 774-7821 FAX (803) 774-7831
TUOMEY HEALTHCARE SYSTEM
100 N Sumner Blvd Suite 200, Sumner, SC 29150

☐ Danny H. Ford, M.D. DEA # BF8872305
☐ Kurt T. Stroebel, M.D. DEA # B82393712
☐ Frank L. Cice, D.O. DEA # BC4108854
☐ Brandon S. Fies, M.D. DEA # B16080409
☐ P. Douglas DeHoll, M.D. DEA # BD8010615

PATIENT NAME: Oliver Wile
ADDRESS: MR. Linbair Opine
WOOD on road
DATE: 1/10

☐ Label, unless checked
☐ Dispensed as written
M.D./D.O. R. Danny Ford M.D./D.O. Substitution permitted
Refill 1 2 3 4 5 6 7 8 PRN

6

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH

Anne Veatch Noonan
Direct (843) 284-1097
Fax (843) 284-1081
avnoonan@wjclaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjclaw.net

February 9, 2012

Danny Ford, MD
Sumter Orthopaedic Associates
100 N. Sumter Street, Suite 200
Sumter, SC 29150

Re: Oliver Wiley vs. Sumter County
WCC File No.: 1109844 DOI: 4/14/2011
Carrier: South Carolina Counties Workers' Compensation Trust - Claim No.: 580000232489
WJC&B File No.: 0560.00474

Dear Dr. Ford:

Enclosed please find the South Carolina Workers' Compensation Commission's Form 14B (Physician's Statement) which I would greatly appreciate you completing and returning to me.

The Form 14B is the South Carolina Workers' Compensation Commission's form that is used by a person's treating physician to provide the physician's opinion concerning whether the patient has reached MMI, whether the patient has any permanent physical impairment, the body part(s) affected, work restrictions and future medical needs. Please complete all sections on the form and return it to my office as soon as possible.

If you have any questions, please do not hesitate to contact me.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


Anne Veatch Noonan

AVN/ems

Enclosure

cc (w/o enclosure): John D. Clark, Esquire
Ms. Colleen Motley (via e-mail)

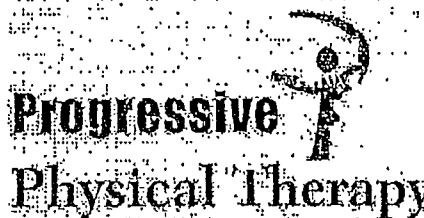
we do not do PTR's in office, we send to
Dr. Gee, patient had appt on 1/16/11 @ 11:30
and was a no show.



medical affiliates

Fax Cover Sheet

WKC Fax & Authorization Form



TO: Companion P & C

DATE: 04/21/2011

FROM: Sherilyn

TIME:

ATTN: Berdotta Miller

PAGES (including cover): 3

RE: Oliver Wiley

CENTER NAME: PT Sumter

ADDRESS(optional): 2475 Broad Street
Sumter, SC 29150

DESTINATION FAX #: 803-870-8937

SENDER'S FAX #: 803-934-8467

CLAIM # or DOB: 680000232489

SENDER'S PHONE #: 803-934-8470

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

COMMENTS:

We are requesting authorization for Physical Therapy on the above patient. Please feel free to contact us with any questions, and to contact us with authorization. You may respond by phone/fax. Thank you!

IF YOU WISH TO FAX AUTHORIZATION BACK, PLEASE USE THIS SAME PAGE AND COMMENT BELOW

Physical Therapy Authorization:

Name of the person giving authorization:

Title: ☐ Adjuster ☒ Nurse Case Manager ☐ Other:

I authorize _____ total Physical Therapy Visits for the duration of _____ times a week X _____ weeks.

If applicable: Auth # _____

Dates Valid: _____ to _____

Date: _____

Time: _____

Signature: _____

Denial for Treatment of Physical Therapy

☐ Treatment is denied for the above named patient

Date: _____

Reason: _____

Name & Title of Person Denying Claim: _____

ADDITIONAL COMMENTS: _____

SIGNED/STAMPED: Sherilyn

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[CORP-F002-(9-07)]

Progressive Physical Therapy

2475 Broad Street, Sumter S.C. 29150
Phone: 803-834-8470 | Fax: 803-834-8457

Patient Name Wilee Oliver

Diagnosis/ICD 9 Code (B) hip w-in

☒ EVALUATE AND TREAT

☒ EXERCISE

- ☐ Active Exercise
- ☐ Passive Exercise
- ☐ Fitness Assessment
- ☐ Low Back Rehab
- ☐ Home Exercise Program

☐ MODALITIES

- ☐ T.E.N.S./I.F.C.
- ☐ Electrical Muscle Stimulation
- ☐ Iontophoresis
- ☐ Phonophoresis
- ☐ Light Therapy

☐ HEAT/COLD

- ☐ Hydrocollator Hot Packs
- ☐ Ultrasound
- ☐ Ice/Cold Packs
- ☐ Paraffin Bath

☐ FUNCTIONAL TRAINING

- ☐ Back School
- ☐ Ambulation Training
- ☐ Postural Training/Balance
- ☐ Neck/Arm School

☐ INDUSTRIAL REHABILITATION

- ☐ Job Site Analysis
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Work Hardening/Conditioning

☐ COMPREHENSIVE CERVICAL EVALUATION (MCU)

☐ FOOT ORTHOTICS

☐ SUBSTITUTION BY THERAPIST IS PERMITTED

☐ OTHER

TREATMENT OBJECTIVES/GOALS/COMMENTS:

PHYSICAL THERAPY

Frequency ☐ 2x/wk
Duration ☐ 2 weeks

☒ 3x/wk
☒ 3 weeks

☐ 4x/wk
☐ 4 weeks

Physician Name (please print) L. C. Camp

Physician Signature L. C. Camp

Phone Number

Date 4-21-11

IN MAKING THIS REFERRAL, PHYSICIAN CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.



2475 Broad Street
Sumter, SC 29150
Ph: 803-934-8470 Fx: 803-934-8457

Job Task Analysis

Patient Name:

Diver M. Nix

Job Title:

Shift-Lieutenant

Date:

4-25-11

Job Tasks:

- 1) 2nd day to operation of shift
- 2) Supervisors Officers + responsible for inmates
- 3) Complete All necessary paperwork pertaining to shift
- 4)
- 5)

Job Demands/Physical Requirements

Lifting: Varies (max wt.) (times per day) (frequency wt) (times per day)

Material/ Levels:

Carrying: Varies (max wt.) (times per day) (frequency wt) (times per day)

Material/ Distance/Levels:

Push/Pull: Varies (max wt.) (times per day) (frequency wt) (times per day)

Material/ Distance/Levels:

Activity	Occasional (0-33% of Day)	Frequent (34-66% of Day)	Constant (67-100% of Day)	Never
Standing		X		
Walking		X		
Sitting	X			
Reaching Forward	X			
Reaching Overhead	X			
Stooping	X			
Squatting	X			
Kneeling	X			
Crawling	X			
Climbing Stairs	X			
Climbing Ladders	X			
Use Hands/ Fingers to Manipulate			X	
Balancing	X			
Truck Rotation	X			
Other:				

Completed By:

Diver M. Nix

Date:

4-25-11

FAX TO CASE MANAGER

Case Manager Name:

Fax #: 803-934-8457 Date Faxed: 4/25/11

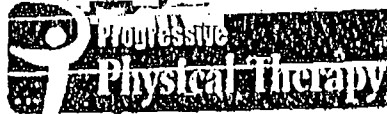


Patient Name: Diver, W. E.

Next MD Visit:

	Date	Date	Date	Date	Date
	4/5/11	4/27/11	4/29/11	5/2/11	5/4/11
Hip Exercises	Reps/Time	Reps/Time	Reps/Time	Reps/Time	Reps/Time
A. Stretches					
1. Next to Wall (ITB) Stretch	15				
2. Modified Hamstring Stretch					
3. Supine Hamstring Stretch					
4. Supine Hip Adduction Stretch					
5. Cross Over ITB Stretch					
6. Reverse Piriformis Stretch	1x5x10	5x15	5x15	5x15	5x15
7. Piriformis Stretch	1x5x10	5x15	5x15	5x15	5x15
8. Prone Hip Flexor Stretch					
B. Strengthening Exercises					
9. Sidelying Hip Internal/External rotation w/ or w/o weight	Wt/Reps: 0 3x20	Wt/Reps: 0 3x20	Wt/Reps: 0 3x20	Wt/Reps: 0 3x20	Wt/Reps: 0 3x20
10. Quad Sets w/ roll under knee					
11. Straight Leg Raises					
12. SLR-Adduction					
13. SLR-Abduction					
14. SLR-Extension					
15. Bridging	1x5x5				
16. Lunges					
17. Leg Press					
18. Hip Rotation w/ Resistive Band					
a. External					
b. Internal					
19. Wall Slides PWB -> FWB	1x2x10				
20. Bike - Low-Mod Intensity					
D. Functional					
a. Lying on Back - Neutral Set	1x5x10				
b. Up/Down Steps - List height					
c. Sit on Stools					
E. Low-Level Full Weight					
21. Involved-Leg Balancing/Ball					
22. Step-ups 2" w/ Phonebook					
a. Forward					
b. Lateral					
c. Retro					
23. Hip Add Side Walk w/ Ball					
24. Theraband Hip Flexion (Standing)					
25. Theraband Hip Ext. (Standing)					
26. Theraband Hip Add. (Standing)					

Endis



Patient Name: Cilley, Oliver

Next MD Visit:

Hip Exercises

A. Stretches

1. Next to Wall (ITB)
2. Supine Hamstring Stretch
3. Supine Hamstring Stretch
4. Supine Hip Adduction Stretch
5. Cross Over ITB Stretch
6. Reverse Piriformis Stretch
7. Piriformis Stretch
8. Prone Hip Flexor Stretch

Date	Reps/Time	Date	Reps/Time	Date	Reps/Time	Date	Reps/Time
5/6/11	5x10sec	5/9/11	5x15	5/11/11	5x15"	5/13/11	5x15"
	5x10sec		5x15		5x15"		5x15"
	5x10sec		5x15		5x15"		5x15"
	5x10sec		5x15		5x15"		5x15"

B. Strengthening Exercises

9. Sidelying Hip Internal/External rotation w/ ~~weight~~
10. Quad Sets w/ roll under knee
11. Straight Leg Kicks
12. SLR-Adduction
13. SLR-Abduction
14. SLR-Extension
15. Bridging
16. Hip Rotation w/ Resistive Band
17. Hip Rotation w/ Resistive Band
18. Hip Rotation w/ Resistive Band

Date	Reps/Time	Date	Reps/Time	Date	Reps/Time	Date	Reps/Time
5/6/11	3x10	5/9/11	3x10	5/11/11	3x15"	5/13/11	3x15"
	3x10		3x10		3x15"		3x15"
	3x10		3x10		3x15"		3x15"
	3x10		3x10		3x15"		3x15"

- a. External
- b. Internal

19. Wall Slides PWB → FWB
20. Bike - Low-Mod Intensity

C. Functional

- a. Up/Down Steps - List height
- b. Up/Down Steps - List height

Date	Reps/Time	Date	Reps/Time	Date	Reps/Time	Date	Reps/Time
5/6/11	3x15	5/9/11	3x15	5/11/11	3x15"	5/13/11	3x15"
	3x15		3x15		3x15"		3x15"
	3x15		3x15		3x15"		3x15"
	3x15		3x15		3x15"		3x15"

21. Involved-Leg Balancing/Ball
22. Step-ups 2" w/ Phonebook

- a. Forward
- b. Lateral

23. Hip Rot (STP)
24. Theraband Hip Flexion (Standing)
25. Theraband Hip Ext. (Standing)
26. Theraband Hip Add. (Standing)

Date	Reps/Time	Date	Reps/Time	Date	Reps/Time	Date	Reps/Time
5/6/11	5x10sec	5/9/11	5x10sec	5/11/11	5x10"	5/13/11	5x10"
	5x10sec		5x10sec		5x10"		5x10"
	5x10sec		5x10sec		5x10"		5x10"
	5x10sec		5x10sec		5x10"		5x10"

27. Squats to mat

28. Squats to mat

29. Squats to mat

30. Squats to mat

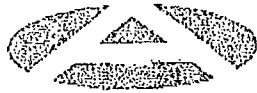
31. Squats to mat

32. Squats to mat

33. Squats to mat

34. Squats to mat

35. Squats to mat



ALIGN NETWORKS

FAX / EMAIL Confidential - 5/19/2011 3:15:52 PM

Align Networks - Clinical Follow Up: 580000232489, Oliver Wiley

Patient: Oliver Wiley

We previously forwarded our clinical summary findings for your review on: 05/18/2011

Our findings recommended:

Injury: Hip Pain Left
Injury Other:
Body Part: hip Left
Visit Guideline for Injury: 12
Total therapy visits attended: 9
Last confirmed appointment date: 05/13/2011

Please advise how you would like to proceed.

Jaclyn Pollizzi
(866)389-0211 (739)
jpollizzi@alignnetworks.com

Thank you for choosing Align Networks. Visit us on the web at
WWW.ALIGNNETWORKS.COM

2



CLINICAL REVIEW SUMMARY

PATIENT / INJURY INFORMATION

Patient: Oliver Wiley
Eval Date: 04/25/2011
Last Attended Date: 05/13/2011
Injury Date: 04/14/2011
Visits Auth: 9
Visits Attended: 9
Body Part: HIP
Surgery: No
Injury: Hip Pain
Details:

Submitted Date: 05/18/2011
Claim #: 580000232489
Service: Physical Therapy
Visit Guideline: 12
(CX/NS) Visits: 0

Body Part Side: Left
Surgery Date:

Align Clinical Review completed by Peer Clinician: Debbie Esinhart

RX and PROGRESS SUMMARY REVIEW

New RX: Yes
RX Freq. / Dur.: 2-3wk3-4
Prog. Summary Date: 05/11/2011
Significant Progress was made in last two weeks: See Comments
Plan for Discharge on Progress Summary: No
CLINICAL INDICATORS:
ROM: NA
Pain: NA

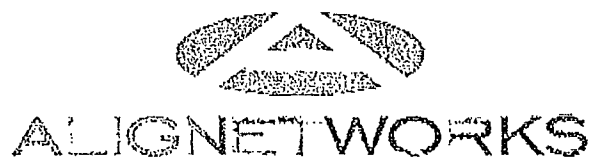
RX Date: 05/12/2011
Prog. Summary Rec. From Prov.: Yes
% Goals Met From IE:

Strength: NA

Comments:

PT PS Indicates minimal objective improvement of L hip ROM, strength, and function since PT IE 4/25/11. Past 2 visits pt has c/o burning pain L greater trochanter region, rated 7-8/10 (was 6-10/10). Unable to progress to functional work related activities due to pain. ROM flex/abd 45/45 (was 80/40), ER/IR 30/28 (was 42/12) degrees. Strength 3/5 except IR 5/5 (was 3 to 3+/5). PT recommends continued treatment, 2-3wk3-4. Documentation indicates pt is working light duty and is a jail officer.

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TREATMENT REVIEW:

Treatment Notes Reviewed: Yes

Has Patient been compliant with Plan of Care, HEP, and attendance?: Yes

Progression of program (ther-ex, HEP) documented: Yes

Manual therapy performed: Yes

Daily treatments consisted of:

MH, ES, manual therapy, TE

Continuity of care - patient has been treated by: 2 or less clinicians

Comments:

Treatment is appropriate for this dx.

PEER CALL FINDINGS

Communication with Provider: Yes

Clinician First Name: Dave

Clinician Last Name: Wilson, PTA

Discussed Work-Related activities and goals: Yes

Progress toward goals noted: Yes

Discussed estimated date for D/C: Yes

DC expected to occur at end of requested visits: N/A

Comments on patient progress:

Dave, PTA states pt continues to make slow progress due to pain. US and cold laser will be added to treatment and continued treatment is recommended, 2wk3 from current script, with reassessment and further recommendations to be made at that time. If significant progress is not being made pt will be referred to MD for further medical management.

23



REVIEW RECOMMENDATIONS:

Expected D/C: 2-4 Weeks

Recommendation based on review: Continue therapy as ordered, with NO plan for d/c

Based on the most recent MD RX dated: 05/11/2011

the clinical review findings support the need for additional: 2wk3

Does review recommend fewer visits than ordered by MD RX? No

Does treating Clinician agree with review findings? Yes

Additional Comments:

Slow progress continues toward PT goals. Pain is a limiting factor. Treatment is being modified to address pain and progress functional activities. Recommend continued treatment (6 visits from 5/11/11 MD script) with further review if additional visits are requested after current orders. Progress, POC, and d/c plan will need to be determined to indicate the need for continued treatment.

Reason for exceeding guideline:

Slower than expected progress with consistent objective gains.

Align Clinical Dept. Contact: Phone#: 866/389-0211 Fax#: 904/ 309-8961 Email: clinical@alignnetworks.com

This clinical review was performed in accordance with peer review/utilization guidelines established by APTA and should serve as a recommendation only. The final determination in the continuance of care is the responsibility of the Payor.



medical affiliates

Fax Cover Sheet

WKC Fax & Authorization Form

Progressive Physical Therapy

TO: Align Networks

DATE: 08/01/2011

FROM: Sherilyn

TIME:

ATTN:

PAGES (including cover): 2

RE: Oliver Wiley

CENTER NAME: PT Sumter

ADDRESS(optional): 2475 Broad Street
Sumter, SC 29160

DESTINATION FAX #: 309-8973
804-998-0290

SENDER'S FAX #: 803-934-8457

CLAIM # or DOB: 580000232489

SENDER'S PHONE #: 803-934-8470

☐ URGENT

☒ REPLY REQUESTED

☐ FYI

☐ REVIEW/ADVISE

☐ PLEASE POST TO STAFF

☐ APPROVE

☐ PER YOUR REQUEST

☐ OTHER

COMMENTS:

We are requesting authorization for Physical Therapy on the above patient. Please feel free to contact us with any questions, and to contact us with authorization. You may respond by phone/fax. Thank you!

IF YOU WISH TO FAX AUTHORIZATION BACK, PLEASE USE THIS SAME PAGE AND COMMENT BELOW

Physical Therapy Authorization:

Name of the person giving authorization:

Title: ☐ Adjuster ☐ Nurse Case Manager ☐ Other:

I authorize _____ total Physical Therapy Visits for the duration of _____ times a week X _____ weeks.

If applicable: Auth # _____ Dates Valid: _____ to _____

Date: _____ Time: _____ Signature: _____

Denial for Treatment of Physical Therapy

☐ Treatment is denied for the above named patient Date: _____

Reason: _____

Name & Title of Person Denying Claim: _____

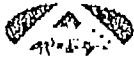
ADDITIONAL COMMENTS:

Received this new RX for Oliver Wiley today from his MD.

SIGNED/STAMPED: Sherilyn

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(CORP-F002-(9-07))



ALIGN NETWORKS

Phone: 866-389-0211

Fax: 904-998-0299

To: 8038708932
Attention: Oliver Wiley 580000232489

From: David Eger
Phone: 866-389-0211 ext. Align Networks
Email: deger@alignnetworks.com

Date: 08-08-2011 09:31:57 A EST

Comments/Notes:

Hello Alesia,

Per our conversation earlier I have attached the rx we received in order to be attached to the claimant file. Thanks for your help. Have a great day!

[cid:image001.jpg@01CC55AE.042E37B0]

David Eger
ALIGN NETWORKS
Referral Research Senior
PH: 866.389.0211 ext. 702
FX: 904.998.0299
Hours: Mon - Fri 9 am - 6 pm EST
E-mail: deger@alignnetworks.com <lschermock@alignnetworks.com&#20>
Email new referrals: referrals@alignnetworks.com <<mailto:referrals@alignnetworks.com>>

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22
1

Hello Alesia,

Per our conversation earlier I have attached the rx we received in order to be attached to the claimant file.
Thanks for your help. Have a great day!

 cid:image001.jpg@0

David Eger

ALIGNNETWORKS

Referral Research Senior

PH: 866.389.0211 ext. 702

FX: 904.998.0299

Hours: Mon - Fri 9 am - 6 pm EST

E-mail: deger@alignnetworks.com

Email new referrals : referrals@alignnetworks.com

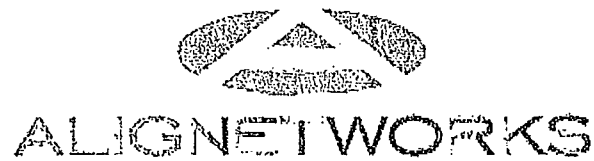
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CLINICAL REVIEW SUMMARY

PATIENT / INJURY INFORMATION

Patient: Oliver Wiley	Submitted Date: 09/14/2011
Eval Date: 08/10/2011	Claim #: 580000232489
Last Attended Date: 09/08/2011	Service: Physical Therapy
Injury Date: 04/14/2011	Visit Guideline: 12
Visits Auth: 10	(CX/NS) Visits: 0
Visits Attended: 10	
Body Part: HIP	Body Part Side: Left
Surgery: No	Surgery Date:
Injury: Hip (Groin) or Thigh Sprain / Strain / Contusion	
Details:	

Align Clinical Review completed by Peer Clinician: Cindy Drown

RX and PROGRESS SUMMARY REVIEW

New RX: Yes	RX Date: 09/08/2011
RX Freq. / Dur.: 2x6	Prog. Summary Rec. From Prov.: Yes
Prog. Summary Date: 09/08/2011	% Goals Met From IE:
Significant Progress was made in last two weeks: Yes	
Plan for Discharge on Progress Summary: No	
CLINICAL INDICATORS:	
ROM: Increased	Strength: Increased
Pain: NA	

Comments:

Signed POC Pain 6-7/10 AROM: hip flexion WFL, hip ER decreased 25%, hip IR decreased 25%, hip add WFL Strength: hip flexion, ext, add, all 4+, hip add 4 to 4+, hip ER 4-, hip IR 4/5 Progress: pt has made little progress with s/s of pain and weakness into L LE, better strength with hip IR though hip has decreased AROM/AAROM



TREATMENT REVIEW:

Treatment Notes Reviewed: Yes

Has Patient been compliant with Plan of Care, HEP, and attendance?: Yes

Progression of program (ther-ex, HEP) documented: Yes

Manual therapy performed: No

Daily treatments consisted of:

US, Iontophoresis, therapeutic ex, manual therapy

Continuity of care - patient has been treated by: 2 or less clinicians

Comments:

Treatments appear appropriate for diagnosis.

PEER CALL FINDINGS

Communication with Provider: Yes

Clinician First Name: Bill

Clinician Last Name: Cooper, PT

Discussed Work-Related activities and goals: Yes

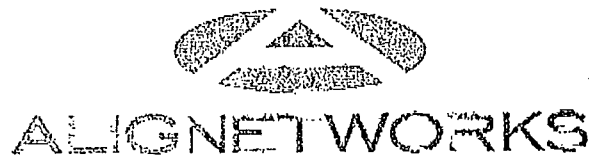
Progress toward goals noted: Yes

Discussed estimated date for D/C: Yes

DC expected to occur at end of requested visits: No

Comments on patient progress:

PT states pt works in a prison and is on modified duty. Pt saw MD on 9/8 and signed POC then. Pt has gained minimal pain relief from 7 to now 6/10. Pt is getting good movement, pt still has complaints of a burning sensation that PT feels is muscular. Pt is doing strengthening and stretching. Pt has no co-morbidities. Pt had a negative MRI per the PTA. PT requesting to continue for 2x4 and will reassess at conclusion of visits to determine if continued therapy would be indicated at that time.



REVIEW RECOMMENDATIONS:

Expected D/C: > 6 Weeks

Recommendation based on review: Continue therapy as ordered, with NO plan for d/c

Based on the most recent MD RX dated: 09/08/2011

the clinical review findings support the need for additional: 2x4

Does review recommend fewer visits than ordered by MD RX? Yes

Does treating Clinician agree with review findings? Yes

Additional Comments:

PT states pt is making progress, however has gained little pain relief. PT agreeable to continue 2x4 and reassess benefit of skilled PT at conclusion of visits. Recommend 8 visits.

Reason for exceeding guideline:

Slower than expected progress with consistent objective gains.

Align Clinical Dept. Contact: Phone#: 866/389-0211 Fax#: 904/ 309-8961 Email: clinical@alignnetworks.com

This clinical review was performed in accordance with peer review/utilization guidelines established by APTA and should serve as a recommendation only. The final determination in the continuance of care is the responsibility of the Payor.



FAX / EMAIL Confidential - 9/12/2011 10:40:13 AM

To: No Name No Name, Dr. Danny H. Ford
Subject: Align Networks, Ref. Status with Progress File - Claim #: 580000232489, Wiley
From: Visit Management
Fax Number: (904)998-0299
Business Phone: (866) 389-0211
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: Oliver Wiley

Patient Information:

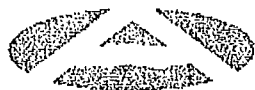
Name: Oliver Wiley
Phone: (803) 236-0839
Cell: (803) 499-4025
Claim #: 580000232489
Treating Dr.: Dr. Danny H. Ford
Dr. Phone: (803) 774-7621
Injury Date: 4/14/2011
As of: 9/12/2011
Total Visits Attended: 10
Visits Scheduled: 0
Authorized Visits Remaining: 0

Injury Information:

State: SC
ICD9: 719.45
Procedure: Physical Therapy
Employer: Sumter County
Surgery: NO
Body Part: HIP
Injury: Hip (Groin) or Thigh Sprain / Strain /

Attendance Verification of all visits for this claim begins on page 2.

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WWW.ALIGNNETWORKS.COM



ALIGN NETWORKS

FAX / EMAIL Confidential - 9/12/2011 10:40:14 AM

Patient Name: Oliver Willey

Please note that visits marked with an "OA" have been attended over authorization. We have advised the clinic that payment cannot be guaranteed without authorization for treatment. Unless authorization is given, you will not be responsible for any payments for those dates of service.

Visit	OverAuth	Date	Day	Attendance	Procedure
1		Aug 10 2011 11:30 AM	Wednesday	Yes	Physical Therapy
2		Aug 12 2011 09:00 AM	Friday	Yes	Physical Therapy
3		Aug 16 2011 09:00 AM	Tuesday	Yes	Physical Therapy
4		Aug 18 2011 09:00 AM	Thursday	Yes	Physical Therapy
5		Aug 23 2011 09:00 AM	Tuesday	Yes	Physical Therapy
6		Aug 25 2011 09:00 AM	Thursday	Yes	Physical Therapy
7		Aug 30 2011 09:00 AM	Tuesday	Yes	Physical Therapy
8		Sep 01 2011 09:00 AM	Thursday	Yes	Physical Therapy
9		Sep 06 2011 09:00 AM	Tuesday	Yes	Physical Therapy
10		Sep 08 2011 09:00 AM	Thursday	Yes	Physical Therapy

Thank you for choosing Align Networks. Visit us on the web at
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FAX / EMAIL Confidential - 9/12/2011 3:50:55 PM

Attn: No Name No Name

NEEDS FOLLOW UP - Align Networks Re-auth Request - Claim #: 580000232489, Oliver Wiley

From: Amber Panjwani

Fax Number: (904)309-8943

Business Phone: (866)389-0211 (643)

Email: ReAuthReq@alignnetworks.com

Attached is the new prescription and progress summary for patient: Oliver Wiley
Please review and advise on authorization.

Patient Information:

Name: Oliver Wiley
Addr1: 2477 B Peach Orchard Rd.
Addr2: SUMTER, SC 29154
Phone: (803) 236-0839
Cell: (803) 499-4025
Working: --
CM Fax:
Treating Dr.: Dr. Danny H. Ford
Dr. Phone: (803) 774-7621
Dr. Fax: (803) 774-7631

Referral Information:

Date: 8/3/2011
Nurse/CM:
Phone:
Phone:

Payor Information:

Name: COMPANION PROPERTY & CASUALTY
Adjuster: No Name No Name
Phone: x
Fax:

Injury Information:

State: SC
ICD-9: 719.45
Procedure: Physical Therapy
Diagnosis:
Surgery: NO
Body Part: HIP Left
Injury Date: 4/14/2011
Injury: Hip (Groin) or Thigh Sprain / Strain /
Contusion Left

Provider Information:

Name: Progressive Physical Therapy (SC)
Addr1: 2475 Broad St
Addr2: Sumter, SC 29150
Phone: (803) 934-8470

Employer Information:

Name: Sumter County
Address:



FAX / EMAIL Confidential - 9/12/2011 3:50:55 PM

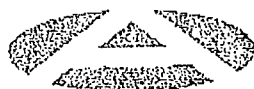
Patient Name: Oliver Willey

Please note that visits marked with an "OA" have been attended over authorization. We have advised the clinic that payment cannot be guaranteed without authorization for treatment. Unless authorization is given, you will not be responsible for any payments for those dates of service.

Visit	Over Auth	Date	Day	Attendance	Procedure
EVAL		Aug 10 2011 11:30 AM	Wednesday	Yes	Physical Therapy
1		Aug 12 2011 09:00 AM	Friday	Yes	Physical Therapy
2		Aug 16 2011 09:00 AM	Tuesday	Yes	Physical Therapy
3		Aug 18 2011 09:00 AM	Thursday	Yes	Physical Therapy
4		Aug 23 2011 09:00 AM	Tuesday	Yes	Physical Therapy
5		Aug 25 2011 09:00 AM	Thursday	Yes	Physical Therapy
6		Aug 30 2011 09:00 AM	Tuesday	Yes	Physical Therapy
7		Sep 01 2011 09:00 AM	Thursday	Yes	Physical Therapy
8		Sep 06 2011 09:00 AM	Tuesday	Yes	Physical Therapy
9		Sep 08 2011 09:00 AM	Thursday	Yes	Physical Therapy

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ALIGN NETWORKS

FAX / EMAIL Confidential - 9/14/2011 5:42:12 PM

NEEDS FOLLOW UP - Align Networks Clinical Review Summary - Claim #: 580000232489, Oliver Wiley

Attn: No Name No Name

Align Networks has completed a Clinical Case Review for the following patient:

Patient: Oliver Wiley
Claim #: 580000232489

Attached is the copy of the clinical case review summary.

If you have any questions, or would like to discuss the case with the reviewing physical therapist, please contact the clinical review department.

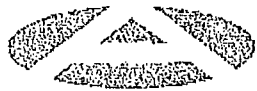
Important Note:

The Align Clinical Review is a peer courtesy review, rendering a professional recommendation only. Align is not certified to make any final decisions on authorization or denial of continued therapy. Align Networks will not stop therapy or deny care without explicit authorization from the claims adjuster and/or case manager.

Chelsea Horne
chorne@alignnetworks.com
(866)389-0211 (637)

Thank you for choosing Align Networks. Visit us on the web at
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ALIGN NETWORKS

FAX / EMAIL Confidential - 9/19/2011 2:13:09 PM

Align Networks - Clinical Follow Up: 680000232489, Oliver Wiley

Patient: Oliver Wiley

We previously forwarded our clinical summary findings for your review on: 9/14/2011

Our findings recommended:

Injury: Hip (Groin) or Thigh Sprain / Strain / Contusion Left

Injury Other:

Body Part: HIP Left

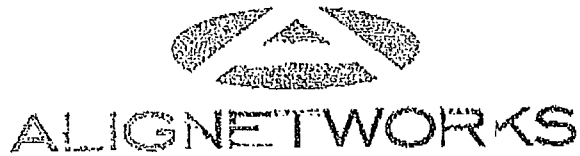
Visit Guideline for Injury: 12

Total therapy visits attended: 10

Last confirmed appointment date: 9/8/2011

Please advise how you would like to proceed.

Chelsea Horne
chorne@alignnetworks.com
(866)389-0211 (637)



FAX / EMAIL Confidential - 9/27/2011 10:09:24 PM

To: No Name No Name
Subject: Align Networks, Ref.Status - Claim #: 580000232489, Wiley

From: Visit Management
Fax Number: (904) 998-0299
Business Phone: (866) 389-0211
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: Oliver Wiley

Patient Information:

Name: Oliver Wiley
Phone: (803) 236-0839
Cell: (803) 499-4025
Claim #: 580000232489
Treating Dr.: Dr. Danny H. Ford
Dr. Phone: (803) 774-7621
Injury Date: 4/14/2011

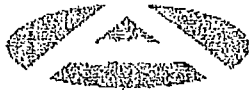
As of: 9/27/2011

Total Visits Attended: 12
Visits Scheduled: 2
Authorized Visits Remaining: 4

Injury Information:

State: SC
ICD9: 719.45
Procedure: Physical Therapy
Employer: Sumter County
Surgery: NO
Body Part: HIP
Injury: Hip (Groin) or Thigh Sprain / Strain / Contusion

Attendance Verification of all visits for this claim begins on page 2.



ALIGN NETWORKS

FAX / EMAIL Confidential - 9/27/2011 10:09:24 PM

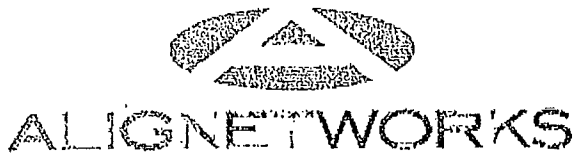
Patient Name: Oliver Wiley

Please note that visits marked with an "OA" have been attended over authorization. We have advised the clinic that payment cannot be guaranteed without authorization for treatment. Unless authorization is given, you will not be responsible for any payments for those dates of service.

Visit	Over Auth	Date	Day	Attendance	Procedure
Eval		Aug 10 2011 11:30 AM	Wednesday	Yes	Physical Therapy
1		Aug 12 2011 09:00 AM	Friday	Yes	Physical Therapy
2		Aug 16 2011 09:00 AM	Tuesday	Yes	Physical Therapy
3		Aug 18 2011 09:00 AM	Thursday	Yes	Physical Therapy
4		Aug 23 2011 09:00 AM	Tuesday	Yes	Physical Therapy
5		Aug 25 2011 09:00 AM	Thursday	Yes	Physical Therapy
6		Aug 30 2011 09:00 AM	Tuesday	Yes	Physical Therapy
7		Sep 01 2011 09:00 AM	Thursday	Yes	Physical Therapy
8		Sep 06 2011 09:00 AM	Tuesday	Yes	Physical Therapy
9		Sep 08 2011 09:00 AM	Thursday	Yes	Physical Therapy
10		Sep 20 2011 09:00 AM	Tuesday	Yes	Physical Therapy
11		Sep 23 2011 09:00 AM	Friday	Yes	Physical Therapy
12		Sep 27 2011 09:00 AM	Tuesday	Pending	Physical Therapy
13		Sep 29 2011 09:00 AM	Thursday	Pending	Physical Therapy

Thank you for choosing Align Networks. Visit us on the web at
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FAX / EMAIL Confidential - 9/29/2011 4:00:17 PM

To: No Name No Name, Dr. Danny H. Ford
Subject: Align Networks, Ref. Status with Progress File - Claim #: 580000232489, Willey

From: Visit Management
Fax Number: (904) 998-0299
Business Phone: (866) 389-0211
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: Oliver Willey

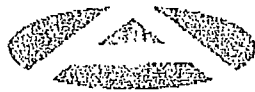
Patient Information:

Name: Oliver Willey
Phone: (803) 236-0839
Cell: (803) 499-4025
Claim #: 580000232489
Treating Dr.: Dr. Danny H. Ford
Dr. Phone: (803) 774-7621
Injury Date: 4/14/2011
As of: 9/29/2011
Total Visits Attended: 12
Visits Scheduled: 2
Authorized Visits Remaining: 4

Injury Information:

State: SC
ICD9: 719.45
Procedure: Physical Therapy
Employer: Sumter County
Surgery: NO
Body Part: HIP
Injury: Hip (Groin) or Thigh Sprain / Strain /

Attendance Verification of all visits for this claim begins on page 2.



ALIGN NETWORKS

FAX / EMAIL Confidential - 9/29/2011 4:00:17 PM

Patient Name: Oliver Wiley

Please note that visits marked with an "OA" have been attended over authorization. We have advised the clinic that payment cannot be guaranteed without authorization for treatment. Unless authorization is given, you will not be responsible for any payments for those dates of service.

Visit	OverAuth	Date	Day	Attendance	Procedure
EVAL		Aug 10 2011 11:30 AM	Wednesday	Yes	Physical Therapy
1		Aug 12 2011 09:00 AM	Friday	Yes	Physical Therapy
2		Aug 16 2011 09:00 AM	Tuesday	Yes	Physical Therapy
3		Aug 18 2011 09:00 AM	Thursday	Yes	Physical Therapy
4		Aug 23 2011 09:00 AM	Tuesday	Yes	Physical Therapy
5		Aug 25 2011 09:00 AM	Thursday	Yes	Physical Therapy
6		Aug 30 2011 09:00 AM	Tuesday	Yes	Physical Therapy
7		Sep 01 2011 09:00 AM	Thursday	Yes	Physical Therapy
8		Sep 06 2011 09:00 AM	Tuesday	Yes	Physical Therapy
9		Sep 08 2011 09:00 AM	Thursday	Yes	Physical Therapy
10		Sep 20 2011 09:00 AM	Tuesday	Yes	Physical Therapy
11		Sep 23 2011 09:00 AM	Friday	Yes	Physical Therapy
12		Sep 27 2011 09:00 AM	Tuesday	Pending	Physical Therapy
13		Sep 29 2011 09:00 AM	Thursday	Pending	Physical Therapy



Please send a recent progress summary with objective measurements. Please fax or email: 904-309-8942 or requests@alignnetworks.com

Patient Progress Note (needed every 2 weeks)

Provider Name: Progressive Physical Therapy Patient's Name: Oliver Wiley
 Today's Date: Tuesday, September 27, 2011 Claim #: 580000232489
 DOB: 7/22/1972 Surgery Date:
 Eval Date: 8/10/2011 11:30:00 AM Service: Physical Therapy
 Diagnosis: Hip (Groin) or Thigh Sprain /

Joint:	Eval Date	Re-Assess:	Re-Assess:	Joint:	Eval Date	Re-Assess:	Re-Assess:
AROM/PROM	8/10/11	9/29/11	1/1	STRENGTH	8/10/11	9/29/11	1/1
✓	WNL	WNL		✓	4/5	4/5	
✓	WNL	WNL		✓	4+/5	4/5	
ABB	WNL	WNL		ABB	4+/5	4/5	
A/D	1.25%	WNL		ADD	3+/5	4/5	
IR/ER	1.25%	WNL		IR/ER	3+/5	4/5/3/5	
PAIN LEVEL							

Progress toward work related goals: Currently working to w s/s as well as (RH)
 ^ flexion, strength & endurance. (Pt was demonstrating ^ strength & ↓ s/s over past
 previous visit. Since last visit 9/27/11 pt reports s/s catenings)
 Remaining Deficits: Pt complains of sharp pain remaining to (L) hip down (L) LE to
 entire foot & numbness & tingling.
 New Goals: Cont. to original goals from eval.

Summary of treatment provided: Ther exp, manual therapy, E-stim, & functional exercise

Co-morbidities slowing progress: ☐ Diabetes/Metabolic Disease ☐ Infection ☐ Scarring ☐ Stroke
☐ Auto-Immune Disease ☐ Morbid Obesity ☐ Heart Disease ☐ Pregnancy ☐ Osteoporosis

Recommendations:

☒ Cont Current POC with current authorization L Visits remaining

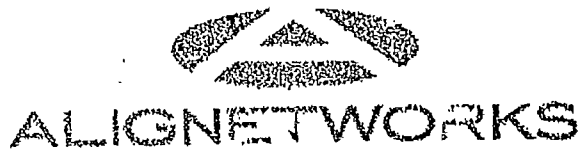
☐ Recommend Continued therapy x-wk-for wks** (NEW RX REQUIRED BY MD)

☐ Discharge % Goals Met ☐ D/C - poor compliance | ☐ D/C - plateau - f/u MD

Plan for D/C < 2 wks ☐ 2-4 wks ☐ 4-6 wks ☐ > 6 wks ☐ D/C expected w/in requested auth? Y/N

Therapist Name: Dave Wilson PTF Signature: [Signature] PTA Date: 9.29.11

**If Provider recommending additional therapy, provider must obtain MD RX and submit to Align.



Please send a recent progress summary with objective measurements. Please fax or email: 904-309-8942 or requests@alignnetworks.com

Patient Progress Note (needed every 2 weeks)

Provider Name: Progressive Physical Therapy
Today's Date: Wednesday, October 12, 2011
DOB: 7/22/1972
Eval Date: 8/10/2011 11:30:00 AM
Diagnosis: Hip (Groin) or Thigh Sprain /

Patient's Name: Oliver Wiley
Claim #: 580000232489
Surgery Date:
Service: Physical Therapy

Joint	Eval Date	Re-Assess	Re-Assess	Joint	Eval Date	Re-Assess	Re-Assess
ROM/FROM	8/10/11	10/13/11	1/1/11	STRENGTH	8/10/11	1/1/11	1/1/11
② Hip	✓	✓	✓	② Hip	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓
ABB	✓	✓	✓	ABB	✓	✓	✓
ADD	✓	✓	✓	ADD	✓	✓	✓
IR/ER	✓	✓	✓	IR/ER	✓	✓	✓
RAIN LEVEL	✓	✓	✓				

Progress toward work related goals: *pt currently working toward current goals & progression to date 2° S/S.*
Remaining Deficits: *pt complains of burning, numbness, tingle in ② hip → ② toes*
② hip strength is still not NNL
New Goals: *Can't meet original goals & J/D orders additional therapy.*

Summary of treatment provided: *rel ex, manual therapy, US, functional exercises*

Co-morbidities slowing progress: ☐ Diabetes/Metabolic Disease ☐ Infection ☐ Scarring ☐ Stroke
☐ Auto-Immune Disease ☐ Morbid Obesity ☐ Heart Disease ☐ Pregnancy ☐ Osteoporosis

Recommendations:

☐ Cont Current POC with current authorization; Visits remaining
☒ Recommend Continued therapy *2* x-wk for *2* wks** (NEW RX REQUIRED BY MD)

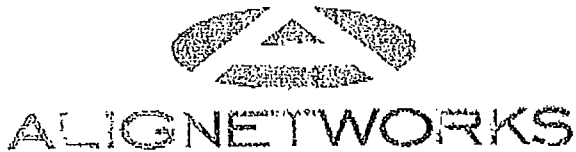
☐ Discharge % Goals Met ☐ D/C - poor compliance ☐ D/C - plateau - f/u MD

Plan for D/C < 2 wks ☐ 2-4 wks ☐ 4-6 wks ☐ > 6 wks ☐ D/C expected w/in requested auth? Y/N

Therapist Name: *Dave Wilson* Signature: *[Signature]* PTA Date: *10-13-11*

**If Provider recommending additional therapy, provider must obtain MD RX and submit to Align.

→ *pt appears to have reached Max potential & therapy to date. Further investigation may reveal a more severe pathology.*



FAX / EMAIL Confidential - 10/17/2011 12:10:11 PM

To: Colleen Motley, Burdetta Miller, Dr. Danny H. Ford
Subject: Align Networks, Ref.Status with Progress File - Claim #: 580000232489, Wiley

From: Visit Management
Fax Number: (904)998-0299
Business Phone: (866) 389-0211
Email: VisitManagement@alignnetworks.com

Attached is the status update for patient: Oliver Wiley

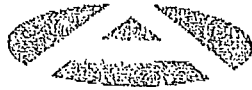
Patient Information:

Name: Oliver Wiley
Phone: (803) 236-0839
Cell: (803) 499-4025
Claim #: 580000232489
Treating Dr.: Dr. Danny H. Ford
Dr. Phone: (803) 774-7621
Injury Date: 4/14/2011
As of: 10/17/2011
Total Visits Attended: 18
Visits Scheduled: 0
Authorized Visits Remaining: 0

Injury Information:

State: SC
ICD9: 719.45
Procedure: Physical Therapy
Employer: Sumter County
Surgery: NO
Body Part: HIP
Injury: Hip (Groin) or Thigh Sprain / Strain /

Attendance Verification of all visits for this claim begins on page 2.



ALIGN NETWORKS

FAX / EMAIL Confidential - 10/17/2011 12:10:11 PM

Patient Name: Oliver Wiley

Please note that visits marked with an "OA" have been attended over authorization. We have advised the clinic that payment cannot be guaranteed without authorization for treatment. Unless authorization is given, you will not be responsible for any payments for those dates of service.

Visit	OverAuth	Date	Day	Attendance	Procedure
EVAL		Aug 10 2011 11:30 AM	Wednesday	Yes	Physical Therapy
1		Aug 12 2011 09:00 AM	Friday	Yes	Physical Therapy
2		Aug 16 2011 09:00 AM	Tuesday	Yes	Physical Therapy
3		Aug 18 2011 09:00 AM	Thursday	Yes	Physical Therapy
4		Aug 23 2011 09:00 AM	Tuesday	Yes	Physical Therapy
5		Aug 25 2011 09:00 AM	Thursday	Yes	Physical Therapy
6		Aug 30 2011 09:00 AM	Tuesday	Yes	Physical Therapy
7		Sep 01 2011 09:00 AM	Thursday	Yes	Physical Therapy
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11		Sep 23 2011 09:00 AM	Friday	Yes	Physical Therapy
12		Sep 27 2011 09:00 AM	Tuesday	Yes	Physical Therapy
13		Sep 29 2011 09:00 AM	Thursday	Yes	Physical Therapy
14		Oct 04 2011 09:00 AM	Tuesday	Yes	Physical Therapy
15		Oct 06 2011 09:00 AM	Thursday	Yes	Physical Therapy
16		Oct 11 2011 09:00 AM	Tuesday	Yes	Physical Therapy
17		Oct 13 2011 09:00 AM	Thursday	Yes	Physical Therapy



medical affiliates

Doctors Care Radiology Form

X-Ray Interpretation and Review



X-Ray #:

-0357

Office:

Summer

Patient Name:

Wiley, D. W.

Requesting Provider:

Camp

Operator's Signature:

JC

Films Taken:

- ☐ Abdomen, 1V, 74000
- ☐ Abdomen, 3V, 74022
- ☐ Ankle, 3V, 73610
- ☐ C-Spine, 3V, 72040
- ☐ C-Spine, 5V, 72050
- ☐ Chest, 1V, 71010
- ☐ Chest, 2V, 71020
- ☐ Clav, 2V, 73000
- ☐ Coccyx, 2V, 72220
- ☐ Elbow, 2V, 73070
- ☐ Elbow, 4V, 73080
- ☐ Femur, 2V, 73550

- ☐ Finger, 3V, 73140
- ☐ Foot, 2V, 73620
- ☐ Foot, 3V, 73630
- ☐ Foot-FB, 2V, 73620
- ☐ Forearm, 2V, 73090
- ☐ Hand, 2V, 73120
- ☐ Hand, 3V, 73130
- ☒ Hip, 2V, 73510
- ☐ Humerus, 2V, 73080
- ☐ Knee, 2V, 73560
- ☐ Knee & Sun, 3+1, 73564
- ☐ Knee & Tun, 3+1, 73564

- ☐ LS-Spine, 3V, 72100
- ☐ Mandible, 3V, 70100
- ☐ Nasal, 3V, 70160
- ☐ Neck-ST, 2V, 70360
- ☐ Osgood-Schlatter, 2V, 73650
- ☐ Pelvis, 1V, 72170
- ☐ Ribs, 4V, 71101
- ☐ Ribs-Bilat, 4-5V, 71111
- ☐ Sacrum, 2V, 72220
- ☐ Scapula, 2V, 73010
- ☐ Shoulder AC, 2V, 73050
- ☐ Shoulder, 2V, 73030

- ☐ Sinuses, 2V, 70210
- ☐ Sinuses, 3V, 70220
- ☐ Skull, 2V, 70250
- ☐ Skull, 4V, 70260
- ☐ T-Spine, 2V, 72070
- ☐ Thumb, 3V, 73140
- ☐ Tib & Fib, 2V, 73590
- ☐ Toes, 3V, 73680
- ☐ Wrist, 2V, 73100
- ☐ Wrist w/ Nav, 3-5, 73110
- ☐ Add View, 1V, 70001

☐ Unlisted X-Ray Description:

of Views:

Code:

Doctors Care Practitioner Interpretation:

no fx

Practitioner Signature:

[Signature]

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

Questions for Radiologist:

Do you agree with practitioner's initial impression?

☒ Yes

☐ No

Do you consider the x-ray(s) normal?

☒ Yes

☐ No

Do you see significant findings not noted by practitioner?

☐ Yes

☐ No

If high risk, please notify office immediately by phone and fax.

Additional Practitioner Questions:

Radiologist Response:

Radiologist Name:

[Signature]

Radiologist Signature:

[Signature]

Date of Review:

8/14/11

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

Doctors Care Follow-Up:

Report Reviewed By Doctors Care Practitioner:

Signature:

Date:

Further action required?

☐ Yes

☐ No

Patient notified?

☐ Yes

☐ No

If yes to either question, follow up steps initiated (describe):

Sumter County Government - 13 East Canal Street - Sumter, S C 29150

Workers' Compensation Authorization

The injured employee should present this form to the doctor hospital or clinic when reporting for an appointment

This form provided by Sumter County Government authorizes the first visit and first prescription related to the accident described below. The Department Head/Supervisor should give initial authorization. The Claims Administrator Companion TPA, must give further authorization. Their phone number is 1 800-845 2724. Claims Adjusters and their extensions are: Cherry Taylor, ext 44013 Lisa Branham, ext 46012 Janet Cook, ext 46355

If the Claims Administrator is unavailable please call the Sumter County's W/C Claims Coordinator Sandra Williams-Brailsford, at PH # 1-803 436-2103 FAX # 1 803-436-2108

Employee Oliver, W. Lee Department SL RDC

DOB 7-22-72 Social Security # 247-43-0598

Accident Date 4-14-11 Type of Injury Left hip

Contact/Supervisor Maj. McHane, y Phone # 436-2343

Send bills and medical reports (including release to return to work) to
Companion Third Party Administrator, LLC
PO Box 100159
Columbia, SC 29202
(P) 1-800-845-2724 (F) 1-800-290-1858

RETURN TO WORK

(To be completed by Doctor after employee's examine)

Medical Clinic or Office

Phone

Date of First Treatment

Diagnosis

Date of Accident and Description of Accident Per Employee

Please advise

- * Employee IS ABLE to return to regular duties at this time
- * Employee IS ABLE to return to work with the following restrictions
per sheet
- * Employee IS UNABLE to return to work until

Projected Dates of Return to Regular Duties

Light Duties 4-14-11

Next Appointment Date/Time

Physician's Signature

Date

Case Sumter
2475 Broad Street
Sumter SC 29150
80 778 6555
Mon Fri 8am 8pm
Sat & Sun 10am 6pm

Time In: / Time Out

EXAM ROOM TIME

CHECKOUT TIME

37179

04/29/11

11:00am

PT SUMTER,

107-5945

1077552

7

NAME & ADDRESS

FRIDAY

WILEY, OLIVER

B

2477 PEACH ORCHARD RD

SUMTER, SC 29154

803-499-4025

WRK:

INSURED: WILEY, OLIVER

INS: WC/ALIGN NETWORKS

REASON: FOLLOW UP LEFT PELVIS / HIP / THIG

NICKNAME:

DOB: 07/22/1972 (38 years

GENDER: M

IBG:

FCL: 6

CELL: 803-236-0839

RELATION: OTHER

COPAY:

INSURANCE BALANCE \$571.00

ACCOUNT BALANCE \$571.00

CURRENT CHARGES 300

AMOUNT PAID

NEW BALANCE 871

CASH CREDIT MO. CREDIT

PROCEDURE	CPT	FEE
☐ Evaluation	97001	
☐ OT Evaluation	97002	
☐ Functional Capacity Evaluation	97750	
☐ Physical Performance Test	97750.1	
☐ Work Hardening, 2 hours	97545	
☐ Work Hardening, add'l 1 hour	97546	
☐ Acc. Sports Ach. Program	ASAP	
☐ Strength	STRENGTH	
☐ SFCP	SFCP	
☐ Paraffin Bath	97018	
☐ Whirlpool	97022	
☐ Ultrasound, 15 mins.	97035	
☐ Iontophoresis, 15 mins.	97033	
☐ Infrared / LLLT, 15 mins.	97026	
☒ Therapeutic Exercise, 15 mins.	97110	275
☐ Functional Activities, 15 mins.	97530	
☒ Electrical Stim. (manual), 15 mins.	97032	25
☐ Massage, 15 mins.	97124	
☐ Manual Therapy	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins.	97112	
☐ Gait Training, 15 mins.	97116	
☐ Self Care Training, 15 mins.	97535	
☐ TENS Set Up	64550	
☐ ROM Measure & Report	95851	
☐ Other / Supplies	99070	

(S) at State of South Carolina
a public act
O: AF - frequency exercises
note (see daily log for
Ls, Fx, P, etc. etc.)
O: to 1) 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z, 1AA, 1AB, 1AC, 1AD, 1AE, 1AF, 1AG, 1AH, 1AI, 1AJ, 1AK, 1AL, 1AM, 1AN, 1AO, 1AP, 1AQ, 1AR, 1AS, 1AT, 1AU, 1AV, 1AW, 1AX, 1AY, 1AZ, 1BA, 1BB, 1BC, 1BD, 1BE, 1BF, 1BG, 1BH, 1BI, 1BJ, 1BK, 1BL, 1BM, 1BN, 1BO, 1BP, 1BQ, 1BR, 1BS, 1BT, 1BU, 1BV, 1BW, 1BX, 1BY, 1BZ, 1CA, 1CB, 1CC, 1CD, 1CE, 1CF, 1CG, 1CH, 1CI, 1CJ, 1CK, 1CL, 1CM, 1CN, 1CO, 1CP, 1CQ, 1CR, 1CS, 1CT, 1CU, 1CV, 1CW, 1CX, 1CY, 1CZ, 1DA, 1DB, 1DC, 1DD, 1DE, 1DF, 1DG, 1DH, 1DI, 1DJ, 1DK, 1DL, 1DM, 1DN, 1DO, 1DP, 1DQ, 1DR, 1DS, 1DT, 1DU, 1DV, 1DW, 1DX, 1DY, 1DZ, 1EA, 1EB, 1EC, 1ED, 1EE, 1EF, 1EG, 1EH, 1EI, 1EJ, 1EK, 1EL, 1EM, 1EN, 1EO, 1EP, 1EQ, 1ER, 1ES, 1ET, 1EU, 1EV, 1EW, 1EX, 1EY, 1EZ, 1FA, 1FB, 1FC, 1FD, 1FE, 1FF, 1FG, 1FH, 1FI, 1FJ, 1FK, 1FL, 1FM, 1FN, 1FO, 1FP, 1FQ, 1FR, 1FS, 1FT, 1FU, 1FV, 1FW, 1FX, 1FY, 1FZ, 1GA, 1GB, 1GC, 1GD, 1GE, 1GF, 1GG, 1GH, 1GI, 1GJ, 1GK, 1GL, 1GM, 1GN, 1GO, 1GP, 1GQ, 1GR, 1GS, 1GT, 1GU, 1GV, 1GW, 1GX, 1GY, 1GZ, 1HA, 1HB, 1HC, 1HD, 1HE, 1HF, 1HG, 1HH, 1HI, 1HJ, 1HK, 1HL, 1HM, 1HN, 1HO, 1HP, 1HQ, 1HR, 1HS, 1HT, 1HU, 1HV, 1HW, 1HX, 1HY, 1HZ, 1IA, 1IB, 1IC, 1ID, 1IE, 1IF, 1IG, 1IH, 1II, 1IJ, 1IK, 1IL, 1IM, 1IN, 1IO, 1IP, 1IQ, 1IR, 1IS, 1IT, 1IU, 1IV, 1IW, 1IX, 1IY, 1IZ, 1JA, 1JB, 1JC, 1JD, 1JE, 1JF, 1JG, 1JH, 1JI, 1JJ, 1JK, 1JL, 1JM, 1JN, 1JO, 1JP, 1JQ, 1JR, 1JS, 1JT, 1JU, 1JV, 1JW, 1JX, 1JY, 1JZ, 1KA, 1KB, 1KC, 1KD, 1KE, 1KF, 1KG, 1KH, 1KI, 1KJ, 1KK, 1KL, 1KM, 1KN, 1KO, 1KP, 1KQ, 1KR, 1KS, 1KT, 1KU, 1KV, 1KW, 1KX, 1KY, 1KZ, 1LA, 1LB, 1LC, 1LD, 1LE, 1LF, 1LG, 1LH, 1LI, 1LJ, 1LK, 1LL, 1LM, 1LN, 1LO, 1LP, 1LQ, 1LR, 1LS, 1LT, 1LU, 1LV, 1LW, 1LX, 1LY, 1LZ, 1MA, 1MB, 1MC, 1MD, 1ME, 1MF, 1MG, 1MH, 1MI, 1MJ, 1MK, 1ML, 1MM, 1MN, 1MO, 1MP, 1MQ, 1MR, 1MS, 1MT, 1MU, 1MV, 1MW, 1MX, 1MY, 1MZ, 1NA, 1NB, 1NC, 1ND, 1NE, 1NF, 1NG, 1NH, 1NI, 1NJ, 1NK, 1NL, 1NM, 1NN, 1NO, 1NP, 1NQ, 1NR, 1NS, 1NT, 1NU, 1NV, 1NW, 1NX, 1NY, 1NZ, 1OA, 1OB, 1OC, 1OD, 1OE, 1OF, 1OG, 1OH, 1OI, 1OJ, 1OK, 1OL, 1OM, 1ON, 1OO, 1OP, 1OQ, 1OR, 1OS, 1OT, 1OU, 1OV, 1OW, 1OX, 1OY, 1OZ, 1PA, 1PB, 1PC, 1PD, 1PE, 1PF, 1PG, 1PH, 1PI, 1PJ, 1PK, 1PL, 1PM, 1PN, 1PO, 1PP, 1PQ, 1PR, 1PS, 1PT, 1PU, 1PV, 1PW, 1PX, 1PY, 1PZ, 1QA, 1QB, 1QC, 1QD, 1QE, 1QF, 1QG, 1QH, 1QI, 1QJ, 1QK, 1QL, 1QM, 1QN, 1QO, 1QP, 1QQ, 1QR, 1QS, 1QT, 1QU, 1QV, 1QW, 1QX, 1QY, 1QZ, 1RA, 1RB, 1RC, 1RD, 1RE, 1RF, 1RG, 1RH, 1RI, 1RJ, 1RK, 1RL, 1RM, 1RN, 1RO, 1RP, 1RQ, 1RR, 1RS, 1RT, 1RU, 1RV, 1RW, 1RX, 1RY, 1RZ, 1SA, 1SB, 1SC, 1SD, 1SE, 1SF, 1SG, 1SH, 1SI, 1SJ, 1SK, 1SL, 1SM, 1SN, 1SO, 1SP, 1SQ, 1SR, 1SS, 1ST, 1SU, 1SV, 1SW, 1SX, 1SY, 1SZ, 1TA, 1TB, 1TC, 1TD, 1TE, 1TF, 1TG, 1TH, 1TI, 1TJ, 1TK, 1TL, 1TM, 1TN, 1TO, 1TP, 1TQ, 1TR, 1TS, 1TT, 1TU, 1TV, 1TW, 1TX, 1TY, 1TZ, 1UA, 1UB, 1UC, 1UD, 1UE, 1UF, 1UG, 1UH, 1UI, 1UJ, 1UK, 1UL, 1UM, 1UN, 1UO, 1UP, 1UQ, 1UR, 1US, 1UT, 1UU, 1UV, 1UW, 1UX, 1UY, 1UZ, 1VA, 1VB, 1VC, 1VD, 1VE, 1VF, 1VG, 1VH, 1VI, 1VJ, 1VK, 1VL, 1VM, 1VN, 1VO, 1VP, 1VQ, 1VR, 1VS, 1VT, 1VU, 1VV, 1VW, 1VX, 1VY, 1VZ, 1WA, 1WB, 1WC, 1WD, 1WE, 1WF, 1WG, 1WH, 1WI, 1WJ, 1WK, 1WL, 1WM, 1WN, 1WO, 1WP, 1WQ, 1WR, 1WS, 1WT, 1WU, 1WV, 1WW, 1WX, 1WY, 1WZ, 1XA, 1XB, 1XC, 1XD, 1XE, 1XF, 1XG, 1XH, 1XI, 1XJ, 1XK, 1XL, 1XM, 1XN, 1XO, 1XP, 1XQ, 1XR, 1XS, 1XT, 1XU, 1XV, 1XW, 1XX, 1XY, 1XZ, 1YA, 1YB, 1YC, 1YD, 1YE, 1YF, 1YG, 1YH, 1YI, 1YJ, 1YK, 1YL, 1YM, 1YN, 1YO, 1YP, 1YQ, 1YR, 1YS, 1YT, 1YU, 1YV, 1YW, 1YX, 1YY, 1YZ, 1ZA, 1ZB, 1ZC, 1ZD, 1ZE, 1ZF, 1ZG, 1ZH, 1ZI, 1ZJ, 1ZK, 1ZL, 1ZM, 1ZN, 1ZO, 1ZP, 1ZQ, 1ZR, 1ZS, 1ZT, 1ZU, 1ZV, 1ZW, 1ZX, 1ZY, 1ZZ, 1AA, 1AB, 1AC, 1AD, 1AE, 1AF, 1AG, 1AH, 1AI, 1AJ, 1AK, 1AL, 1AM, 1AN, 1AO, 1AP, 1AQ, 1AR, 1AS, 1AT, 1AU, 1AV, 1AW, 1AX, 1AY, 1AZ, 1BA, 1BB, 1BC, 1BD, 1BE, 1BF, 1BG, 1BH, 1BI, 1BJ, 1BK, 1BL, 1BM, 1BN, 1BO, 1BP, 1BQ, 1BR, 1BS, 1BT, 1BU, 1BV, 1BW, 1BX, 1BY, 1BZ, 1CA, 1CB, 1CC, 1CD, 1CE, 1CF, 1CG, 1CH, 1CI, 1CJ, 1CK, 1CL, 1CM, 1CN, 1CO, 1CP, 1CQ, 1CR, 1CS, 1CT, 1CU, 1CV, 1CW, 1CX, 1CY, 1CZ, 1DA, 1DB, 1DC, 1DD, 1DE, 1DF, 1DG, 1DH, 1DI, 1DJ, 1DK, 1DL, 1DM, 1DN, 1DO, 1DP, 1DQ, 1DR, 1DS, 1DT, 1DU, 1DV, 1DW, 1DX, 1DY, 1DZ, 1EA, 1EB, 1EC, 1ED, 1EE, 1EF, 1EG, 1EH, 1EI, 1EJ, 1EK, 1EL, 1EM, 1EN, 1EO, 1EP, 1EQ, 1ER, 1ES, 1ET, 1EU, 1EV, 1EW, 1EX, 1EY, 1EZ, 1FA, 1FB, 1FC, 1FD, 1FE, 1FF, 1FG, 1FH, 1FI, 1FJ, 1FK, 1FL, 1FM, 1FN, 1FO, 1FP, 1FQ, 1FR, 1FS, 1FT, 1FU, 1FV, 1FW, 1FX, 1FY, 1FZ, 1GA, 1GB, 1GC, 1GD, 1GE, 1GF, 1GG, 1GH, 1GI, 1GJ, 1GK, 1GL, 1GM, 1GN, 1GO, 1GP, 1GQ, 1GR, 1GS, 1GT, 1GU, 1GV, 1GW, 1GX, 1GY, 1GZ, 1HA, 1HB, 1HC, 1HD, 1HE, 1HF, 1HG, 1HH, 1HI, 1HJ, 1HK, 1HL, 1HM, 1HN, 1HO, 1HP, 1HQ, 1HR, 1HS, 1HT, 1HU, 1HV, 1HW, 1HX, 1HY, 1HZ, 1IA, 1IB, 1IC, 1ID, 1IE, 1IF, 1IG, 1IH, 1II, 1IJ, 1IK, 1IL, 1IM, 1IN, 1IO, 1IP, 1IQ, 1IR, 1IS, 1IT, 1IU, 1IV, 1IW, 1IX, 1IY, 1IZ, 1JA, 1JB, 1JC, 1JD, 1JE, 1JF, 1JG, 1JH, 1JI, 1JJ, 1JK, 1JL, 1JM, 1JN, 1JO, 1JP, 1JQ, 1JR, 1JS, 1JT, 1JU, 1JV, 1JW, 1JX, 1JY, 1JZ, 1KA, 1KB, 1KC, 1KD, 1KE, 1KF, 1KG, 1KH, 1KI, 1KJ, 1KK, 1KL, 1KM, 1KN, 1KO, 1KP, 1KQ, 1KR, 1KS, 1KT, 1KU, 1KV, 1KW, 1KX, 1KY, 1KZ, 1LA, 1LB, 1LC, 1LD, 1LE, 1LF, 1LG, 1LH, 1LI, 1LJ, 1LK, 1LM, 1LN, 1LO, 1LP, 1LQ, 1LR, 1LS, 1LT, 1LU, 1LV, 1LW, 1LX, 1LY, 1LZ, 1MA, 1MB, 1MC, 1MD, 1ME, 1MF, 1MG, 1MH, 1MI, 1MJ, 1MK, 1ML, 1MM, 1MN, 1MO, 1MP, 1MQ, 1MR, 1MS, 1MT, 1MU, 1MV, 1MW, 1MX, 1MY, 1MZ, 1NA, 1NB, 1NC, 1ND, 1NE, 1NF, 1NG, 1NH, 1NI, 1NJ, 1NK, 1NL, 1NM, 1NN, 1NO, 1NP, 1NQ, 1NR, 1NS, 1NT, 1NU, 1NV, 1NW, 1NX, 1NY, 1NZ, 1OA, 1OB, 1OC, 1OD, 1OE, 1OF, 1OG, 1OH, 1OI, 1OJ, 1OK, 1OL, 1OM, 1ON, 1OO, 1OP, 1OQ, 1OR, 1OS, 1OT, 1OU, 1OV, 1OW, 1OX, 1OY, 1OZ, 1PA, 1PB, 1PC, 1PD, 1PE, 1PF, 1PG, 1PH, 1PI, 1PJ, 1PK, 1PL, 1PM, 1PN, 1PO, 1PP, 1PQ, 1PR, 1PS, 1PT, 1PU, 1PV, 1PW, 1PX, 1PY, 1PZ, 1QA, 1QB, 1QC, 1QD, 1QE, 1QF, 1QG, 1QH, 1QI, 1QJ, 1QK, 1QL, 1QM, 1QN, 1QO, 1QP, 1QQ, 1QR, 1QS, 1QT, 1QU, 1QV, 1QW, 1QX, 1QY, 1QZ, 1RA, 1RB, 1RC, 1RD, 1RE, 1RF, 1RG, 1RH, 1RI, 1RJ, 1RK, 1RL, 1RM, 1RN, 1RO, 1RP, 1RQ, 1RR, 1RS, 1RT, 1RU, 1RV, 1RW, 1RX, 1RY, 1RZ, 1SA, 1SB, 1SC, 1SD, 1SE, 1SF, 1SG, 1SH, 1SI, 1SJ, 1SK, 1SL, 1SM, 1SN, 1SO, 1SP, 1SQ, 1SR, 1SS, 1ST, 1SU, 1SV, 1SW, 1SX, 1SY, 1SZ, 1TA, 1TB, 1TC, 1TD, 1TE, 1TF, 1TG, 1TH, 1TI, 1TJ, 1TK, 1TL, 1TM, 1TN, 1TO, 1TP, 1TQ, 1TR, 1TS, 1TT, 1TU, 1TV, 1TW, 1TX, 1TY, 1TZ, 1UA, 1UB, 1UC, 1UD, 1UE, 1UF, 1UG, 1UH, 1UI, 1UJ, 1UK, 1UL, 1UM, 1UN, 1UO, 1UP, 1UQ, 1UR, 1US, 1UT, 1UU, 1UV, 1UW, 1UX, 1UY, 1UZ, 1VA, 1VB, 1VC, 1VD, 1VE, 1VF, 1VG, 1VH, 1VI, 1VJ, 1VK, 1VL, 1VM, 1VN, 1VO, 1VP, 1VQ, 1VR, 1VS, 1VT, 1VU, 1VV, 1VW, 1VX, 1VY, 1VZ, 1WA, 1WB, 1WC, 1WD, 1WE, 1WF, 1WG, 1WH, 1WI, 1WJ, 1WK, 1WL, 1WM, 1WN, 1WO, 1WP, 1WQ, 1WR, 1WS, 1WT, 1WU, 1WV, 1WW, 1WX, 1WY, 1WZ, 1XA, 1XB, 1XC, 1XD, 1XE, 1XF, 1XG, 1XH, 1XI, 1XJ, 1XK, 1XL, 1XM, 1XN, 1XO, 1XP, 1XQ, 1XR, 1XS, 1XT, 1XU, 1XV, 1XW, 1XX, 1XY, 1XZ, 1YA, 1YB, 1YC, 1YD, 1YE, 1YF, 1YG, 1YH, 1YI, 1YJ, 1YK, 1YL, 1YM, 1YN, 1YO, 1YP, 1YQ, 1YR, 1YS, 1YT, 1YU, 1YV, 1YW, 1YX, 1YY, 1YZ, 1ZA, 1ZB, 1ZC, 1ZD, 1ZE, 1ZF, 1ZG, 1ZH, 1ZI, 1ZJ, 1ZK, 1ZL, 1ZM, 1ZN, 1ZO, 1ZP, 1ZQ, 1ZR, 1ZS, 1ZT, 1ZU, 1ZV, 1ZW, 1ZX, 1ZY, 1ZZ, 1AA, 1AB, 1AC, 1AD, 1AE, 1AF, 1AG, 1AH, 1AI, 1AJ, 1AK, 1AL, 1AM, 1AN, 1AO, 1AP, 1AQ, 1AR, 1AS, 1AT, 1AU, 1AV, 1AW, 1AX, 1AY, 1AZ, 1BA, 1BB, 1BC, 1BD, 1BE, 1BF, 1BG, 1BH, 1BI, 1BJ, 1BK, 1BL, 1BM, 1BN, 1BO, 1BP, 1BQ, 1BR, 1BS, 1BT, 1BU, 1BV, 1BW, 1BX, 1BY, 1BZ, 1CA, 1CB, 1CC, 1CD, 1CE, 1CF, 1CG, 1CH, 1CI, 1CJ, 1CK, 1CL, 1CM, 1CN, 1CO, 1CP, 1CQ, 1CR, 1CS, 1CT, 1CU, 1CV, 1CW, 1CX, 1CY, 1CZ, 1DA, 1DB, 1DC, 1DD, 1DE, 1DF, 1DG, 1DH, 1DI, 1DJ, 1DK, 1DL, 1DM, 1DN, 1DO, 1DP, 1DQ, 1DR, 1DS, 1DT, 1DU, 1DV, 1DW, 1DX, 1DY, 1DZ, 1EA, 1EB, 1EC, 1ED, 1EE, 1EF, 1EG, 1EH, 1EI, 1EJ, 1EK, 1EL, 1EM, 1EN, 1EO, 1EP, 1EQ, 1ER, 1ES, 1ET, 1EU, 1EV, 1EW, 1EX, 1EY, 1EZ, 1FA, 1FB, 1FC, 1FD, 1FE, 1FF, 1FG, 1FH, 1FI, 1FJ, 1FK, 1FL, 1FM, 1FN, 1FO, 1FP, 1FQ, 1FR, 1FS, 1FT, 1FU, 1FV, 1FW, 1FX, 1FY, 1FZ, 1GA, 1GB, 1GC, 1GD, 1GE, 1GF, 1GG, 1GH, 1GI, 1GJ, 1GK, 1GL, 1GM, 1GN, 1GO, 1GP, 1GQ, 1GR, 1GS, 1GT, 1GU, 1GV, 1GW, 1GX, 1GY, 1GZ, 1HA, 1HB, 1HC, 1HD, 1HE, 1HF, 1HG, 1HH, 1HI, 1HJ, 1HK, 1HL, 1HM, 1HN, 1HO, 1HP, 1HQ, 1HR, 1HS, 1HT, 1HU, 1HV, 1HW, 1HX, 1HY, 1HZ, 1IA, 1IB, 1IC, 1ID, 1IE, 1IF, 1IG, 1IH, 1II, 1IJ, 1IK, 1IL, 1IM, 1IN, 1IO, 1IP, 1IQ, 1IR, 1IS, 1IT, 1IU, 1IV, 1IW, 1IX, 1IY, 1IZ, 1JA, 1JB, 1JC, 1JD, 1JE, 1JF, 1JG, 1JH, 1JI, 1JJ, 1JK, 1JL, 1JM, 1JN, 1JO, 1JP, 1JQ, 1JR, 1JS, 1JT, 1JU, 1JV, 1JW, 1JX, 1JY, 1JZ, 1KA, 1KB, 1KC, 1KD, 1KE, 1KF, 1KG, 1KH, 1KI, 1KJ, 1KK, 1KL, 1KM, 1KN, 1KO, 1KP, 1KQ, 1KR, 1KS, 1KT, 1KU, 1KV, 1KW, 1KX, 1KY, 1KZ, 1LA, 1LB, 1LC, 1LD, 1LE, 1LF, 1LG, 1LH, 1LI, 1LJ, 1LK, 1LM, 1LN, 1LO, 1LP, 1LQ, 1LR, 1LS, 1LT, 1LU, 1LV, 1LW, 1LX, 1LY, 1LZ, 1MA, 1MB, 1MC, 1MD, 1ME, 1MF, 1MG, 1MH, 1MI, 1MJ, 1MK, 1ML, 1MM, 1MN, 1MO, 1MP, 1MQ, 1MR, 1MS, 1MT, 1MU, 1MV, 1MW, 1MX, 1MY, 1MZ, 1NA, 1NB, 1NC, 1ND, 1NE, 1NF, 1NG, 1NH, 1NI, 1NJ, 1NK, 1NL, 1NM, 1NN, 1NO, 1NP, 1NQ, 1NR, 1NS, 1NT, 1NU, 1NV, 1NW, 1NX, 1NY, 1NZ, 1OA, 1OB, 1OC, 1OD, 1OE, 1OF, 1OG, 1OH, 1OI, 1OJ, 1OK, 1OL, 1OM, 1ON, 1OO, 1OP, 1OQ, 1OR, 1OS, 1OT, 1OU, 1OV, 1OW, 1OX, 1OY, 1OZ, 1PA, 1PB, 1PC, 1PD, 1PE, 1PF, 1PG, 1PH, 1PI, 1PJ, 1PK, 1PL, 1PM, 1PN, 1PO, 1PP, 1PQ, 1PR, 1PS, 1PT, 1PU, 1PV, 1PW, 1PX, 1PY, 1PZ, 1QA, 1QB, 1QC, 1QD, 1QE, 1QF, 1QG, 1QH, 1QI, 1QJ, 1QK, 1QL, 1QM, 1QN, 1QO, 1QP, 1QQ, 1QR, 1QS, 1QT, 1QU, 1QV, 1QW, 1QX, 1QY, 1QZ, 1RA, 1RB, 1RC, 1RD, 1RE, 1RF, 1RG, 1RH, 1RI, 1RJ, 1RK, 1RL, 1RM, 1RN, 1RO, 1RP, 1RQ, 1RR, 1RS, 1RT, 1RU, 1RV, 1RW, 1RX, 1RY, 1RZ, 1SA, 1SB, 1SC, 1SD, 1SE, 1SF, 1SG, 1SH, 1SI, 1SJ, 1SK, 1SL, 1SM, 1SN, 1SO, 1SP, 1SQ, 1SR, 1SS, 1ST, 1SU, 1SV, 1SW, 1SX, 1SY, 1SZ, 1TA, 1TB, 1TC, 1TD, 1TE, 1TF, 1TG, 1TH, 1TI, 1TJ, 1TK, 1TL, 1TM, 1TN, 1TO, 1TP, 1TQ, 1TR, 1TS, 1TT, 1TU, 1TV, 1TW, 1TX, 1TY, 1TZ, 1UA, 1UB, 1UC, 1UD, 1UE, 1UF, 1UG, 1UH, 1UI, 1UJ, 1UK, 1UL, 1UM, 1UN, 1UO, 1UP, 1UQ, 1UR, 1US, 1UT, 1UU, 1UV, 1UW, 1UX, 1UY, 1UZ, 1VA, 1VB, 1VC, 1VD, 1VE, 1VF, 1VG, 1VH, 1VI, 1VJ, 1VK, 1VL, 1VM, 1VN, 1VO, 1VP, 1VQ, 1VR, 1VS, 1VT, 1VU, 1VV, 1VW, 1VX, 1VY, 1VZ, 1WA, 1WB, 1WC, 1WD, 1WE, 1WF, 1WG, 1WH, 1WI, 1WJ, 1WK, 1WL, 1WM, 1WN, 1WO, 1WP, 1WQ, 1WR, 1WS, 1WT, 1WU, 1WV, 1WW, 1WX, 1WY, 1WZ, 1XA, 1XB, 1XC, 1XD, 1XE, 1XF, 1XG, 1XH, 1XI, 1XJ, 1XK, 1XL, 1XM, 1XN, 1XO, 1XP, 1XQ, 1XR, 1XS, 1XT, 1XU, 1XV, 1XW, 1XX, 1XY, 1XZ, 1YA, 1YB, 1YC, 1YD, 1YE, 1YF, 1YG, 1YH, 1YI, 1YJ, 1YK, 1YL, 1YM, 1YN, 1YO, 1YP, 1YQ, 1YR, 1YS, 1YT, 1YU, 1YV, 1YW, 1YX, 1YY, 1YZ, 1ZA, 1ZB, 1ZC, 1ZD, 1ZE, 1ZF, 1ZG, 1ZH, 1ZI, 1ZJ, 1ZK, 1ZL, 1ZM, 1ZN, 1ZO, 1ZP, 1ZQ, 1ZR, 1ZS, 1ZT, 1ZU, 1ZV, 1ZW, 1ZX, 1ZY, 1ZZ, 1AA, 1AB, 1AC, 1AD, 1AE, 1AF, 1AG, 1AH, 1AI, 1AJ, 1AK, 1AL, 1AM, 1AN, 1AO, 1AP, 1AQ, 1AR, 1AS, 1AT, 1AU, 1AV, 1AW, 1AX, 1AY, 1AZ, 1BA, 1BB, 1BC, 1BD, 1BE, 1BF, 1BG, 1BH, 1BI, 1BJ, 1BK, 1BL, 1BM, 1BN, 1BO, 1BP, 1BQ, 1BR, 1BS, 1BT, 1BU, 1BV, 1BW, 1BX, 1BY, 1BZ, 1CA, 1CB, 1CC, 1CD, 1CE, 1CF, 1CG, 1CH, 1CI, 1CJ, 1CK, 1CL, 1CM, 1CN, 1CO, 1CP, 1CQ, 1CR, 1CS, 1CT, 1CU, 1CV, 1CW, 1CX, 1CY, 1CZ, 1DA, 1DB, 1DC, 1DD, 1DE, 1DF, 1DG, 1DH, 1DI, 1DJ, 1DK, 1DL, 1DM, 1DN, 1DO, 1DP, 1DQ, 1DR, 1DS, 1DT, 1DU, 1DV, 1DW, 1DX, 1DY, 1DZ, 1EA, 1EB, 1EC, 1ED, 1EE, 1EF, 1EG, 1EH, 1EI, 1EJ, 1EK, 1EL, 1EM, 1EN, 1EO, 1EP, 1EQ, 1ER, 1ES, 1ET, 1EU, 1EV, 1EW, 1EX, 1EY, 1EZ, 1FA, 1FB, 1FC, 1FD, 1FE, 1FF, 1FG, 1FH, 1FI, 1FJ, 1FK, 1FL, 1FM, 1FN, 1FO, 1FP, 1FQ, 1FR, 1FS, 1FT, 1FU, 1FV, 1FW, 1FX, 1FY, 1FZ, 1GA, 1GB, 1GC, 1GD, 1GE, 1GF, 1GG, 1GH, 1GI, 1GJ, 1GK, 1GL, 1GM, 1GN, 1GO, 1GP, 1GQ, 1GR, 1GS, 1GT, 1GU, 1GV, 1GW, 1GX, 1GY, 1GZ, 1HA, 1HB, 1HC, 1HD, 1HE, 1HF, 1HG, 1HH, 1HI, 1HJ, 1HK, 1HL, 1HM, 1HN, 1HO, 1HP, 1HQ, 1HR, 1HS, 1HT, 1HU, 1HV, 1HW, 1HX, 1HY, 1HZ, 1IA, 1IB, 1IC, 1ID, 1IE, 1IF, 1IG, 1IH, 1II, 1IJ, 1IK, 1IL, 1IM, 1IN, 1IO, 1IP, 1IQ, 1IR, 1IS, 1IT, 1IU, 1IV, 1IW, 1IX, 1IY, 1IZ, 1JA, 1JB, 1JC, 1JD, 1JE, 1JF, 1JG, 1JH, 1JI, 1JJ, 1JK, 1JL, 1JM, 1JN, 1JO, 1JP, 1JQ, 1JR, 1JS, 1JT, 1JU, 1JV, 1JW, 1JX, 1JY, 1JZ, 1KA, 1KB, 1KC, 1KD, 1KE, 1KF, 1KG, 1KH, 1KI, 1KJ, 1KK, 1KL, 1KM, 1KN, 1KO, 1KP, 1KQ, 1KR, 1KS, 1KT, 1KU, 1KV, 1KW, 1KX, 1KY, 1KZ, 1LA, 1LB, 1LC, 1LD, 1LE, 1LF, 1LG, 1LH, 1LI, 1LJ, 1LK, 1LM, 1LN, 1LO, 1LP, 1

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DIAGNOSTIC PROCEDURES☐ CT ☐ CTA ☐ MRI ☐ MRA ☐ US ☐ Doppler (arterial/venous) ☐ Mammogram ☐ 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: ② hip fractureProvider Signature: A. Camp**APPOINTMENT INFORMATION**

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Fax:

Chart Faxed Date:

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CENTER NAME: Doctors Care Sumter

ADDRESS (optional): 2475 Broad Street Sumter SC 29150

DESTINATION FAX #:

877-379-1389
~~773-8226~~

SENDER'S FAX #: 803-773-8226

SENDER'S PHONE #: 803-778-6555

- ☐ URGENT
☐ FYI
☐ APPROVE

- ☐ REPLY REQUESTED
☐ REVIEW/ADVISE
☐ PER YOUR REQUEST

- ☐ PLEASE POST TO STAFF
☐ OTHER

COMMENTS:

Provider is requesting
no Referral.
Please review & advise

- TX
LAKISHA
813-778-6555

SIGNED/STAMPED:

The information contained in this fax message is privileged and confidential information, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copies of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and destroy this fax, thank you.

[CORP-F003-(7-07)]

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Dye, MD Karl A. Lozano, MD

720 Rabon Road
Columbia, SC 29203
(803) 482-0423 • (F) 482-0432

Pain Medicine
Steven B. Slovic, MD
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 • (F) 794-0322

OFFICE CONSULTATION

Patient: Oliver M. Wiley
Chart: 131632 WC
Date: 12/29/11

CHIEF COMPLAINT: Pain and numbness in the left hip and leg, also pain in the lower back.

HISTORY OF PRESENT ILLNESS: The patient is a 39-year-old right-handed male who was injured on April 14, 2011 when he was involved in an on-the-job injury while working for the Sumter County Detention Center as an officer. He was intervening at an altercation and slipped on breakfast foods that were on the floor. His left leg went up and out. He fell to the concrete on his left hip. An inmate then fell on top of him. He states that he instantly felt pain in his left hip and in his lower back and the numbness in the left leg began by the next day. He was treated initially by Dr. Danny Ford in the Sumter area for a hip contusion. He was later diagnosed by Dr. Zgleszewski with SI joint pain. His pain is in his left lower back and into his left hip and upper anterior thigh area. Numbness and tingling in his left hip, down the front of his leg, over the top of his foot and into his toes. He states that his pain is a burning sensation and numbness and tingling are constant but that they increase in intensity with walking, standing or sitting too long. Lying on his right side helps his pain. He has had lumbar physical therapy and is scheduled to begin another round of lumbar physical therapy in January ordered by the Veterans Administration physician.

HISTORIES: Please see patient history form for past medical history, surgical history, social history, family history, and review of systems which are well documented in the Intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

CURRENT MEDICATIONS: None currently.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: The patient is seated on the exam table and appears generally healthy for age. The patient is awake, alert, and oriented. PERRLA. EOMI. Speech and language are normal, as are attention span and concentration. Affect is grossly normal, and fund of knowledge appears appropriate. Height is 76", weight is 280 pounds, respirations are 14 and regular, unlabeled and clear to auscultation. Exam of the low back reveals mild paraspinal tenderness greatest on the left side and over his left hip. Some decreased ROM due to pain. DTRs are 2+ and symmetrical. Power is 5/5 throughout the extremity muscle groups with pain except for trace decrease in his tibialis anterior and extensor hallucis longus on the left side. There is a positive decrease in sensation over the posterolateral left calf and the lateral aspect of his left foot. He has negative SLR. Negative Patrick's, negative Babinski and negative for clonus. CN III-XII are intact. He walks with a limp favoring his left leg.

IMAGING: MRI of the lumbar spine, 11/11/11, was not brought for my direct review. I do have a report from the radiologist that read the imaging that was performed at Clarendon Memorial Hospital. He saw no significant abnormalities in the lumbar spine and no apparent neural compromise.

IMPRESSION/PLAN: Oliver Wiley is a 39-year-old who suffered a work related injury as he worked as a corrections officer. From a lumbar spine perspective, I do not see a radicular component to his

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50

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

Page 2

Re: Oliver M. Wiley

12/29/11

current complaints. He appears to have suffered a hip contusion. Imaging studies of his lumbar spine per radiology report fail to show any significant abnormalities.

I have nothing to offer from a neurosurgical perspective. From a lumbar perspective, there are no particular restrictions.

There is no particular impairment to his lumbar spine. I will release him from my care.

I made myself readily available to review the images as they are delivered to my office. I will add an addendum to this note if the imaging studies are delivered for my direct review. All in all, however, considering the radiology read showing no significant abnormalities, I do not expect any significant change in my evaluation.

This patient was seen and examined by me as well as W. Howard Altman, RN.

Thanks once again for allowing me to partake in his care. Feel free to contact me with any questions or concerns.

Karl A. Lozanne, MD

Karl A. Lozanne, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

KAL/SB

CNAWT: 5000

RECEIVED JAN 05 2012

51

Feb. 15, 2012 12:35PM WC BIC
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



No. 0187 P. 3

**Physician's Statement
Chart# 131632**

Claimant's Name: Olyor Wiley

Employer's Name: SUMTER COUNTY LEE DETENTION CENTER

Physician's Name: Dr Karl Lozanne

Insurance Carrier:

Practice/Clinic: Columbia Neurosurgical Associates

SCWCC File No:

Preparer's Name: Sylvia Miller

Phone: (803) 4102-0423

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 4/14/11

Date of first office visit: 12-29-11

Date of last visit: 12-20-11

Diagnosis or nature of Injury or Illness: T19.45 Left Hip Pain

Body part(s) Injured: Lumbar Spine

Body part(s) affected:

Date of Maximum Medical Improvement: 12-29-11

Based on the AMA Guidelines, the claimant has sustained a part(s) and a % medical impairment to

0 % medical impairment to Lumbar Spine injured body other affected body part(s).

☒ The claimant is able to return to work without restriction.

The claimant is able to return to work with the following restrictions:

From a neurosurgical standpoint

☐ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☐ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician

Karl Lozanne, MD

Date

2-5-12

BILL TO COLLEEN MOTLEY ADJ

For 803 315-0098

14B

Physician's Statement

52



ARIEL
THIRD PARTY ADMINISTRATORS, INC.

Post Office Box 212159
Columbia, SC 29221-2159
Phone, 855-222-6379
Fax, 855-328-9307
www.Arieltpa.com

October 26, 2011

John D. Clark, Esquire
Clark Law Firm
Post Office Drawer 880
Sumter, South Carolina 29151

RE: Oliver Wiley v. Sumter County
WCC File No. 1109844
Claim No. 580000232489

Dear Mr. Clark:

Please be advised that we are now the administrators for the workers' compensation program for Sumter County. I am the adjuster assigned to handle the workers' compensation claim for the above injured employee.

The authorized treating physician, Dr. Danny Ford, has referred Mr. Wiley to Tuomey Industrial Medicine to Dr. Gee for an evaluation to determine his medical impairment rating. His appointment is scheduled for 11/16/11 at 11:30. His office is located at 250 W. Wesmark Blvd., Sumter, SC. The phone number is 803 774 8842. Please advise your client of this appointment.

If he is unable to attend, please contact me. Thank you for your prompt attention to this matter.

Sincerely,

Colleen D. Motley
Senior Claims Adjuster

/cdh

✓ cc: Erik Hayes, Sumter County

026.1

Was called by Major McGabney
as indicated in the file. Wiley called him
saying his back was hurting. Said to
come to a visit to the doctor. McGabney
said that Wiley ~~had~~ made
a point to mention to him that
he had an attorney. McGabney
said he has no personal info. as
an attorney, nor does he know any
other mention of it. Major just
wished to inform me to case anything
was needed or needed to be discussed.
Wiley is or will be charged with using his
staff time on for he is not out of
work per a doctor however is still on
restricted duty.

End of file

52

Wiley, O

8-11

Serialized info to Insurance Adjuster about conversation
with Wiley on 7-11

Updated the Director on situation & was agreed upon
to para. Wiley on 11/11

Told me about Wiley & Wiley as seen at Duke's
of work on sick time & has not provided a

Doc Note - even though asked by Major McCalister
& in accordance with Court Police

Called Wiley 1-11-11 - Wiley has approval another 11/11
& trying to schedule an appointment with Dr. DeBou

Carol Wiley informed him of the above.

55

Prepared 2/01/12, 15:49:46
 Program PR713L
 SUMTER COUNTY GOVERNMENT

Check History Listing
 Summary
 Check date range: 03/01/10 - 02/01/11

Page 1

Employee	Dg/Dv/Act: 22 01 423	Social Security	Check Date	Gross Pay	With Hold	Net Pay	Advance Out	Payed Back	Dir Dep	Check Amount	Check Number
WILEY, OLIVER M		129	1/28/11	1940.05	1415.00	525.05	.00	.00	525.05	.00	
Regular											
Regular			1/14/11	2156.65	1506.12	650.53	.00	.00	650.53	.00	
Regular			12/31/10	1854.71	1407.06	457.65	.00	.00	457.65	.00	
Supplemental			12/21/10	225.00	17.21	207.79	.00	.00	.00	207.79	48698
Regular			12/17/10	1930.63	1436.11	494.52	.00	.00	494.52	.00	
Regular			12/03/10	2109.57	1514.96	594.61	.00	.00	594.61	.00	
Regular			11/19/10	1958.88	1448.56	510.32	.00	.00	510.32	.00	
Regular			11/05/10	1685.77	1328.20	357.57	.00	.00	357.57	.00	
Regular			10/22/10	1930.63	1436.11	494.52	.00	.00	494.52	.00	
Regular			10/08/10	1619.85	1224.15	395.70	.00	.00	395.70	.00	
Regular			9/24/10	1940.05	1365.26	574.79	.00	.00	574.79	.00	
Regular			9/10/10	1695.19	1257.35	437.84	.00	.00	437.84	.00	
Regular			8/27/10	1714.02	1265.99	448.03	.00	.00	448.03	.00	
Regular			8/13/10	1666.93	1245.25	421.68	.00	.00	421.68	.00	
Regular			7/30/10	1714.02	1265.99	448.03	.00	.00	448.03	.00	
Regular			7/16/10	1949.46	1369.75	579.71	.00	.00	579.71	.00	
Regular			7/02/10	1714.02	1265.99	448.03	.00	.00	448.03	.00	
Regular			6/18/10	1949.46	1369.75	579.71	.00	.00	579.71	.00	
Regular			6/04/10	1779.94	1295.05	484.89	.00	.00	484.89	.00	
Regular			5/21/10	1619.85	1224.50	395.35	.00	.00	395.35	.00	
Regular			5/07/10	1714.02	1265.99	448.03	.00	.00	448.03	.00	
Regular			4/23/10	1695.19	1480.88	214.31	.00	.00	214.31	.00	
Regular			4/09/10	1902.38	1572.18	330.20	.00	.00	330.20	.00	
Regular			3/25/10	1695.18	1480.88	214.30	.00	.00	214.30	.00	
Regular			3/12/10	1789.36	1626.37	162.99	.00	.00	162.99	.00	

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Prepared 2/01/12, 15:49:46
Program PR713L
SUMTER COUNTY GOVERNMENT

Check History Listing
Summary
Check date range: 03/01/10 - 02/01/11

Page 2

Employee	Social Security	Check Date	Gross Pay	With Hold	Net Pay	Advance Out	Payed Back	Dir Dep	Check Amount	Check Number

157

Prepared 2/01/12, 15:49:46
 Program PR713L
 SUMNER COUNTY GOVERNMENT

Check History Listing
 Summary
 Check date range: 03/01/10 - 02/01/11

Page 3

Employee	Social Security	Check Date	Gross Pay	With Hold	Net Pay	Advance Out	Payed Back	Dir Dep	Check Amount	Check Number
***** Grand Totals ***			43960.81	33084.66	10876.15	.00	.00	10668.36	207.79	
1 Employees		25 Checks								
		24 Regular checks amount -		.00						
		1 Supplemental checks amount -		207.79						
		0 Advance checks amount -		.00						
		0 Void checks amount -		.00						
		0 Manual checks amount -		.00						
		0 Replacement checks amount -		.00						

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Pain Medicine
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Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29180
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OFFICE CONSULTATION

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Chart: 131632 WC
Date: 12/29/11

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HISTORIES: Please see patient history form for past medical history, surgical history, social history, family history, and review of systems which are well documented in the intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

CURRENT MEDICATIONS: None currently.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: The patient is seated on the exam table and appears generally healthy for age. The patient is awake, alert, and oriented. PERRLA. EOMI. Speech and language are normal, as are attention span and concentration. Affect is grossly normal, and fund of knowledge appears appropriate. Height is 76", weight is 280 pounds, respirations are 14 and regular, unlabored and clear to auscultation. Exam of the low back reveals mild paraspinous tenderness greatest on the left side and over his left hip. Some decreased ROM due to pain. DTRs are 2+ and symmetrical. Power is 5/5 throughout the extremity muscle groups with pain except for trace decrease in his tibialis anterior and extensor hallucis longus on the left side. There is a positive decrease in sensation over the posterolateral left calf and the lateral aspect of his left foot. He has negative SLR. Negative Patrick's, negative Babinski and negative for clonus. CN III-XII are intact. He walks with a limp favoring his left leg.

IMAGING: MRI of the lumbar spine, 11/11/11, was not brought for my direct review. I do have a report from the radiologist that read the imaging that was performed at Clarendon Memorial Hospital. He saw no significant abnormalities in the lumbar spine and no apparent neural compromise.

IMPRESSION/PLAN: Oliver Wiley is a 39-year-old who suffered a work related injury as he worked as a corrections officer. From a lumbar spine perspective, I do not see a radicular component to his

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50

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

Page 2

Re: Oliver M. Wiley

12/29/11

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I made myself readily available to review the images as they are delivered to my office. I will add an addendum to this note if the imaging studies are delivered for my direct review. All in all, however, considering the radiology read showing no significant abnormalities, I do not expect any significant change in my evaluation.

This patient was seen and examined by me as well as W. Howard Altman, RN.

Thanks once again for allowing me to partake in his care. Feel free to contact me with any questions or concerns.

Karl A. Lozanne, MD

Karl A. Lozanne, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

KAL/SB

CNAWT: 5000

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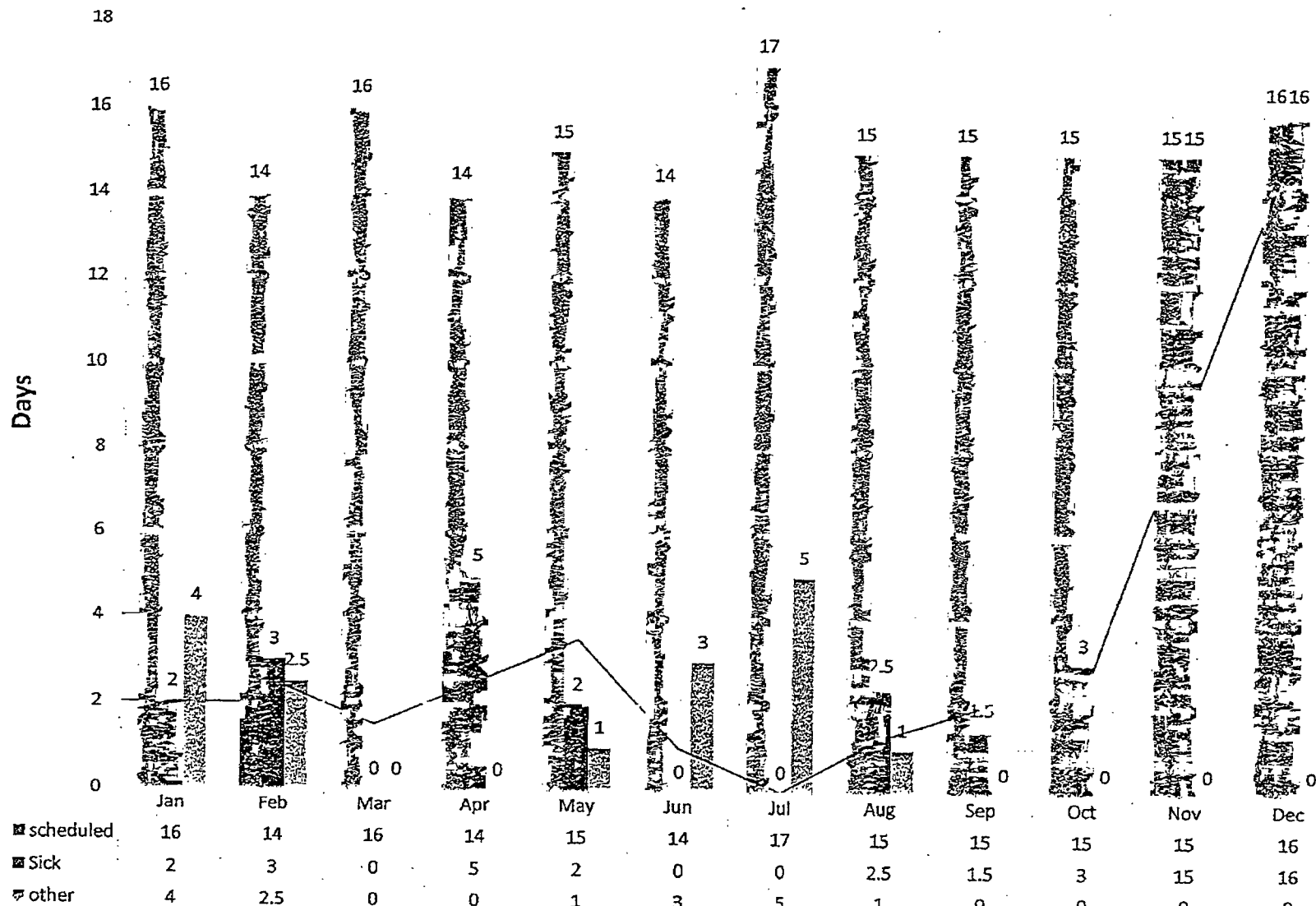
50

Wiley Leave Time Line

	W/C form completed hurt left hip, Doctor care treated, return for follow up on	
Apr 14th	04/21/11, May work with limitation	Sick
Apr 18th	Sick	Sick
Apr 19th	Sick	Sick
Apr 22nd	Sick	Sick
Apr 23rd	Sick	Sick
Apr 24th	Sick	Sick
Apr 25th	Light duty Court house	Worked
Apr 26th	Light duty Court house	Worked
Apr 27th	Light duty Court house	Worked
Apr 28th	Light duty Court house, Doctor care, Light duty, revislt 05/05/11	Worked
Apr 29th	Light duty Court house	Worked
May 2nd	Light duty Court house	Worked
May 3rd	Light duty Court house	Worked
May 4th	Light duty Court house	Worked
May 11th	Sick	Sick
May 12th	Sick	Sick
May 26th	Doctors care Notice , light duty continued, no follow up date	
May 31st	Approved Leave	Approved Leave
June 3rd	Approved Leave	Approved Leave
June 4th	Approved Leave	Approved Leave
June 5th	Approved Leave	Approved Leave
July 2nd	PL	PL
July 3rd	Hol Off	Hol
July 29th	Sumter Orthopaedic, Light duty follow up 6 weeks	BD
July 30th	Comp	Comp
July 31st	Vac	Vac
Aug 14th	called in sick	Sick
Aug 17th	Left early sick	sick 9hrs
Aug. 18th	called in sick	Sick
Sept. 28th	Sick	Sick
Sept. 29th	6.5 Sick	Sick 6.5
	Recelved report of medical Examination from Lt. Wiley return to regular duty	
Oct. 17th	on Nov. 1, 2011	
Oct. 23rd	Last day worked	
Oct. 26th	Sick	Sick
Oct. 27th	Sick	Sick
Oct. 28th	Sick	Sick
Nov.	out all month	Sick
Dec	out all month	Sick

6

Wiley Leave Chart



id

Sumter - Lee Regional Detention Center

Incident Report

Incident: Job Abandonment

Reporting Officer: Maj. Daryl McGhaney

Location: SLRDC

Persons Involved:

Time: 400hrs

Date: 12/30/2011

LT Oliver Wiley

Incident:

On the above date and approximate time, I Maj. Daryl McGhaney received a telephone call from Lt. Oliver Wiley saying that he was not coming to work and he would be in today to bring me a doctor's excuse. Then on Saturday, December 31, 2011 Lt. Wiley called me approximately 4:30 a.m. and said that he went to the doctor on Saturday and that he would bring me a doctor's excuse on Tuesday, January 3, 2012. On Tuesday, January 3, 2012 at 10:45 p.m. I received an email from Palmetto Spine Sports and Medicine stating that Lt. Wiley had a medical exam conducted on December 13, 2011 at the request of Clark Law Firm, LLC referring individual John D. Clark, Esq. Lt. Wiley according to Sumter Orthopaedic Associates medical report was to report back to work on November 1, 2011 to regular duty and he has not returned. Lt. Wiley also went to the Veterans Administration on December 16, 2011 for a follow up appointment and was advised by to return to work on December 19, 2011 by Nurse Practitioner Pamela Ann O'Connell.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhaney
Dec 4, 2012

03

Sumter - Lee Regional Detention Center

Incident Report

Incident: Job Abandonment

Location: SLRDC

Reporting Officer: Maj. Daryl McGhaney

Persons Involved:

Time: 400hrs

Date: 12/30/2011

Lt. Oliver Wiley

Incident:

As of Wednesday, January 4, 2012, I Maj. McGhaney have not received a doctor's excuse from Lt. Wiley from him for being out of work on Friday and Saturday, December 30 & 31, 2011 and Sunday, January 1, 2012. Furthermore I have yet to received a doctor's excuse from Lt. Wiley for not reporting to work during the month of November 2011 and December 12 & 13, 2011. Because of the consecutive absenteeism from work (more than two days) in November 2011 and four (4) days in December 2011 (12 & 13 and 30 & 31) along with January 1, 2012 consecutive. Because Lt. Wiley called and notified me that he was not reporting to work, he also was informed by me to bring in a doctor's excuse each time and he failed to provide an excuse some of the time; Lt. Oliver Wiley is in violation of Abandonment of Position (Absence from work for more than two (2) consecutive work days without providing a doctor's excuse. It is my recommendation that Lt. Oliver Wiley be terminated and forwarded to Director Simon Major for corrective action.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhaney
Jan. 4, 2012

04

Sumter - Lee Regional Detention Center

Incident Report

Incident: Information

Reporting Officer: Maj. Daryl McGhaney

Location: SLRDC

Persons Involved:

Time: 1630hrs

Date: 11/7/2011

Lt. Oliver Willey
Dir. Simon Major
Sgt. Erik Hayes

Incident:

On the above date and approximate time, I Maj. Daryl F. McGhaney, Assistant Director was in my office and Lt. Oliver Willey came in to update me on his status. I then told him to wait and let me go get Director Simon Major so he could hear the conversation. I then informed Dir. Major that Lt. Willey was here in my office wanting to update me. Dir. Major and I came into my office and he (Dir. Major) ask Lt. Willey how was he doing. Lt. Willey begin to tell us what his doctor said and Dir. Major interjected and instructed me to get in touch with Erik Hayes and let him know when Sgt. Hayes comes and He went back into his office. Approximately thirty (30) Minutes later Sgt. Hayes showed up and Myself, Lt. Willey and Sgt. Hayes went into Dir. Major's office to listen to Lt. Willey's update. Lt. Willey then explained to us that he was released back to full duty from his doctor but he still had pain in his hip so he went to his own doctor at the (VA) Veterans Administration and he's waiting for an MRI to be scheduled before he can come back to work per his attorney. Sgt. Hayes then told him that he would talk with Workers Comp. and Ms. Lorraine Dennis then get back with him. End discussion

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhaney

11. 8. 2011

55

Sumter - Lee Regional Detention Center

Incident Report

Incident: Information

Reporting Officer: Maj. Daryl McGhaney

Location: SLRDC

Time: 1700hrs

Date: 11/3/2011

Persons Involved:

Lt. Oliver Willey
Dir. Simon Major

Incident:

On the above date and approximate time, I Maj. Daryl F. McGhaney, Assistant Director received a telephone call from Lt. Oliver Willey informing me that went to see Dr. Ford today and was informed by Dr. Ford that there was nothing else he could do for him and that he would contact Workers Comp. to schedule a MRI. Lt. Willey then proceeded to say and he talk to his lawyer and his lawyer to him not to come back to work until after he had the MRI. I then told Lt. Willey to hold on while I inform Director Simon Major of this. I then informed Dir. Major of Lt. Willey's circumstance and he instructed me to have Lt. Willey give us something in writing as to his circumstance; end conversation. Then several minutes later Lt. Willey called back saying that he would have his doctor to fax us something tomorrow 11.04.11 end conversation. This is for information purposes.

R
YES
NO

Officers on Duty:

Assistant Director:

Larry F. McGhaney
11-4-2011

65

Sumter - Lee Regional Detention Center

Incident Report

Incident:

Location: Call-In

Reporting Officer: Maj. Daryl McGhaney

Persons Involved:

Time: 600hrs

Date: 10/26/2011

Lt. Oliver Wiley

Incident:

On the above date and approximate time, Lt. Oliver Wiley called my county cell phone and stated that he was on his way to work but he couldn't do it because his back was bothering him and he had an attorney and he was going to talk with his attorney and called me sometime today. I then said I hope you feel better and hung up. Then at 7:18 a.m. I called Director Simon Major's House to update on Lt. Wiley's status of calling in. This is for information purposes only. Maj. Daryl McGhaney, Assistant Director, SLRDC

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl Z. Mo

October 26, 2011

Sumter - Lee Regional Detention Center

Incident Report

Incident: Workers Comp.

Reporting Officer: Maj. Daryl McGhaney

Location: Training Center

Time: 1536hrs

Date: 8/3/2011

Persons Involved:

Lt. Oliver Willey
Ms. Lorraine Dennis
Ms. Karen Hyatt
Mr. Erik Hayes

Dir. Simon Major

Incident:

On the above date and approximate time, I Maj. Daryl McGhaney, Assistant Director received a telephone call from Ms. Lorraine Dennis, Deputy County Administrator, Sumter County informing me that she had in her presence Ms. Karen Hyatt, A.D. Public Works and Sgt. Erik Hayes, Workman Comp. Official in which she was informing me that Lt. Oliver Willey was to work in the control room on day shift for twelve hours when his shift is schedule to work. She then stated that the control room is a secluded area and he could work in there for twelve hours on days where he could be monitored. She then instructed me to let him know that he could start in the morning. I then called Lt. Willey and inform him that he is to report to work in the morning to work in the control for twelve hours and he will work the control room on dayshift whenever he is schedule to work. Lt. Willey then stated "I work thirteen hours whenever I work" - I then stated even if you work thirteen hours it shall be in the control room. Lt. Willey then said "I need to write all this down so I can make some calls" Now Y'all can accomodate me. Who is telling you all of this.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhaney
8-3-2011

108

Sumter - Lee Regional Detention Center

Incident Report

Incident: Workers Comp

Reporting Officer: Maj. Daryl McGhee

Location: Training Center

Persons Involved:

Time: 1836hrs

Date: 8/3/2011

Lt. Oliver Wiley
Ms. Lorraine Dennis
Ms. Karen Hyatt
Mr. Erik Hayes

Dir. Simon Major

Incident:

I need to know because you told me not to come to work until you call me back now you want me to come and work twelve hours. I then said to Lt. Wiley that I've been talking with the workmans comp person Erik Hayes and he suggested that you not come in tonight until we can get everything work out. Lt. Wiley then asked what kind of time are we taken from him tonight? I then said Comp time because of training yesterday and sick leave for the remainder. Lt. Wiley then said Ok I need to make my calls now. This is for information purposes and Director Major was informed.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhee
8-3-2011



DEPARTMENT OF VETERANS AFFAIRS
VA Outpatient Clinic
407 N. Salem Avenue
Sumter, South Carolina 29150

Date: 12/21/11

To Whom it may concern:

Mr./Mrs. Oliver Wiley
appointment at the Sumter VA. Outpatient clinic for had a scheduled
Please excuse from work/school during this time period. am/pm.
I will be out of work at least until
Dec 20th when he sees Columbia Neurologist
For any further assistance, please call 803-938-9901

Thank you,

Michelle M. S. (H. Nooies)
Sumter VA Employee/Title

MEDICAL RECORD

Progress Notes

NOTE DATED: 12/16/2011 10:54
LOCAL TITLE: RETURN TO WORK/ACTIVITY LIMITATIONS
STANDARD TITLE: ADMINISTRATIVE NOTE
VISIT: 12/16/2011 10:00 WJB ER PROVIDER-X
MEMORANDUM FOR WHOM IT MAY CONCERN:
Subject: Absentee form

REFERENCE: OLIVER M WILEY was seen on this date at the VA HOSPITAL at
Columbia, SC.

The patient has been advised not to return to work until: 12/19/12

RESTRICTIONS: none

Signed by: /es/ PAMELA ANN OTOOLE
Nurse Practitioner
12/16/2011 10:55

WILEY, OLIVER MARCELL
247-63-0598 DOB: 07/22/1972

COLUMBIA, SC VAMC
Pt Loc: OUTPATIENT

Printed: 12/16/2011 10:55
Vice SF 509

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SUMTER COUNTY EMPLOYEE WARNING RECORD

Employee's Name: Capt. Oliver Wiley
Date of Warning: March 25, 2009

Social Security Number: 247-63-0598

WARNING

Date of Violation: March 25, 2009 Nature of offense: Insubordination
Late for Work- Conduct- X Time of Violation: 09:00 hrs Attitude-X
Carelessness- Disobedience

Place Violation Occurred: SLRDC By Telephone
EMPLOYER REMARKS

On March 25, 2009 at 9:00 a.m. I Maj. McGhaney called your office to inform you Capt. O. Wiley (Security) as it was instructed to me by Dir. Major to make sure that the officers on all shift are notified of the upcoming NCIC training because we don't need any excuse for getting them not getting the training. You then stated that the Director told you to talk with the lieutenants. I Maj. McGhaney then instructed you to talk with both supervisors and the designated officers on all shift to make sure all of them are aware of the importance of this training. At this time you hung up the phone on me and I was not finish talking with you. Because of the unprofessional conduct that you have displayed by hanging up the telephone which is unbecoming of a Security Captain of the detention officer, Capt. Wiley, you're being written up for Insubordination pg. 69 of the Sumter County Employee Handbook dated August 2004, adopted by county council August 10, 2004. Director Major is aware of this.

Has employee	Form of	When Warned and By Whom
Been warned	Warning	1 st Warning 2 nd Warning 3rd Warning
Previously? Yes	written	Written warning
		June 03, 2008 March 25, 2009

Major McGhaney Major McGhaney

EMPLOYEE REMARKS RE: VIOLATION

The absence of any statement on the part of the employee indicates his/her agreement with the report as Stated. *Accel. Appeal need/request Grievance*

I have entered my version of the matter above.
Employee's Signature: *OM Wiley*

Date: *3/25/09*

ACTION TO BE TAKEN

Approved: *Ray M. 27* Assistant Dir. 3/25/09
Name Title Date

I have read this "Warning" and understand it.

Employee's signature

Signature of person who prepared warning

Title

Distribution of Copies

Supervisor's signature

Date

Employee Personnel Dept Supervisor

To: Major McGhaney

Captain Wiley

From: Director Major 

Date: 3 April 2009

Ref: Request for Grievance

I have received a request from Capt. Wiley in reference to an employee warning dated 25 March 2009 and his desire for a grievance to the warning. After reviewing the employee handbook and discussing the issue with Mrs. Dennis, I'm of the opinion that the employee warning does not fall within those guidelines. I have decided to look into the matter of the write up with the cooperation of each of you with the end result of identifying any current or future problems that may or may not have led to this situation. With that being said, I'm requesting that each of you forward to me (in writing) your detailed version of the incident that occurred on 25 March 2009.

As both of you serve as both a manager and supervisor within our organization, I need and depend on the two of you to assist me in establishing and maintaining a high level of professionalism we're known for. I'm requesting this information by close of business on Monday 6 April 2009.

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Sumter - Lee Regional Detention Center

Incident Report

Incident: Insubordination

Reporting Officer: Maj. Daryl McGhaney

Location: Sumter/Lee Regional Detention Center

Persons Involved:

Time: 9:00 a.m.

Date: 3/25/2009

Capt. Oliver Wiley

Incident:

On March 25, 2009 at 9:00a.m. I Maj. Daryl McGhaney telephoned Capt. Oliver Wiley to inform him to make sure that all the officers have been informed and notified of the upcoming Jail management Training/NCIC Training because we don't need any excuse for officers not getting the training. Capt Wiley then stated to me that the director wanted him to tell the lieutenants so they could pass it on. I then directed Capt. Wiley to talk with both supervisors and designated officers on all shift and express to them the importance of this upcoming training. At that time Capt. Wiley hung up the telephone before I could finish instructing him on what I need for him to do as it pertains to the upcoming NCIC backgroundground check.

R
YES
NO

Officers on Duty:

Assistant Director:

Maj. Daryl A. McGhaney

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2-22-09

I LT. Diver M. Wiley request
to do doc at my personnel file
his case.

LT. Diver M. Wiley

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SUMTER COUNTY EMPLOYEE WARNING RECORD

Employee's Name: Oliver Wiley
Date of Warning: December 09, 2009

Social Security Number: 247-63-0598

WARNING

Date of Violation: December 02, 2009
Late for Work- Conduct-
Carelessness- Disobedience X

Nature of offense: Insubordination
Time of Violation: 21:23 hrs Attitude-X

Place Violation Occurred: SLRDC
EMPLOYER REMARKS

On December 02, 2009 at 9:23 p.m. I Maj. McGhaney telephoned Capt. Oliver Wiley to find out who approved for him to leave work and what time did he leave work today. Capt. Wiley told me that he left work at 4:00 p.m. and stated when he came into my office to give me the leave request forms, he told me that he was leaving. I then asked Capt. Wiley, what did I said to him after he told me that he was leaving and his response was that I just looked at him. I Maj. McGhaney then informed Capt. Wiley that at no time did he ask me to leave and I approved it which would not have been a problem. Capt. Wiley then became very arrogant and stated to me "Well I told you that I was coming in at 7:00 a.m. in the morning and 4:00 p.m. would give him his eight hours so I left." He also said, "Everybody else come and go as they please!" and whatever y'all say I'll do! Write it up! The type of conduct expected of all personnel has been addressed on prior occasions. Capt. Wiley, is being written up for Insubordination pg. 69 of the Sumter County Employee Handbook dated August 2004, adopted by county council August 10, 2004. I have informed Capt. Wiley numerous times that this type of behavior will not be tolerated. Dir. Simon Major was informed.

Has employee Been warned Previously? Yes	Form of Warning written	1 st Warning June 3, 2008	When Warned and By Whom 2 nd Warning Written March 25, 2009	3 rd Warning December 9, 2009 5 Days Suspension w/o pay, Demotion, Pay Decrease Maj. McGhaney
		Major McGhaney	Maj. McGhaney	

EMPLOYEE REMARKS RE: VIOLATION

The absence of any statement on the part of the employee indicates his/her agreement with the report as stated.

I have entered my version of the matter above.

Employee's Signature: *OM Wiley*

Date: *12/9/09*

I request an appeal to these actions. At this point in writing

ACTION TO BE TAKEN

Suspension without pay for five (5) days
Reduction in rank from Captain to Lt.

Approved: *Simon Major*
Name

Title

Date

9 Dec 09

I have read this "warning" and understand it.

Employee's signature

Distribution of Copies

Employee

Personnel Dept

Supervisor

Signature of person who prepared warning

Title

Supervisor's signature

Date

9 Dec 09

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Sumter County Office of Human Resources



LORRAINE W. DENNIS
Deputy County Administrator
Telephone: (803) 436-2104
FAX: (803) 436-2108

Sumter County
Administration Building
13 East Canal Street
Sumter, SC 29150

January 5, 2010

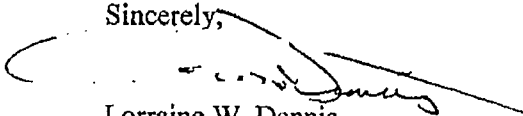
Mr. Oliver Wiley
SLRDC
1250 Winkles Road
Sumter, SC 29150

Dear Mr. Wiley:

The Sumter County Grievance Committee met on Tuesday, December 22, 2009, and Monday, January 4, 2010 to review and discuss the disciplinary actions taken against you. After meeting with all parties involved, and carefully reviewing and discussing all documentation present, the Committee voted to recommend to the County Administrator that your five (5) days suspension be upheld. The demotion to Lieutenant was also recommended to be upheld for a period not to exceed six (6) months, with the understanding that an evaluation will be conducted near the conclusion of the six (6) months to determine if you are to be reinstated to the position of Captain. The evaluation with a recommendation will be conducted by the Assistant Director and the approval given by the Director.

The recommendations of the Grievance Committee Members have been reviewed and approved by the County Administrator.

Sincerely,


Lorraine W. Dennis
Deputy County Administrator/ HRD

Cc: County Administrator
Charles Napper
Simon Major
Darryl McGhaney

SUMTER COUNTY EMPLOYEE WARNING RECORD

Employee's Name: Oliver Wiley
Date of Warning: June 03, 2008

Social Security Number: 247-63-0598

WARNING

Date of Violation: May 29, 2008
Late for Work- Conduct-
Carelessness- X Disobedience

Nature of offense: Failure to exercise good judgment
Time of Violation: 900hrs Attitude-

Place Violation Occurred: SLRDC
EMPLOYER REMARKS

On Friday, May 29, 2008 I Maj. McGhaney received a telephone call from Dir. Simon Major asking me if I was informed by anyone that a handcuff key was lost. I replied by saying "No One" has informed me of anything, but I'll look into it. Upon further investigating the situation I located an incident report written by Sgt. M. Brooks not only informing Capt. O. Wiley of the situation, but Capt. Wiley instructing Sgt. Brooks to conduct a search of the designated area in B pod. On Monday, June 2, 2008 I spoke with Capt. Wiley by telephone and asked him why didn't he notified me that a handcuff key was lost and he stated the report was placed in my box. I informed Capt. Wiley that it was his responsibility to contact me and no one else. Therefore Capt. Wiley failed to follow proper procedure by not notifying his immediate supervisor in an emergency situation, and is in violation of the Sumter County Employee Handbook page 69 "Failure to Exercise Good Judgment." adopted by County Council August 10, 2004. Capt. Wiley has been advised that he shall follow proper procedures by exercising good judgment in notifying his immediate supervisor verbally in any situation that needs immediate attention. No Exceptions.

Has employee Been warned Previously? Yes	Form of Warning Written	1 st Warning	When Warned and By Whom 2 nd Warning	3 rd Warning
		June 03, 2008		
Policy and Procedures		Maj. McGhaney		

EMPLOYEE REMARKS RE: VIOLATION

The absence of any statement on the part of the employee indicates his/her agreement with the report as stated. *I did not call Asst. Director McGhaney because the situation was handled by me as the Captain of Security. I did have a copy of the incident report placed in his box like all ways of major incidents.*
Employee's Signature: *[Signature]* Date: *6/3/08*
This is my reasoning for not calling him

ACTION TO BE TAKEN

Approved: _____
Name Title Date

I have read this "warning" and understand it.

[Signature]
Employee's signature

[Signature] Assistant Director
Signature of person who prepared warning Title
[Signature] 6/3/08
Supervisor's signature Date

Distribution of Copies

Employee Personnel Dept Supervisor

Incident: Insubordination

Reporting Official: Maj. Daryl F. McGhaney

Date of Incident: 12/02/09

Today Date: 12/02/09

Time: 11:10 a.m.

Person involved: Capt. Oliver Wiley

Sgt. Marty Richardson

On Wednesday, December 02, 2009 at 11:10 a.m. I Maj. Daryl McGhaney was in my office and Sgt. Marty Richardson came into my office and told me that there was a gentleman who was in town visiting from New York and he works for the Department of Corrections in New York and he want to know can he tour the jail. I then told Sgt. Richardson to go next door and tell Capt. Wiley what you got and he can take him on the tour. Approximately 10 minutes later I called Sgt. Richardson, and ask her if Capt. Wiley had already gone on the tour and she said No! The visitor is still waiting and if you want me to sent him home I'll do that. I said No! At that time I Maj. McGhaney was getting up out of my seat and Capt. Wiley came in my office and stated "What do you want me to do?" in an arrogant tone. I then said to Capt. Wiley you need to go talk with the gentleman out front and check his credentials to see if he is legit. Capt. Wiley said "You mean you gonna approve for him to come in" because I'm not approving it! I then said Yes! I'm approving it. If he clears then I need for you to take him on the tour. Capt. Wiley then left my office but did not take the visitor on the tour. I then called Director Simon Major and informed him of the issue and said "If Capt. Wiley does not take this guy on the tour I'm writing him up for Insubordination. Approximately 10 minutes passed and I Maj. McGhaney called Sgt. Richardson and asked her if Capt. Wiley left to take the visitor on the tour and she said yes! He just went back there but he said to her "He'll let anybody come here!" I then called Dir. Major and informed him that Capt. Wiley did take the visitor on the tour. Again I have informed Capt. Wiley in writing by email dated on October 31, 2009 entitled Verbal Counseling on Capt. Wiley in which he read on November 2, 2009 at 9:59 a.m. Where I told him that his actions will not be tolerated in the presence of staff and subordinates nor myself as it pertains to him being dissatisfied. This form of Insubordination was not forward to Director Simon Major but will be filed for information purposes.

Maj Daryl F. McGhaney

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Sumter - Lee Regional Detention Center

Incident Report

Incident: Insubordination

Reporting Officer: Maj. Daryl McGhaney

Location: Sumter/Lee Regional Detention Center

Time: 9:30 a.m.

Date: 9/15/2009

Persons Involved:

Capt. Oliver Wiley
Lt. Cynthia Kelley

Capt. Theresa Ray-Lee

Incident:

On Tuesday, September 15, 2009 at approximately 9:30 a.m. Capt. Oliver Wiley came into the conference room and asked Capt. Theresa Ray-Lee if she was going to fix the C Drive DVR because the Sheriff called him and told him about an incident that occurred on yesterday and Capt. Wiley stated that he was here in night shift briefing and not informed. Capt. Wiley then proceeded to say that all of this is going to stop and he was told by people not working at the jail that some officers got suspended and he said that he did not know anything about it and he is the Capt. of Security and should know for security reasons in case an officer comes back and retaliate. I A.D. McGhaney then informed Capt. Wiley that suspension is a personnel matter and should not be discussed with anyone. I then instructed Capt. Wiley to go find out from Lt. Kelley why she didn't informed you about what happened with the sallyport door coming down on the patrol car, and he stated "I ain't got to do nothing because you told her to come directly to you!", I know what's happening.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl McGhaney
9-15-09

Sumter - Lee Regional Detention Center

Incident Report

Incident: insubordination

Reporting Officer: Maj. Daryl McGhaney

Location: Sumter/Lee Regional Detention Center

Time: 9:30 a.m.

Date: 9/15/2009

Persons Involved:

Capt. Oliver Wiley
Lt. Cynthia Kelley

Capt. Theresa Ray-Lee

Incident:

At 10:30 a.m., I A.D. McGhaney called Capt. Wiley and Lt. Kelley to the conference room and explained to Lt. Kelley to inform Capt. Wiley of any deficiencies that may occur on her shift because he is her immediate supervisor. I then asked her if I told her in any way not to go to Capt. Wiley about anything and she said no. I then concluded this meeting as a form of information purpose only because I gave Capt. Wiley instructions to follow and he did not follow through with it and reported back to me. Dir. Simon Major was informed.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl L. McGhaney
9/15/09

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Sumter - Lee Regional Detention Center

Incident Report

Incident: Telephone Number Check

Reporting Officer: Maj. Daryl McGhaney

Location: Sumter/Lee Regional Detention Center

Time: 11:00 a.m.

Date: 3/19/2009

Persons Involved:

Ofc. Lucretia Green
Capt. Oliver Wiley
Dir. Simon Major

Sgt. Marty Richardson
Ofc. Carlesia Lang

Incident:

On Thursday, March 19, 2009 I Maj. Daryl McGhaney called to the control Room and spoke with Ofc. Lucretia Green asking her for Ofc. Carlesia Lang telephone number and was informed by Ofc. Green that she did not have a number for Ofc. Lang. I immediately contacted Capt. Oliver Wiley and asked him what was the status on each shift verifying telephone numbers on other officers like Dir. Major asked in the first supervisor's meeting because it's ironic that whenever I need to contact an officer, the control room tells me they don't have a number on that officer. Capt. Wiley then told me that he has informed the officers to write down a list of officers who does not have working telephone numbers. I then informed Capt. Wiley that undoubtedly the officers are not doing their job because "He's Not doing his job" by enforcing the rules like he should because every officer must have a working telephone number. Dir. Simon Major was notified of this incident.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McGhaney

Documentation On Capt. O. Wiley

1. 11/28/2007 Capt. Wiley meet with A shift @ 1800 hrs . Making the statement how this shift was slack, lazy and, afraid to do their job , and no longer can bring their food or personal bags or any books with them when going into the pods. The only book that can be brought to the pods were their bibles without the cover leaving the cover to the bible in their cars or place them in their lockers. On this same date and time it was also stated that weakness. *Weakness (12)* person should now be sent to do hospital duty. During this meeting questions were asked as to why they could no longer bring food or their personal bags with them . No answer was given it was also asked if he (Capt Wiley) would speak to the Director or if there could be a meeting arrange with the Director . So we could discuss the issue at hand again no answer was given . However it was stated that this shift could not do any thing right so he'll see to it that it is done right . This shift was unable to have their x-mas dinner as all other shift had due to what was explained in a shift briefing on 11/28/2007 . Quoting what shall means.
2. 01/06/2008 Capt. Wiley meet with A shift during shift briefing @ 1800 hrs stating no inmate is allowed to touch the TV's only the pod officer will now turn on/off change channels on the TV . Officers will have to stand on the inmates stool or use a broom if not tall enough to turn on the TV .This puts the officer in harms way or cause injury. However it was stated if Capt. Wiley caught an inmate touching the TV that officer will be sent home for seven days . It has been reported that the TVs remote control does not work. It has also been stated that if they do not answer their radio the first time during radio check that employee would be wrote up or sent home .
3. 01/09/2008 On this same shift it has been stated that Capt. Wiley runs this shift and what ever he says that's what it will be, and we are to do what we are told . Do it are we are going to be wrote up. That's your warning .
4. 01/18/2008 It was stated by Capt. Wiley that we are not to call main control for any thing call your phase supervisor . If they did they would be wrote up. Yet knowing there are times when the phase Sgt. Is not available.
5. 05/06/2008 Capt. Wiley officially took over a shift .
6. 05/20/2008 Capt. Wiley exit SLRDC returning @ 0315 hrs.
7. 06/08/2008 Capt. Wiley exit SLRDC (not there for radio check @ 0130hrs.
8. 06/12/2008 Capt. Wiley exit SLRDC returning with food for himself and another employee.

This has been an on going problem with Capt. Wiley creating an offensive and hostile environment along with intimidation . This is an violation of Sumter County Policy Harassment and a violation of SLRDC Policy and Procedure # 1.3.19

STATEMENT

On Wednesday, November 05, 2008 approximately 22:40 Captain Wiley approached me, Lt. Kelley in J/K pod and asked me about Officer LaSonja Lambert's leave slip. Captain Wiley wanted to know why a line was drawn through the first date on the leave slip which was November 6, 2008. I, Lt. Kelley explained to Captain Wiley that Officer Lambert requested on November 2, 2008 to be off for her birthday on November 6, 2008. I informed Captain Wiley that I did not approve the November 6 day because Officer Lambert fail to put in a two weeks notice so she drew a line through November 06 and requested to take off on November 20, 2008 instead. Captain Wiley informed me Lt. Kelley that birthday leave did not need to be submitted 2 weeks in advance. After me, Lt. Kelley returned to the supervisor's office Captain Wiley entered with the leave slip that Officer Lambert submitted on November 2, 2008. I, Lt. Kelley approved for Officer Lambert to be off on November 20, 2008 for her birthday, but when Captain Wiley gave me the leave slip that I signed off on November 2, 2008 the date that I approved was altered. The number 0 was written over the number 2 and 6 was written over the 0 to read November 06, instead of November 20, 2008. I, Lt. Kelley did not sign a leave request for Officer Lambert for November 06, 2008. The leave slip that I, Lt. Kelley submitted to Captain Wiley was for November 20, 2008. Captain Wiley told me that he approved for Officer Lambert to be off on November 06, 2008 because she had something to do. But Sgt. Sanders told me on November 02, 2008 that Officer Lambert told him that she wanted November 06, 2008 off so that she could have a long weekend.

THE MEMO THAT CAPTAIN WILEY E-MAILED TO ALL SHIFTS ON SEPTEMBER 22, 2008 CLEARLY STATES THAT ALL LEAVE REQUEST MUST BE TURNED IN TWO WEEKS IN ADVANCE TO INSURE PROPER SHIFT COVERAGE. IT ALSO STATES THAT UNLESS IT IS AN EMERGENCY NO EXCEPTIONS. WILL THE CAPTAIN BE ALLOWED TO CHANGE POLICY ON A DAILY BASIS OR CHANGE POLICY FOR CHOSEN INDIVIDUALS?

END OF STATEMENT

Lt. Cynthia V. Kelley, 1/06/08

Shift A SLRDC

From: Oliver Wiley
Sent: Monday, September 22, 2008 6:02 PM
To: Shift A SLRDC; Shift B SLRDC; Shift C SLRDC; Shift D SRLDC
Cc: Daryl McGhaney
Subject: Leave Request

Be advised all personal leave must be approved by Major McGhaney no exceptions. All leave request must be turned in two weeks in advance to insure proper coverage for shifts. Remember If two people are already scheduled to be off the third person can not have that time off. Unless it is an emergency no exceptions. All emergency leave must be pre-approved by myself prior to leave taken.

10/7/2008

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Sumter - Lee Regional Detention Center

Incident Report

Incident: Leave Request

Reporting Officer: Maj. D. McGhaney

Location: Sumter/Lee Regional Det

Time: 3:10 p.m.

Date: 9/17/2008

Persons Involved:

Capt. Oliver Wiley
Dir. Simon Major

Incident:

On Thursday, September 17, 2008 at 3:10 p.m. Capt. Oliver Wiley entered my office stating that he had some work completed for Dir. Simon Major. I then stated that's fine, and proceeded to tell him that he was disapprove for Friday, Sept. 19, 2008 because it was a last minute notice and he knows what procedure is two weeks notice in advance. Capt. Wiley then stated that he was tired of this working like a dog for the director and he gets disapprove. He then said: "I know what I'm gonna do!" "I'm not going to Mr. Noonan or Ms. Dennis again because nothing was done and he's still here!" He said: I'm going to County Council and when they ask for comments and concerns, I'm going to stand up and tell them to investigate the jail because there's a lot of stuffs going on with favoritism, like Sammie Rembert he is the only one working everyday and that shouldn't be and Sammie having a key to everything and he is the Captain of Security and don't have a key, and I (Maj. McGhaney don't support him at all) and he as the Captain doesn't have any authority at the jail, and he's gonna tell all that! Nothing personal.

R
YES
NO

Officers on Duty:

Assistant Director:

Daryl F. McPherson

Sumter - Lee Regional Detention Center

Incident Report

Subject: Leave Request

Reporting Officer: Maj. D. McManey

Location: Sumter/Lee Regional Det

Time: 3:10 p.m.

Date: 8/17/2008

Persons Involved:

Capt. Oliver Willey
Dir. Simon Major

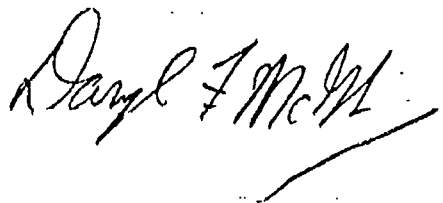
Incident:

He then got up and showed Dir. Major's copy of the work he did for Director Major regarding Judge Ward. I then said to Capt. Willey all of this because I disapprove his time and he was acting very unprofessional as a Captain. Capt. Willey then asked me if I remember back in August when he told me that he had two Fridays to take and I approve him off one Friday and he told me that he would let me know when the other Friday was, and I told him Yes, I do remember the conversation and I told him to let me know in advance what Friday he needed. Capt. Willey then apologized for not letting me know ahead of time. After remembering the conversation that Capt. Willey and I had discussed back in August, and although it was not a two weeks notice, I approve Capt. Willey off for 9/19/08 since he stated that he had to go to a wedding rehearsal. Director Major was notified, and This is for information purposes only.

R
YES
NO

Officers on Duty:

Assistant Director:



Sumter - Lee Regional Detention Center

Incident Report

Subject: Leave Request

Reporting Officer: Maj. D. McPhanay

Location: Sumter/Lee Regional Det

Time: 3:10 p.m.

Date: 9/17/2008

Persons Involved:

Capt. Oliver Wiley
Dir. Simon Major

Incident:

He then got up and shedded Dir. Major's copy of the work he did for Director Major regarding Judge Ward. I then said to Capt. Wiley all of this because I disapprove his time and he was acting very unprofessional as a Captain. Capt. Wiley then asked me if I remember back in August when he told me, that he had two Fridays to take and I approve him off one Friday and he told me that he would let me know when the other Friday was, and I told him Yes, I do remember the conversation and I told him to let me know in advance what Friday he needed. Capt. Wiley then apologized for not letting me know ahead of time. After remembering the conversation that Capt. Wiley and I had discuss back in August, and although it was not a two weeks notice, I approve Capt. Wiley off for 9/19/08 since he stated that he had to go to a wedding rehearsal. Director Major was notified, and This is for information purposes only!

P.S. Capt. Wiley also stated that working 3 to 11 is a hardship on him because he can't go to his functions like everybody else. He stated that he's the only Captain to work shift, and he was told after 1 yr he and Capt. Gaillard would switch. DM

R
YES
NO

Officers on Duty:

Assistant Director:

Harold F. McPhanay

Sumter - Lee Regional Detention Center

Incident Report

Incident: Telephone

Reporting Officer: Maj. D. McGhaney

Location: SLRDC

Time: 2:15 p.m.

Date: 6/20/2008

Persons Involved:

Mrs. Lorraine Dennis
Capt. O. Wiley

Incident:

On Friday, June 20, 2008 I Maj. D. McGhaney received a telephone call from Ms. Lorraine Dennis informing me that she had just spoke to Capt. O. Wiley concerning his overtime. I informed Ms. Dennis that Capt. Wiley is an exempt employee and does not accumulate overtime. She then informed me that Capt. Wiley mention that he is on shift and his status need to be change. I then informed Ms. Dennis that Capt. Wiley gets all his time off that he ask for and has never been turn down for leave. I informed Capt. Wiley that if he has any comp. time just let me know and I'll approve it. Ms. Dennis then stated that Capt. Wiley informed her that he gave us the papers concerning Lt. Buchanan and he had not heard anything yet. I stated that Mr. Major was going to meet with Capt. Wiley concerning that but has not gotten with him yet. Ms. Dennis then stated that we need to get this matter resolved and need to pull him off shift. I then stated I'll let Mr. Major know. She then ask for Mr. Major phone number and stated that she would call him.

R
YES
NO

Officers on Duty:

Assistant Director :

Dayle F. Mott

Statement

On Friday, June 20, 2008 at 8:45 p.m. Capt. O. Wiley left a message on my cell phone to call the control room. At approximately 9:30 p.m. I Maj. D. McGhaney called the control room and spoke with Ofc. Monica Nelson informing her that I'm returning Capt. Wiley's call. When Capt. Wiley picked up the phone, I asked him was everything all right and he stated yes. He then proceeded to ask me what happen to his paper that he gave me concerning Lt. Buchanan, and I said to him that Dir. Major has it and he's going to get with you. Capt. Wiley then stated "what are y'all going to do about my overtime, I have twenty two hours of overtime". I then reminded Capt. Wiley that he is an exempt employee and he does not get paid for overtime but if he wanted to take the time off, he will get his days off that he needs. Capt. Wiley then stated "But I still have to put in a two weeks notice." And I said yes, like all the other captains. Then Capt. Wiley said, No! he's the only one. Then he said, "What about my vacation?" I then explained to Capt. Wiley, that if he has record of hours that he worked over, then he does not have to worry about his vacation time and just use the hours that he worked over, and put in his two weeks notice in so Capt. Gaillard can work the shift in his absence. Capt. Wiley then made the statement that he is the only one working shift. Then Capt. Wiley said: So for example, if I wanted tomorrow night off then you saying I should have put in a two weeks notice. And I said yes like all the other captains. And He said No! I'm the only one but I know what to do. I then realized that Capt. Wiley was upset and trying to argue that's when I ended the conversation by saying to him "His point is well taken." I then contact Dir. Major and told him about the telephone conversation with Capt. Wiley.

Sumter - Lee Regional Detention Center

Incident Report

Incident: _____

Reporting Officer: Maj. D. McGhaney

Location: SLRDC Conference Room

Time: 11:00 a.m.

Date: 6/11/2008

Persons Involved:

Dir. S. Major
Maj. D. McGhaney
William Bill Noonan

Capt. T. Ray-Lee
Capt. R. Galliard
Capt. O. Wiley

Incident:

3) Capt. Wiley says that he has no support because on several occasions I have spoken to Capt. Wiley to keep me abreast of what's going on here at the jail, and he has failed to do that, and yes I stated to him "Like the Director said: "You not going to stop until he send you home," and that's where it's headed his behavior continue. Then I clearly said that it's not good when my supervisor ask me about an incident, and I tell him, I was not inform of that incident by no one. I made it clear that it was Capt. Wiley responsibility to keep me informed of what's going on here at the jail. Mr. Noonan then talked about the budget, also wanted us to give him an exact number it takes to run the jail effectively and last he wanted us to communicate with each other more frequently. Dir. Major then inform Mr. Noonan that Capt. Wiley being placed on shift has nothing to do with Buchanan absentees, it has to do with how Lt. Buchanan was running her shift, and we met with Capt. Wiley on Mon. 6/10/08 and told him that to do to get her back up to standards, and give her little by little responsibility back until he can slowly pulled himself away from her, and post assignments will be her last and finally task before she's ready to run her shift. Capt. Wiley agreed and did not have any comments at that time.

IS

Officers on Duty:

Assistant Director:

Daryl F. Moore

Sumter - Lee Regional Detention Center

Incident Report

Incident: Meeting

Reporting Officer: Maj. D. McGhaney

Location: SLRDC Conference Room

Time: 11:00 a.m.

Date: 6/11/2008

Persons Involved:

Dir. S. Major
Maj. D. McGhaney
William Bill Noonan

Capt. T. Ray-Lee
Capt. R. Galliard
Capt. O. Wiley

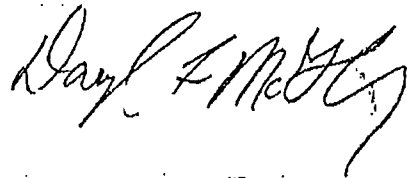
Incident:

On Wednesday, June 11, 2008 at 11:00 a.m. the above listed individuals had a meeting with the county administrator Mr. William Bill Noonan in reference to Capt. O. Wiley informing Ms. Lorraine Dennis that he had no support from Dir. Simon Major and Myself (Maj. D. McGhaney). Capt. Wiley issues were: (1) he felt like he should have not been working on A Shift (Lt. Buchanan) because of her excessive leave or absentee from work and he strongly believe that it would not solve the problem. (2) He also felt like when he wanted to flex his schedule to where he could come in early and leave early, I informed Capt. Wiley that the Director would have to approve that. I Maj. McGhaney spoke to the Director about Capt. Wiley hours and was informed that Capt. Wiley hours were from 4:00 p.m. to 12:00 a.m. I then told Capt. Wiley "No" the director specifically says that your hours or from 4:00 p.m. to 12:00 a.m.

R
/RS
VO

Officers on Duty:

Assistant Director:



THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

R. Michael Campbell, II, Aisha G. Taylor and Gene McCaskill,
Commissioners for the Appellate Panel

Case No. W.C.C. File No.: 1109844
Appellate Case No. 2015-000324

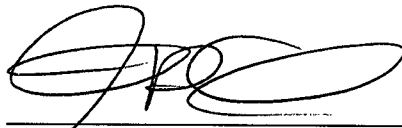
Oliver M. Wiley, Employee, Appellant,
v.

Sumter County, Employer and South Carolina Counties Workers' Compensation Trust,
Carrier, Respondents.

Certificate of Counsel

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

August 10, 2015



John D. Clark, Esquire, SC Bar No. 64296
Clark Law Firm, LLC
22 East Liberty Street
Post Office Drawer 880
Sumter, South Carolina 29151-880
(803) 775-1234 • (803) 775-8590 *fax*
Attorney for Appellant

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