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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, Commissioner

W.C.C. File No. 0802605
Appellate Case No.2015-002120

Tommy G. Houston, Employee, ... Respondent,

v.

Garda World Security, Employer, and Gallagher Bassett Services, Inc., Carrier, . . . Appellants.

RECORD ON APPEAL – Vol. I

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Tommy G. Houston, ... Claimant,

v.

Garda World Security, ... Employer/Defendant,

and

Gallagher Bassett Services, Inc., ... Carrier/Defendant,

Of Whom

Defendants are .....Appellants,

and

Claimant is .....Respondent.

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

FILE NO.: **0802605**

Tommy G. Houston, Employee-Claimant,

Respondent,

vs.

Garda World Security, Employer-Defendant,

and

Gallagher Bassett Services, Inc., Carrier-Defendant,

Appellants.

Appellate Panel Review Held in Columbia, South Carolina on June 15, 2015, per notice timely and properly served upon all parties of interest.

Appearances: Kathryn Williams, Esq. of Kathryn Williams, P.A., of Greenville, South Carolina for Claimant

R. Daniel Addison, Esq. of Hedrick, Gardner, Kincheloe & Garofallo, L.L.P., of Columbia, South Carolina for Defendants

Purpose: Appellate Panel Review of issues set forth on Defendants' Form 30 Request for Commission Review

Filed: September 8, 2015

STATEMENT OF CASE

This claim came before the Single Commissioner on November 14, 2014 on Claimant's Form 50 seeking a change of condition for the worse to his right knee subsequent to an accepted claim and award with a date of injury of March 11, 2008. Claimant, then unrepresented by counsel, entered into a Form 16A settlement agreement on February 4, 2010 with Defendants for injuries sustained in a motor vehicle accident in the course and scope of his employment to his right shoulder and low back with affected ribs, right knee, right hand, left hip, and left leg. Claimant, after retaining counsel, pursued a change of condition for additional medical treatment by filing a Form 50, claim only, on July 13, 2010 for the all the body parts listed above. Claimant continued to pursue additional medical treatment for his change of condition by filing a Form 50, request for hearing, on November 11, 2010.

Prior to the hearing set on Claimant's Form 50, the parties entered into a Consent Order dated March 16, 2011. In that Consent Order, the parties agreed that Claimant sustained a change of condition to his low back and right shoulder, Defendants would provide treatment with Dr. Phillip Wessinger and temporary total disability benefits, and all other issues were held in abeyance.

The hearing before the Single Commissioner was set on Claimant's Form 50, request for hearing, filed July 22, 2014, where Claimant contended he sustained an injury to his right knee in the original accident that was an undiagnosed condition or, alternatively, has since become worse and needs additional medical treatment, including surgery recommended by Dr. John Paylor. Claimant asserted that he met the requirements for preserving the issue of treatment and benefits for his right knee, and that

at the time of the March 16, 2011 Consent Order, surgery to his low back was the immediate medical issue. Additionally, Claimant asserted that he was not sitting on his rights to bring a claim for his right knee because, in the interest of judicial economy, there was no reason to seek an Order from the Commission for treatment until such time as treatment was denied – which did not occur until after March 2014.

Defendants asserted Claimant did not timely pursue his right knee change of condition claim as required by S.C. Code Ann. § 42-17-90. Defendants did not object to the Commission's jurisdiction to hear the claim but asserted that the Single Commissioner must make a finding that Claimant timely pursued his claim under § 42-17-90 before addressing the merits. Defendants further argued that if the Single Commissioner held the change of condition claim was timely pursued, Claimant's current right knee symptoms were new and not related to his original injury by accident.

By Order filed February 17, 2015, the Single Commissioner found that the term "held in abeyance" in the March 16, 2011 Consent Order preserved Claimant's right to file for a change of condition for his right knee as it was initially pled in his Form 50 for a change of condition that was filed within the one year period per the statute. As Claimant's right to file for a change of condition for his right knee was preserved, the Single Commissioner found that the Commission has jurisdiction to hear Claimant's change of condition claim. After finding the Commission has jurisdiction, the Single Commissioner held that Claimant met his burden of proving a change of condition for the worse to his right knee; that Claimant is entitled to all causally related medical treatment and evaluation expenses to his right knee, including the right knee surgery recommended by Dr. Paylor; and that Claimant has not reached maximum medical improvement. The

Single Commissioner also found Claimant credible in his testimony, wherein he described the gap between his initial report of his right knee injury and later complaints as being due to the greater pain he felt and priority he gave to addressing his back and right shoulder, which both required surgery.

Within the statutory period, Defendants filed a Form 30, request for commission review, of the Single Commissioner's Order. Defendants contend the Single Commissioner erred in finding jurisdiction to review a change of condition award to Claimant's right knee and finding Claimant sustained a compensable change of condition for the worse to his right knee.

Claimant contends the Single Commissioner committed no error, correctly determined the presented issues, and that the Order of the Single Commissioner should be affirmed in its entirety.

All proffered testimony and documentary evidence has been taken and delivered to the individual members of the Appellate Panel for their study and consideration.

EVIDENCE OF THE CASE

At the hearing before the Single Commissioner, the following summarized evidence was presented:

Claimant testified that he is 58 years old, graduated high school, attended two years of college, but did not earn a degree. (Hrg. tr. p. 13, line 18 – p. 14, line 2) Claimant testified that he started work for Employer-Defendant in May 2005 as a driver/messenger. (Hrg. tr. p. 14, lines 3 – 11) Claimant testified that his job duties included driving and transporting money to and from the Federal Reserve Bank, local

banks, and merchants. (Hrg. tr. p. 14, lines 6 – 17) Claimant testified he was originally injured in a motor vehicle accident at work on March 11, 2008. (Hrg. tr. p. 14, line 18 – p. 15, line 18)

As a result of the accident, Claimant testified he underwent right shoulder surgery with Dr. Wessinger in July 2008. (Hrg. tr. p. 16, lines 5 – 9) Claimant testified he was out of work until May 11, 2009 from the shoulder surgery then settled his workers' compensation claim on a Form 16A, unrepresented by counsel, in February 2010. (Hrg. tr. p. 16, line 10 – p. 17, line 3) Claimant testified that when he signed the Form 16A, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again. (Hrg. tr. p. 17, line 18 – p. 18, line 9)

Claimant testified that he returned to Dr. Wessinger in September 2010 complaining of his back and right knee. (Hrg. tr. p. 18, line 20 – p. 19, line 16) Claimant testified he saw Dr. Michael Bucci and then Dr. Charles Kanos, who evaluated his back but would not address his right knee. (Hrg. tr. p. 19, line 21 – p. 20, line 1; p. 33, lines 16 – 23) Claimant testified several documents were completed during his return period of treatment with Dr. Wessinger that list his right knee as a complaint, including: a Patient Recheck Questionnaire completed at Dr. Wessinger's office on October 6, 2010, FMLA application paperwork, and a FMLA patient addendum from Steadman Hawkins. (Hrg. tr. p. 20, line 2 – p. 24, line 22)

Claimant testified that during the time of his deposition in November 2010 he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were included. (Hrg. tr. p. 29, line 18 – p. 30,

line 6) Claimant testified he pursued his back claim as his most symptomatic medical condition until the carrier denied treatment and then he retained counsel to help seek the treatment recommended by Dr. Kanos. (Hrg. tr. p. 30, line 7 – p. 31, line 7) Claimant testified that after approval, Dr. Kanos performed back surgery then referred him back to Dr. Jyoti Math for chronic pain management. (Hrg tr. p. 31, line 13 – p. 31, line 25) Claimant testified that he told all his treating physicians about his right knee symptoms.

Claimant testified that while recovering from his back surgery, his medical care providers encouraged him to increase walking, and he noticed his right knee was worse. (Hrg. tr. p. 32, lines 3 – 7) Claimant testified he requested treatment for his right knee and Defendants sent him to Dr. Paylor. (Hrg. tr. p. 32, lines 8 – 13) Claimant testified that the carrier approved all treatment with Dr. Paylor until surgery was recommended, at which point all further treatment was denied. (Hrg. tr. p. 32, line 14 – p. 33, line 5) Claimant testified that he has not received any treatment for his right knee since the carrier denied authorization but that he would like the treatment that Dr. Paylor has recommended. (Hrg. tr. p. 32, line 24 – p. 33, line 11)

The medical evidence shows that when Claimant presented to Dr. Wessinger on April 30, 2008, Dr. Wessinger noted Claimant complained of right knee pain after his motor vehicle accident at work on March 11, 2008 but that the pain had improved since the date of accident. (APA p. 192) Dr. Wessinger continued to monitor Claimant's shoulder and back injuries and on July 1, 2009, Dr. Wessinger placed Claimant at maximum medical improvement for his right shoulder and back and assigned a 15 percent impairment to his right shoulder and 7 percent to his back. (APA p. 230)

Claimant completed a Patient Recheck Questionnaire at Dr. Wessinger's office on October 6, 2010, and indicated problems with his back, shoulder, and knee. (APA p. 10) In a November 3, 2010 statement, Dr. Wessinger opined that Claimant sustained a change of condition for the worse since release on July 1, 2009. (APA p. 14)

Claimant completed an Information for Disability/FMLA Benefits Form on October 6, 2010, indicating that he was injured in an auto accident on March 11, 2008, and sustained injury to his right shoulder, right knee, and lower back. (APA p. 191)

On December 12, 2012, Claimant underwent back surgery with Dr. Kanos, who performed: 1) L5-S1 posterior lumbar interbody fusion; 2) Orthofix Phoenix L5-S1 pedicle screw fixation; 3) L5-S1 interbody fusion cage; 4) L5-S1 decompressive laminectomy; 5) L5-S1 total facetectomy; and 6) L5-S1 foraminotomies. (APA p. 175)

On April 24, 2013, Dr. Kanos assigned Claimant permanent restrictions of no lifting over 35 pounds, no repetitive bending more than 60 degrees, and restricted his ability to sit for 8 hours a day or walk for 2 hours with breaks. (APA p. 169) Dr. Kanos placed him at maximum medical improvement for his back with a 25 percent impairment rating to the lumbar spine. (Id.) Dr. Kanos noted that Claimant was treating with Dr. Math for pain management and recommended that treatment continue. (Id.) On an October 21, 2013 follow up, Dr. Kanos noted that Claimant used a cane because of right knee pain and had received a diagnosis of a meniscal tear. (APA p. 172)

Claimant began treatment with Dr. Math on August 18, 2011, initially on referral from Dr. Bucci, then again after back surgery with Dr. Kanos. (APA p. 101) On a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse. (Id.) On September 9, 2013, Dr. Math confirmed with her office that they

tried on multiple occasions to contact workers' compensation regarding his right knee without receiving a response. (APA p. 110) Dr. Math noted that she hoped Claimant would not sustain further damage to his right knee as it needed serious attention. (Id.)

On an October 9, 2013 recheck, Dr. Math noted Claimant continued to have right knee pain secondary to a meniscal tear. (APA p. 113) Dr. Math noted her concern that Claimant needed to be seen by an orthopedic surgeon but had not heard from workers' compensation. (Id.) Dr. Math noted she would send another request to Claimant's follow up appointment with Dr. Wessinger and, in the meantime, arrange a knee brace and prescribe Voltaren gel. (Id.)

On January 6, 2014, Dr. Math noted Claimant had right knee pain since his work injury and a June 25, 2013 MRI was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. (APA pp. 121, 416) She noted Claimant had treated with Dr. Wessinger and was evaluated by Dr. Paylor. (APA p. 121) She noted Dr. Paylor recommended surgery and was awaiting approval from workers' compensation. (Id.) She noted Claimant had right knee pain that gave him a lot of trouble and his knee started to make noises – cracking and popping – whenever he walked. (Id.) She noted he walked with a limp from right knee pain. (Id.) On June 4, 2014, Dr. Math noted that Claimant still had not received surgery for his right knee meniscal tear and he was also waiting for a SI injection. (APA p. 137)

In a June 13, 2014 statement, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in pursuant to his medical providers' advice following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee. (APA p. 140)

On July 2, 2014, Dr. Math noted that Claimant continued to have left hip, lower back, and right knee pain. (APA p. 141) She noted Claimant felt the right knee pain was getting worse as the knee would occasionally lock or give out on him and he was scared of losing his balance and falling. (Id.) Dr. Math noted Claimant felt his gait had been abnormal because of the knee pain and that his left hip had flared up around the left SI joint. (Id.) She noted that Claimant continued to wait for workers' compensation regarding the recommended arthroscopic repair by Dr. Paylor. (APA p. 142) Dr. Math noted that if the repair is not done in a timely manner, the outcome will not be optimal. (Id.)

October 17 and 28, 2013 office notes from Piedmont Orthopaedics show workers' compensation authorization for evaluation and treatment of Claimant's right knee. (APA pp. 181, 182)

Claimant underwent an evaluation with Dr. Paylor for his right knee on November 5, 2013. (APA p. 178) Dr. Paylor noted that Claimant sustained a right knee injury from a March 11, 2008 on the job motor vehicle accident, experienced pain since the injury, and that his right knee continued to bother him a great deal. (APA p. 179) Dr. Paylor discussed treatment recommendations and noted Claimant would like to be scheduled for an arthroscopy of the right knee with a lateral meniscectomy. (Id.)

On March 25, 2014, Dr. Paylor noted that Claimant's right knee was getting worse and was still swollen. (APA p. 180) He noted that Claimant required a cane to walk, was unable to work, and was waiting on approval for surgery. (Id.)

In a June 26, 2014 statement, Dr. Paylor opined that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while

working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery. (APA p. 185)

In his November 17, 2010 deposition, Claimant testified that when he was 18 years old he was involved in a motor vehicle accident in which he was struck by a drunk driver. (Claimant depo p. 16, lines 13 – 18) As a result of the accident, Claimant testified that he had right knee surgery to repair cartilage but did not have any further problems with his right knee until his March 11, 2008 motor vehicle accident at work. (Claimant depo p. 16, lines 19 – 25) After his March 11, 2008 accident, Claimant testified that he treated with Dr. Wessinger for his right shoulder, back, and right knee. (Claimant depo p. 24, lines 16 – 20) Claimant testified that while he was treating with Dr. Wessinger, his right knee symptoms improved as he recovered from surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse. (Claimant depo p. 24, line 21 – p. 25, line 1)

Claimant testified that at the time of signing the Form 16A in February 2010, he had soreness and swelling in his right knee and that the next treatment he received was a return visit to Dr. Wessinger on September 1, 2010 for pain in his right shoulder, back, and right knee. (Claimant depo p. 33, lines 2 – 15) Claimant testified that he began to notice soreness and a worsening of his right knee when he returned to work and became active after remaining largely immobile after surgery. (Claimant depo p. 41, lines 13 – 24) Claimant testified that if he walked for 10 minutes, he needed something to hold for support because he felt like his knee would give away. (Claimant depo p. 45, lines 4 -13)

Claimant testified that he thought his back was the worst problem initially but Dr. Wessinger was focused on his right shoulder. (Claimant depo p. 45, line 25 – p. 46, line 5)

In Dr. Paylor's July 1, 2014 deposition, he testified that if other medical records do not include mention of Claimant's right knee, it is likely because the medical providers did not specifically ask and that they were focused on other body parts besides the right knee. (Paylor depo p. 20, line 15 – p. 21, line 9) Dr. Paylor noted that he did not ask about or give an opinion regarding Claimant's back because he focused on Claimant's right knee. (Paylor depo p. 23, line 20 – p. 24, line 11) Dr. Paylor testified that the only known cause for Claimant's right knee problems was the March 11, 2008 motor vehicle accident. (Paylor depo p. 24, lines 12 – 24; p. 25, lines 12 – 21) Dr. Paylor testified that the radiology note from Claimant's June 25, 2013 MRI did not mention a new tear since the accident and opined that if Claimant's tear was newer, the radiologist would have made note of it. (Paylor depo p. 26, line 25 – p. 27, line 7) Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first and then for other injuries that were not as noticeable at the time to arise later. (Paylor depo p. 30, lines 8 – 13, 23 – 25) Dr. Paylor testified that on Claimant's right knee MRI, the handle portion of the bucket handle tear can no longer be seen, indicating the tear has been present a long time. (Paylor depo p. 34, line 22 – p. 35, line 2)

Dr. Math testified in her September 3, 2014 deposition that she saw Claimant mainly for his right shoulder and back issues, not his right knee. (Math depo p. 8, lines 6 – 13) Dr. Math testified that she recalled and her medical records reflect that Claimant

complained of knee pain in his first visit in August 2011 but she did not record which knee. (Math depo p. 11, line 19 – p. 12, line 8; p. 27, lines 3 – 11) Dr. Math testified that she specifically noted that Claimant complained of right knee pain in June 2013 but that his knee had been bothering him since his March 11, 2008 motor vehicle accident. (Math depo p. 29, lines 5 – 10) Dr. Math opined to a degree of certainty greater than 50 percent that the motor vehicle accident most likely caused Claimant's right knee traumatic tear. (Math depo p. 34, line 20 – p. 35, line 8; p. 58, lines 5 – 22) Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the focus shifts to the next more symptomatic body part that was injured but underlying. (Math depo p. 67, lines 10 – 21) Dr. Math maintained and reiterated her June 13, 2014 statement that, to a reasonable degree of medical certainty, more likely than not, Claimant's increased activity after his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment. (Math depo p. 73, lines 2 – 18)

Dr. Wessinger testified in his October 10, 2014 deposition that in his initial office note on April 30, 2008, he recorded that Claimant experienced right knee pain but mainly focused on his more symptomatic back and shoulder. (Wessinger depo p. 5, lines 22 – 25) Dr. Wessinger testified that Claimant complained of knee pain on the Patient Recheck Questionnaire for his office on October 6, 2010, in FMLA documents completed the same day, and in Claimant's November 2010 deposition. (Wessinger depo p. 60, line 14 – p. 61, line 2; p. 61, lines 10 – 16; p. 62, lines 6 – 20; p. 63, lines 2 – 10) Dr. Wessinger testified that Claimant's account that his right knee pain increased after returning to activity post back surgery is possible. (Wessinger depo p. 66, lines 6 – 17; p.

69, lines 7 – 23) Dr. Wessinger testified that it is also possible Claimant's right knee problems originated in his work related accident and that he did not record or recall specifically examining Claimant's right knee. (Wessinger depo p. 69, line 24 – p. 70, line 1; p. 81, lines 17 – 25) Dr. Wessingner testified that his speculation on probability is based on information from an MRI he had not read and a knee he had not evaluated. (Wessinger depo p. 70, lines 7 – 12) Based on that speculation, Dr. Wessinger testified that, outside the period of Claimant's treatment with him, he would defer to the opinion of Dr. Paylor who had the opportunity to see the diagnostic imaging and examine Claimant's right knee. (Wessinger depo p. 70, lines 15 – 21; p. 71, lines 13 – 21)

DECISION

Under S.C. Code Ann. § 42-17-50, an Appellate Panel is empowered to review the appealed award, weigh the evidence as presented at the initial hearing, and, if good grounds are shown therefore, make its own factual findings and legal conclusions consistent with or inconsistent with the Single Commissioner.

Based upon its review of all the evidence on the record in this case, the Panel hereby finds a **full affirmation** of the Single Commissioner's Decision and Order and adopts the Single Commissioner's Findings of Fact and Rulings of Law.

The Panel thereby makes the following Findings of Fact and Rulings of Law:

FINDINGS OF FACT

1. An employee/employer relationship existed between the parties at the time of Claimant's injuries. This finding is based on all the evidence on the record, including

but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

2. Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32. This finding is based on all the evidence on the record, including but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

3. Claimant testified that he worked for Employer-Defendant as a driver/messenger, which required him to drive and transport money to and from the Federal Reserve Bank, local banks, and merchants. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony.

4. Claimant was injured on March 11, 2008 in a motor vehicle accident arising out of and in the course of his work duties for Employer-Defendant. This finding is based on all the evidence on the record, including but not limited to the Claimant's testimony, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

5. Claimant, unrepresented by counsel, initially resolved his workers' compensation claim via a Form 16A settlement on February 4, 2010. Although Claimant's right knee was listed as an affected body part, Claimant only received compensation for his back and his right shoulder. Other affected body parts included Claimant's ribs, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the Form 16A settlement agreement dated February 4, 2010 in Claimant's APA submission 10, at page 186.

6. On July 13, 2010, after retaining counsel, Claimant filed a Form 50, claim only, alleging a change of condition to his right shoulder, back, ribs, right knee, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

7. On November 11, 2010, within the one year period per § 42-17-90, Claimant filed a Form 50, request for hearing, alleging a change of condition to his right shoulder, back, ribs, right knee, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50, request form hearing, in Claimant's APA submission 11, at page 188.

8. The change of condition hearing notice was served on the parties on January 7, 2011, with a hearing date of February 17, 2011. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

9. Prior to the February 17, 2011 hearing, the parties entered in to a Consent Order, dated March 16, 2011, wherein Defendants admitted that Claimant sustained a change of condition to his back and right shoulder and that "all other issues are held in abeyance." This finding is based on all the evidence on the record, including but not limited to the Commission's file.

10. The Panel finds that the term "held in abeyance" in the March 16, 2011 Consent Order preserved Claimant's right to file for a change of condition for his right knee as it was initially pled in his Form 50 for a change of condition that was filed within the one year period per the statute. This finding is based on all the evidence on the

record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

11. As Claimant's right to file for change of condition for his right knee was preserved, the Panel finds the Commission has jurisdiction to hear Claimant's change of condition claim as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

12. Claimant testified that when he signed the Form 16A settlement agreement on February 4, 2010, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

13. Claimant testified in his November 17, 2010 deposition that while he was treating with Dr. Wessinger, his right knee symptoms improved while he recovered from right shoulder surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse. This finding is based on all the evidence on the record, including Claimant's deposition testimony.

14. Claimant testified that during the time of his deposition in November 2010, he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were covered under the terms of the settlement. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

15. Claimant testified that while recovering from his back surgery with Dr. Kanos, his medical care providers encouraged him to increase walking, and he noticed his right knee became more symptomatic. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

16. Claimant continued treatment with Dr. Math after his back surgery with Dr. Kanos and in a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse as he increased activity. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Math.

17. Claimant underwent a June 25, 2013 MRI at Innervision which was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. This finding is based on all the evidence on the record, including but not limited to the medical records of Dr. Math and Innervision.

18. In a June 13, 2014 statement, reiterated in her September 3, 2014 deposition, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

19. In her September 3, 2014 deposition, Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the treatment shifts to a more symptomatic body part that was injured but underlying. This finding is

based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

20. Defendants authorized Claimant's evaluation and treatment with Dr. Paylor for his right knee problems. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records of Dr. Paylor in Claimant's APA submission 9, pages 181 – 184.

21. Dr. Paylor evaluated Claimant for his right knee pain originating from his March 11, 2008 motor vehicle accident at work and recommend a right knee surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically in Claimant's APA submissions, pages 178 – 179.

22. After evaluation, Dr. Paylor opined in June 26, 2014 statement that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically Claimant's APA submission 9, at page 185.

23. In his July 1, 2014 deposition, Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first then other injuries that were not as noticeable at the time of the accident to arise later. This finding

is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

24. Dr. Paylor testified in his deposition that the handle portion of the bucket handle tear can no longer be seen on Claimant's June 25, 2013 MRI, indicating the tear has been present for a long time. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

25. The Panel finds that Claimant has met his burden of proving a change of condition for the worse as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, who was authorized by the Defendants.

26. The Panel finds Claimant credible in his testimony, wherein he described the gap between his initial reporting of his right knee injury and his later complaints as being due to the greater pain he felt and priority he gave to addressing his back and right shoulder, which both required surgery. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

27. The Panel finds Claimant is entitled to all causally related medical treatment and evaluation expenses to his right knee, including the right knee surgery as recommended by Dr. Paylor. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor.

28. Claimant has not reached maximum medical improvement. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

RULINGS OF LAW

1. Under S.C. Code Ann. §§ 42-1-130 to -150, the South Carolina Workers' Compensation Commission has jurisdiction over Claimant's claim for benefits.

2. Under S.C. Code Ann. § 42-1-40 and S.C. Code Reg. 67-1603, Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32.

3. Under S.C. Code Ann. § 42-1-160, Claimant sustained compensable injuries by accident arising out of and in the course of his employment with Employer-Defendant on or about March 11, 2008, specifically causing injury to his right knee.

4. Under S.C. Code Ann. § 42-15-20, Claimant timely reported his March 11, 2008 work related accident and subsequent change of condition to his right knee.

5. Under S.C. Code Ann. § 42-17-90, Claimant properly preserved his right to pursue a change of condition for the worse to his right knee.

6. Under S.C. Code Ann. § 42-17-90, Claimant has sustained a change of condition for the worse to his right knee. See also Gattis v. Murrells Inlet VFW #10420, 353 S.C. 100, 576 S.E.2d 191 (Ct.App.2003)(a change of condition occurs when the claimant experiences a change in physical condition as a result of the original injury, occurring after the first award).

7. Claimant has not reached maximum medical improvement. See Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 593 (Ct.App.1999)(maximum

medical improvement is the plateau at which no further medical care or treatment will lessen the degree of impairment).

8. Under S.C. Code Ann. § 42-15-60, Claimant is entitled to and Defendants are responsible for all causally related medical evaluation and treatment expenses.

ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner is hereby affirmed in its entirety.

IT IS FURTHER ORDERED that:

1. Claimant properly preserved his rights under S.C. Code Ann. § 42-17-90 to pursue a change of condition for the worse to his right knee.

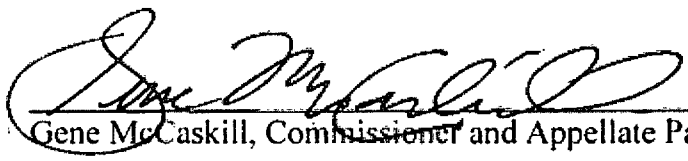
2. Claimant met his burden of proving he suffered a change of condition for the worse to his right knee from his March 11, 2008 injury by accident.

3. Claimant has not reached maximum medical improvement.

4. Claimant is entitled to and Defendants are responsible for all causally related medical evaluation and treatment expenses, specifically including right knee surgery as recommended by Dr. Paylor.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION



Gene McCaskill, Commissioner and Appellate Panel Chair

CONCUR:

Melody L. James, Commissioner

R. Michael Campbell, II, Commissioner

Date: _____
Columbia, South Carolina

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on September 8, 2015

DECISION AND ORDER

of the

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

File No.: **0802605**

Tommy Houston,

Employee-Claimant,

vs.

Garda World Security,

Employer, and

Gallagher Bassett Services, Inc.,

Carrier-Defendants.

Hearing:	Held in Columbia, South Carolina on November 14, 2014
Appearances:	Kathryn Williams, Esq. of Kathryn Williams, P.A., for Claimant
	R. Daniel Addison, Esq. of Hedrick, Gardner, Kincheloe & Garofallo, L.L.P., for Defendants
Purpose:	To determine issues as set forth on the Forms 50 and 51
Decision & Order:	Aisha Taylor, Commissioner
Filed:	February 17, 2015

APA SUBMISSIONS

(as numbered and submitted by the parties)

By Claimant:

APA	Provider	Dates	Pages
#1	Phillip Wessinger, M.D. Steadman Hawkins Clinic	9/1/10 – 11/3/10	1 – 14
#2	Innervision	9/8/10	15 – 16
#3	Innervision	10/14/10	17
#4	Michael N. Bucci, M.D.	4/21/11 – 7/12/11	18 – 34
#5	Innervision	6/2/11	35 – 37
#6	Jyoti Math, M.D. Upstate Medical Rehabilitation	8/18/11 – 7/2/14	38 – 143
#7	Charles C. Kanos, M.D. Southeastern Neurosurgical & Spine	8/1/12 – 10/21/13	144 – 174
#8	Surgery Note	12/12/12	175 – 177
#9	John H. Paylor, III, M.D. Piedmont Orthopaedic Clinic	11/5/13 – 6/26/14	178 – 185
#10	Form 16A	2/4/10	186
#11	Form 50	12/8/10	187 – 190
#12	FMLA Form	10/6/10	191

By Defendants:

APA	Provider	Dates	Pages
#13	Dr. Phillip Wessinger	4/30/08 – 11/3/10	192 – 238
#14	Piedmont Spine and Neurosurgical Group	4/21/11 – 6/28/11	239 – 249
#15	Dr. Jyoti Math	8/18/11 – 12/16/13	250 – 291
#16	Dr. Charles Kanos	8/1/12 – 4/24/13	292 – 308
#17	Upstate Medical Rehabilitation	1/4/12 – 4/15/14	309 – 370
#18	Dr. John Paylor	10/28/13 – 12/18/13	371 – 379
#19	Bon Secours/St. Francis Hospital	1/21/13 – 4/10/13	380 – 402
#20	Greenville Health System	3/11/08	403 – 405
#21	Diagnostic Health	5/14/08	406 – 407
#22	Innervision	9/8/10 – 8/20/12	408 – 415
#23	SC Diagnostic Imaging	6/25/13	416
#24	Greenville Memorial Hospital	12/12/12	417 - 419

DEPOSITIONS

(as ordered and submitted by the parties)

By Claimant:
None submitted

By Defendants:

1. Deposition transcript of Phillip H. Wessinger, M.D., taken October 10, 2014, consisting of 84 pages
2. Deposition transcript of John H. Paylor, III, M.D., taken July 1, 2014, consisting of 51 pages
3. Deposition transcript of Joyti K. Math, M.D., taken September 3, 2014, consisting of 74 pages
4. Deposition transcript of Tommy G. Houston, taken November 17, 2010, consisting of 49 pages

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

1. The purpose of this hearing is to determine issues set forth on the hearing notice, issues pled on the Forms 50 and 51, and any other issues timely brought before the Commissioner.

2. Notice of the hearing was timely and properly served upon all parties of interest.

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

4. Claimant seeks benefits under the South Carolina Workers' Compensation Act based on injury by accident which occurred on or about March 11, 2008 while working for employer-defendant, and therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the parties. Defendants dispute jurisdiction as to the merits of the From 50.

5. The Commission's file and the Single Commissioner's notes are part of the record of this case, with the exception of any self-serving declarations or unstipulated medical reports.

6. Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32.

CLAIMANT'S BIOGRAPHICAL INFORMATION

Age:	58
Education:	Graduated high school and attended some college
Work History:	Claimant worked for employer-defendant for 5 years as a driver/messenger

STATEMENT OF THE CASE

Claimant seeks a finding of compensability for a change of condition for the worse to his right knee subsequent to an accepted claim and award with a date of injury of March 11, 2008. Claimant, then unrepresented by counsel, entered into a Form 16A settlement agreement on February 4, 2010 with Defendants for injuries sustained in a motor vehicle accident in the course and scope of his employment to his right shoulder and low back with affected ribs, right knee, right hand, left hip, and left leg. Claimant, after retaining counsel, pursued a change of condition for additional medical treatment by filing a Form 50, claim only, on July 13, 2010 for the all the body parts listed above. Claimant continued to pursue additional medical treatment for his change of condition by filing a Form 50, request for hearing, on November 11, 2010.

Prior to the hearing set on Claimant's Form 50, the parties entered into a Consent Order dated March 16, 2011, agreeing that claimant sustained a change of condition to his low back and right shoulder, Defendants would provide treatment with Dr. Phillip Wessinger and temporary total disability benefits, and holding all remaining issues in abeyance.

The present hearing was set on Claimant's Form 50, request for hearing, filed July 22, 2014, where Claimant contends he sustained an injury to his right knee in the original accident that was an undiagnosed condition or, alternatively, has since become worse and needs additional medical treatment, including surgery recommended by Dr. John Paylor. Claimant asserts that he met the requirements for preserving the issue of treatment and benefits for his right knee, and that at the time of the March 16, 2011 consent order, surgery to his low back was the immediate medical issue. Additionally, Claimant asserts that he was not sitting on his rights to bring a claim for his right knee because, in the interest of judicial economy, there was no reason to seek an Order from the Commission for treatment until such time as treatment was denied – which did not occur until after March 2014.

Defendants assert Claimant did not timely pursue his right knee change of condition claim as required by S.C. Code Ann. § 42-17-90. Defendants do not object to the Commission's jurisdiction to hear the claim but assert that the Single Commissioner must make a finding that Claimant timely pursued his claim under § 42-17-90 before addressing the merits.

Should the Single Commissioner decide the change of condition claim was timely pursued, Defendants contend Claimant's current right knee symptoms are new and not related to his original injury by accident.

EVIDENCE OF THE CASE

At the hearing, Claimant testified that he is 58 years old, graduated high school, attended two years of college, but did not earn a degree. Claimant testified that he started work for Employer-defendant in May 2005 as a driver/messenger. Claimant testified that his job duties included driving and transporting money to and from the Federal Reserve Bank, local banks, and merchants. Claimant testified he was originally injured in a motor vehicle accident at work on March 11, 2008.

As a result of the accident, Claimant testified he underwent right shoulder surgery with Dr. Wessinger in July 2008. Claimant testified he was out of work until May 11, 2009 from the shoulder surgery then settled his Workers' Compensation claim on a Form 16A, unrepresented by counsel, in February 2010. Claimant testified that when he signed the Form 16A, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again.

Claimant testified that he returned to Dr. Wessinger in September 2010 complaining of his back and right knee. Claimant testified he saw Dr. Michael Bucci and then Dr. Charles Kanos, who evaluated his back but would not address his right knee. Claimant testified several documents were completed during his return period of treatment with Dr. Wessinger that list his right knee as a complaint, including: a Patient Recheck Questionnaire completed at Dr. Wessinger's office on October 6, 2010, FMLA application paperwork, and a FMLA patient addendum from Steadman Hawkins.

Claimant testified that during the time of his deposition in November 2010 he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were included. Claimant testified he pursued his back claim as his most symptomatic medical condition until the carrier denied treatment and then he retained counsel to help seek the treatment recommended by Dr. Kanos. Claimant testified that after approval, Dr. Kanos performed back surgery then referred him back to Dr. Jyoti Math for chronic pain management. Claimant testified that he told all his treating physicians about his right knee symptoms.

Claimant testified that while recovering from his back surgery, his medical care providers encouraged him to increase walking, and he noticed his right knee was worse. Claimant testified he requested treatment for his right knee and Defendants sent him to Dr. Paylor. Claimant testified that the carrier approved all treatment with Dr. Paylor until surgery was recommended, at which point all further treatment was denied. Claimant testified that he has not received any treatment for his right knee since the carrier denied authorization but that he would like the treatment that Dr. Paylor has recommended.

The medical evidence shows that when Claimant presented to Dr. Wessinger on April 30, 2008, Dr. Wessinger noted Claimant complained of right knee pain after his motor vehicle accident at work on March 11, 2008 but that the pain had improved since the date of accident. Dr. Wessinger continued to monitor Claimant's shoulder and back injuries and on July 1, 2009, Dr. Wessinger placed Claimant at maximum medical improvement for his right shoulder and back and assigned a 15 percent impairment to his right shoulder and 7 percent to his back.

Claimant completed a Patient Recheck Questionnaire at Dr. Wessinger's office on October 6, 2010, and indicated problems with his back, shoulder, and knee. In a November 3, 2010 statement, Dr. Wessinger opined that Claimant sustained a change of condition for the worse since release on July 1, 2009.

Claimant completed an Information for Disability/FMLA Benefits Form on October 6, 2010, indicating that he was injured in an auto accident on March 11, 2008, and sustained injury to his right shoulder, right knee, and lower back.

On December 12, 2012, Claimant underwent back surgery with Dr. Kanos, who performed: 1) L5-S1 posterior lumbar interbody fusion; 2) Orthofix Phoenix L5-S1 pedicle screw fixation; 3) L5-S1 interbody fusion cage; 4) L5-S1 decompressive laminectomy; 5) L5-S1 total facetectomy; and 6) L5-S1 foraminotomies.

On April 24, 2013, Dr. Kanos assigned Claimant permanent restrictions of no lifting over 35 pounds, no repetitive bending more than 60 degrees, and restricted his ability to sit for 8 hours a day or walk for 2 hours with breaks. Dr. Kanos placed him at maximum medical improvement for his back with a 25 percent impairment rating to the lumbar spine. Dr. Kanos noted that Claimant was treating with Dr. Math for pain management and recommended that treatment continue. On an October 21, 2013 follow up, Dr. Kanos noted that Claimant used a cane because of right knee pain and had received a diagnosis of a meniscal tear.

Claimant began treatment with Dr. Math on August 18, 2011, initially on referral from Dr. Bucci, then again after back surgery with Dr. Kanos. On a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse. On September 9, 2013, Dr. Math confirmed with her office that they tried on

multiple occasions to contact workers' compensation regarding his right knee without receiving a response. Dr. Math noted that she hoped Claimant would not sustain further damage to his right knee as it needed serious attention.

On an October 9, 2013 recheck, Dr. Math noted Claimant continued to have right knee pain secondary to a meniscal tear. Dr. Math noted her concern that Claimant needed to be seen by an orthopedic surgeon but had not heard from workers' compensation. Dr. Math noted she would send another request to Claimant's follow up appointment with Dr. Wessinger and, in the meantime, arrange a knee brace and prescribe Voltaren gel.

On January 6, 2014, Dr. Math noted Claimant had right knee pain since his work injury and a June 25, 2013 MRI was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. She noted Claimant had treated with Dr. Wessinger and was evaluated by Dr. Paylor. She noted Dr. Paylor recommended surgery and was awaiting approval from workers' compensation. She noted Claimant had right knee pain that gave him a lot of trouble and his knee started to make noises – cracking and popping – whenever he walked. She noted he walked with a limp from right knee pain. On June 4, 2014, Dr. Math noted that Claimant still had not received surgery for his right knee meniscal tear and he was also waiting for a SI injection.

In a June 13, 2014 statement, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in pursuant to his medical providers' advice following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee.

On July 2, 2014, Dr. Math noted that Claimant continued to have left hip, lower back, and right knee pain. She noted Claimant felt the right knee pain was getting worse as the knee would occasionally lock or give out on him and he was scared of losing his balance and falling. Dr. Math noted Claimant felt his gait had been abnormal because of the knee pain and that his left hip had flared up around the left SI joint. She noted that Claimant continued to wait for workers' compensation regarding the recommended arthroscopic repair by Dr. Paylor. Dr. Math noted that if the repair is not done in a timely manner, the outcome will not be optimal.

October 17 and 28, 2013 office notes from Piedmont Orthopaedics show workers' compensation authorization for evaluation and treatment of Claimant's right knee.

Claimant underwent an evaluation with Dr. Paylor for his right knee on November 5, 2013. Dr. Paylor noted that Claimant sustained a right knee injury from a March 11, 2008 on the job motor vehicle accident, experienced pain since the injury, and that his right knee continued to bother him a great deal. Dr. Paylor discussed treatment recommendations and noted Claimant would like to be scheduled for an arthroscopy of the right knee with a lateral meniscectomy.

On March 25, 2014, Dr. Paylor noted that Claimant's right knee was getting worse and still swollen. He noted that Claimant required a cane to walk, was unable to work, and was waiting on approval for surgery.

In a June 26, 2014 statement, Dr. Paylor opined that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became

more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery.

In his November 17, 2010 deposition, Claimant testified that when he was 18 years old he was involved in a motor vehicle accident in which he was struck by a drunk driver. As a result of the accident, Claimant testified that he had right knee surgery to repair cartilage but did not have any further problems with his right knee until his March 11, 2008 motor vehicle accident at work. After his March 11, 2008 accident, Claimant testified that he treated with Dr. Wessinger for his right shoulder, back, and right knee. Claimant testified that while he was treating with Dr. Wessinger, his right knee symptoms improved as he recovered from surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse.

Claimant testified that at the time of signing the Form 16A in February 2010, he had soreness and swelling in his right knee and that the next treatment he received was a return visit to Dr. Wessinger on September 1, 2010 for pain in his right shoulder, back, and right knee. Claimant testified that he began to notice soreness and a worsening of his right knee when he returned to work and became active after remaining largely immobile after surgery. Claimant testified that if he walked for 10 minutes, he needed something to hold for support because he felt like his knee would give away. Claimant testified that he thought his back was the worst problem initially but Dr. Wessinger was focused on his right shoulder.

In Dr. Paylor's July 1, 2014 deposition, he testified that if other medical records do not include mention of Claimant's right knee, it is likely because the medical providers did not specifically ask and that they were focused on other body parts besides

the right knee. Dr. Paylor noted that he did not ask about or give an opinion regarding Claimant's back because he focused on Claimant's right knee. Dr. Paylor testified that the only known cause for Claimant's right knee problems was the March 11, 2008 motor vehicle accident. Dr. Paylor testified that the radiology note from Claimant's June 25, 2013 MRI did not mention a new tear since the accident and opined that if Claimant's tear was newer, the radiologist would have made note of it. Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first and then for other injuries that were not as noticeable at the time to arise later. Dr. Paylor testified that on Claimant's right knee MRI, the handle portion of the bucket handle tear can no longer be seen, indicating the tear has been present a long time.

Dr. Math testified in her September 3, 2014 deposition that she saw Claimant mainly for his right shoulder and back issues, not his right knee. Dr. Math testified that she recalled and her medical records reflect that Claimant complained of knee pain in his first visit in August 2011 but she did not record which knee. Dr. Math testified that she specifically noted that Claimant complained of right knee pain in June 2013 but that his knee had been bothering him since his March 11, 2008 motor vehicle accident. Dr. Math opined to a degree of certainty greater than 50 percent that the motor vehicle accident most likely caused Claimant's right knee traumatic tear. Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the focus shifts to the next more symptomatic body part that was injured but underlying. Dr. Math maintained and reiterated her June 13, 2014 statement that, to a reasonable degree of medical certainty, more likely than not, Claimant's increased activity after his back

surgery aggravated his right knee pain causing the need for additional evaluation and treatment.

Dr. Wessinger testified in his October 10, 2014 deposition that in his initial office note on April 30, 2008, he recorded that Claimant experienced right knee pain but mainly focused on his more symptomatic back and shoulder. Dr. Wessinger testified that Claimant complained of knee pain on the Patient Recheck Questionnaire for his office on October 6, 2010, in FMLA documents completed the same day, and in Claimant's November 2010 deposition. Dr. Wessinger testified that Claimant's account that his right knee pain increased after returning to activity post back surgery is possible. Dr. Wessinger testified that it is also possible Claimant's right knee problems originated in his work related accident and that he did not record or recall specifically examining Claimant's right knee. Dr. Wessingner testified that his speculation on probability is based on information from an MRI he had not read and a knee he had not evaluated. Based on that speculation, Dr. Wessinger testified that, outside the period of Claimant's treatment with him, he would defer to the opinion of Dr. Paylor who had the opportunity to see the diagnostic imaging and examine Claimant's right knee.

FINDINGS OF FACT

1. An employee/employer relationship existed between the parties at the time of Claimant's injuries. This finding is based on all the evidence on the record, including but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

2. Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32. This finding is based on all the evidence on the record, including but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

3. Claimant testified that he worked for Employer-defendant as a driver/messenger, which required him to drive and transport money to and from the Federal Reserve Bank, local banks, and merchants. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony.

4. Claimant was injured on March 11, 2008 in a motor vehicle accident arising out of and in the course of his work duties for Employer-defendant. This finding is based on all the evidence on the record, including but not limited to the Claimant's testimony, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

5. Claimant, unrepresented by counsel, initially resolved his workers' compensation claim via a Form 16A settlement on February 4, 2010. Although Claimant's right knee was listed as an affected body part, Claimant only received compensation for his back and his right shoulder. Other affected body parts included Claimant's ribs, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the Form 16A settlement agreement dated February 4, 2010 in Claimant's APA submission 10, at page 186.

6. On July 13, 2010, after retaining counsel, Claimant filed a Form 50, claim only, alleging a change of condition to his right shoulder, back, ribs, right knee, right

hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

7. On November 11, 2010, within the one year period per § 42-17-90, Claimant filed a Form 50, request for hearing, alleging a change of condition to his right shoulder, back, ribs, right knee, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50, request form hearing, in Claimant's APA submission 11, at page 188.

8. The change of condition hearing notice was served on the parties on January 7, 2011, with a hearing date of February 17, 2011. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

9. Prior to the February 17, 2011 hearing, the parties entered in to a Consent Order, dated March 16, 2011, wherein Defendants admitted that Claimant sustained a change of condition to his back and right shoulder and that "all other issues are held in abeyance." This finding is based on all the evidence on the record, including but not limited to the Commission's file.

10. The undersigned finds that the term "held in abeyance" in the March 16, 2011 Consent Order preserved Claimant's right to file for a change of condition for his right knee as it was initially pled in his Form 50 for a change of condition that was filed within the one year period per the statute. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

11. As Claimant's right to file for change of condition for his right knee was preserved, the undersigned finds the Commission has jurisdiction to hear Claimant's change of condition claim as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

12. Claimant testified that when he signed the Form 16A settlement agreement on February 4, 2010, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

13. Claimant testified in his November 17, 2010 deposition that while he was treating with Dr. Wessinger, his right knee symptoms improved while he recovered from right shoulder surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse. This finding is based on all the evidence on the record, including Claimant's deposition testimony.

14. Claimant testified that during the time of his deposition in November 2010, he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were covered under the terms of the settlement. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

15. Claimant testified that while recovering from his back surgery with Dr. Kanos, his medical care providers encouraged him to increase walking, and he noticed

his right knee became more symptomatic. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

16. Claimant continued treatment with Dr. Math after his back surgery with Dr. Kanos and in a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse as he increased activity. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Math.

17. Claimant underwent a June 25, 2013 MRI at Innervision which was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. This finding is based on all the evidence on the record, including but not limited to the medical records of Dr. Math and Innervision.

18. In a June 13, 2014 statement, reiterated in her September 3, 2014 deposition, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

19. In her September 3, 2014 deposition, Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the treatment shifts to a more symptomatic body part that was injured but underlying. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

20. Defendants authorized Claimant's evaluation and treatment with Dr. Paylor for his right knee problems. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records of Dr. Paylor in Claimant's APA submission 9, pages 181 – 184.

21. Dr. Paylor evaluated Claimant for his right knee pain originating from his March 11, 2008 motor vehicle accident at work and recommend a right knee surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically in Claimant's APA submissions, pages 178 – 179.

22. After evaluation, Dr. Paylor opined in June 26, 2014 statement that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically Claimant's APA submission 9, at page 185.

23. In his July 1, 2014 deposition, Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first then other injuries that were not as noticeable at the time of the accident to arise later. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

24. Dr. Paylor testified in his deposition that the handle portion of the bucket handle tear can no longer be seen on Claimant's June 25, 2013 MRI, indicating the tear has been present for a long time. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

25. The undersigned finds that Claimant has met his burden of proving a change of condition for the worse as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, who was authorized by the Defendants.

26. The undersigned finds Claimant credible in his testimony, wherein he described the gap between his initial reporting of his right knee injury and his later complaints as being due to the greater pain he felt and priority he gave to addressing his back and right shoulder, which both required surgery. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

27. The undersigned finds Claimant is entitled to all causally related medical treatment and evaluation expenses to his right knee, including the right knee surgery as recommended by Dr. Paylor. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor.

28. Claimant has not reached maximum medical improvement. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

RULINGS OF LAW

1. Under S.C. Code Ann. §§ 42-1-130 to -150, the South Carolina Workers' Compensation Commission has jurisdiction over Claimant's claim for benefits.

2. Under S.C. Code Ann. § 42-1-40 and S.C. Code Reg. 67-1603, Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32.

3. Under S.C. Code Ann. § 42-1-160, Claimant sustained compensable injuries by accident arising out of and in the course of his employment with Employer-defendant on or about March 11, 2008, specifically causing injury to his right knee.

4. Under S.C. Code Ann. § 42-15-20, Claimant timely reported his March 11, 2008 work related accident and subsequent change of condition to his right knee.

5. Under S.C. Code Ann. § 42-17-90, Claimant properly preserved his right to pursue a change of condition for the worse to his right knee.

6. Under S.C. Code Ann. § 42-17-90, Claimant has sustained a change of condition for the worse to his right knee. See also Gattis v. Murrells Inlet VFW #10420, 353 S.C. 100, 576 S.E.2d 191 (Ct.App.2003)(a change of condition occurs when the claimant experiences a change in physical condition as a result of the original injury, occurring after the first award).

7. Claimant has not reached maximum medical improvement. See Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 593 (Ct.App.1999)(maximum medical improvement is the plateau at which no further medical care or treatment will lessen the degree of impairment).

8. Under S.C. Code Ann. § 42-15-60, Claimant is entitled to and defendants are responsible for all causally related medical evaluation and treatment expenses.

ORDER

It is Ordered that:

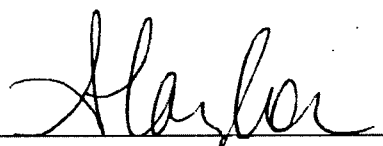
1. Claimant properly preserved his rights under S.C. Code Ann. § 42-17-90 to pursue a change of condition for the worse to his right knee.

2. Claimant met his burden of proving he suffered a change of condition for the worse to his right knee from his March 11, 2008 injury by accident.

3. Claimant has not reached maximum medical improvement.

4. Claimant is entitled to and defendants are responsible for all causally related medical evaluation and treatment expenses, specifically including right knee surgery as recommended by Dr. Paylor.

S.C. Workers' Compensation Commission



Commissioner Aisha Taylor

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).
February 18, 2015

By: Renee Smith, Administrative Assistant to Commissioner Taylor

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0802605

TOMMY G. HOUSTON, Employee, Claimant, vs. GARDA WORLD SECURITY, Employer, AND GALLAGHER BASSETT SERVICES, INC., Carrier, Defendants.	**CONSENT ORDER**

THIS MATTER was scheduled to be heard before the undersigned Commissioner on February 17, 2011, upon the filing of Workers' Compensation Forms 50 and 51. Claimant is represented by Kathryn Williams, Esquire and Defendants are represented by J. Randall Hedlund, Esquire. Prior to the scheduled hearing, the parties advised the Commission that an agreement had been reached regarding the issues presented for determination at the hearing. The parties now desire the agreement to be embodied into a Consent Order of the Commission. Therefore, the agreement of the parties is as follows:

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of the claim;

2. Defendants admit Claimant has sustained a change of condition for the worse to his low back and right shoulder;

3. As Claimant was written out of work by Dr. Wessinger on September 1, 2010, Defendants agree to pay back-owed temporary disability benefits in the amount of

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MAR 22 2011

7098 09535

$10,042.25 through present and further agree to continue said benefits until they may be properly terminated in accordance with the Act;

4. Defendants agree to authorize an evaluation for Claimant's low back as recommended by Dr. Wessinger;

5. Defendants agree to pay all causally-related medical expenses for Claimant's treatment with Dr. Wessinger and any future authorized medical treatment;

6. All issues set for adjudication at the hearing scheduled for February 17, 2011 have been resolved and, therefore, the hearing shall be cancelled and the file returned to general files;

7. All remaining issues shall be held in abeyance pending a future hearing at the request of either party.

NOW THEREFORE, on joint motion of Kathryn Williams, Esquire, attorney for Claimant, and J. Randall Hedlund, Esquire, attorney for Defendants, it is

HEREBY ORDERED, ADJUDGED AND DECREED that the agreement of the parties as set forth above is hereby adopted as an Order of this Commission as if fully set forth herein.

IT IS SO ORDERED.

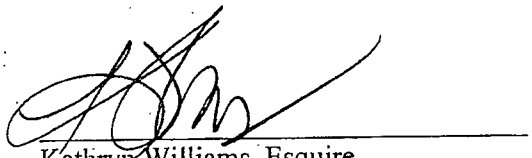
Commissioner Derrick L. Williams

March 16, 2011.

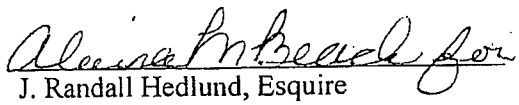
JRH
KW

CERTIFICATE OF SERVICE
This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.
This 24th day of March, 2011
By Renee B Smith
Administrative Assistant to the Commissioner

We Consent:



Kathryn Williams, Esquire
Attorney for Claimant



J. Randall Hedlund, Esquire
Attorney for Defendants

South Carolina Workers' Compensation Com· ssion
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

CHANGE OF CONDITION

WCC ' # 0802605
Carr. ile # 003170-000450-WC-01
Carrier Code #
Employer FEIN

Tommy G. Houston	250-06-6278	Garda World Security
Claimant's Name	SSN	Employer's Name
204 Barton Street	Easley, SC 29640	
Address	City State Zip	Address City State Zip
(864) 855-0437		Gallagher Bassett Services, Inc.
Home Phone #	Work Phone #	Insurance Carrier

Kathryn Williams | Kathryn Williams, P.A. | (864) 235-6254
Preparer's Name | Law Firm | Phone #

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate. A claim for worker's compensation benefits is made based on the following grounds:

A claim for workers compensation benefits is made based on the following grounds: **Date of Injury or Illness: on or about** 3/11/08
[X] Injury []Illness [X] Repetitive Trauma

1a. That Claimant sustained an accidental injury to right shoulder, back, ribs, right knee, right hand, left hip, left leg on or about 3/11/08 in Pickens County, State of South Carolina.
1b. Body part(s) affected are: right shoulder, back, ribs, right knee, right hand, left hip, left leg
Describe briefly how the accident occurred Claimant was involved in MVA.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
3. The relationship of employer and employee existed at the time of the injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on or about 3/11/08
in the following manner: Claimant notified his supervisor.
[X] 6. Due to the injury, the claimant is in need of (check one):
[] (a) medical examination and treatment for
[X] (b) additional medical examination and treatment for right shoulder, back, ribs, right knee, right hand, left hip, left leg
[X] 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined.
[X] 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)

[] (1) General Disability	[] Total	[] (2) Specific Disability	[] Total
[] (3) Wage Loss	[] Partial		[] Partial

Body part(s) affected are: Premature at this time.
[] 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of .
10a. At the time of injury the claimant was paid weekly wages of $to be determined; and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. to be determined.
11a. Further grounds of claim: See # 12. Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant requests payment of any award in lump sum with lifetime allocation. Claimant reserves the right to amend the Form 50.
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident. Greenville Memorial Hospital, 701 Grove Road, Greenville, SC 29605; Philip H. Wessinger, M.D., Steadman Hawkins Clinic of the Carolinas, 727 E. Main Street, Suite 220, Simpsonville, SC 29681; ProAxis Therapy, 1020 Grove Road, Greenville, SC 29605; Center for Special Surgery, 209 Patewood Drive, Suite 300, Greenville, SC 29615; Joseph A. Camunas, M.D., GHS UMG General Surgery, 35 Medical Ridge Drive, Greenville, SC 29605.
11c. To the best of your knowledge, did you have any prior permanent disability? 15% shoulder, 7% back.
If yes, describe:
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers Compensation Commission may direct as just and proper.
[X] **13a. I am filing a claim. I am not requesting a hearing at this time.**
[] **13b. I am requesting a hearing.**
14. Estimated time needed for hearing:

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

Signature of Claimant/Representative	Attorney Title	kwilliamslaw@bellsouth.net Email	7/13/11 Date

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

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

WCC # 0802605
Carrier File # 003170-000450-WC-01
Carrier Code #
Employer FEIN

AMENDED CHANGE OF CONDITION

Tommy G. Houston	250-06-6278	Garda World Security	
Claimant's Name	SSN	Employer's Name	
204 Barton Street	Easley, SC 29640		
Address	City State Zip	Address	City State Zip
(864) 855-0437		Gallagher Bassett Services, Inc.	
Home Phone #	Work Phone #	Insurance Carrier	
Kathryn Williams		(864) 235-6254	
Preparer's Name	Law Firm	Phone #	

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate. A claim for worker's compensation benefits is made based on the following grounds:

A claim for workers compensation benefits is made based on the following grounds: **Date of Injury or Illness: on or about** 3/11/08
[X] Injury []Illness [X] Repetitive Trauma

1a. That Claimant sustained an accidental injury to right shoulder, back, ribs, right knee, right hand, left hip, left leg on or about 3/11/08 in Pickens County, State of South Carolina.

1b. Body part(s) affected are: right shoulder, back, ribs, right knee, right hand, left hip, left leg
Describe briefly how the accident occurred Claimant was involved in MVA. Claimant was paid permanent partial disability benefits based on 10% loss of use of the back for 30 weeks and 20% loss of use of the right shoulder in the amount of $37,018.80 pursuant to a Form 16A dated February 4, 2010. Claimant has suffered a change of condition for the worse.

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

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

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

5. Notice of the accidental injury was given to the employer on or about 3/11/08 in the following manner: Claimant notified his supervisor.

[X] 6. Due to the injury, the claimant is in need of (check one):
[] (a) medical examination and treatment for
[X] (b) additional medical examination and treatment for right shoulder, back, ribs, right knee, right hand, left hip, left leg

[X] 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 9/1/10 to the present and continuing

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

[] (1) General Disability	[] Total	[] (2) Specific Disability	[] Total
[] (3) Wage Loss	[] Partial		[] Partial

Body part(s) affected are: Premature at this time.

[] 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of .

10a. At the time of injury the claimant was paid weekly wages of $to be determined; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. to be determined.

11a. Further grounds of claim: See # 12. Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant requests payment of any award in lump sum with lifetime allocation. Claimant reserves the right to amend the Form 50.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident. Greenville Memorial Hospital, 701 Grove Road, Greenville, SC 29605; Philip H. Wessinger, M.D., Steadman Hawkins Clinic of the Carolinas, 727 E. Main Street, Suite 220, Simpsonville, SC 29681; ProAxis Therapy, 1020 Grove Road, Greenville, SC 29605; Center for Special Surgery, 209 Patewood Drive, Suite 300, Greenville, SC 29615; Joseph A. Camunas, M.D., GHS UMG General Surgery, 35 Medical Ridge Drive, Greenville, SC 29605.

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

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

[X] **13a. I am filing a claim. I am not requesting a hearing at this time.**

[] **13b. I am requesting a hearing.**

14. Estimated time needed for hearing:

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

Signature of Claimant/Representative	Attorney Title	kwilliamslaw@bellsouth.net Email	10/6/10 Date

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

South Carolina Workers' Compensation Com··sion
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC F··e # 0802605
Carri··le # 003170-000450-WC-01
Carrier Code #
Employer FEIN

CHANGE OF CONDITION

Tommy G. Houston	250-06-6278	Garda World Security	
Claimant's Name	SSN	Employer's Name	
204 Barton Street	Easley, SC 29640		
Address	City State Zip	Address	City State Zip
(864) 855-0437		Gallagher Bassett Services, Inc.	
Home Phone #	Work Phone #	Insurance Carrier	
Kathryn Williams		(864) 235-6254	
Preparer's Name	Law Firm	Phone #	

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate. A claim for worker's compensation benefits is made based on the following grounds:

A claim for workers compensation benefits is made based on the following grounds: **Date of Injury or Illness: on or about** 3/11/08
[X] Injury []Illness [X] Repetitive Trauma

1a. That Claimant sustained an accidental injury to right shoulder, back, ribs, right knee, right hand, left hip, left leg on or about 3/11/08 in Pickens County, State of South Carolina.

1b. Body part(s) affected are: right shoulder, back, ribs, right knee, right hand, left hip, left leg
Describe briefly how the accident occurred Claimant was involved in MVA. Claimant was paid permanent partial disability benefits based on 10% loss of use of the back for 30 weeks and 20% loss of use of the right shoulder in the amount of $37,018.80 pursuant to a Form 16A dated February 4, 2010. Claimant has suffered a change of condition for the worse.

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

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

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

5. Notice of the accidental injury was given to the employer on or about 3/11/08 in the following manner: Claimant notified his supervisor.

[X] 6. Due to the injury, the claimant is in need of (check one):
[] (a) medical examination and treatment for
[X] (b) additional medical examination and treatment for right shoulder, back, ribs, right knee, right hand, left hip, left leg

[X] 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 9/1/10 to the present and continuing

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

[] (1) General Disability [] Total [] (2) Specific Disability [] Total

[] (3) Wage Loss [] Partial [] Partial

Body part(s) affected are: Premature at this time.

[] 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of .

10a. At the time of injury the claimant was paid weekly wages of $to be determined; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. to be determined.

11a. Further grounds of claim: See # 12. Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant requests payment of any award in lump sum with lifetime allocation. Claimant reserves the right to amend the Form 50.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident. Greenville Memorial Hospital, 701 Grove Road, Greenville, SC 29605; Philip H. Wessinger, M.D., Steadman Hawkins Clinic of the Carolinas, 727 E. Main Street, Suite 220, Simpsonville, SC 29681; ProAxis Therapy, 1020 Grove Road, Greenville, SC 29605; Center for Special Surgery, 209 Patewood Drive, Suite 300, Greenville, SC 29615; Joseph A. Camunas, M.D., GHS UMG General Surgery, 35 Medical Ridge Drive, Greenville, SC 29605.

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

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

[] **13a. I am filing a claim. I am not requesting a hearing at this time.**

[X] **13b. I am requesting a hearing.**

14. Estimated time needed for hearing: 45 minutes

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

Signature of Claimant/Representative	Attorney Title	kwilliamslaw@bellsouth.net Email	11/11/10 Date

Re:	Patient/Client	:	Tommy G. Houston
	Date of Injury	:	March 11, 2008
	Social Security No.	:	250-06-6278
	Date of Birth	:	2/18/56

✓ Tommy G. Houston has sustained a change of condition for the worse since I released him on July 1, 2009.

____ Tommy G. Houston has not sustained a change of condition for the worse since I released him on July 1, 2009.

Phillip Wessinger, M.D.

11/3/10
Date

SC Workers' Compensation Com sion
333 Main Street, suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
803)737-5723

WCC File #: 0802605
Carrier File #: 003170-000450-WC-01
Carrier Code #:
Employer FEIN #:

Tommy G. Houston 250-06-6278	Garda World Security
Claimant's Name SSN	Employer's Name
204 Barton Street	97 Vantage Point Drive
Easley, South Carolina 29640	Cayce, South Carolina 29033
Address City State Zip	Address City State Zip
(864) 855-0437	Gallagher Bassett Services, Inc.
Home Phone # Work Phone #	Insurance Carrier
J. Randall Hedlund McAngus Goudelock & Courie	(864) 239-4017
Preparer's Name Law Firm	Phone Number

Date of Accident: **3/11/08**

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

1. It is **admitted** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants admit Claimant sustained a compensable injury to his right shoulder and back on March 11, 2008. This claim resolved on a Form 16 dated February 4, 2010. Defendants deny Claimant has suffered a change of condition for the worse.
2. It is **admitted** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
3. It is **admitted** that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
4. It is **admitted** that at the time in question the employee was performing service growing out of and incidental to his employment. The reasons for denial are: See No. 1 above.
5. It is **admitted** that notice of injury was given to the employer. The reasons for denial are: See No. 1 above.
6. It is **denied** that the employee needs/is entitled to additional medical care as a result of the injury. The reasons for denial are: Defendants deny Claimant is entitled to any additional medical treatment, having reached maximum medical improvement and previously resolving his claim; See No. 1 above.
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of: No TTD is owed at this time; See No. 1 above.
8. It is **denied** that the employee is permanently disabled. The reasons for denial are: There is no evidence of any further permanent disability; See No. 1 above.
9. It is **denied** that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of **$602.50** applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: See attached Addendum.
12. Estimated time needed for hearing: 30 minutes

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

Kathryn Williams, Esquire
Kathryn Williams, P.A.
Post Office Box 10693
Greenville, South Carolina 29603

Virginia Crocker, Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

on the 23rd day of December, 2010 by ☒ first class mail; ☐ personal service; ☐ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Attorney for Employer/Carrier	rhedlund@mgclaw.com	December 23, 2010
	Title	Email	Date

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

WCC Form # 51 Revised 9/07 **51** **Employer's Answer to Request for Hearing**

Addendum to Form 51

11. Defendants respectfully reserve the right to amend this Form 51 and claim any and all affirmative and specific defenses should facts be discovered during investigation which allow the defenses to be asserted in good faith, (see Reg. 67-603), including but not limited to Section 42-9-60, fraud in the application for employment, fraud in the inducement to sign Form 15, fraud in the initiation of the claim for benefits, pre-existing disability to allegedly injured members, election of remedies, intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury needs to be determined; statute of limitations; notice; defendants reserve the right to amend this Answer and plead additional defenses.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715, Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # **0802605**
Carrier File #
Carrier Code #
Employer FEIN

Claimant's Name: Tommy G. Houston SSN: 250-06-6278

Address: 204 Barton Street, Easley, SC 29640

Home Phone: Work Phone:

Employer's Name: Garda World Security

Address: 1241 White Horse Road, Greenville, SC 29605

Carrier: Gallagher Bassett Services, Inc.

Preparer's Name: Kathryn Williams Law Firm: Kathryn Williams, P.A. Preparer's Phone: (864) 235-6254

A claim for workers compensation benefits is made based on the following grounds: **Date of Injury or Illness: on or about 3/11/08**

X] Injury []Illness [X] Repetitive Trauma [] Occupational Disease [] Physical Brain Injury [] Concurrent Jurisdiction

1. That Claimant sustained an accidental injury to **Right shoulder, back, ribs, right knee, right hand, left hip and left leg** on or about **3/11/08** in **Pickens** County, State of South Carolina.
2. Body part(s) affected are: **Right shoulder, back, ribs, right knee, right hand, left hip and left leg**
   Briefly describe how the accident occurred **Claimant was involved in a motor vehicle accident**.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
4. The relationship of employer and employee existed at the time of the injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the employer on or about **3/11/08** in the following manner: **Claimant notified his supervisor**.

X] 7. Due to the injury, the claimant is in need of (check one):
   [] (a) medical examination and treatment for
   [X] (b) additional medical examination and treatment for **Right shoulder, back, ribs, right knee, right hand, left hip and left leg**

X] 8. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: **Claimant is receiving temporary total disability benefits**

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

[] (1) General Disability: [] Total [] Partial [] (2) Specific Disability [] Total [] Partial [] (3) Wage Loss

9a. [X] A determination of permanent disability is premature at this time.

| 10. Due to the injury, the claimant has a serious bodily disfigurement consisting of .

10a. At the time of injury the claimant was paid weekly wages of $**616.94**; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. .

11. Further grounds of claim: **See # 12. Claimant makes claim to any and all rights she is entitled to under the Workers' Compensation laws of South Carolina. Claimant requests payment of any award in lump sum with lifetime allocation. Claimant reserves the right to amend the Form 50.**

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident. **Joseph A. Camunas, M.D., 35 Medical Ridge Dr, Greenville 29605; Greenville Hospital System, 701 Grove Rd, Greenville 29605; Proaxis Therapy, 200 Patewood Dr, Ste 260 Blg B, Greenville 29615; Eastside Surgery Center, 207 Enterprise Blvd, Suite 20, Greenville 29615; Innervision , One Marcus Dr., Greenville 29615; Steadman Hawkins Clinic of the Carolinas, 200 Patewood Dr, Ste 200, Greenville 29615; Upstate Medical Rehabilitation, 111 Doctors Dr, Greenville 29605; Charles C. Kanos, M.D., 105 Doctors Dr, Greenville 29605; John H. Paylor, III, M.D., 35 International Dr, Greenville 29615**

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

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

13a. I am filing a claim. I am not requesting a hearing at this time.

:] **13b: I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: **45 minutes**

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.

certify I have served this document pursuant to Reg. 67-211 by delivering a copy to South Carolina Workers' Compensation Commission, Post Office ox 1715, Columbia, SC 29202-1715; R. Daniel Addison, Post Office Box 11267, Columbia, SC 29211 on the 22nd day of July 2014,

[X] first class postage [ ] certified mail [ ] personal service.

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

gnature of Claimant/Representative | Attorney Title | kwilliamslaw@bellsouth.net Email | 7/22/14 Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 0802605
Carrier File # 003170-000450-WC-01
Carrier Code #
Employer FEIN

Tommy G. Houston 250-06-6278
Claimant's Name SSN

204 Barton Street Easley SC 29640
Address City State Zip

(864) 855-0437
Home Phone Work Phone

Date of Injury: 3/11/2008

Garda World Security
Employer's Name

2320 Presidential Dr. Durham, NC 27703
Address City State Zip

Gallagher Bassett Services Inc
Insurance Carrier

R. Daniel Addison (803) 727-1200
Preparer's Name Phone #

Date of Injury or Illness: 3/11/2008 **Estimated time for hearing:** 1 hour

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

1. It is ☒ **Admitted in part** ☒ **Denied in part** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
   Defendants admit a change of condition to the low back and right shoulder. All other body parts are denied.
2. It is ☒ **Admitted** ☐ **Denied** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
   See No. 1.
3. It is ☒ **Admitted** ☐ **Denied** that the relationship of employer and employee existed at the time in question. The reasons for denial are:
   See No. 1.
4. It is ☒ **Admitted** ☐ **Denied** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
   See No. 1.
5. It is ☒ **Admitted in part** ☒ **Denied in part** that notice of injury was given the employer. The reasons for denial are:
   See No. 1.
6. It is ☐ **Admitted** ☒ **Denied** that the employee **(needs) (is entitled to additional)** medical care as a result of injury. The reasons for denial are:
   Defendants have provided all causally related medical care.
7. It is ☐ **Admitted** ☒ **Denied** that the employee is entitled to TTD for the period(s) of:
   Defendants have provided all temporary benefits to which claimant is entitled.
8. It is ☐ **Admitted** ☒ **Denied** that the employee is permanently disabled. The reasons for denial are:
   No facts to substantiate.
9. It is ☐ **Admitted** ☒ **Denied** that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of $ **616.96** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The defendants are not aware of any affirmative defenses. However, if further discovery reveals the basis for any affirmative defenses, the defendants will amend this answer to assert those defenses.

☐ **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.

Preparer's Signature | Partner (Title) | daddison@hedrickgardner.com (Email) | August 21, 2014 (Date)

Refer to R.67-204 and R.67-210 and R.67-601 through R.67.615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: **0802605**
Carrier File #: 003170-000450-WC-01
Carrier Code #:
Employer FEIN #:

Claimant's Name: Tommy G. Houston SSN: 250-06-6278
Address: 204 Barton Street
City: Easley State: SC Zip: 29640
Home Phone: (864) 855-0437 Work Phone:

Employer's Name: Garda World Security
Address: 2320 Presidential Dr.
City: Durham State: N C Zip: 277
Insurance Carrier: Gallagher Bassett Services Inc

Preparer's Name: R. Daniel Addison Law Firm: Hedrick Gardner Kincheloe & Garofalo, LLP Preparer's Phone #: (803) 727-1200

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: March 11, 2008

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

See Attached

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

☐ **Mediation**

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

RECEIVED
MAR 0 4 2015
(FRONT DESK)
SC Workers' Comp Comm

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Kathryn Williams. Address 619 North Main St., P.O. Box 10693, Easley, SC, 29603 on the 4th day of March, 2015. by XX first class postage ____certified mail ____personal service.

Preparer's Signature | Attorney Title | daddison@hedrickgardner.com Email | 03/04/15 Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

Tommy G. Houston v. Garda World Security

WCC File Number: 0802605

Attachment to Form 30

As a first basis, defendant, Garda World Security, hereby appeals the decision dated February 17, 2015 of the Single Commissioner for jurisdictional reasons. Defendants asserted at the hearing that the Commission did not have jurisdiction to hear the merits of the case as raised by the claimant per the Form 50 filed regarding the claimant's allegations of a knee injury. The claimant had an injury that occurred with the employer in March, 2008. The claimant received certain benefits and entered into a settlement on a Form 16A with Defendants on February 4, 2010. Subsequently, the claimant alleged, by Form 50 filed in 2010 before the Commission, injuries to his ribs, right knee, right hand, left hip and left leg. Subsequent to the filing of the Form 50, a hearing was scheduled for November, 2010. The parties entered into a consent order, March 16, 2011, indicating that the claimant had sustained a change of condition to his low back and right shoulder and that claimant would be able to receive medical treatment with Dr. Phillip Wessinger for those issues. The claimant did not at that time seek any additional decision regarding any allegations of any injury to his right knee. The claimant, by Form 50 filed in July, 2014, contended an injury to his right knee from the original accident as an undiagnosed condition and in need for a change of condition ruling such that he should be entitled to treatment from physicians for his right knee, to include surgery on his right knee. Defendants contended that this was an improper Form 50 and that the claimant's time for filing or seeking benefits for the right knee had expired. Defendants further assert that the claimant did not timely pursue his right knee change of condition as required under SC Code Ann. §42-17-90. It is the defendants position that the Commission does not have jurisdiction to hear the merits of this case as the claimant did not timely file seeking a change of condition in regards to his right knee, and as such, the claimant may not pursue the case and the Commission does not have jurisdiction to hear the case regarding issues on the right knee.

1) The Single Commissioner erred in finding as Finding of Fact #9 that defendants has admitted certain change of conditions to the back and right shoulder and held all other issues in abeyance, alluding in this finding that the defendant acquiesced to holding the right knee issue in abeyance as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

2) The Single Commissioner erred in finding as Finding of Facct #10 that the term "held in abeyance" on the March, 2011 consent order preserved the claimant's right to file for a change of condition for his right knee as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law. Furthermore, this Commissioner is extending the statute of limitations on a claimant's change of condition beyond that as given by the South Carolina Workers' Compensation Act and the South Carolina Legislature. There is no language on the consent order wherein the defendants agreed to specifically hold any right knee claim in abeyance. The Commission is reading into the minds of the defendant what the Commission believes should have occurred in the consent agreement, which is a contract between the parties. The defendants at no time waived their right to defend

the right knee claim, and claimant did not pursue the right knee claim at the same time the claimant was having treatment for his right knee. Accordingly, this finding is against the greater weight and preponderance of evidence in the claim and should be reversed.

3) The Single Commissioner erred in finding as Finding of Fact #11 that the claimant's right to file for a change of condition for his right knee was preserved and that the Commission has jurisdiction to hear the claimant's change of condition as it pertains to his right knee as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

4) The Single Commissioner erred in finding as Finding of Fact #12 that the claimant testified in regard to why he did not pursue his right knee and the Commission believed that this was an appropriate statement by the claimant, apparently finding this to be a credible statement by the claimant as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

5) The Single Commissioner erred in finding as Finding of Fact #13 that the claimant's allegations regarding to his right knee were apparently credible as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

6) The Single Commissioner erred in finding as Finding of Fact #14 that the claimant would not have settled his claim unless his back and right knee were covered under the terms of the settlement on the prior order of 2010 as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law and ignores all of the other facts from the same time frame regarding this period on claimant's lack of pursuit of benefits for his right knee for three (3) years.

7) The Single Commissioner erred in finding as Finding of Fact #15 that the claimant had found his right knee to be more symptomatic as a result of his recovery from his back surgery as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

8) The Single Commissioner erred in finding as Finding of Fact #16 that Dr. Math noted that the claimant complained of right knee pain that had gotten worse as he increased activity as such finding is against the greater weight and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

9) The Single Commissioner erred in finding as Finding of Fact #18 that Dr. Math's opinion regarding the causation of the claimant's right knee problems was per activity following his back surgery aggravating his right knee as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

10) The Single Commissioner erred in finding as Finding of Fact #19 that Dr. Math's opinion regarding the causation of the knee issues was dispositive of the case issues for this hearing as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

11) The Single Commissioner erred in finding as Finding of Fact #21 that Dr. Paylor evaluated the claimant for right knee pain originating from his March 11, 2008 motor vehicle accident as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

12) The Single Commissioner erred in finding as Finding of Fact #25 that the claimant had met his burden of proving a change of condition for the worse as it pertains to his right knee as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

13) The Single Commissioner erred in finding as Finding of Fact #26 that the Commissioner found the claimant to be credible in his testimony, especially regarding the gap between his initial reporting of a knee injury and his later complaints being due to the greater pain he felt, etc., as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

14) The Single Commissioner erred in finding as Finding of Fact #27 that the claimant is entitled to all causally related medical treatment and expenses to his right knee as such finding is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

15) The Single Commissioner erred in finding that the claimant has not reached maximum medical improvement as it relates to his right knee. The defendants would assert that the claimant is still undergoing medical treatment for his accepted shoulder and low back problems and is on a running award for those issues. The defendants state that wherein Finding of Fact #28 can be read that the claimant's right knee problem is subject to the same maximum medical improvement standard is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law and should be reversed.

16) The Single Commissioner erred in ruling as Ruling of Law #4 that claimant had timely reported his subsequent change of condition to his right knee as such ruling of law is against the greater and preponderance of evidence in the claim, and is based upon erroneous conclusions of law.

17) The Single Commissioner erred in ruling as Ruling of Law #5 that the claimant had properly preserved his right to pursue a change of condition for the worse to his right knee under §42-17-90 as such ruling of law is against the greater weight and preponderance of evidence in the claim and is based upon erroneous conclusions of law.

18) The Single Commissioner erred in ruling as Ruling of Law #6 that the claimant had sustained a change of condition for the worse to his right knee as such ruling is against the greater weight and preponderance of evidence in the claim and is based upon erroneous conclusions of law.

19) The Single Commissioner erred in ruling as Ruling of Law #7 that the claimant has not reached maximum medical improvement as it may relate to his right knee as such finding

is against the greater and preponderance of evidence in the claim and is based upon erroneous conclusions of law.

20) The Single Commissioner erred in ruling as Ruling of Law #8 that the claimant is entitled to and defendants are responsible for all causally related medical evaluation and treatment expenses as first this is a vague statement that does not specify which medical evaluation and treatment expenses the defendants may be responsible for, and, presuming that it is reflecting the right leg/right knee issues, it is against the greater weight and preponderance of evidence in the case and is based upon erroneous conclusions of law and should be reversed. At a minimum, this ruling of law must be modified to specify exactly what medical evaluation and expenses the Single Commission was ordering defendants to pay for.

21) The Single Commission erred in ordering as Order paragraph #1 that the claimant had properly preserved his rights under §42-17-90 as such order is against the greater weight and preponderance of evidence in the claim and is based upon erroneous conclusions of law.

22) The Single Commissioner erred in ordering as Order paragraph #2 that the claimant has met his burden of proof as such order is against the greater weight and preponderance of evidence in the claim and is based upon erroneous conclusions of law.

23) The Single Commissioner erred in ordering as Order paragraph #3 that the claimant has not reached maximum medical improvement as it may relate to his right knee for the foregoing reasons.

24) The Single Commissioner erred in ordering as Order paragraph #4 indicating that the claimant is entitled to and the defendants are responsible for all causally related medical evaluation and treatment expenses to include specifically right knee surgery as recommended by Dr. Paylor as this paragraph is again vague regarding what causally related medical treatment beyond the right knee and leaves the door open for other allegations of medical treatment to be covered by defendants and, in regard to the right knee, the order is against the greater weight and preponderance of evidence in the claim, and is based upon erroneous conclusions of law, and is a jurisdictionally defective order.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED
OCT 13 2015
SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, Commissioner

W.C.C. File No. 0802605

Tommy G. Houston, ... Claimant,

v.

Garda World Security, ... Employer/Defendant,

and

Gallagher Bassett Services, Inc., ... Carrier/Defendant,

Of Whom

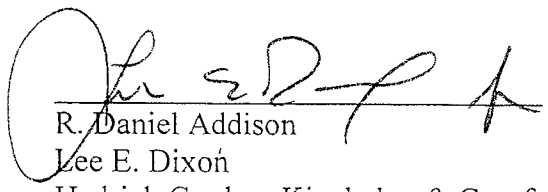
Defendants are .....Appellants,

and

Claimant is .....Respondent.

NOTICE OF APPEAL

The above-captioned defendants, Garda World Security and Gallagher Bassett Services, Inc. ("Appellants"), hereby appeal the Order of the Appellate Panel of the Full Commission dated September 8, 2015. Appellants received written notice of the entry of the September 8, 2015 order on or about September 8, 2015.



R. Daniel Addison
Lee E. Dixon
Hedrick Gardner Kincheloe & Garofalo, LLP
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorneys for Appellants

October 8, 2015

Other Counsel of Record:

Kathryn Williams
Kathryn Williams, P.A.
Post Office Box 10693
Greenville, SC 29603

RECEIVED
OCT 13 2015
SC Court of Appeals

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

FILE NO.: **0802605**

Tommy G. Houston, Employee-Claimant,

Respondent,

vs.

Garda World Security, Employer-Defendant,

and

Gallagher Bassett Services, Inc., Carrier-Defendant,

Appellants.

Appellate Panel Review Held in Columbia, South Carolina on June 15, 2015, per notice timely and properly served upon all parties of interest.

Appearances: Kathryn Williams, Esq. of Kathryn Williams, P.A., of Greenville, South Carolina for Claimant

R. Daniel Addison, Esq. of Hedrick, Gardner, Kincheloe & Garofallo, L.L.P., of Columbia, South Carolina for Defendants

Purpose: Appellate Panel Review of issues set forth on Defendants' Form 30 Request for Commission Review

Filed: September 8, 2015

STATEMENT OF CASE

This claim came before the Single Commissioner on November 14, 2014 on Claimant's Form 50 seeking a change of condition for the worse to his right knee subsequent to an accepted claim and award with a date of injury of March 11, 2008. Claimant, then unrepresented by counsel, entered into a Form 16A settlement agreement on February 4, 2010 with Defendants for injuries sustained in a motor vehicle accident in the course and scope of his employment to his right shoulder and low back with affected ribs, right knee, right hand, left hip, and left leg. Claimant, after retaining counsel, pursued a change of condition for additional medical treatment by filing a Form 50, claim only, on July 13, 2010 for the all the body parts listed above. Claimant continued to pursue additional medical treatment for his change of condition by filing a Form 50, request for hearing, on November 11, 2010.

Prior to the hearing set on Claimant's Form 50, the parties entered into a Consent Order dated March 16, 2011. In that Consent Order, the parties agreed that Claimant sustained a change of condition to his low back and right shoulder, Defendants would provide treatment with Dr. Phillip Wessinger and temporary total disability benefits, and all other issues were held in abeyance.

The hearing before the Single Commissioner was set on Claimant's Form 50, request for hearing, filed July 22, 2014, where Claimant contended he sustained an injury to his right knee in the original accident that was an undiagnosed condition or, alternatively, has since become worse and needs additional medical treatment, including surgery recommended by Dr. John Paylor. Claimant asserted that he met the requirements for preserving the issue of treatment and benefits for his right knee, and that

at the time of the March 16, 2011 Consent Order, surgery to his low back was the immediate medical issue. Additionally, Claimant asserted that he was not sitting on his rights to bring a claim for his right knee because, in the interest of judicial economy, there was no reason to seek an Order from the Commission for treatment until such time as treatment was denied – which did not occur until after March 2014.

Defendants asserted Claimant did not timely pursue his right knee change of condition claim as required by S.C. Code Ann. § 42-17-90. Defendants did not object to the Commission's jurisdiction to hear the claim but asserted that the Single Commissioner must make a finding that Claimant timely pursued his claim under § 42-17-90 before addressing the merits. Defendants further argued that if the Single Commissioner held the change of condition claim was timely pursued, Claimant's current right knee symptoms were new and not related to his original injury by accident.

By Order filed February 17, 2015, the Single Commissioner found that the term "held in abeyance" in the March 16, 2011 Consent Order preserved Claimant's right to file for a change of condition for his right knee as it was initially pled in his Form 50 for a change of condition that was filed within the one year period per the statute. As Claimant's right to file for a change of condition for his right knee was preserved, the Single Commissioner found that the Commission has jurisdiction to hear Claimant's change of condition claim. After finding the Commission has jurisdiction, the Single Commissioner held that Claimant met his burden of proving a change of condition for the worse to his right knee; that Claimant is entitled to all causally related medical treatment and evaluation expenses to his right knee, including the right knee surgery recommended by Dr. Paylor; and that Claimant has not reached maximum medical improvement. The

Single Commissioner also found Claimant credible in his testimony, wherein he described the gap between his initial report of his right knee injury and later complaints as being due to the greater pain he felt and priority he gave to addressing his back and right shoulder, which both required surgery.

Within the statutory period, Defendants filed a Form 30, request for commission review, of the Single Commissioner's Order. Defendants contend the Single Commissioner erred in finding jurisdiction to review a change of condition award to Claimant's right knee and finding Claimant sustained a compensable change of condition for the worse to his right knee.

Claimant contends the Single Commissioner committed no error, correctly determined the presented issues, and that the Order of the Single Commissioner should be affirmed in its entirety.

All proffered testimony and documentary evidence has been taken and delivered to the individual members of the Appellate Panel for their study and consideration.

EVIDENCE OF THE CASE

At the hearing before the Single Commissioner, the following summarized evidence was presented:

Claimant testified that he is 58 years old, graduated high school, attended two years of college, but did not earn a degree. (Hrg. tr. p. 13, line 18 – p. 14, line 2) Claimant testified that he started work for Employer-Defendant in May 2005 as a driver/messenger. (Hrg. tr. p. 14, lines 3 – 11) Claimant testified that his job duties included driving and transporting money to and from the Federal Reserve Bank, local

banks, and merchants. (Hrg. tr. p. 14, lines 6 – 17) Claimant testified he was originally injured in a motor vehicle accident at work on March 11, 2008. (Hrg. tr. p. 14, line 18 – p. 15, line 18)

As a result of the accident, Claimant testified he underwent right shoulder surgery with Dr. Wessinger in July 2008. (Hrg. tr. p. 16, lines 5 – 9) Claimant testified he was out of work until May 11, 2009 from the shoulder surgery then settled his workers' compensation claim on a Form 16A, unrepresented by counsel, in February 2010. (Hrg. tr. p. 16, line 10 – p. 17, line 3) Claimant testified that when he signed the Form 16A, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again. (Hrg. tr. p. 17, line 18 – p. 18, line 9)

Claimant testified that he returned to Dr. Wessinger in September 2010 complaining of his back and right knee. (Hrg. tr. p. 18, line 20 – p. 19, line 16) Claimant testified he saw Dr. Michael Bucci and then Dr. Charles Kanos, who evaluated his back but would not address his right knee. (Hrg. tr. p. 19, line 21 – p. 20, line 1; p. 33, lines 16 – 23) Claimant testified several documents were completed during his return period of treatment with Dr. Wessinger that list his right knee as a complaint, including: a Patient Recheck Questionnaire completed at Dr. Wessinger's office on October 6, 2010, FMLA application paperwork, and a FMLA patient addendum from Steadman Hawkins. (Hrg. tr. p. 20, line 2 – p. 24, line 22)

Claimant testified that during the time of his deposition in November 2010 he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were included. (Hrg. tr. p. 29, line 18 – p. 30,

line 6) Claimant testified he pursued his back claim as his most symptomatic medical condition until the carrier denied treatment and then he retained counsel to help seek the treatment recommended by Dr. Kanos. (Hrg. tr. p. 30, line 7 – p. 31, line 7) Claimant testified that after approval, Dr. Kanos performed back surgery then referred him back to Dr. Jyoti Math for chronic pain management. (Hrg tr. p. 31, line 13 – p. 31, line 25) Claimant testified that he told all his treating physicians about his right knee symptoms.

Claimant testified that while recovering from his back surgery, his medical care providers encouraged him to increase walking, and he noticed his right knee was worse. (Hrg. tr. p. 32, lines 3 – 7) Claimant testified he requested treatment for his right knee and Defendants sent him to Dr. Paylor. (Hrg. tr. p. 32, lines 8 – 13) Claimant testified that the carrier approved all treatment with Dr. Paylor until surgery was recommended, at which point all further treatment was denied. (Hrg. tr. p. 32, line 14 – p. 33, line 5) Claimant testified that he has not received any treatment for his right knee since the carrier denied authorization but that he would like the treatment that Dr. Paylor has recommended. (Hrg. tr. p. 32, line 24 – p. 33, line 11)

The medical evidence shows that when Claimant presented to Dr. Wessinger on April 30, 2008, Dr. Wessinger noted Claimant complained of right knee pain after his motor vehicle accident at work on March 11, 2008 but that the pain had improved since the date of accident. (APA p. 192) Dr. Wessinger continued to monitor Claimant's shoulder and back injuries and on July 1, 2009, Dr. Wessinger placed Claimant at maximum medical improvement for his right shoulder and back and assigned a 15 percent impairment to his right shoulder and 7 percent to his back. (APA p. 230)

Claimant completed a Patient Recheck Questionnaire at Dr. Wessinger's office on October 6, 2010, and indicated problems with his back, shoulder, and knee. (APA p. 10) In a November 3, 2010 statement, Dr. Wessinger opined that Claimant sustained a change of condition for the worse since release on July 1, 2009. (APA p. 14)

Claimant completed an Information for Disability/FMLA Benefits Form on October 6, 2010, indicating that he was injured in an auto accident on March 11, 2008, and sustained injury to his right shoulder, right knee, and lower back. (APA p. 191)

On December 12, 2012, Claimant underwent back surgery with Dr. Kanos, who performed: 1) L5-S1 posterior lumbar interbody fusion; 2) Orthofix Phoenix L5-S1 pedicle screw fixation; 3) L5-S1 interbody fusion cage; 4) L5-S1 decompressive laminectomy; 5) L5-S1 total facetectomy; and 6) L5-S1 foraminotomies. (APA p. 175)

On April 24, 2013, Dr. Kanos assigned Claimant permanent restrictions of no lifting over 35 pounds, no repetitive bending more than 60 degrees, and restricted his ability to sit for 8 hours a day or walk for 2 hours with breaks. (APA p. 169) Dr. Kanos placed him at maximum medical improvement for his back with a 25 percent impairment rating to the lumbar spine. (Id.) Dr. Kanos noted that Claimant was treating with Dr. Math for pain management and recommended that treatment continue. (Id.) On an October 21, 2013 follow up, Dr. Kanos noted that Claimant used a cane because of right knee pain and had received a diagnosis of a meniscal tear. (APA p. 172)

Claimant began treatment with Dr. Math on August 18, 2011, initially on referral from Dr. Bucci, then again after back surgery with Dr. Kanos. (APA p. 101) On a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse. (Id.) On September 9, 2013, Dr. Math confirmed with her office that they

tried on multiple occasions to contact workers' compensation regarding his right knee without receiving a response. (APA p. 110) Dr. Math noted that she hoped Claimant would not sustain further damage to his right knee as it needed serious attention. (Id.)

On an October 9, 2013 recheck, Dr. Math noted Claimant continued to have right knee pain secondary to a meniscal tear. (APA p. 113) Dr. Math noted her concern that Claimant needed to be seen by an orthopedic surgeon but had not heard from workers' compensation. (Id.) Dr. Math noted she would send another request to Claimant's follow up appointment with Dr. Wessinger and, in the meantime, arrange a knee brace and prescribe Voltaren gel. (Id.)

On January 6, 2014, Dr. Math noted Claimant had right knee pain since his work injury and a June 25, 2013 MRI was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. (APA pp. 121, 416) She noted Claimant had treated with Dr. Wessinger and was evaluated by Dr. Paylor. (APA p. 121) She noted Dr. Paylor recommended surgery and was awaiting approval from workers' compensation. (Id.) She noted Claimant had right knee pain that gave him a lot of trouble and his knee started to make noises – cracking and popping – whenever he walked. (Id.) She noted he walked with a limp from right knee pain. (Id.) On June 4, 2014, Dr. Math noted that Claimant still had not received surgery for his right knee meniscal tear and he was also waiting for a SI injection. (APA p. 137)

In a June 13, 2014 statement, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in pursuant to his medical providers' advice following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee. (APA p. 140)

On July 2, 2014, Dr. Math noted that Claimant continued to have left hip, lower back, and right knee pain. (APA p. 141) She noted Claimant felt the right knee pain was getting worse as the knee would occasionally lock or give out on him and he was scared of losing his balance and falling. (Id.) Dr. Math noted Claimant felt his gait had been abnormal because of the knee pain and that his left hip had flared up around the left SI joint. (Id.) She noted that Claimant continued to wait for workers' compensation regarding the recommended arthroscopic repair by Dr. Paylor. (APA p. 142) Dr. Math noted that if the repair is not done in a timely manner, the outcome will not be optimal. (Id.)

October 17 and 28, 2013 office notes from Piedmont Orthopaedics show workers' compensation authorization for evaluation and treatment of Claimant's right knee. (APA pp. 181, 182)

Claimant underwent an evaluation with Dr. Paylor for his right knee on November 5, 2013. (APA p. 178) Dr. Paylor noted that Claimant sustained a right knee injury from a March 11, 2008 on the job motor vehicle accident, experienced pain since the injury, and that his right knee continued to bother him a great deal. (APA p. 179) Dr. Paylor discussed treatment recommendations and noted Claimant would like to be scheduled for an arthroscopy of the right knee with a lateral meniscectomy. (Id.)

On March 25, 2014, Dr. Paylor noted that Claimant's right knee was getting worse and was still swollen. (APA p. 180) He noted that Claimant required a cane to walk, was unable to work, and was waiting on approval for surgery. (Id.)

In a June 26, 2014 statement, Dr. Paylor opined that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while

working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery. (APA p. 185)

In his November 17, 2010 deposition, Claimant testified that when he was 18 years old he was involved in a motor vehicle accident in which he was struck by a drunk driver. (Claimant depo p. 16, lines 13 – 18) As a result of the accident, Claimant testified that he had right knee surgery to repair cartilage but did not have any further problems with his right knee until his March 11, 2008 motor vehicle accident at work. (Claimant depo p. 16, lines 19 – 25) After his March 11, 2008 accident, Claimant testified that he treated with Dr. Wessinger for his right shoulder, back, and right knee. (Claimant depo p. 24, lines 16 – 20) Claimant testified that while he was treating with Dr. Wessinger, his right knee symptoms improved as he recovered from surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse. (Claimant depo p. 24, line 21 – p. 25, line 1)

Claimant testified that at the time of signing the Form 16A in February 2010, he had soreness and swelling in his right knee and that the next treatment he received was a return visit to Dr. Wessinger on September 1, 2010 for pain in his right shoulder, back, and right knee. (Claimant depo p. 33, lines 2 – 15) Claimant testified that he began to notice soreness and a worsening of his right knee when he returned to work and became active after remaining largely immobile after surgery. (Claimant depo p. 41, lines 13 – 24) Claimant testified that if he walked for 10 minutes, he needed something to hold for support because he felt like his knee would give away. (Claimant depo p. 45, lines 4 -13)

Claimant testified that he thought his back was the worst problem initially but Dr. Wessinger was focused on his right shoulder. (Claimant depo p. 45, line 25 – p. 46, line 5)

In Dr. Paylor's July 1, 2014 deposition, he testified that if other medical records do not include mention of Claimant's right knee, it is likely because the medical providers did not specifically ask and that they were focused on other body parts besides the right knee. (Paylor depo p. 20, line 15 – p. 21, line 9) Dr. Paylor noted that he did not ask about or give an opinion regarding Claimant's back because he focused on Claimant's right knee. (Paylor depo p. 23, line 20 – p. 24, line 11) Dr. Paylor testified that the only known cause for Claimant's right knee problems was the March 11, 2008 motor vehicle accident. (Paylor depo p. 24, lines 12 – 24; p. 25, lines 12 – 21) Dr. Paylor testified that the radiology note from Claimant's June 25, 2013 MRI did not mention a new tear since the accident and opined that if Claimant's tear was newer, the radiologist would have made note of it. (Paylor depo p. 26, line 25 – p. 27, line 7) Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first and then for other injuries that were not as noticeable at the time to arise later. (Paylor depo p. 30, lines 8 – 13, 23 – 25) Dr. Paylor testified that on Claimant's right knee MRI, the handle portion of the bucket handle tear can no longer be seen, indicating the tear has been present a long time. (Paylor depo p. 34, line 22 – p. 35, line 2)

Dr. Math testified in her September 3, 2014 deposition that she saw Claimant mainly for his right shoulder and back issues, not his right knee. (Math depo p. 8, lines 6 – 13) Dr. Math testified that she recalled and her medical records reflect that Claimant

complained of knee pain in his first visit in August 2011 but she did not record which knee. (Math depo p. 11, line 19 – p. 12, line 8; p. 27, lines 3 – 11) Dr. Math testified that she specifically noted that Claimant complained of right knee pain in June 2013 but that his knee had been bothering him since his March 11, 2008 motor vehicle accident. (Math depo p. 29, lines 5 – 10) Dr. Math opined to a degree of certainty greater than 50 percent that the motor vehicle accident most likely caused Claimant's right knee traumatic tear. (Math depo p. 34, line 20 – p. 35, line 8; p. 58, lines 5 – 22) Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the focus shifts to the next more symptomatic body part that was injured but underlying. (Math depo p. 67, lines 10 – 21) Dr. Math maintained and reiterated her June 13, 2014 statement that, to a reasonable degree of medical certainty, more likely than not, Claimant's increased activity after his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment. (Math depo p. 73, lines 2 – 18)

Dr. Wessinger testified in his October 10, 2014 deposition that in his initial office note on April 30, 2008, he recorded that Claimant experienced right knee pain but mainly focused on his more symptomatic back and shoulder. (Wessinger depo p. 5, lines 22 – 25) Dr. Wessinger testified that Claimant complained of knee pain on the Patient Recheck Questionnaire for his office on October 6, 2010, in FMLA documents completed the same day, and in Claimant's November 2010 deposition. (Wessinger depo p. 60, line 14 – p. 61, line 2; p. 61, lines 10 – 16; p. 62, lines 6 – 20; p. 63, lines 2 – 10) Dr. Wessinger testified that Claimant's account that his right knee pain increased after returning to activity post back surgery is possible. (Wessinger depo p. 66, lines 6 – 17; p.

69, lines 7 – 23) Dr. Wessinger testified that it is also possible Claimant's right knee problems originated in his work related accident and that he did not record or recall specifically examining Claimant's right knee. (Wessinger depo p. 69, line 24 – p. 70, line 1; p. 81, lines 17 – 25) Dr. Wessingner testified that his speculation on probability is based on information from an MRI he had not read and a knee he had not evaluated. (Wessinger depo p. 70, lines 7 – 12) Based on that speculation, Dr. Wessinger testified that, outside the period of Claimant's treatment with him, he would defer to the opinion of Dr. Paylor who had the opportunity to see the diagnostic imaging and examine Claimant's right knee. (Wessinger depo p. 70, lines 15 – 21; p. 71, lines 13 – 21)

DECISION

Under S.C. Code Ann. § 42-17-50, an Appellate Panel is empowered to review the appealed award, weigh the evidence as presented at the initial hearing, and, if good grounds are shown therefore, make its own factual findings and legal conclusions consistent with or inconsistent with the Single Commissioner.

Based upon its review of all the evidence on the record in this case, the Panel hereby finds a **full affirmation** of the Single Commissioner's Decision and Order and adopts the Single Commissioner's Findings of Fact and Rulings of Law.

The Panel thereby makes the following Findings of Fact and Rulings of Law:

FINDINGS OF FACT

1. An employee/employer relationship existed between the parties at the time of Claimant's injuries. This finding is based on all the evidence on the record, including

but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

2. Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32. This finding is based on all the evidence on the record, including but not limited to the parties' stipulation, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

3. Claimant testified that he worked for Employer-Defendant as a driver/messenger, which required him to drive and transport money to and from the Federal Reserve Bank, local banks, and merchants. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony.

4. Claimant was injured on March 11, 2008 in a motor vehicle accident arising out of and in the course of his work duties for Employer-Defendant. This finding is based on all the evidence on the record, including but not limited to the Claimant's testimony, Form 16A dated February 4, 2010, and Consent Order dated March 16, 2011.

5. Claimant, unrepresented by counsel, initially resolved his workers' compensation claim via a Form 16A settlement on February 4, 2010. Although Claimant's right knee was listed as an affected body part, Claimant only received compensation for his back and his right shoulder. Other affected body parts included Claimant's ribs, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the Form 16A settlement agreement dated February 4, 2010 in Claimant's APA submission 10, at page 186.

6. On July 13, 2010, after retaining counsel, Claimant filed a Form 50, claim only, alleging a change of condition to his right shoulder, back, ribs, right knee, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

7. On November 11, 2010, within the one year period per § 42-17-90, Claimant filed a Form 50, request for hearing, alleging a change of condition to his right shoulder, back, ribs, right knee, right hand, left hip, and left leg. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50, request form hearing, in Claimant's APA submission 11, at page 188.

8. The change of condition hearing notice was served on the parties on January 7, 2011, with a hearing date of February 17, 2011. This finding is based on all the evidence on the record, including but not limited to the Commission's file.

9. Prior to the February 17, 2011 hearing, the parties entered in to a Consent Order, dated March 16, 2011, wherein Defendants admitted that Claimant sustained a change of condition to his back and right shoulder and that "all other issues are held in abeyance." This finding is based on all the evidence on the record, including but not limited to the Commission's file.

10. The Panel finds that the term "held in abeyance" in the March 16, 2011 Consent Order preserved Claimant's right to file for a change of condition for his right knee as it was initially pled in his Form 50 for a change of condition that was filed within the one year period per the statute. This finding is based on all the evidence on the

record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

11. As Claimant's right to file for change of condition for his right knee was preserved, the Panel finds the Commission has jurisdiction to hear Claimant's change of condition claim as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the Commission's file and Claimant's Form 50 in APA submission 11, at page 188.

12. Claimant testified that when he signed the Form 16A settlement agreement on February 4, 2010, his right shoulder had improved post-surgery but his right knee and back were getting worse after starting work and becoming more active again. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

13. Claimant testified in his November 17, 2010 deposition that while he was treating with Dr. Wessinger, his right knee symptoms improved while he recovered from right shoulder surgery but when he returned to work on May 11, 2009, his knee symptoms returned and slowly got worse. This finding is based on all the evidence on the record, including Claimant's deposition testimony.

14. Claimant testified that during the time of his deposition in November 2010, he complained of his right knee as part of his injury by accident and would not have settled his claim unless his back and right knee were covered under the terms of the settlement. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

15. Claimant testified that while recovering from his back surgery with Dr. Kanos, his medical care providers encouraged him to increase walking, and he noticed his right knee became more symptomatic. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and deposition.

16. Claimant continued treatment with Dr. Math after his back surgery with Dr. Kanos and in a June 6, 2013 recheck, Dr. Math noted that Claimant complained of right knee pain that had gotten worse as he increased activity. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Math.

17. Claimant underwent a June 25, 2013 MRI at Innervision which was read to reveal an extensive tear in the lateral meniscus, possible bucket handle tear, and lateral tibiofibular chondromalacia. This finding is based on all the evidence on the record, including but not limited to the medical records of Dr. Math and Innervision.

18. In a June 13, 2014 statement, reiterated in her September 3, 2014 deposition, Dr. Math opined that it is more likely than not that the increased activity and walking that Claimant engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of his right knee. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

19. In her September 3, 2014 deposition, Dr. Math testified that in her experience, she commonly sees patients complain about the most symptomatic body part, receive treatment for that one body part, the body part improves, and then the treatment shifts to a more symptomatic body part that was injured but underlying. This finding is

based on all the evidence on the record, including but not limited to the medical records, opinion, and deposition testimony of Dr. Math.

20. Defendants authorized Claimant's evaluation and treatment with Dr. Paylor for his right knee problems. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records of Dr. Paylor in Claimant's APA submission 9, pages 181 – 184.

21. Dr. Paylor evaluated Claimant for his right knee pain originating from his March 11, 2008 motor vehicle accident at work and recommend a right knee surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically in Claimant's APA submissions, pages 178 – 179.

22. After evaluation, Dr. Paylor opined in June 26, 2014 statement that it is more likely than not that Claimant suffered injury to his right knee as a result of his motor vehicle accident while working on or about March 11, 2008, that his right knee symptoms became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, specifically Claimant's APA submission 9, at page 185.

23. In his July 1, 2014 deposition, Dr. Paylor testified that it is a regular occurrence for the severe injuries from an auto accident to be treated first then other injuries that were not as noticeable at the time of the accident to arise later. This finding

is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

24. Dr. Paylor testified in his deposition that the handle portion of the bucket handle tear can no longer be seen on Claimant's June 25, 2013 MRI, indicating the tear has been present for a long time. This finding is based on all the evidence on the record, including but not limited to the medical records, opinion and deposition testimony of Dr. Paylor.

25. The Panel finds that Claimant has met his burden of proving a change of condition for the worse as it pertains to his right knee. This finding is based on all the evidence on the record, including but not limited to the medical opinion and records of Dr. Paylor, who was authorized by the Defendants.

26. The Panel finds Claimant credible in his testimony, wherein he described the gap between his initial reporting of his right knee injury and his later complaints as being due to the greater pain he felt and priority he gave to addressing his back and right shoulder, which both required surgery. This finding is based on all the evidence on the record, including but not limited to Claimant's testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

27. The Panel finds Claimant is entitled to all causally related medical treatment and evaluation expenses to his right knee, including the right knee surgery as recommended by Dr. Paylor. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor.

28. Claimant has not reached maximum medical improvement. This finding is based on all the evidence on the record, including but not limited to Claimant's credible testimony and the medical records and opinions of Dr. Paylor and Dr. Math.

RULINGS OF LAW

1. Under S.C. Code Ann. §§ 42-1-130 to -150, the South Carolina Workers' Compensation Commission has jurisdiction over Claimant's claim for benefits.

2. Under S.C. Code Ann. § 42-1-40 and S.C. Code Reg. 67-1603, Claimant's average weekly wage is $616.96, for a corresponding compensation rate of $411.32.

3. Under S.C. Code Ann. § 42-1-160, Claimant sustained compensable injuries by accident arising out of and in the course of his employment with Employer-Defendant on or about March 11, 2008, specifically causing injury to his right knee.

4. Under S.C. Code Ann. § 42-15-20, Claimant timely reported his March 11, 2008 work related accident and subsequent change of condition to his right knee.

5. Under S.C. Code Ann. § 42-17-90, Claimant properly preserved his right to pursue a change of condition for the worse to his right knee.

6. Under S.C. Code Ann. § 42-17-90, Claimant has sustained a change of condition for the worse to his right knee. See also Gattis v. Murrells Inlet VFW #10420, 353 S.C. 100, 576 S.E.2d 191 (Ct.App.2003)(a change of condition occurs when the claimant experiences a change in physical condition as a result of the original injury, occurring after the first award).

7. Claimant has not reached maximum medical improvement. See Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 514 S.E.2d 593 (Ct.App.1999)(maximum

medical improvement is the plateau at which no further medical care or treatment will lessen the degree of impairment).

8. Under S.C. Code Ann. § 42-15-60, Claimant is entitled to and Defendants are responsible for all causally related medical evaluation and treatment expenses.

ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner is hereby affirmed in its entirety.

IT IS FURTHER ORDERED that:

1. Claimant properly preserved his rights under S.C. Code Ann. § 42-17-90 to pursue a change of condition for the worse to his right knee.

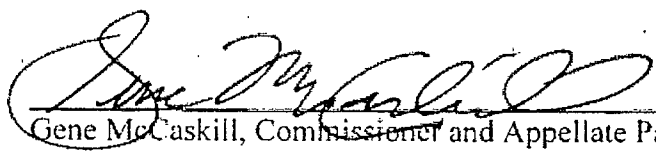
2. Claimant met his burden of proving he suffered a change of condition for the worse to his right knee from his March 11, 2008 injury by accident.

3. Claimant has not reached maximum medical improvement.

4. Claimant is entitled to and Defendants are responsible for all causally related medical evaluation and treatment expenses, specifically including right knee surgery as recommended by Dr. Paylor.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION



Gene McCaskill, Commissioner and Appellate Panel Chair

CONCUR:

Melody L. James, Commissioner

R. Michael Campbell, II, Commissioner

Date: _____
Columbia, South Carolina

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OCT 13 2015
SC Court of Appeals

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on September 8, 2015

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0802605

TOMMY G. HOUSTON, CLAIMANT, vs. GARDA WORLD SECURITY, AND AMERICAN HOME ASSURANCE, CARRIER, DEFENDANTS.	FULL COMMISSION HEARING PANEL A COMMISSIONER CAMPBELL COMMISSIONER JAMES COMMISSIONER McCASKILL-CHAIR

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 2:52 P.M., MONDAY, JUNE 15, 2015, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202.

CORA ELLIS BRUTON
COURT REPORTER
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EXHIBITS

(No Exhibits Proffered)

THE COURT REPORTER: Today is June 15th, 2015. This is South Carolina Workers' Compensation Case Number 0802605. This is the case of Tommy G. Houston, Claimant, versus Garda World Security, Employer and American Home Assurance is the Carrier.

The Appellant is the Defendant, represented by Attorney R. Daniel Addison. The Respondent is represented by Attorney Kathryn Williams.

Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

THE COURT: Mr. Addison.

BY MR. ADDISON: May it please the Commission. Commissioners, I have not (inaudible) so I'm going to be very brief. I have Briefed this at length within the Appellant's Brief that's before you. The primary issue here is whether the Claimant has had a change of condition for the worse within his right knee that would entitle him to benefits for surgery to the right knee. The Claimant is actually getting benefits for everything else. He's getting the ongoing medical for his back and his shoulder that was the subject of a change of condition agreement Order in 2010. He's been on temporary total since then. The Claimant had

an injury in 2008, it was a motor vehicle accident. He worked for Garda Security as a security -- security guard in a armored truck. As a result of the accident he was banged around, had multiple things injured. Was sent to see various doctors, ended up with Dr. Wessinger, the Orthopedist up in Greenville. Dr. Wessinger treated him for his shoulder and his -- for his back. After multiple complaints of his back he ultimately was sent to Dr. Kanos, the spine surgeon in Greenville. Dr. Kanos treated his back, and ultimately after a change of condition order Dr. Kanos did surgery on his spine. Excuse me. Dr. Wessinger was the primary treating physician for about two and a half years or so for the treatment of the back then. The Claimant returned to work after the accident and worked for the Employer for a while, started having additional problems and that's when the change of condition Form 50 was filed by Claimant's counsel. The Claimant was pro se when he signed the Form 16, he did not have a lawyer at the beginning of this case. He went through the initial phase leading up to the point where he had a viewing and a Form 16 was signed with the Commission in evidence as potentially as his argument at the time of viewing. The Form 16 indicated that he had injuries to his right shoulder

and low back. Those were the only body parts listed as injured. He then had the affected section underneath that, other body parts affected, and it was a longer list of various things listed there, including the right knee. On the Claimant's Form 50 for change of condition every body part that was on the Form 16 was cited, not just the shoulder, the low back and the right knee, but all the other body parts that were listed in the affected body parts were listed as well.

COMMISSIONER JAMES: I'm sorry. On the what -- on the Form what?

MR. ADDISON: On the Form 50 it listed --

COMMISSIONER JAMES: Okay. Thank you.

MR. ADDISON: -- all of the body parts listed on the Form 16 that had been signed by Claimant earlier that year. So the Form 50 was requesting additional medical treatment for change of condition for the worse. In support of his claim for additional benefits the Claimant got Dr. Wessinger to sign a statement. Dr. Wessinger signed a statement that said, "Claimant has had a change of condition for the worse since I released him on July 1st, 2009." That's all it said. I had deposed Dr. Wessinger and asked him did he mean his right knee was included in that

and Dr. Wessinger said, "Absolutely not, because I didn't treat his right knee. He never talked to me about his right knee since the very first time he visited me." Other than that there was zero complaints of the right knee to Dr. Wessinger over two and a half years of medical treatment. Dr. Wessinger, to me, gives the most dispositive opinion in this entire case. Dr. Wessinger was there in 2008, 2009, 2010. When the Claimant is telling us now had this been the result of the recent hearing that we're here about today, Claimant says I was complaining to everybody about my knee the entire time. Dr. Wessinger's notes have zero mention of it. Dr. Wessinger says I have no recollection of him complaining to me about it. And more importantly the Claimant complained of a lot of other things and I went through that in the deposition -- Dr. Wessinger's deposition. Claimant complained of a number of other problems, including he had in his hand a place -- it was a weird spot on his hand that appeared to be where he was stuck with an IV, that somehow caused some problem with his hand. Dr. Wessinger noted that and I don't know this, sent the Claimant for treatment and my client paid for it. So, there were some odds things that the doctor and the Claimant talked about,

but one thing he never talked to Dr. Wessinger about was his right knee. There's some various mentions of his knee at times throughout the medical records, but it's typically always his left knee. The only mention of his right knee is the early part of this thing -- early stages of this case is a very initial medical talked about the injury in his right knee, or hurting in his right knee which is (inaudible) on the Form 15. But they are -- disagree that there was some incident at the time the injury occurred and he reported some problems with the right knee. He also reported some problems with his hands, his elbows, various other body parts. He goes along, Claimant seeks a change of condition, change of condition is granted by Consent Order between the parties. The Consent Order says we're agreeing -- the Defendants are agreeing -- I was not the Defendants' attorney at this time. The Defendants' attorney at the time agreed to provide a change of condition to the Claimant for his right shoulder and his low back period, no other body parts. The Order then says "All other issues raised on Claimant's Form 50 are held in abeyance, which would essentially mean according to the Claimant, any of these other things that they listed as being something wrong with him as what was on the Form 15. Fast

forward to 2013 the Claimant was treating with Dr. Jodie Math who is the pain management physician he set up through Dr. Kanos the spine surgeon. Dr. Math saw the Claimant for two years, from 2011 until 2013, zero mention of any problems with his right knee in that timeframe of any kind of substantial problem to the right knee. 2013 a meeting with the Physician's Assistant for Dr. Math the Claimant tells the Physician's Assistant, my knee -- my right knee is really bothering me. It's been bothering me ever since I got hurt in 2008 and I think something needs to be done. I'm paraphrasing, but that's essentially what he said. Dr. Math takes him out, says I think he needs to see an orthopedist. We sent him to Dr. Paylor. I was not on the case at this point. Dr. Paylor sees him, Dr. Paylor says he's got a meniscal tear, a bucket handle meniscal tear after he does an MRI and he needs surgery. Our position has been we don't -- we don't dispute that he has a bucket handle tear in his knee, our position is it didn't come from the accident in 2008. So if the Claimant had a change of condition here on his bucket handle tear in his right knee he's got to show that it existed back then and that he complained about it. Or he's got to show that it's a change of condition for the worse, a

physical change of condition that was being treated back then. Neither one of those exists. There's no evidence to show that he actually had something going on with his knee back in 2008, 2009, 2010; zero. Other than his own self-serving statement. He says now in the hearing in 2014, well, I'll tell everybody about it, even though not one single note in the record, and there are a lot of them. Not just Dr. Wessinger but Dr. Kanos, Dr. Math, there are all kinds of medical records out there, but there is zero mention of any kind of substantial problems to his the knee. Well his position then is, well, I was having so many problems with all the other problems, especially my low back that I just didn't really deal with my knee. But that didn't explain how he discussed all these other problems he's having with the doctors, but somehow doesn't mention the problem is so big that he's got to have surgery on that knee. There's only apparently three body parts that are injured. Low back, right shoulder and apparently right knee, according to him. According to the Claimant, I was telling everybody that all along even though not one single doctor's record mentions it until 2013. When he goes to Dr. Paylor, Dr. Paylor says he needs surgery and I believe it relates back to

the 2008 surgery -- excuse me, the 2008 injury. I deposed Dr. Paylor on that issue. I said, "Why did you write that?" He signed a statement to Ms. Williams, Ms. Williams always gets doctors to sign. He said because the Claimant told me that it had existed since 2008. I asked Paylor if he read any of the medical records. He said, "No, I have not." I said, "So you're basing all those on what the Claimant's telling you?" He said, "That's correct." I deposed Dr. Math about it, Dr. Math said the same thing. "I believe the patient. I think he's a nice guy. I think he's an honest guy and he tells me that he's had these problems all along." I asked her if she had read the medical records and she said, "No, I have not." And I said, "Well, how do you know?" And she said, "Well, he told me he was having these problems and I think he's honest and I believe him." That doesn't amount to anything. When you go back to the medical records that matter, Dr. Wessinger's medical records there's zero mention of a right knee for two and a half years. Got his treatment -- he then had additional treatment for his shoulder and he had the spine surgery. The spine surgery with fine physician and a fusion. He was seeing the doctor all the time, not one mention of a right knee problem that

was so substantial that it was causing him problems with walking. So, Claimant is alleging I was telling everybody all along. That seems to be a little disingenuous. If he was having all these problems and not one single doctor wrote it down until he actually had some problems and he goes and sees the doctors. The doctors -- their doctor right there and he's telling him he's having all these problems and has been having them for years. I don't dispute doctors do that every day, they always believe what their patient tells them, because that's what they're told, they're supposed to believe what the patient tells them. Dr. Math and Dr. Paylor cannot use (inaudible) law and saw this is exhibited for this length of time. I got Dr. Paylor to admit that in the deposition. He very clearly said, "I have no clue about what his condition has exhibited. There's no way I can know how long his condition has exhibited. It can be a month old, it can be ten years old, I don't know. I just know he has a bucket handle tear in his right knee and it needs repairing." Therefore, our position is twofold. First and foremost, Claimant did not meet the criteria under 42-17-90 where he raised -- properly raised a change of condition to the right knee in a timely manner subsequent to the Form 16.

COMMISSIONER JAMES: I thought you said it was on the 50?

MR. ADDISON: It was raised on the 50, it was on the 50, Commissioner, which a Consent Order does -- the Consent Order only accepts the low back and the right shoulder.

COMMISSIONER JAMES: And it says all other issues are held in abeyance.

MR. ADDISON: Well, there's a piece of evidence that's missing. For a Claimant to properly submit a case under 42-17-90 they have to submit supporting medical within one year. That is the magic timeframe is that one year from the date of whatever payment -- the last payment of benefits, it says under 42-7-90 -- 42-17-90 they've got one year to have medical evidence that suggests that they have a change of condition for the worse.

COMMISSIONER JAMES: Suggests, not prove, but suggests. And you're saying that there's nothing --

MR. ADDISON: The only medical evidence that exists is Dr. Wessinger's statement from back then and I had deposed him, the author of that particular statement on what he's writing. It's a vague statement. He very clearly stated in his deposition, "I had no mention of any right knee and therefore I

wasn't treating his right knee and I never had treated his right knee."

COMMISSIONER JAMES: So the physician's opinion, if you get to the causation issue, if it gets past the technical -- if it gets past the technical requirement, if you get to the causation issue, then the doctor's made it, but you're saying it comes all undone because it can't be because it's based on a fault -- faulty foundation or facts that are absent.

MR. ADDISON: There is no evidence from back then. She didn't meet the one year timeframe -- excuse me, he didn't meet the one year timeframe that was required. He had to prove -- provide medical evidence within one year of that Form 16 that he had a change of condition to his right knee that required him to have some treatment to his right knee down the road. The Order itself only speaks to the left shoulder -- excuse me, the right shoulder and the low back; that's it. By saying all the other issues are held in abeyance doesn't mean that it's giving the Claimant -- giving the Claimant a bye on having to produce evidence sometime in the timeframe it requires and leaving the door open for any of those named body injuries to be found in the same condition. And under that particular thought or that mindset the Claimant

could in 15 years from now go to the doctor and say his right hand is having a problem that's somehow related to this accident in 2008. I am sure that it's a part the (inaudible) for that to be the case when we settled these issues in 2011 or whatever it was. I'm sorry, I lost my train of thought, but the first -- the first aspect is that the Claimant needs to stay under 42-17-90 to preserve that as required. The second piece though is, is his knee injury somehow related to the accident that happened in 2008. The medical evidence, to me, clearly shows it's not because the primary treating physician for all this guy's problems for two and a half years specifically says (A), he didn't tell me anything about it; and (B), looking at this MRI that I see now I don't think that condition could have existed in 2008, 2009, 2010 without Claimant complaining about it. So therefore, if that's the case, you've got an ATP who is giving a very clear opinion that Claimant's knee injury is not related to the 2008 injury. That's Dr. Wessinger, that's in his deposition. He very clearly says, "I don't think it's related to the 2008 injury." That's the causation (inaudible). I understand the Claimant's got these other doctors and quite frankly my doctors. Paylor is our doctor. We sent the

Claimant there for evaluation. I'm sure doctor -- Ms. Williams is going to talk about it, Dr. Paylor has said this and we don't want to pay Dr. Paylor. Our position is the Claimant has to show -- provide us evidence or substantial evidence that the knee injury is causally related to 2008. The only way he could do that is by talk that came along five years after the fact. 2008 to 2013, there is zero between those two dates. The first time you get a physician talking about it is in the mid-year of 2013, five years after the fact. Thank you.

THE COURT: Thank you, sir. All right. Ms. Williams.

BY MS. WILLIAMS: If it please the Commission? Commissioner Taylor did not lose her mind as she would say. I'm going to hand you, just so you won't have to dig for it, some records are in the APAs so we can provide all that at the same time. First of all, the Hearing Commissioner was correct at the time that she had jurisdiction over the claim that was filed at the time. This guy was in the back -- and just so -- because I think it bears a little bit on what you think about the case and how the accident happened. He was in the back of the -- he was doing what they call the jump and deliver part of the Garda Security.

When they to the destination he would jump out and pull the money or pick it up or whatever and jump back in the truck and they'd go on. Well, he jumped in the back of the truck and before he had had a chance to take his seat and -- and buckle up in the back of the truck, the driver pulled on out into the traffic and pulled in front of another car and broadsided the truck. And so he had not had a chance to sit down and buckle in he got thrown in all over and -- and had to be cut out of the truck, as a matter of fact. So it was a significant injury, but the Defense would say is this knee is just something that just came up all of a sudden and that's really not the way it is. If you look APA page 1, and I wasn't involved in this case at that point and neither was done. At page one that I'm gathering is the (inaudible) is on the side is the Form 16-A and this is the 16-A that was drafted by Randy Hedlund who was representing the Defendants at that time. And it says on there -- and you know, in my experience of doing 16-As, Defense counsel tells the Employers as little as possible as they can on a 16-A because they don't want it to be part of the change of condition. It's listed right on there the right knee is part of it. And if you go to -- to page 2 he says that there was not a complaint and Dr.

Wessinger did say that he never complained to me when he came to see me in October of 2010 that he was having knee pain. Well, guess what, page 2 is the intake sheet that he filled out when he went to see Dr. Wessinger that day. It says on there, back, shoulder and knee. That was why he was in to see Dr. -- this was -- and we're talking now the 16 was filed in February of 2010 so this is October. So we're talking eight months later he's back in to see Dr. Paylor because his back, his shoulder and his knee were worse. And understand in the meantime what had happened before that was that he had a bad shoulder injury in the wreck; that was where the initial attention was directed, he had surgery on that shoulder and was out of work for ten months during all this time. So he had just gotten back to work, but anyway -- before he signed this 16. So he's back in to see Dr. Wessinger and complains, okay, this one about the knee. Now, it's true Dr. Wessinger report that day doesn't mention it, but that doesn't mean the Claimant didn't say it and Dr. Wessinger obviously didn't look at it, if he thought the Claimant was complaining about it. That same day the Claimant was having to fill out FMLA forms, Dr. Wessinger's office gave him the FMLA form. That's at page 3. Okay?

What does it say -- he turned it in to his Employer. Well actually Wessinger's office sent it to the Employer. What does it say, "Auto accident, March 11, 2008", and that's this accident. "Injury to right shoulder, right knee, lower back." So it's clear that he complained to people at that point of problems with his low back. Then page 4, this is nine months after the date of the Form 16 is my Form 50, I already filed a claim in July, but this is the hearing 50. I alleged on here big as day about his right knee. Then Randy Hedlund deposes my client in November. Actually Amanda did it. I'm sorry, Amanda covered the deposition for him, but he talked all about his right knee in that deposition. Okay? So it's clear to everybody this is part of the claim. If you'll look at page 6 it talks about the right knee and it says "Did it improve?" And he says, "Yeah, it improved while I was off of it and then I went back to work" and on page 7 he says, "I went back to work and it slowly got worse." And then he talks about how at the time of his deposition the pain is back with a popping and cracking and grinding sound when he puts weight on it. He has swelling and all that when he's on it a lot and the outside of it is numb and it hurts. And then the next page, page 8, okay, we're still talking

about the right knee. Okay? So it's clear to everybody the right knee is a big part of this claim. What problems he's having with the right knee in February. Well, he says in February it really wasn't all that bad. That was when he signed the Form 16. "And why did you go back to Wessinger?" "Well, I was having pain in my shoulder, I was having pain in my back and my leg, having trouble walking and my knee had started giving way, and it was having a grinding pain -- a grinding sound and it was hurting." Then page 9, again we start talking about the right knee. Okay? "When did you begin to notice problems with it?" And he says, "Well, you know, I attribute it to be laying in the bed and not being active, and then, you know, it got to where as I got up and got more active on it it got worse and worse and worse. And then, you know, got to the point where, you know, I was really having problems with it." And then at page 42 he said, "It got to the point that if there was not something close by for me to hold onto I couldn't walk." He says, "Was there a specific incident?" He said, "No, it slowly got worse to the point where instead of hurting and then easing up, it hurt and kept hurting and got worse." Page 45, again we're talking about the right knee. "So how is your right

knee, is it any better?" He says, "Well, you know, it's not sore every afternoon unless I walk on it. I need to stay close to it so I can hang onto something. It pops and cracks." He talks about the problems that he's having with his knee, clear to everybody that he's having problems with his knee. So -- and what he's done in the meantime is he's -- he's probably -- he's talked when he goes to see Dr. Wessinger in September and in October and he's complaining of the knee and the shoulder and the back, they all start focusing on the back, because the back was a big problem and he winds up with Dr. Kanos and he has to have a fusion. So, shortly after that we signed a Consent Order, at that point he's desperate to have the surgery on his back. The knee problem had not been diagnosed because he never had never had an MRI at that point, of the knee. Nobody -- everybody focused on his shoulder first and then they got focused on his back and so we said, okay, they had -- they had agreed that they would go ahead and provide the treatment and the surgery on the back, and we hold all other issues in abeyance. Danny wasn't there, so for him to say that, you know, the parties didn't intend to -- it's not something he can speak to because he wasn't there. But that also points out

something that I think is important in this case, and that is, you can't go back and rewrite our agreement for us after the -- because you have to take our agreements on their -- on their face. He wants to argue it's boiler plate. There is nothing boiler plate about anything in the Consent Order. What we intended to do --

COMMISSIONER JAMES: The equivalent of an award?

MS. WILLIAMS: I'm sorry?

COMMISSIONER JAMES: The equivalent of an award?

MS. WILLIAMS: Correct. And -- and what we said in that Consent Order was, all right, he's going to get treatment for the back because he's in desperate need of it. He barely can walk. I'm sure thinking of the back and I know his back surgery is going to help his knee problems, but he can barely walk. We'll see how the back surgery goes and then, you know, we're sticking a flag in everything else, we're holding everybody's positions where they are. And that's what we did. Now, so the Commissioner was absolutely correct and we were -- that we had preserved the knee issues from -- from -- for this claim. Now this is our chief claim for change of condition, to look at the medical -- first of all I think it's that they are pointing out that the Commissioner specifically found

the Claimant credible in this Order and he did. And so the doctor said that he was very honest and forthright in his testimony. He didn't try to overstate things, he didn't try to understate things. He just said it like it was and the Commissioner found him credible. The Claimant testified, as I've already pointed out to you, that the knee was not appear to be a problem when he signed the Form 16, neither was his back at that time; at the time he signed the Form 16. But, you know, six, eight, ten months later both his back and his knee are becoming a significant problem and re -- he re-enters treatment and is -- and he testified that his knee got progressively worse the more active he became. As I said, the focus, you know, became his back and I think we -- you know, we can see that although he complained to the doctor about the knee, the focus is on the back and they needed to get that part taken care of. And then once he was recovering from the back surgery Dr. Kanos told him he wanted him to start walking and so he did and the knee got worse. He testified that after the back surgery he was on his back for another 14 months or so and after the back surgery and the fusion, and he started walking more and more to try to rehab from the back surgery and the knee got worse. The Defendants

sent him to Dr. Paylor at that time. Okay? They didn't argue then, okay, at this point we're in 2013. When they sent him to Dr. Paylor they did not bring not -- not one peep at that point about, oh, you didn't raise this timely, he hadn't been complaining about it, he hadn't been this, he hadn't been that. They sent him to Dr. Paylor and they paid for Dr. Paylor, voluntarily, up until the time Dr. Paylor recommended surgery on his knee. And that's when things came to a screeching halt and they said, you know, we -- hold everything, back up, you know, now you're not -- now you didn't do this timely now that it's been admitted he needs surgery. So he had the MRI done in 2013 and that's the first time that we know he has a torn meniscus in his knee. Now, let's look at another (inaudible) 11. There are -- there are three opinions, there's -- all three of them are doctors that are authorized by the Defendants. One is Dr. Math who's -- who's in our favor and the other is Dr. Paylor who's in our favor. Dr. Wessinger, he argues, is in his favor. So let's look at Dr. Math's opinion. If we look at page 12 of what I handed up, Dr. Paylor --

THE COURT: I'm going to give you a couple of extra minutes because I gave Mr. Addison some extra.

MS. WILLIAMS: Okay. But Dr. Math clearly states in that report, in that statement that she thinks it's related to the -- the activity and the walking he engaged in aggravated his right knee pain. To the extent that they rely on Dr. Paylor, Dr. Paylor specifically said at page 13 in his deposition, "My speculation on probability would be based" -- because Dr. Wessinger admits he never examined this guy's knee. Never, not one time. So he says, "My speculation on probability would be based on information given from an MRI that I had not read and from a knee that I had not evaluated." And then he goes on to say the he would defer to Dr. Paylor as to causation on the knee. Dr. Paylor unequivocally --

COMMISSIONER McCASKILL: Just so I understand, that was Wessinger that said that?

MS. WILLIAMS: That was Wessinger. So once Dr. Wessinger said that he can't believe -- believe it literally -- but he can't place reliability on anything he said because he had admitted himself that he speculated and that he's never examined him and that he would refer to Dr. Paylor to make it up. Dr. Paylor thinks the bucket handle tear was there in the beginning, that it didn't bother him all that much and as the more he walked on it the worse he got to the

point that it now requires the surgery that he's recommending. And Dr. Paylor is clear on that, that's also in what I -- the file and pages that I handed up to you, the Hearing Commissioner was correct in the Order (inaudible).

THE COURT: Thank you, ma'am.

COMMISSIONER JAMES: Is the -- the copy of the 50 that you handed up, is that the entire 50? It's page 4.

MS. WILLIAMS: Well, it was 188, Commissioner. That's the appointment. Now there are some attachments to it that says he sustained a change of condition for the worse. It did not specify a body part.

COMMISSIONER JAMES: Okay. I just -- in our system was maybe scanned in I couldn't see the -- the attachment.

THE COURT: All right. Mr. Addison.

BY MR. ADDISON: Just briefly. Commissioners, the Claimant can't have it both ways. They either have to agree with Dr. Wessinger or they don't. Now the change of condition they have to agree with because the only way this case survives for a change of condition was because of Paylor's and Wessinger's statement in 2010 when we're looking for is attached

to the Form 50. That's they only thing they need there and 42-17-90. Dr. Wessinger gave an opinion back then that -- I understand it's fine, obviously they like what Dr. Wessinger said back then.

COMMISSIONER JAMES: But does that -- does the attachment, which I can't lay my hands on, it just says it's covered --

MR. ADDISON: I'd need to read it to you, Commissioner. I don't have the attachment but I can read it to you. But he was -- and I go into it at length with him in the deposition because it is very vague. It just says he had a change of condition for the worse.

COMMISSIONER JAMES: Change of condition for the worse. But the attachment to the 50 doesn't have -- doesn't have to be your ultimate proof. You can always expand --

MR. ADDISON: You can get his deposition testimony there or you can get another narrative, but you have to have medical evidence.

COMMISSIONER JAMES: But if you -- to get past the gate and get in you may -- you may reference that with other evidence after that.

MR. ADDISON: You can read the Claimant's testimony but subsequent to 2007, no, ma'am, you have

to have a reasonable degree of medical certainty statement. And this is a post-July 1, 2007 injury.

COMMISSIONER JAMES: What I'm saying though is just the situation as I understand it with that statement is it doesn't say what -- it doesn't say what body parts, it's enough -- it's enough that --

MR. ADDISON: Well, he's got a change of condition for the worse.

COMMISSIONER JAMES: Right.

MR. ADDISON: This goes back to the exact thing that Ms. Williams is hoping. Dr. Wessinger never treated his right knee. How can he give an opinion of a change of condition for the right knee if he never treated it?

COMMISSIONER JAMES: No, I'm not -- I'm not arguing with you about causation, I'm talking about the -- your first issue had to do with the regulation -- the gatekeeping and the regulation, but you don't have to have your ultimate proof in what you have to the -- to the back of your decision.

MR. ADDISON: I think there in the traditional -- I mean obviously the 50, but I think what the Supreme Court said, and I can basically tell you off the top of my head. But they very clearly said you have to have medical evidence at least the standards of asking

for the Commission in the hearing.

COMMISSIONER JAMES: And it says to a reasonable -- I thought it said to a reasonable degree --

MR. ADDISON: It's to a reasonable degree of medical certainty. You have to have a medical opinion that you've had a physical change of condition for the worse. That's what's required. The Claimant here wants to have Wessinger on their side. It's the (inaudible) approach. I like him over here but I don't like him over here. I would request that y'all all three read the entire deposition of Dr. Wessinger. Ms. Williams just read y'all a portion of it. I went back and talked to him about his testimony with Don at the deposition in more detail about his opinion. He very clearly says in the deposition, I don't think that this knee is related to the 2008 accident, period. We went over that about 14 times. The deposition covered a long period of time and just went back between Don and I about four times. Just read the deposition. That's all I have today.

THE COURT: Thank you very much. That concludes the hearing.

(The hearing concluded at 3:21 p.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 **28** 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 7TH DAY OF JANUARY, 2016.

_____

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

Transcript of the Testimony of
TOMMY HOUSTON V. GARDA WORLD SECURITY

Date: November 14, 2014

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0802605

Tommy Houston,

Claimant,

v.

Garda World Security,

Employer,

and

American Home Assurance Company,

Carrier/Defendants.

HEARING
****
Friday, November 14, 2014
10:32 a.m. - 11:31 a.m.

The Hearing was heard before Commissioner Aisha Taylor at the South Carolina Workers' Compensation Commission, 1333 Main Street, Columbia, South Carolina, on the 14th day of November, 2014 before Nadine A. Garrett, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.

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EXHIBITS

(There were no exhibits marked in the hearing.)

STIPULATIONS

It is stipulated and agreed that this hearing is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

MS. COMMISSIONER: Today is Friday, November 14, 2014. We're here on Workers' Comp file number 0802605. This is the claim of Mr. Tommy Houston, who's represented today by Ms. Kathryn Williams. The Employer is Garda World Security and the Carrier is American Home Assurance Company. Both the Employer and Carrier are represented today by Mr. Dan Addison. I have an original date of accident of March 11, 2008. The Claimant's average weekly wage is $616.96 yielding a compensation rate of $411.32. We are here on the Claimant's Form 50 request for a hearing. I will allow the parties to put detailed position statements on the record. However, prior to doing so, are there any objections to APAs, jurisdiction, venue, or any other items? Ms. Williams?

MS. WILLIAMS: None from the Claimant.

MS. COMMISSIONER: Mr. Addison?

MR. ADDISON: Commissioner, we've raised a jurisdictional question pursuant to how this claim has been filed. It's our understanding that the Claimant is seeking a change of condition pursuant to the original accepted award in the original accepted case for the

date of injury of March 11, 2008. The Claimant participated in a Form 16 settlement with the Defendants on February 4, 2010. The Form 16A is listed in -- excuse me, is contained within the Commission file, it is a -- presumably when it was done with the Claimant being a pro se Claimant back in the day. I assume that the Commission was there and participated in an informal conference -- excuse me, a conference with the Commission -- excuse me, with the Claimant and the Defendants. I don't have that information. I would hope the Commission file does. I was not the counsel that signed this Form 16. It was prior defense counsel.

MS. WILLIAMS: And it's in your APAs if it's not in the files.

MR. ADDISON: The Commission -- excuse me, the 16A was done, the Claimant received -- or awarded benefits on his back and right shoulder pursuant to the Statute. The Form 16A lists various body parts, including the right shoulder and low back, as well as his ribs, right knee, right hand, left hip, and left leg. Those last body parts being the affected body parts that the injury affected and such on the

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Form 16A. The Claimant subsequently sought a change of condition pursuant to a Form 50 filed by Claimant's counsel, Kathryn Williams, that was filed on or about July 15, 2010, several months later. On that Form 50 Claimant alleges all of the body parts listed on the Form 16A including the two body parts as well as -- the two awarded body parts as well as the other affected body parts. Our position is is that the jurisdictional requirements of 42-17-90 were triggered at that point. The Claimant had to sustain a change of condition within one year of the date of the Form 16 for anything related to the March 11, 2008 injuries. The Form 16, as we've discussed off the record, is a method of creating resolution and closure to a file. If the Claimant as some problem that comes about from that Form 16 settlement, he has one year to request a change of condition from payment of benefits as per the Statute. If he does not seek that within that one year, the jurisdictional trigger applies. The Claimant's position is that they sought all the various body parts and, as such, they are protected. My position is is that even though

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they named that on the Form 50, there was no pursuit of the right knee during that one year. There was a consent order signed in 2011, March of 2011, March 16, 2011 that should also be in the Commission file that all the parties signed wherein the parties agreed that the Claimant had sustained a change of condition to his left shoulder -- excuse me, right shoulder and low back. No other body parts are listed. The document does indicate that all other issues will be held in abeyance. It's our position that holding the issue in abeyance does not hold the Claimant's statutory requirement to seek benefits for his right knee in a timely manner. And as such, we believe that you have to make a determination of whether or not you have jurisdiction over this claim under those facts.

MS. COMMISSIONER: And just the make sure, you're raising the jurisdiction argument as it pertains to my hearing the merits of the Form 50, but you agree that I have jurisdiction to at least decide whether the Form --

MR. ADDISON: Right. The Commission has purview to hear these issues. The jurisdictional issue

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here is whether you have jurisdiction to actually take that -- the merits of this particular right knee issue and hear it. And under the rules on jurisdiction, you have to make a determination on that first before you get to the merits.

MS. COMMISSIONER: Okay. All right. Thank you. Ms. Williams, any -- I'll let you respond to that.

MS. WILLIAMS: And, Your Honor, it's our position that you clearly have jurisdiction either as an undiagnosed condition from the original claim or, you know, more the point -- to his point on the change of condition. We did file the change of condition. There's been a live open claim since July of 2010 on the right knee. We did enter a consent order where -- you know, because he was getting -- he desperately needed surgery on his back. And the Defendants were willing -- had denied that as well. They were willing to accepted that at that time and provide surgery on the back and that was the immediate issue. We entered a consent of order to resolve that immediate issue, holding all other issues in abeyance. And so we believe

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that we have, by any interpretation of the Statute, met the requirements for preserving any issues with regard with the knee. And we contend that he has sustained an injury to the right knee in the original accident that has gotten worse and that he now needs additional treatment on the right knee including surgery and has been recommended by Dr. Paylor. And I would point out that Defendants authorized Dr. Paylor's treatment initially. They sent him to Dr. Paylor. They did not deny compensability of the right knee or treatment on the right knee, so there was no reason for us to have, quote, pursued this prior to that time because the Defendants were authorizing treatment for him. They did so up until the time that Paylor recommended surgery and all of a sudden now realized it was going to get expensive and they decided to deny it.

MR. ADDISON: I'm going to have to object to that, Commission. She doesn't know what my client thinks or doesn't think. That's a subjective speculative statement.

MS. WILLIAMS: It was an editorial comment that I will withdraw. But the fact remains that they

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authorized treatment with Dr. Paylor, so there was no reason for us to clutter that Commission calendar with that issue until such times as they denied treatment.

MR. ADDISON: Commissioner, I meant to raise the --

MS. WILLIAMS: And that did not happen until Dr. Paylor --

MR. HOUSTON: November 5, 2013.

MS. WILLIAMS: Dr. Paylor began treating him November 5, 2013. So at that point it wasn't an issue. And the Claimant last saw Dr. Paylor March 25, 2014 at which time Dr. Paylor noted that he was awaiting approval for the surgery. So Dr. Paylor at that point was still thinking that Gallagher Basset was going to approve the claim, so -- and you'll see a note at page 181 where Gallagher Basset was requesting, you know, Dr. Paylor to see the Claimant with regard to the right knee. So there was no reason for us to raise cane over the right knee until such time as the Defendants denied treatment for it, which really didn't happen until this year.

MS. COMMISSIONER: Thank you. Mr. Addison.

MR. ADDISON: Commissioner, I was --

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MS. COMMISSIONER: I know we kind of got off. She went into her position, but I was going to let you respond with your general position.

MR. ADDISON: I meant to add in the knew or should have known standard the Supreme Court had recently reiterated, which is -- it's the Holmes decision. It's Holmes vs. National Security Service Industries, which is 717 S.E.2d 751 where there Court does go into a rather lengthy discussion of Claimant supposedly should know when they have something wrong with them, they have to pursue it in a timely manner. So it's not like this is some old standard that we're all operating under. The Supreme Court has made very clear that the Claimant -- the onus is on the Claimant to pursue a claim if he believes that it exists.

MS. WILLIAMS: And he did and they provided treatment for him until March of this year.

MR. ADDISON: It has to be timely, in one year, Commissioner. Just so we're clear, the timeliness would be in the timeframe as set out by the change of condition statute, 42-17-90. The Claimant has one year to pursue. He pursued part of it. He got back surgery. I'm

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more than happy to admit that. But their position is is that the knee was substantially bad enough in 2010 that he needed --

MS. COMMISSIONER: Well how come you all didn't raise that argument before you began providing treatment for the right knee?

MR. ADDISON: We sent him to a doctor for an evaluation. That's not even an admission to anything, Commissioner. Supreme Court's made that very clear too.

MS. WILLIAMS: What it does show --

MR. ADDISON: We were told by the treating physician at the time that before they would release him, that we needed to have the knee checked out. We were trying to get the case resolved at that point. We also -- it's in my APA, we requested information from the doctors as to whether he could return to work in 2013. We submitted stuff to them saying, is he capable of returning to work. They said he could do sedentary work. And the treating physician said, I think his knee needs to be checked out because he's complaining of it now. I'm not saying he doesn't have a knee problem in 2013. He clearly did. The MRI showed a bucket handle

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tear. Our position is it's something new. This is nothing that was there back in 2008, 2009, or 2010 per the medical records.

MS. WILLIAMS: And that, by the way, was Dr. Math, who's the pain management.

MR. ADDISON: I don't dispute that he had problems with his knee in 2013. He clearly did. They existed. The evidence has to show that it came from my injury.

MS. COMMISSIONER: But you agree he had something with his right knee in 2008; is that correct?

MR. ADDISON: In 2008, in March and April of 2008 per the medical records.

MS. COMMISSIONER: All right. And then you agree that there was at least a mention of it in 2010?

MR. ADDISON: In October of 2010. So two and one half years went by without any mention of any problem.

MS. WILLIAMS: But the Form 16 wasn't entered into until February of 2010.

MR. ADDISON: 2011.

MS. WILLIAMS: February 2010.

MR. ADDISON: The 16?

MS. WILLIAMS: Uh-huh.

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MS. COMMISSIONER: Okay.
MR. ADDISON: You're right. I'm sorry. No, you're wrong Kathryn -- no, you're right. I'm thinking of the consent agreement.
MS. COMMISSIONER: Anything further from the attorneys for the position statements?
MS. WILLIAMS: I think we beat it to death.
MS. COMMISSIONER: Madam Court Reporter, will you please swear Mr. Houston.
TOMMY HOUSTON, having been duly sworn, testifies as follows:
MS. COMMISSIONER: Ms. Williams.
MR. HOUSTON - DIRECT EXAMINATION BY MS. WILLIAMS:
Q: You go by Gregg; is that correct?
A: Yes, ma'am.
Q: I keep calling you Tommy, but you go by Gregg.
A: I go by Gregg.
Q: And, Gregg, how old are you?
A: Fifty-eight.
Q: And tell us about -- how far did you go in school?
A: Two years of college.
Q: Did you get a degree?
A: No.
Q: Okay. So you graduated from high school?

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A: Yes.
Q: And attended some college. And tell us about your work history. How long did you work for Garda World Security?
A: I think I started there in May of 2005.
Q: Okay. And tell us a little bit about -- what did you do for Garda World Security?
A: We have driver/messengers, you do both. On a normal day if you don't have a trainee, you drive half of the day and then you jump half of the day delivering the coins --
Q: What you all do is you deliver coins and money; is that correct?
A: Pick it up from the Federal Reserve Bank, carry it to local banks, pick up deposits from stores, retail outlets, bring them back to the bank, carry change to them.
Q: All right. And you were injured in March -- originally on March 11, 2008; is that correct?
A: Yes, ma'am.
Q: And can you tell us briefly what happened to you?
A: We had -- or I had serviced an ATM machine in the parking lot of BB&T on 123 in Easely. Went inside, got them to sign for the receipts.

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Came out and as -- it was normal procedure, as soon as I shut the doors in the back, the driver starts moving. They don't like to sit still any longer than they have to. And he was going across the parking lot and I reached up into -- you put the copy of the receipts right here beside your seat. And I was backing up to get in my seat and buckle the seatbelt. He evidently did not see the car coming down the highway because he went on out into the highway right directly in front of him. And they was so close, there was no horns blowing, no tires squealing, just boom.
Q: Okay. So somebody hit the truck?
A: Hit the truck.
Q: Okay. And you were thrown around inside --
A: With the hand trucks and the boxes of coins and bags of coins.
Q: All right. And what all did you injure; what body parts did you injure in that accident?
A: My right shoulder, broke all the ribs on the right side. They said I had a puncture wound, small puncture to the right kidney, but it healed back fine. My right knee. And for probably a couple of months they were saying it

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was my left hip. But after several injections in it with more tests, it was said that the actual injury was in my lumbar spine, that the pain was just showing up in the hip.
Q: Okay. All right. Now, you had shoulder surgery in July of 2008; is that correct?
A: Yes, ma'am.
Q: And I believe Dr. Wessinger did that surgery.
A: Yes, ma'am.
Q: Okay. And you were out of work until June or July of 2009; is that correct?
A: May.
Q: May?
A: May 11th.
Q: Okay. Of 2009?
A: 2009.
Q: Okay. So you were out of work, it looks like, ten months or so for that shoulder surgery; is that correct?
A: Yes, ma'am.
Q: And then you settled your case on a Form 16 in February of 2010; is that right?
A: Yes, ma'am.
MS. WILLIAMS: And, Your Honor, that Form 16 is in our APA at page 186.

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Q: And on that Form 16 -- and by the way, were you represented by counsel?
A: No, ma'am.
Q: And you returned to work for -- you were working at that time for --
A: Yes I was.
Q: -- Garda World Security? On that Form 16 it shows the affected body parts as ribs, right knee, right hand, left hip, left leg. Did you prepare that Form 16?
A: No, ma'am. Mr. Hedlund, the attorney, did that.
Q: For Garda World Security prepared that?
A: Yes, ma'am.
Q: Okay. All right.
A: I forgot about the right hand, had to have surgery to get a piece of metal out of my hand.
Q: Okay. All right. All right. Now, when you settled your case on the Form 16, were you still having problems?
A: Yes, ma'am.
Q: Okay. Where were you having problems?
A: The shoulder was a lot better, but the knee and the back were just -- since I had gone back to work, were just getting worse.

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Q: Okay. So after you went back to work from the shoulder surgery you noticed that the knee and the back were getting worse; is that what you're --
A: That's about the first time I was active again. Because with the ribs it was go home, don't lift anything, don't move around any more than you have to. And that was about six weeks. And then it was right on into Dr. Wessinger. And when he did the MRI of my shoulder, well, we got to fix the shoulder right now. And after that surgery, go home, take it easy, don't move around, had my arm strapped to my chest. And when I went back to work in May of 2009 is the first time I was really up moving around.
Q: Okay. And so did things gradually get worse after that?
A: Yes, ma'am.
Q: Okay. And you went back in to see Wessinger. And I think that was in September of 2010; is that correct?
A: September 1st.
Q: Okay. Now, did you tell Dr. Wessinger about your knee when you returned to see him in 2010?

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A: That was the chief complaint was my back and my knee. And I told him, I said, you know the first three levels, the first three rows in your parking lot across the street from the entrance are all handicapped and I'm having to park four rows out and I can't walk in your office; I can come to the lobby, sit there five or ten minutes until the pain eases up and then come on up to your office. But he wanted to do another MRI of the shoulder, check the shoulder. And then he went over my back and told me he didn't see anything surgically wrong with it. And I told him, it's just constantly getting better and I feel like if it's not fixed quick, I'm probably not going to be walking much longer.
Q: Constantly getting better or constantly getting worse?
A: Constantly getting worse.
Q: Okay.
A: And I don't think I'll be walking much longer if we don't get it fixed pretty quickly. That's when he sent me to the spine center.
Q: Okay. And that's when you saw Dr. Kanos.
A: And they didn't want to talk about the knee.

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They all do backs.
Q: Okay. All right. Now I'm going to show you --
MS. WILLIAMS: And this is at page 10 of my APAs, Your Honor.
Q: I'm going to show you a patient recheck questionnaire. And this is dated 10/6/2010. Is that your handwriting?
A: Yes, ma'am.
Q: Okay. And did you put on there, it says where is your pain or problems, it says back, shoulder, knee?
A: Yes, ma'am.
Q: Okay. And that was October 6, 2010?
A: Yes, ma'am.
Q: Okay. So that was right about the time you began seeing Dr. Wessinger again; is that right?
A: That's when I went back to get the MRI I think.
Q: All right. That same day I think that you also were required to fill out some FMLA paperwork for your employer; is that correct?
A: Yes, ma'am. Well they sent it to me and I carried it to the doctor's office.
Q: Okay. You carried it to Dr. Wessinger's office that day?

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A: Yes, ma'am.
Q: All right. I'm going to show you the part that you filled out.
MS. WILLIAMS: And, Your Honor, this is at page 191 of my APAs.
Q: And is that your signature at the bottom?
A: Yes, ma'am. This is a Steadman Hawkins form. They had me fill this out and incorporated it into the FMLA.
Q: Oh, did they really? This was one that Steadman Hawkins gave you?
A: That's the one they gave me when I told them what I need. To fill out either one of those and I said I need the FMLA.
Q: I see. All right. Now, and on there it says give a -- so Dr. Wessinger's office had this note too, you gave this to them?
A: I filled it out there at the reception desk.
Q: On October 6.
A: Gave them that plus the forms Garda had sent me.
Q: Okay. And then you also gave this to Garda?
A: Dr. Wessinger mailed it in.
Q: Mailed it. Dr. Wessinger mailed it for you?
A: Yes, ma'am.

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Q: Okay. All right. And on that day it says, please give a brief description of disability or accident and list date below. And what did you put?
A: Auto accident 3/11/08, injury to right shoulder, right knee, and lower back.
Q: Okay. All right. So that same day you, at least on two different forms, complained to Dr. Wessinger about the right knee; is that correct?
A: Yes, ma'am.
Q: And you knew that form was going to your employer as well?
A: Yes, ma'am.
Q: Okay. Now, you were also deposed -- you're aware, I think by this point, that Dr. Wessinger's treatment notes don't contain a complaint of your right knee because I've told you that.
A: He didn't really treat it. He just did the shoulder and then go.
Q: Okay. All right. But you complained to him about it at last on two separate forms and you complained to your employer about it; is that correct?

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A: Yes, ma'am.
Q: All right. Now, you were deposed shortly after that on November 17, 2010 by the lawyer --
MR. ADDISON: I've got to object to the form of the question. She just said he complained to the employer.
MS. WILLIAMS: By way of the FMLA form.
MR. ADDISON: By way of the FMLA, which doesn't say right knee from the 2008 injury. It says --
MS. WILLIAMS: It most certainly does.
THE WITNESS: 3/11/08.
MR. ADDISON: Okay.
MS. WILLIAMS: It most certainly does.
MR. ADDISON: Okay.
MS. WILLIAMS: Let's go over it just so the record's clear.
MS. COMMISSIONER: Okay.
Q: On that FMLA form it says --
MR. ADDISON: Well, let me object to it this way. I don't see anywhere that that is a proper notice for it under the Worker's Comp Act. But I think the question would have to be, did he report this to whoever the supervisor would be. It would be necessary under the Workers' Comp Statutes for those purposes under the 42-15-10.

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MS. COMMISSIONER: And I'll note the objection for the record. It's overruled. I think she can just ask him about it.
MR. ADDISON: Sure. I just want to make sure the record's clear.
MS. COMMISSIONER: Perfect. Thank you.
Q: Okay. And it says on there, is the patient's condition due to an injury or sickness involving the patient's employment? And what did you say?
A: Yes.
Q: All right. And it asks you the last date worked. And what did you say?
A: 8/30/2010.
Q: And then it says your first treatment for this injury or illness with our physicians and what did you say?
A: 3/11/08.
Q: Okay. So you indicated on that form that this was from your work-related injury; is that correct?
A: Yes, ma'am.
Q: All right. Now, let's talk about your deposition because you were deposed about a month later by the Employer for the Workers'

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Compensation carrier for Garda World Security and you were asked in that deposition --
MR. ADDISON: And for the record, it's Randy Hedlund I think who did the deposition.
MS. WILLIAMS: Randy Hedlund did it.
THE WITNESS: It was a female.
MS. WILLIAMS: And we will stipulate that --
MR. ADDISON: It was done. I'm just making sure the record's clear.
MS. WILLIAMS: Amanda did it. Randy Hedlund represented, Amanda did it. But you will stipulate that that was representative of the Workers' Compensation carrier?
MR. ADDISON: Absolutely. A representative. I just want to make sure -- the way you asked the question was that I was the one asking him, not him.
Q: Okay. Now, you were asked at page 24 of your deposition. I'll read the questions, I want you to read the answers, okay?
A: Okay.
Q: You said that you were referred to Dr. Wessinger for your right shoulder and your back and your right knee. Did he provide any treatment for your right knee? And what was

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your answer?
A: Treatment, x-ray, examination, and physical therapy.
Q: And then question was, did your right knee improve? And your answer?
A: It did while I was off of it.
Q: Question, while you were not working?
A: Uh-huh.
Q: Question, what happened when you went back to work?
A: It just slowly got worse.
Q: Question, and tell me what you mean by that, what got worse? And your answer?
A: Well, the pain in back is popping and cracking and grinding sounds when I put weight on it. Like going up steps -- coming down steps is fine. Going up steps is a problem.
Q: Question, do you have any swelling in your right knee?
A: While I'm on it a lot it does, swells and seems like the outside's numb and the inside hurts.
Q: Okay. And then at page 33 you were asked, what problems, if any, were you having with your right knee in February? And by February, that was the time that you had settled on the Form

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16. And what was your answer?
A: In February not really a lot, just soreness and swelling. No sharp pains.
Q: Question, how often would you notice this swelling? And your answer?
A: Kind of like the back, maybe a couple days a week I would put a heating pad or an ice pack on it at night if it was keeping me awake.
Q: Question, when did you next see a doctor after February? And the answer was?
A: September 1st.
Q: And then, and that was who?
A: Dr. Wessinger.
Q: And why did you go back to Dr. Wessinger? What's your answer?
A: I was having pain in my shoulder. I was having afraid something had come lose. I was having severe pain in my back and legs. Was having trouble walking actually. And my knee had started giving way sometimes. Even standing up long enough to take a shower in the morning causes pretty bad back pain. And my knee started doing the grinding sound and hurting.
Q: Okay. Then page 34 you were ask the question, let's go back for a second. You went back to

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Dr. Wessinger because you started having pain in your right shoulder again; is that right? And what was your answer?
A: Shoulder, back, and knee.
Q: Okay. And then at page 41 you were asked again, all right, now, let's talk about your right knee. When did you begin to notice problems again with it? And your answer was?
A: Soreness, stuff that I attributed to me laying in bed for 14 months or laying on the sofa for 14 months and just getting to be active a month or two, which I thought would go away. And at first it would get sore a day or two and ease up. It'd be two or three days later it would get sore and it would ease up. I could live with that. Five, six months ago it just got sore, it got worse, and it got to the sharp pain. Each step there was sharp pain inside. It felt like it was behind my kneecap. The outside of my leg, when I reach to rub it -- did we miss a page?
Q: One day.
A: Oh -- one day I notice that the outside was numb, couldn't even feel it, couldn't tell I was touching it. So popping and cracking. If

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I had to go up steps, I have to lead with the left foot because if it's bent when I put weight on it, it might not work, but it might work and it might not. I've been walking and if there haven't been something close by that I could grab, I would have fell because I put weight on that knee and it just folds up.

Q: Okay. And then page 45, again, how about your right knee, is it any better? And what was your answer?

A: It don't get -- it's not sore every afternoon, but now if I walk for ten minutes, I need to stay close to something I can hang on to because it's going to give way. It's going to pop, crack. And when it does the popping and cracking is when I have the pain shooting up around my leg, around my knee.

Q: Okay. Now, and this was on -- all this testimony was on November 17, 2010; is that correct?

A: Yes, ma'am.

Q: That was some eight months or so after you settled the case on the Form 16; is that correct?

A: Yes.

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Q: So you were clear in the your deposition to the lawyer that was representing the insurance carrier at that time that you were pursuing a claim for your right knee?

A: I wasn't going to settle unless they included the back and the knee in the settlement.

Q: Okay. All right. Now, after that deposition were we also at that same time -- you said your were clear that you weren't going to settle unless it included the back and the right knee. We were pursuing -- you were pursuing a claim for your back as well; is that correct?

A: Yes, ma'am.

Q: And the insurance carrier denied that they were responsible for the change of condition for your back; is that correct?

A: Yes, ma'am.

Q: Okay. And you ultimately wound up -- you hired me and you ultimately wound up -- we had to request a hearing to try to get them to pay for the treatment that Dr. Kanos wanted to do on your back, which was surgery; is that correct?

A: For about -- I think I told you the first day I was there for about two months I had been telling the supervisor I needed to go back to

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that doctor. When I'm through in the afternoon, sometimes a can't walk across the parking lot to my car without sitting down for 15 minutes. And he would always, we'll call and make an appointment. Then tell me, no, I can't let you off that day. That's why I contacted you to get me to see a doctor.

Q: Okay. And so finally in December we entered a consent order and you finally had surgery on your back we're now talking over a year after you gave that deposition; is that correct?

A: December 12, 2012.

Q: So it took us over a year even from the time of this deposition to get -- before you got surgery on your back; is that correct?

A: Yes, ma'am. I guess about 14 months.

Q: Okay. And then you were -- how long were you on your back from the back surgery, how --

A: About three weeks and then started physical therapy, which was very light at first and progressed on from there.

Q: And then Dr. Kanos sent you to Dr. Math for -- or you wound up with Dr. Math for chronic pain management for your back; is that correct?

A: Yes, ma'am.

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Q: And you're still in treatment for that?

A: Yes, ma'am.

Q: Okay. Now, after you had the back surgery, did you begin to notice again that your knee was getting worse?

A: Yes, ma'am. When they started having me walk more for the back therapy.

Q: Okay. And then we asked -- through me, we asked the insurance carrier to send you for treatment for your knee; is that correct?

A: Yes, ma'am.

Q: And they sent you to Dr. Paylor --

A: Yes, ma'am.

Q: -- is that correct? And they paid for treatment with Dr. Paylor until he recommended surgery; is that right?

A: Even with Dr. Math they paid for x-rays and MRIs before sending me to --

Q: On that knee?

A: -- Dr. Paylor. And they covered that too.

Q: All right. And they paid for Dr. Paylor until Dr. Paylor recommended surgery?

A: Yes, ma'am.

Q: And it was at that point that they denied Dr. Paylor's treatment anymore; is that correct?

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A: They -- about two or three months later they sent me back to be reevaluated. And at that point when he said that the knee was worse and I needed the surgery soon, that's when everything came to a halt.
Q: Okay. And that's where we're stuck today; is that correct?
A: Yes, ma'am.
Q: And you want the treatment that Dr. Paylor's recommending?
A: Yes, ma'am.
MS. WILLIAMS: That's all the questions I have.
MS. COMMISSIONER: Mr. Addison.
MR. HOUSTON - CROSS EXAMINATION BY MR. ADDISON:
Q: Did you lawyer forget a doctor in there, another doctor that you saw? Do you remember seeing another doctor for your back?
A: For my back?
Q: Yes, sir.
A: Dr. Bucci.
Q: Right. He was the first doctor you saw for your back, correct?
A: That's the first one Dr. Wessinger sent me to.
Q: Right. Dr. Bucci said he thought you did not need surgery on your back, correct?

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A: Yes, he did.
Q: All right. You're attorney got you over to Dr. Kanos and Dr. Kanos made the recommendation for your back surgery, correct?
A: No, sir. That's not -- Dr. Math sent me to Dr. Kanos.
Q: Dr. Bucci sent you to Dr. Math, correct?
A: Yes. Correct.
Q: That's what her records reflect is Dr. Bucci sent you over there and you treated with Dr. Math. Were you telling Dr. Math about these problems with your right leg when you started seeing her?
A: Yes, sir.
Q: So if she didn't write it down in 2011, that's her fault not yours?
A: Well, she's the one that did x-rays and ordered the MRI.
Q: In 2011 when you first saw her were you telling her you were having these substantial problems with your right knee?
A: Yes, sir.
Q: Were you telling her that you could barely walk on your right knee in 2011 when you first saw her?

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A: At that point my back was a lot worse than the knee. But I did tell her about both.
Q: All right. Were you telling her that you were having back pain that went down your left leg to your left knee? Do you remember telling her that?
A: Yes, sir.
Q: And that you were having substantial problems with your left leg?
A: It went all the way down to the heal in my left leg.
Q: Okay. Do you remember telling Dr. Wessinger the same thing?
A: I don't know that the pain was going that far when Dr. Wessinger was treating me. It was between the hip and the knee.
Q: You went back and saw him in September and October of 2010. You saw him a couple of different times in that time frame, correct?
A: Yes, sir.
Q: Your first visit was on September 1, 2010?
A: Yes, sir.
Q: All right. And you were telling him -- according to you, you were telling him you were having problems with your right knee as well as

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your shoulder and your back?
A: And the back.
Q: Okay. He wrote down that you were complaining of left leg pain as well as low back pain. You would agree with me that you were having pain in your low back that went down your left leg?
A: Yes, sir.
Q: Okay. In October, October 6, 2010 --
MR. ADDISON: Page 234 of Defendants' APA.
Q: -- you indicated -- it indicates that you told him that you were still having back and hip problems primarily on the left side. Is that accurate?
A: That's where the back pain was, going down the left side.
Q: It says that you told him that they had been -- those problems have been present since the accident as well?
A: Yes, sir.
Q: But they were getting worse --
A: Yes, sir.
Q: -- those problems of the pain in your back going down your hip and -- your left hip and your left side were getting worse?
A: Yes, sir.

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Q: Okay. That indicates that you told him that you could only walk for ten to 15 minutes before you started to have pain in the left leg, did you tell him that?
A: Yes, I did.
Q: Okay. According to you, you also told him about your right knee and he didn't write it down that day.
A: I told him. I told him I was having a hard time even walking in his office.
Q: Okay. And you saw him again October 27th. And that looks like the last time that you saw him.
A: I think that was to go over the MRI results. And that's when he sent me to the Dr. Bucci.
Q: And that was October 27, 2010, correct?
A: Yes, sir.
Q: Okay. Now you then go over to see Dr. Bucci. Trying to remember the date. I'm sorry. I was just looking for it, I had it, and I've lost it. But you go over to see Dr. Bucci, he checks you out, he sees the MRI, and then he refers you to Dr. Math?
A: Yes, sir.
Q: He indicates that he didn't feel like you needed surgery on your spine.

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A: Yes, sir.
Q: All right. Did you tell Dr. Bucci that you were having all these problems with your right knee?
A: I, in two visits, saw him probably a total of five minutes. I'm not sure if I did or not. The first visit he came in and said, before we discuss anything, I need to get an MRI. And they did a myelogram. And the second time he came in, stood in the door, said I've looked at your test results and I don't see anything with a surgical solution; I'm going to send you to pain management.
Q: Okay. And then ultimately ended up with Dr. Kanos as your spine surgeon; is that correct?
A: Yes, sir.
Q: And you first saw him on October -- excuse me August 1, 2012; is that correct?
A: That sounds about right.
Q: Okay. Did you tell Dr. Kanos about these substantial problems with your right knee?
A: Yes, sir.
Q: Okay. He noted that you stated pain in center of back to the left hip, down leg. That's what he has in his notes. He doesn't note that you

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had any problems with your right knee.
A: He told me that he was not an orthopaedic surgeon. That he would fix the back first.
Q: So you're position is is he told you he wasn't going to write anything down about your right knee?
A: He didn't tell me that. He just told me that someone else would be working on my knee, he was trying to fix my back.
Q: Well, did he refer you for someone to see your knee at that point?
A: No, sir.
Q: Okay. You saw him again on August 24, 2012 for a followup. And it said that you complained that day of low back and left leg pain.
A: Yes, sir.
Q: Nothing about your knee. Did you tell him about your knee that day, your right knee.
A: I really don't remember.
Q: October 22nd looks like the next visit for a followup. It says that you were complaining that day of burning and pins and needle sensation in your low back and down your left leg. Did you also complain of your right knee that day?

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A: Probably not because since you said that, I remembered that when I would go in, he would ask me what's it feel like here, what's it feel like here. And wherever he touched, I would tell him what sensations I had.
Q: All right. Let's go back to Dr. Wessinger. And during the time that you were seeing Dr. Wessinger, you saw him pretty routinely for over a year. And then there was a break for about a year. Roughly a year.
A: Roughly, yes, sir.
Q: Okie doke. And you saw him two or three times when you went back to him in 2010. You saw him September 1st --
A: Saw him three times.
Q: And then a couple times in October?
A: Yes, sir.
Q: In 2009 when you seeing him, you seen him about every month, weren't you?
A: That would have been after the shoulder surgery. And, yes, it was at least once a month.
Q: Okay. And during that time in 2009 were you having problems with your right knee?
A: Yes, I was.

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Q: Were you telling Dr. Wessinger every time?
A: That's the time that I told him -- asked him if there was anywhere closer to park, that parking in that parking lot across the street I could not walk all the way into his office without either sitting down on the sidewalk outside or the chair in the lobby until the pain eased up in my back and knee and then coming on into his office.
Q: All right. When you were seeing Dr. Wessinger, did you have problems with your hip your left hip?
A: They -- he's the one that, after the injections, discovered that the even though the pain was showing up in my hip, the actual injury was in my lower back.
Q: My question though is were you complaining to Dr. Wessinger of problems with pain in your left hip?
A: Yes.
Q: He notes that in his record. That's why I'm asking. So you did talk to him about that?
A: Yes, sir.
Q: You told him about problems with your right shoulder?

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A: Yes, sir.
Q: He's noted that and written that down as well. Did you complain to him of problems with your left leg?
A: Yes, sir.
Q: He's noted that and written that down in his records. Did you have problems with your hand that you noted to him?
A: Yes, sir.
Q: All right, sir. And which hand are we talking about?
A: Right hand.
Q: You ultimately had to have some surgery on that, correct?
A: Just a small outpatient thing.
Q: All right. And I know you said it was -- I think your attorney said he thought it was a piece of metal, but it was where they had stuck you with something for the surgery, right?
A: In the EMS, the tip of some plastic thing they used to hook IVs up.
Q: Okay. All right. And you had sort of a little growth in your hand and Dr. Wessinger removed it and had a biopsy, correct?
A: It was a big knot that would swell up and then

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it was gush open and bleed and go away. And then a week or so it'd be back. So a continuous cycle.
Q: But Dr. Wessinger had that removed --
A: Yes, sir.
Q: -- and had a biopsy, had it checked for cancer?
A: I guess so. I don't know.
Q: That's in his records.
A: Okay.
Q: He went through all that with you and checked out your hand, correct?
A: He did remove it at the hospital in Simpsonville.
Q: Okay. All right. You continued to have back pain during all of this, correct?
A: Yes, sir.
Q: The same time frame you had back pain. And you told Dr. Wessinger about that back pain?
A: Yes, sir.
Q: And he's noted that in all the records. All right. On -- in February of 2009 how were you doing with your right knee back then?
A: February 2009?
Q: Yes, sir.
A: Being I wasn't on it a whole lot, so the time

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periods -- the time that I wasn't active, it would do better.
Q: Okay. So you were not very active during that time?
A: I think that's -- I had quit doing physical therapy I think in November and was waiting to take a function test, which was in about I think in February. I'm not sure.
Q: That was right about when he was getting ready to return you to work. He lists the October -- excuse me, the February 4, 2009 visit. He says that you might be able to return to work on your next visit. So this is right when Dr. Wessinger is about to return you to work.
A: Okay. Yeah. It was doing better then.
Q: Were you active at all during that point?
A: Not a lot.
Q: Okay. But you told him that day that you were able to walk two or three hours without pain that you were experiencing in five minutes previously.
A: No, sir.
Q: So you weren't walking two or three hours at a time --
A: No, sir.

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Q: -- in February of 2009?
A: No, sir. I was walking at that time 20 to -- 25 to 30 minutes.
MR. ADDISON: Page 216 of Defendants' APA, Commissioner.
Q: And you were about to return to work at that point and they were doing therapy and stuff for you. And you were getting around and doing things clearly at that point. I mean, you weren't sitting in a chair all day or sitting -- or laying in the bed all day in February of 2009, were you?
A: No, sir.
Q: All right. And then you went back to work shortly thereafter, correct?
A: May 11th.
Q: How were you doing in April of 2009, about two months later? How were you doing?
A: The month before going to work?
Q: Yes, sir.
A: I would do the exercises the therapist gave me to do at home trying to get my strength built back up because I knew going straight back to work after all that time of not being very active was not going to be easy.

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Q: Okay. Were you doing things around your house at that point?
A: Occasionally. When I felt like I could.
Q: All right. And just so the Commissioner understands, this isn't the first time you've had problems with your right knee, correct? You've had to have surgery on your right knee in the past a long time ago.
A: Uh-huh, yeah.
Q: You had surgery in 1974 on your right knee?
A: Yes, sir.
Q: Okay. And what happened with that?
A: That was an automobile accident.
Q: Okay. But it actually required a surgical intervention in repair of your right knee?
A: Yes, sir.
Q: So this wasn't our first time of having to deal with right-knee issues?
A: No, sir.
Q: Okay. So going back to April of 2009 were you able to do kind of normal stuff at that point in your regular life?
A: Not as easily as I could before, but I pushed myself to try to be able to.
Q: So you were still -- you were being active at

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that point, you were doing things around the house.
A: I was trying to get more active, yes, sir.
Q: Okay. Do you remember telling Dr. Wessinger at that point in April that you were able to cut your grass in April of --
A: That was the previous visit when he had gave me injections of pain killer in my back. And I did. It took me three days cutting 20, 30 minutes a day, but I did get it done.
Q: Okay. Well it actually says that you were doing well and were able to cut the grass. It doesn't say you had all kind of problems. It just says you were doing well --
A: Oh, I was proud of getting it done even though it took me three days to do it.
Q: So you were being active is my point.
A: I was getting to be active, yes, sir.
Q: All right. The next visit that you had with him that same month, April 29, 2009, is when this thing with the hand came up, with the issue with the hand. That's what his records show.
A: That's when I started back to work I had to go to the company doctor to get checked. And the

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thing just had ruptured and I had a band-aid over it. It was bleeding a little bit and fluid coming out. And he looked at it and he said, when did you have an IV put in there. And I told him and he said, you've got a piece of a needle in there; I've seen that many times.
Q: Okie doke. So what Dr. Wessinger wrote that day, I'm going to read it to you and I want you to tell me if this sounds accurate. It says, right wrist/hand. He points out that on the back of the right hand his has a place that will periodically break down and ooze. This has been since back when he was in the ambulance on the way to surgery. He states he has never had this problem before and that it is related to an IV stick at that point in time. This is the first time he has mentioned this to me. He states he can feel something next to that. Does that sound accurate as to what you told him?
A: Yes, sir.
Q: Okay. And Dr. Wessinger wrote that in his notes. He actually wrote down that you had talked to him about a new problem. He then

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evaluated you for that problem, didn't he? He checked out your hand?
A: Yes, sir.
Q: And he ultimately did surgery to remove the piece of tissue out of your hand?
A: Yes, sir.
Q: So you discussed in late April of 2009, one year and one month after this injury occurred, a problem that you felt like had been there from the very beginning. The doctor noted that it was the first time you discussed it with him in his notes. He evaluated it and treated it. You agree with that?
A: Yes, sir.
Q: Okay. But at no point did he ever do that with your right knee. Would you agree?
A: No, sir.
Q: Okay. But your position is is that you were consistently, during the treatment regimen that Dr. Wessinger provided for you, that you were consistently complaining to him of problems in your right knee significant enough that you had difficulty walking?
A: Yes, sir, I did tell him about that.
Q: When you settled your case on this Form 16, did

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you have to go to the Commission to do that?
A: The Commissioner was there.
Q: That's what I mean. You went in front of someone. You were by yourself. You were what we call a pro se claimant, you were not represented by a lawyer.
A: That's correct.
Q: Okay. And you had a Commissioner or some member of the Commission staff there when you did this document, correct?
A: What document?
Q: The Form 16, the settlement document, when you signed that --
A: When I signed it, yes, sir.
Q: Okay. And the Commission staff member told you what your rights were when you had your meeting?
A: Well we went in and there was something wrong with one of the recorders or something and he said we can't really hold an official hearing today, but if you all want me to hear the comments and tell you what I would do and then y'all decide what you want to do from there, then I'll be glad to do that. So that's what we did.

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Q: Okay. My point is is you had a specific official meeting with the Commissioner or Commission staff member --
A: Yes, sir.
Q: -- to sign this document?
A: Yes, sir.
Q: Okie doke. And the document was signed and submitted to the records of the Commission at that point?
A: Yes, sir.
Q: And you were paid a sum of money of approximately $37,000 for settling your case --
A: Yes, sir.
Q: -- in February of 2010?
A: Yes, sir.
Q: Okay. Subsequent to that you hired Kathryn, Ms. Williams, and you pursued a change of condition?
MS. WILLIAMS: Kathryn's fine.
MR. ADDISON: You know I get it stuck in my head. I have to go back and say Ms. Williams.
Q: You hired your attorney to help you with the change of condition request, that you had more problems that you felt needed to be dealt with?
A: Yes, sir.

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Q: And that started in the fall of 2010?
A: Yes, sir.
Q: Okay. All right. Can you tell me when this right knee problem became -- you know, where it became substantially bad enough for you to seek medical treatment beyond just mention it to the doctor?
A: After being back at work, of course it just gradually got worse and worse and worse. But probably between three and four months back at work it was -- by the end of the day it was not easy to walk.
Q: And when was that, what year are we talking about?
A: We're talking about 2010.
Q: All right, sir. And then once you signed -- your lawyer signed this consent order, you actually then -- you ceased working at some point. Was it before the settlement of the Defendants or was it after the settlement?
A: This was September 1, 2010 when Dr. Wessinger put me out of work until after he could get an MRI.
Q: Okay. And you've been receiving a weekly check ever since under Workers' Comp, correct? I

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know it came later, but you have been paid through -- from September of 2010 until now?
A: Actually it's within two weeks behind since about February.
Q: My point is though, you've been on a running award since September of --
A: Yes, sir.
MS. WILLIAMS: Since the consent order.
MR. ADDISON: It's in there. I just wanted to make sure the dates were there.
THE WITNESS: Yes, sir.
Q: So you haven't worked in any capacity since September of 2010?
A: They had me go back to work one time. I worked in the office three days. And then the company's doctor told them no, that I could not work. And then November of 2012 they had me come back for two days to be in the office. And, again, the company doctor checked with Dr. Math and said no, that the medication he's taking, he cannot drive a commercial vehicle.
Q: Okay. You intermittently worked, but you haven't had any kind of substantial --
A: No, sir.
Q: -- since September of 2010?

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A: No, sir.
MR. ADDISON: That's it.
MS. COMMISSIONER: Okay. Thank you. Ms. Williams.
MR. HOUSTON - RE-DIRECT EXAMINATION BY MS. WILLIAMS:
Q: Although you went out of work in September 2010, you didn't start getting any money from Workers' Comp until April and 2011; is that correct?
MR. ADDISON: I'll stipulate.
A: At last that long.
MR. ADDISON: I'll stipulate to that.
MS. COMMISSIONER: Noted for the record.
THE WITNESS: I think it might have been longer.
Q: Now, you were asked some questions on the right hand. It was the company doctor that forced that issue on your right hand; is that correct?
A: Yes, ma'am. When I went for my physical to return to work that day, the day before it had just kind of ruptured and it was oozing a little bit of blood and I had a band-aid on it when I went in. And they checked everything and they said what's wrong with your hand. And I said, I've just got this knot here. And peeled it back and he looked at it and he said, you know, I was a surgeon for 40 years before

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I retired and came here to work part time. He said, when did you have an IV put in there. And I told him and he said, I've seen that many times; you've got a piece of a needle in there; you need to go get a doctor and get it out. And he pushed it side to said and I said, no, no pain at all. And when he pushed straight down it was, yeah, felt that one. And he said, yeah, it's in there; got to come out.
Q: So that's what caused you to go --
A: The next visit that I already had scheduled with Dr. Wessinger a week or two after that, I showed it to him and told him that I thought it was infected and I'd put peroxide and alcohol on it and figured eventually it'll clear up. And I said, when I went to get my physical to go back to work, the guy there -- I knew his name back then and Dr. Wessinger had known him. He said, yeah, he's right; if there's something in there, we got to get it out.
Q: All right. Now, you were also asking about prior knee problems that you had on the right side. And that was back in the '70s. So you would have been --
A: I think I was 17.

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Q: Okay.
A: Seventeen or 18 years old when that happened.
Q: After you recovered from that surgery, have you had any problems with your right knee up until you had this accident?
A: Actually about a year after that, Dr. Bill Evens is the one that worked at that knee, and I ran into him at a Clemson basketball game. And he remembered me and he said how's that knee doing.
MR. ADDISON: Commissioner, I --
A: And I said, well, I've never had problems with my left one, but this one feels so much better; can you go ahead and fix this one too just the same way that one is.
MS. COMMISSIONER: For the record, the objection is sustained. He was kind of already been testimony.
THE WITNESS: I'm sorry. I didn't hear him.
MS. COMMISSIONER: Just try to -- you can tell me what you said to the doctors, but try to refrain from telling us what they said unless specifically asked about it.
THE WITNESS: Okay.
Q: When you saw Dr. Evens after -- about a year

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after your surgery on your right knee, what did you tell him about your right knee?
A: I told him it was doing so good I wish he could do the left knee even though I didn't have any problems with it at that time.
Q: So since then had you had any problems with your right knee --
A: None whatsoever.
Q: -- up until you had this accident?
A: Not a bit.
MS. WILLIAMS: Thank you. That's all the questions I have.
MS. COMMISSIONER: Mr. Addison, anything further?
MS. WILLIAMS: No followup.
MS. COMMISSIONER: Okay. I believe -- you are excused. You can actually -- you can sit right here just for a moment. I was going to say on the record, I did want to make sure for the record, Mr. Addison, and this addresses particularly your jurisdiction argument, I note here that the Form 16 was filed on February 4, 2010. The original Form 50 on the change of condition was filed on --
MS. WILLIAMS: July.
MS. COMMISSIONER: -- November 11, 2010. So would

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you agree that at least the initial filing was within that one-year change-of-condition period?
MR. ADDISON: Absolutely. And then that Form 50 was dealt with on a consent order.
MS. COMMISSIONER: Okay. Correct. And that consent order addressed the back and the shoulder, but then held the issues in abeyance; is that correct?
MR. ADDISON: Correct.
MS. COMMISSIONER: Okay. All right. I just want to make sure that the record is clear and I pulled the correct documents. All right. That concludes this matter. Thank you very much.
(There being nothing further, the hearing concluded at 11:31 a.m.)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 0802605

TOMMY G. HOUSTON,
CLAIMANT,
VS.
GARDA WORLD SECURITY,
EMPLOYER,
GALLAGHER BASSETT SERVICES INC.,
CARRIER,
DEFENDANTS.

DEPOSITION
OF
JOHN H. PAYLOR, III, MD

Deposition of John H. Paylor, III, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 3:23 p.m., Tuesday, July 1st, 2014, at Piedmont Orthopaedic Associates, 1050 Grove Road, Greenville, South Carolina.

COPY

Reported by
Sandra M. Snead

Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out.

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Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

John H. Paylor, III, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: John H. Paylor, the Third.

Examination

By Mr. Addison:

Q Dr. Paylor, my name is Dan Addison. I'm here on behalf of Garda in regard to a workers' compensation claim involving a gentleman named Tommy Houston. We're here today to take your deposition in regard to treatment you have provided for Mr. Houston as well as recommendations you've made for surgery on his right knee. I'm going to go through the preliminaries on -- on this. I've actually deposed you, I believe, in the very first year of my practice.

A You did?

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Q A very long time ago, --
A My, that's pretty --
Q -- a couple days ago, so -- I don't think I've deposed you since, believe it or not.

Mr. Kamb: It was probably a few years before I was born, but y'all go ahead.

The Deponent: Probably so.

Q If I ask you a question that you do not understand today, I need you to tell me you do not understand the question. I will try to ask that question in a different manner or explain the question to you if you indicate that you have some issues with the question. If you answer a question, I will assume you have understood the question as asked. Is that fair enough?
A Yes.
Q All right, sir. Whenever answering a question, just like you did there, that requires a yes or no answer, if you would use the actual word yes or no instead of uh-uh or uh-huh or some other nonword. If you say one of the nonwords, I'll ask you do you mean yes or no. You may add to the yes or no all that you want to, all right? And if you'll also always keep your voice up. It's important that we have a nice clean recording of the -- of the

deposition. I know you've been through this before multiple times.

[Off the record briefly at 3:25 p.m.]

Examination Continues

By Mr. Addison:

Q All right. If you would, briefly give a CV for the record, Doctor.
A I went to Clemson University undergraduate, then to the Medical University of South Carolina for medical school. Following that, I went to Emory University for one year of general surgery, and then I returned to the medical university for orthopedic surgery residency.
Q Okay.
A And then, in 1982, I came here to practice at -- here at Piedmont Orthopaedics, and I've been here since.
Q All right, sir. Okey-doke. And is there a particular area of orthopedics that you specialize in, or just general orthopedics or --
A No. I do orthopedic sports medicine.
Q Okay. All right, sir. All right. And you're board certified currently; is that correct?
A Yes.

Q In orthopedics?
A Orthopedics and also in the -- orthopedic sports medicine.
Q Okay. All right. All right. In that regard, you had seen Mr. Houston as a patient. I've got records in front of me that y'all's office sent to me, and it looks -- at least from the records that I have, that you did not -- that you personally didn't see him as a patient until 2013. Is that correct?
A Yes.
Q Okay. And then the date of your first visit, what is the date that you have as your first visit?
A November the 5th, 2013.
Q Okay. Were you aware that he had seen this practice, Piedmont Orthopaedics, before that date?
A No.
Q Okay. And that he'd been a patient at any point in the past with you guys?
A I wasn't aware of that.
Q Okay. Were any records provided to you from any prior treatment that he had for any of the aspects of the issues that he's been dealing with from this car wreck that I'm here about with Garda? This is a workers' comp case, but he was in an automobile

-- he was in a vehicle --
A Right.
Q -- accident.
A There were some records, but I did not really look at those that much. He's had some spine surgery, which I don't do, and --
Q Okay.
A -- he was just really coming to see me about his right knee.
Q Okey-doke. All right. And the reason I -- I've -- We've retrieved these records from your office, and it's a bunch of records, and they're all stamped with this Piedmont Orthopaedics Copy on it.
A Okay.
Q And is that how y'all keep your records and y'all know that it's yours, it's got this stamp on it?
A Piedmont --
Q Where it says Piedmont Orthopaedics Copy on the file.
A It doesn't usually say that, I don't think. It's just in the computer. They scan it in the computer.
Q Okay. All right. All right. So, you did not review any of these prior records --
A No.

Q -- that you had? Okay. All right. When he came to you in November of 2013, was he -- Who sent him to -- to you to be reviewed as a patient?
A That -- I would assume that the workers' compensation company did. I don't have anybody else sending him.
Q Okay. Okey-doke. And I have -- That day, it just shows that he had an injury of the right knee. This is -- I'm looking at your record, if I'm looking at the right one. Is that correct?
A Yes.
Q All right. That's your November the 5th, 2013 -- The onset date was 3/11/2008, according to your note, correct?
A Yes.
Q And then it has HPI. Is that the history section?
A History of Present Illness.
Q Okay. All right. It says, "The injury occurred on the date of onset. The patient suffered an injury by being in a MVA. He was working at the time. The knee has been painful since the initial injury. The location of the pain is anterior and lateral. Movement and use aggravate the pain, and associated signs of swelling, giving way, locking. He did have an MRI." You're referring to the MRI that was

done in the summer of 2013? Is that what you're referring to there? I believe it's June of 2013.
A June 25th, 2013.
Q Okay. And that's a MRI of his right knee?
A Yes.
Q Okay. And it indicates that he's got a meniscal tear?
A Yes.
Q Okay. Which I think is ultimately what your findings are. Is that correct?
A Yes.
Q Okay. And you've indicated that you wanted to do an arthroscopic surgery on him as a result of what you have reviewed on this MRI and his complaints to you with pain?
A Yes.
Q All right, sir. You've also done a statement for the plaintiff's counsel, which was presented today, done on June 26th of last week, indicating that in your opinion that he suffered an injury to his right knee as the result of his MVA while working on or about March the 11th, 2008, that his right knee symptoms settled down, became less noticeable as he pursued treatment for other injuries and was less active, and it became more symptomatic again

as treatment for his other injuries wound down as he increased activity and began walking more following his back surgery. Did you write that or did the claimant's counsel write that?
A Plaintiff's counsel wrote that.
Q Do you agree with all of that?
A Yes, but -- I do.
Q Okay. Did you go back and review any of the medical records before you signed this letter?
A Yes, I did review the records at that time.
Q Okay. What records did you review?
A The ones that you have about his back surgery.
Q Okay. Did you review the ones from the Greenville Health System with the pain management physicians that had been treating him all this time?
A Can I see that for a minute, --
Q Sure.
A -- and I'll tell you.
Q There are a few records from --
A No, and I -- I haven't reviewed this one because this one is after I saw him.
Q Yes, sir.
A Yeah, I didn't review that one.
Q Okay. Well, there's multiple in here. This goes on back to --

A Mm-hmm. No, I really didn't review that much.
Q Early 2012 is when this -- these go back to, at least what I have, from --
A Right. No, --
Q Well, they predate that, as well.
A I mostly talked to the plaintiff's counsel, and he told me what was in there. I didn't personally review that --
Q Okay.
A -- that much.
Q All right.
A I looked through them, but --
Q Okey-doke.
A -- I'm very busy, and I -- I really don't have time to do that.
Q Would you have expected, if he was really having problems with this knee -- I mean, you have to understand our concern. I presume --
A Certainly.
Q -- you do.
A Mm-hmm.
Q This is a car wreck in 2008, and this is --
A Right.
Q -- not a gentleman who has not had any lack of medical treatment.

A Correct.
Q He has seen multiple physicians here in the Greenville area, all of whom -- most of whom are specialists in their area.
A Mm-hmm.
Q He's seen back -- spine specialists, and he's seen pain medicine specialists for the issues resulting from this MVA.
A Okay.
Q And the records -- and I'll show you what I'm talking about here in a minute, but the records don't have any mention of a knee until 2013 --
Mr. Kamb: Objection --
Q -- other than his --
Mr. Kamb: -- because that's not the correct --
Q -- left knee. There was complaints of his left knee early on --
A Mm-hmm.
Q -- but not his right knee.
A Okay.
Q Now, were you aware that he had prior right knee surgery years ago?
A I might have talked to him about that. I can't remember.

Q It's not reflected in your notes. That's why I'm asking you if you have --
A Right. But it's not really important that much.
Q Okay. But he didn't discuss that with you, that he'd had prior right knee surgery?
A He did not.
Q Okay. All right. It was quite a long time ago. It was in 1974 per the other records that we have.
A Okay.
Q But I'm going to show you some of the records that I have. This is from 2012 --
Mr. Addison: I'm sorry. I keep kicking --
A Mm-hmm.
Mr. Addison: -- your leg.
Q -- from Greenville Hospital System who was treating primarily as the pain management folks. This is Dr. Math. Are you familiar with Dr. Math?
A No.
Q I cannot pronounce the first name if I had to. It's J-y-o-t-i Math, --
A Okay.
Q -- just like doing math. I'll let you read that real quick, if you would. It's three pages. I'll let you look at that.

A Oh. Okay.
Mr. Kamb: (to Mr. Addison) What's the date of the report?
Mr. Addison: That was the December --
The Deponent: December the 20th, 2012.
Mr. Addison: Okay.
A Okay. I reviewed them.
Q Would you agree with me he makes no mention of any right knee pain in that record?
A There's no mention of any knee pain in that record.
Q Okey-doke. Does it indicate that the -- and it's a fairly extensive record. It doesn't have like just three sentences about the patient. This is a three-page document where this doctor has gone through all the various issues that the patient is complaining of to a pain management physician in December of 2012. Would you agree with me that that's an accurate statement? This is --
A I agree that he makes no mention of his --
Q Okay.
A -- right knee.
Q But my -- But would you agree with the statement that this is a fairly comprehensive review of the patient's --
A Now, let me look at it --

Q --- problems?
A -- again. Well, except that he didn't ask him anything about his knee.
Q Okay. But he's asking what's wrong with him, doesn't he?
A That would be very general -- His general examination is very short. "On examination, he is awake and alert, communicates appropriately, a slight antalgic gait." That means he has pain when he's walking. He walks with a walker. Strength in bilateral lower extremities were within normal limits.
Q Okey-doke.
A But that's a very abbreviated examination.
Q Okay. But it does indicate that he's got -- that he's got normal strength in his legs. The claimant's not complaining of any kind of pain in his leg, --
A Well, antalgic --
Q -- in his right leg?
A -- gait would mean -- That means pain --
Q Okay.
A -- when he walks, so he was -- That record indicates that he did have pain when he was walking.

Q Okay. All right. Does it say where?
A No. It just says his leg.
Q Okey-doke. An antalgic gait can also just means the person's walking funny, can't it?
A No. That means pain --
Q All right.
A -- usually.
Q All right. Usually or always?
A Always.
Q So, antalgic gait means the person's having pain?
A Usually -- Yes. Correct.
Q It doesn't mean --
A That's the way -- When I say usually, most people would agree that I -- that pain -- I'm sure some people would take it differently, but --
Q Okay.
A -- in my opinion it means pain.
Q You have no clue how Dr. Math means it, though, do you?
A I've never met Dr. Math.
Q Okey-doke. All right. But, again, no mention of a light -- of a right leg, --
A That is correct.
Q -- right knee --
A No mention.

Q -- issue?
A Right.
Q Okey-doke. The records, up through this time, he had -- Like you said, you went through some of these records. You said you went through some of them, but then you said that the plaintiff's lawyer went through it with you. Did the plaintiff's lawyer meet with you or did he talk with you on the phone or --
A No. He came and met with me later when this case was ongoing.
Q When was that?
A When that -- See, I glanced through those records, --
Q Mm-hmm.
A -- but they really don't have anything to do with his knee, which is what I was concerned about.
Q Sure.
A So, therefore, I really did not --
Q Okay.
A -- pay any attention, to speak of, for those records. They --
Q So, the --
A They wouldn't help me at all and --
Q The condition that we have now, this meniscal tear

in his right knee, you think that it has existed since March of 2008?
A The only thing I can go by is on the patient's history, and he says, in my note, which is on -- You know, the first time I saw him in November, he said that he injured his knee in a MVA and he was working at the time. That's what -- My entire thing is based on that.
Q Okay. Based on --
A It's based on --
Q -- what he told you?
A -- his -- what he told me, correct.
Q Even though --
A And as a physician, you have to assume that patients are truthful, --
Q Sure.
A -- because the history is actually the most important thing you do.
Q I understand. And that is -- Again, you'd have to take it as the patient tells you --
A We're going totally on the patient's word, absolutely, and I will agree a hundred percent with that.
Q As does every other doctor that's seen him in the past six --

A Exactly.
Q -- years, correct?
A Correct. Mm-hmm.
Q All right. If he's told them all other information, specifically that he has never in that time frame mentioned that he had any significant problem with his right knee, would you have found that --

Mr. Kamb: Object to the characterization.

Q -- to be odd?
A Oh. He said in the notes somewhere else that he had no problems with his right knee? He said that somewhere?
Q No. No. No. I said if he has consistently told the other -- never told the physicians that he had any significant problem with his right knee.
A No. He would have to say that he didn't have a problem with his right knee for me to say, well, maybe that's not true, but if he didn't mention it, it's because they didn't ask.
Q Okay. So, --
A If they didn't ask him, he probably wouldn't say.
Q So, if a person is having problems and is seeing a physician, the doctor is supposed to say do you

have a problem with that part of your body for him not to --

A Well, they were --

Q -- mention it to the doctor?

A He was seeing him for other problems. He was seeing them for their back, mostly, so they're not going -- they're not going to be worried --

Q He --

A -- about his knee.

Q He was seeing the pain management physician for everything that was wrong with him --

A You'll have to depose them and ask them about that.

Q Okay.

A I don't know how they practice. All I --

Q Sure.

A -- can tell you --

Q I understand.

A -- is what -- the information I have --

Q My question, though, Doctor, is --

A Mm-hmm.

Q -- you're saying that -- You agree that the patient is supposed to tell the doctor whatever is going on, that --

A Right.

Q -- you've got to rely on the patient's information?

A Completely, yes.

Q Okay. And if he, for five years, never made mention of his right knee to the other physicians, your position would be that he should have been asked by the doctors is your right knee bothering you?

A No, I don't think so at all.

Q Okay. It would have been up to him to tell the doctors that his knee was bothering him, wouldn't it?

A But those doctors don't treat knees. Why would he say anything about that unless they specifically asked him?

Q Do you think the pain management doctors --

A Those pain management doctors really don't do that much knee. They do mostly spine.

Q Okay.

A What he was seeing them for is -- is his spine.

Q He was also seeing them for his shoulder.

A Well, that's okay, too, but, you know, if they didn't ask him about his knee, you know, --

Q Okay.

A What can I say? I -- I can only go by what he tells me.

Q Okay. Well, --

A That's all that's --

Q -- let's get back to my question. But it's your position that the doctors should have specifically said, "Is your right knee bothering you?" for him to have mentioned right knee problems?

A For me to change my opinion about what's in my note, that's what they would have had to have said, correct.

Q Okay. All right.

A And I don't see that in there anywhere, so --

Q Okay. All right. Okay. So, you -- When a patient comes to you, do you ask them everything that's wrong with them? Do you mention --

A No, I do not.

Q -- every body part?

A No, I do not.

Q Do you ask them whatever they're there to see you for?

A Correct.

Q All right. Okay. And if they had something else wrong with them and didn't tell you about it, you would have been of the opinion that you should have asked them about it or they should have told you about it?

A Uh-uh, neither one. That's not important --

Q Okay. That's not --

A -- because I'm treating the condition -- what he's here for, his knee.

Q Okay.

A I was seeing him for his right knee. I didn't ask him anything about his back. I didn't ask him if his back was hurting. He wasn't here for -- I don't do backs. Why would he -- Why would he care what I thought about --

Q Okay. Let's --

A -- his back?

Q -- get to your opinion, then. You've indicated that you believe this came from the car wreck in 2008. Why have you narrowed it down to that particular -- that that had to be what caused his right knee symptoms?

A Because the patient said so.

Q Okay. But there is a possibility that other reasons exist. He could have had other issues with his knee.

A He didn't say that.

Q Okay. But the MRI --

A He only said that he had -- His knee was injured in the wreck is what he told me.

Q Okay. But he hadn't told any other physician that,

just you?
A Just me. I'm just -- I'm the only -- I wasn't there when he was seeing the other --
Q Okay.
A -- patients, so I really can't tell you --
Q Okey-doke.
A -- what he did or what he didn't say.
Q You haven't read another note from somebody that said he's injured his knee and it's bothering him a lot since --
A I have not read any note like that. Correct.
Q All right. And you've ruled out every other cause because the patient told you that's what it came from?
A Yes, that he didn't say there was any other cause. He just -- He told me -- He came in and said, "I was in a wreck in '08, and my knee was injured at the time, and --
Q Okay.
A -- it still hurts." And somebody ordered the MRI scan on it.
Q Okay.
A Dr. Math did.
Q Right, in two thousand and --
A So, he must have -- For her to have ordered that

MRI scan, he would have had to have told --
Q In --
A -- her that his knee was hurting.
Q In 2013 is when it was ordered, correct?
A That's fine. Okay.
Q You agree with me on that -- which is five years after the accident. That's why I said five years --
A I would agree, but, there again, I'm only going by what the patient said.
Q Okay.
A You probably need to depose Dr. Math --
Q Okay.
A -- about that.
Q The MRI itself, you can't look at the MRI and tell me whether that's a six-year-old knee or a six-month-old knee, can you?
A No, I can't tell that.
Q Okay.
A Uh-uh.
Q You can't pinpoint the date of when the -- the issues that are going on with his knee --
A No.
Q -- were caused?
A I cannot. And if I -- And the radiologist didn't

do that either. If you read his note, he said that it was the MVA in '08 and he had to be cut out of his car, multiple injuries.
Q Okay.
A He didn't say anything about -- If he'd have thought this would have been a newer tear, he would have said so.
Q Okay.
A In my opinion, he probably would, but you would have to ask him that. I'm just --
Q Okay.
A That's just what I'm thinking.
Q But you can't -- My point is that you can't look at the MRI and tell me that that's a six-year-old knee injury?
A I cannot, no.
Q Okay. All right. When did you meet with claimant's counsel, when you signed this last week?
A Yeah, is there a date on that?
Q It's 6/26/14.
A I guess that's the date we -- I couldn't tell you exactly what day. It would be --
Q That was last week.
A Yeah, that would be close to that. Yeah, 6/26. Well, that might have been the day after, though.

I can't remember what day it was.
Q But that's still last week, though? The 25th was --
A Yes.
Q -- was last week, as well?
A Right.
Q Okay.
A But as far as the specific date, that probably came in the next day or something.
Q Okay. All right. And, as you stated, you -- essentially, the claimant's counsel came in and met with you and showed you certain things within the medical record or told you about certain things in the medical records; is that --
A He did.
Q You did no independent review of the medical records yourself?
A Did not.
Q Okay. Which records did you go over with plaintiff's counsel when looking at --
A He just -- Mostly the ones about his back surgery and his shoulder, and he had other injuries.
Q Okay. And do you remember whose it was that you were looking at? Was it Dr. Kanos', Dr. Bucci's records, Greenville Hospital System, Greenville

Health System records?
A I think it was the Greenville Health System.
Q Okey-doke.
A I couldn't tell you exactly.
Q Dr. Wessinger's records, did you look at those at all?
A No.
Q Okey-doke. University Medical Group, which is Dr. Kanos, I believe. Is that correct?
A Yes, he's a member of that, --
Q Okay.
A -- as is -- Dr. Wessinger is, too.
Q Yeah. And Dr. Bucci -- I think I asked you that before, didn't I? You did not look at any of Dr. Bucci's either?
A No.
Q Okey-doke. All right. So, what you looked at were primarily these Greenville Health System records from when, going back to 2012 or the ones from 2013?
A I really didn't look at those records. We just -- Very cursory did I look at those, and I mostly talked with the plaintiff's counsel about those, --
Q Okay.
A -- and he told me basically what was in them.

Q All right. And the -- So, the statement was essentially what you went over with plaintiff's counsel -- because it's what the claimant's saying. He's saying that he pursued other treatment for other injuries and that's why he didn't notice his right knee. That's your position --
A Well, that -- that can easily happen, where you can have -- be in an auto accident -- It happens all the time, where you can be in an auto accident and you have more severe injuries and you have less severe injuries that are not as noticeable --
Q For --
A -- and then they come up later on.
Q For six years?
A That would be unusual, but, there again, I'm just going by what the patient says. I can only go by that.
Q How about five years?
A It's the same.
Q Okay. It's pretty unusual, isn't it?
A Yes, it would be unusual.
Q Okey-doke. All right. And he's --
A But there might have been -- Who knows, there -- I deal with workers' comp sometimes, and there can be huge delays in treatment or anything else. That

--
Q Well, did you see anything --
A -- might have been involved.
Q -- that indicated that he was denied any treatment for his right knee, where he'd asked for it, in this time frame?
A No. I'm just talking in generalities when I say that.
Q Okay.
A But I can tell you for sure there are huge delays in workers' comp.
Q Okey-doke. The -- But you don't know that there were in this case, do you?
A I do not.
Q Okay. Do you know if he complained about the knee problems at any prior hearing with the commission?
A No, I do not.
Q All right. Do you have any reason to believe that he wasn't capable of complaining about that to the commission if he felt it was an issue earlier in his life?
A No.
Q I mean, he didn't -- You didn't notice any kind of issues with this claimant as -- in terms of his cognitive abilities, did you?

A No.
Q Okay. All right. He was able to communicate with you fine?
A Yes. There again, my entire opinion is based on my history from the patient.
Q Okay.
A But it seems like a lot of these things you're asking me is something that a judge would have to decide on.
Q Unfortunately, you're --
A That's not --
Q -- the one that's issued the opinion, though, Doctor. That's why I have to ask these --
A That's fine. I'm just rendering my opinion. That's all.
Q Okey-doke. So, what you've written here, this isn't an independent opinion of yours; this is an independent opinion -- Well, this is an opinion that you reached based upon a meeting with plaintiff's counsel and information he provided to you?
A Correct. That would be correct. It would be based on the information he told me about.
Q Okay.
A Absolutely.

Q You did no independent research as to any prior --
A I --
Q -- records?
A -- did not. I did not.
Q Anything that he may have discussed with the commission in the -- that the claimant may have discussed with the commission --
A I know --
Q -- in the past?
A -- none of that. Correct. Absolutely, --
Q Anything that the --
A -- I did not.
Q -- plaintiff's counsel may have discussed with the commission in the past?
A I don't know anything about that.
Q Okay. This entire document that's dated 6/26/14 was based on a meeting with plaintiff's counsel and his indications to you that this is what the --
A Yes.
Q -- the patient would indicate?
A That's correct.
Q Okay. Was the claimant here to talk about this with you?
A No, he was not.
Q Have you picked the phone up and called the

claimant to confirm any of this?
A No.
Q Okay. One quick second. I need to find it. Did you ask the claimant when he first came to you back last year why it took him so long to seek medical treatment for this issue?
A No.
Q Is that just something you typically don't ask patients, or --
A No, I don't ever ask anybody that.
Q Okay. All right. Did he make any indication to you in that time, independently himself, not through his attorney but independent, -- Did he indicate to you any reason why he hadn't sought treatment for his knee until 2013?
A He did not.
Q What is it that you're looking -- that you think needs to be done? I know it's an arthroscopic -- What is that you're planning to do on --
A Oh, yeah, he has -- he has an extensive tear involving anterior lateral meniscus with displacement of tissue and that -- It's a bucket handle repair, but the handle of the bucket is no longer seen. So, that would indicate that it's actually been there a long time because if he's

kind of -- he has worn it down with walking on it all this time.
Q But, again, you can't tell me that it's been there since March of 2008, can you?
A I wouldn't be able to tell you what date.
Q Okay.
A It's been there for a while, though. That's for sure.
Q It's been there for some period of time before --
A Yes.
Q -- 2013?
A Correct.
Q Okay.

Mr. Addison: All right. I think that's all I have. Don?

Examination

By Mr. Kamb:

Q Dr. Paylor, I'm going to show you a couple of records. This is an early record from Dr. Wessinger.
A Mm-hmm.
Q And if you'd look at the HPI on that. And -- I'm sorry. Could you -- What was the date on it again?
A Oh. It was --

Q 4/13/08, wasn't it?
A Yeah, 4/30/08. Yeah, it says he initially had right knee pain. It makes a reference to his knee right there, if that's what you're looking for.
Q Right. And then I want to -- Is it your understanding that he -- You said earlier that he had multiple injuries in this car accident. Is that correct?
A Yeah, evidently. It appears -- Yeah, the shoulder and his spine --
Q And --
A -- in addition to his knee, right knee.
Q And he ultimately -- And I'll just tell you. You may not know, but he ended up having surgery on both of those things over the years. And does that tie in with what you were saying earlier, that sometimes people can have more severe problems, and, so, other problems --
A Well, the -- the knee --
Q -- get left behind?
A -- problem would be minor compared to the other two things that he had. They would -- It would be a lesser type of problem.
Q Okay. Let me show you a report from Dr. Math's office. It's actually the PA, Chris Kelly, on

6/6/13.

(Attorney Kamb presents document to Attorney Addison.)

Mr. Addison: (to Mr. Kamb) I've got it. You can keep it. I've got it.

Mr. Kamb: Okay.

A Yeah, he said then he has knee pain that's gotten worse. And that was on -- well, whatever the date was that -- oh -- 6/6/13. Okay.

Q He actually -- There's quite a passage there about the right knee. Correct me if I'm wrong. I'm going to read it again.

A Mm-hmm.

Q "The patient states that he has some right knee pain that has gotten worse. He has been trying to walk more as Dr. Kanos has prescribed for him to do, but his right knee seems to be limiting him quite a bit and his knee has been bothering him since the accident. He --"

A Oh. And he saw Dr. Wessinger in 2010 about it, and that was the --

Q Yeah.

A -- least of his worries.

Q Right. And then -- Then, apparently, Dr. Wessinger said he would focus on fixing the other

parts "...before we come back to his knee, and now that he is starting to walking again, trying to get back to his normal life, the patient would like to get his knee evaluated since it is giving him so many problems."

A Okay.

Q Does that, again, tie in with what you were saying earlier about lesser problems kind of --

A Yes.

Q -- going by the wayside?

A Yes.

Q And for whatever -- whatever -- His knee was originally injured in the accident or by some other way. Is it medically possible that the knee condition that you see on the MRI could have been aggravated by walking, such as what he has described, increasing his activity post- --

A Yes, that would --

Q -- surgery?

A -- hurt to walk on that meniscus tear, yes.

Q And especially if he had been -- Correct me if I'm wrong. If he had been less active, for whatever reason, because of treatment for his shoulder, his back, et cetera, and he starts -- as Dr. Kanos apparently recommended, that he start doing more

walking, would that make it potentially more aggravated?

A Yes.

Q Let me also show you another record from that same office from August of 2013.

A It says here, "Right knee pain since the injury." That's what this person says, Progress note by Christopher Kelly.

Q Do you see at the bottom of that page where Mr. Kelly, the PA, has reported that the knee has been constantly giving him problems ever since the accident and it's just been lowest on the totem pole as far as injuries go?

A I do see that.

Q And, again, that's consistent with what you were saying earlier?

A Yes.

Q The -- According to what you have seen and what you know about this patient, have you had any other -- have you seen anything that indicated that he was diagnosed with a problem with his right knee prior to the MRI that Dr. Math's office obtained in your seeing him?

A No, I haven't seen anything else like that.

Q And, so, apparently, the tear in the meniscus was

first diagnosed following the MRI that Dr. Math got and then when you saw him.

A Yeah, this is --

Q Is that correct?

A -- the only -- is -- This MRI scan of the knee is the only thing I saw.

Q And that's when it -- apparently is when it was first diagnosed, -- is that correct -- the condition?

A I would believe so, yes, in last -- in June of '13.

Q The statement that you signed on June 26th, 2014, is that still your opinion?

A Yes.

Q Is that your opinion to a reasonable degree of medical certainty?

A Yes.

Q And more likely than not?

A Yes.

Mr. Kamb: Thank you, sir.

Re-examination

By Mr. Addison:

Q This is your opinion to a reasonable degree of medical certainty based on everything that was told to you by plaintiff's counsel, correct? You did no independent review of the records to determine any

of this information's accuracy, did you?
A At the time I signed that, that plus the history I got from the patient.
Q Okay. Which was the patient's telling you I've had this --
A That he said, "My -- My knee was injured in the accident."
Q Okay. Let's go to that note that -- that he just showed you, with Dr. Wessinger on April the 30th, 2008, --
A Okay.
Q -- where he showed you the --

Mr. Addison: (to Mr. Kamb) I think you gave him --

The Deponent: Oh.

Mr. Addison: You gave him a copy, didn't you, Don?

The Deponent: This --

Mr. Kamb: April 30th --

The Deponent: No, I don't have one.

A April 30th, 2008?
Q -- yes, --
A Okay.
Q -- which he was asking you about. It said that he'd had problems with his right knee. Remember

him --
A Yeah, it says it right there. Uh-huh.
Q Right knee. What does it say right after he says he had problems with his right knee pain -- that he had right knee pain? "He initially had right knee pain."
A Uh-huh.
Q What's the next sentence?
A "Those have improved."
Q Okey-doke. So, his right knee had gotten better as of April of 2008, hadn't it? That's per Dr. Wessinger's report?
A Improved. Yes, that's what it says. I agree.
Q Okay. All right. And the next report that we have from anybody that says -- him telling the doctor my knee is bothering me, as by what was just shown you, was in 2013, correct?
A I haven't seen anything in between that would indicate there was any --
Q Plaintiff's counsel didn't hand you any other records in his --
A No. These are all those ones I've seen, --
Q Okay. His --
A -- and that one.
Q -- examination?

A Yes.
Q All right. So, there's a note from 2008 indicating that it was right knee pain initially that had resolved or had gotten better?
A Well, it says improved.
Q Improved.
A That means it's still there.
Q Okay. But it's gotten better as of April, a month after the accident?
A Yes, it says that.
Q And then there is no mention, as per any record that the plaintiff's counsel has shown you, between April of 2008 and the early part of 2013, correct?
A That would be correct.
Q Okay. All right. It's your opinion, though, that we need to talk with Dr. Math and his folks as to anything they may have discussed with the claimant and any complaints he may have made of his knee or lack of complaints with his right knee to them; is that correct?
A Yes, sir, because I have no information regarding that.
Q Okay. You haven't picked up the phone and called them and said hey --
A No, and I plan --

Q -- and y'all discussed --
A -- not to do that either.
Q Okay. All right. The -- I'm sorry. I tried to mark it down, and I didn't, but the note from Dr. --

Mr. Addison: (to Mr. Kamb) It's a note -- What was the note from Dr. Kanos -- What date did you give him on that?

Mr. Kamb: I didn't give anything from Kanos.

Mr. Addison: You didn't give him Kanos. Okay. Okay.

Q I think it was just -- Maybe it was a statement that you said that there was a note saying that Dr. Kanos had indicated -- I think you were reading the Greenville Health System's records. Is that correct? You said there was some note that Dr. Kanos supposedly said something in 2010?
A I don't know about that. I was just reading what I was reading just today, right now.
Q Okay.
A I don't know. I don't --
Q Well, I was just trying -- I was trying to understand what you -- I didn't want to interrupt.
A I wasn't saying anything. I was just reading it.

Q Sure, and I'm trying to understand where that was because I didn't --
A Oh. Okay.
Q -- see it. I didn't want to interrupt the flow of the deposition, but you said --
A Yeah. I don't recall. I don't recall that.
Q -- that there was some note in 2010 from Dr. --

Mr. Kamb: I think what you may be referring to is that the -- Dr. Math's office notes indicated that the claimant has said that he had told Dr. Wessinger -- or spoken with Dr. Wessinger about his right knee in 2010.

Mr. Addison: And that's -- But that's a 2013 note, correct, Don?

Mr. Kamb: I believe the notes that I showed him were both 2013.

Mr. Addison: Yeah. Okay. That's -- I just wanted to make sure there wasn't a 2010 note that I didn't have in front of me.

Q All right. I'm going to show you the 2010 note from Dr. Wessinger. This is the last note that we had --
A Okay.
Q -- from Dr. Wessinger. I'll have you take a look

at that real quick. And this is dated -- I believe it's September of 2010, correct?
A Mm-hmm. Yes.
Q He complains of left leg pain but no right leg pain --
A That's what it says.
Q Okey-doke. Do you see any mention of any right leg pain, --
A No.
Q -- specifically any right knee pain?
A Correct.
Q That's a -- September the 1st of 2010 is that note. This is a note from April of 2009. By the records that I have from Dr. Wessinger, it's a note that precedes the 2010 note.
A Mm-hmm.
Q I'm going to have you look at that.
A Oh. Okay. Okay. Yeah, it doesn't say anything about his knee.
Q So, there's nothing about his right knee in 2009 either, in April of 2009, is there?
A That's correct.
Q All right.

Mr. Addison: Okey-doke. That's all I have.

Re-examination

By Mr. Kamb:

Q In that regard, the -- the fact that there -- it does not show in Dr. Wessinger's record, it really just means that Dr. Wessinger did not record it; it doesn't necessarily mean that he didn't talk to Dr. Wessinger about it. Is that true?
A That would be possible I guess.
Q And as far as the -- the -- what you and I talked about before, are the records that I showed you today here in the deposition consistent with what I described to you --
A Yes.
Q -- when we talked about this statement?
A Yes.

Mr. Kamb: Thank you. Nothing further.

Re-examination

By Mr. Addison:

Q You have no idea what was discussed with Dr. Wessinger, do you?
A I wasn't there.
Q And you've not made any independent investigation into what Dr. Wessinger may or may not have done with --
A I have not.

Q -- the patient?
A I have not.
Q Okay. That's up to Dr. Wessinger, isn't it?
A Correct.
Q We should depose Dr. Wessinger on that issue, shouldn't we?
A Yes.
Q Okey-doke. All right. You'd agree, though, that his records are -- And it doesn't just say he's reviewing one particular body part. He talks about multiple body parts that the claimant's complaining of to him on that date, the two different dates that --
A Yeah. Yeah, --
Q -- we showed you?
A -- several things that he talked about. Yes.
Q It wasn't just his back, and it wasn't just his shoulder; he complained about other issues?
A Correct.
Q And there is no mention in either of those, either in 2009 or in 2010, of a right knee problem?
A In -- Yes, that's correct, in those that I just saw, those two. Yes.
Q All right. He had previously discussed his right knee with Dr. Wessinger in 2008, in April of 2008,

--

A Mm-hmm.

Q -- but Dr. Wessinger had no mention in either '09 or -- or 2010 records of any problems with his right knee? You'd agree with that?

A I would agree the record reflects that. I would agree with that.

Q Okay. And you would defer to Dr. Wessinger as to what he did or did not discuss with the patient that --

A Correct.

Q -- may not be in his records --

A Yes.

Mr. Addison: Okay.

Re-examination

By Mr. Kamb:

Q And, again, the claimant was there seeing Dr. Wessinger about other body parts. Is that true?

A Yes.

Mr. Addison: I object to the question. He -- He can't answer that because that's speculative. He has no clue what --

Mr. Kamb: Except that he saw the records, and the records were detailed, exactly as you were showing him, --

Mr. Addison: Again, --

Mr. Kamb: -- what body parts he was reviewing.

Mr. Addison: -- I object to the question because it's speculative.

Mr. Kamb: Okay. That's fine. Thank you.

The Deponent: Thank y'all.

Mr. Addison: All right.

The Deponent: Have a nice day.

Mr. Addison: Thanks, Doctor.

(Whereupon the deposition was concluded at 4:02 p.m.)

(Deponent has waived reading and signing.)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 0802605

TOMMY G. HOUSTON, CLAIMANT, VS. GARDA WORLD SECURITY, EMPLOYER, GALLAGHER BASSETT SERVICES, INC., CARRIER, DEFENDANTS.	DEPOSITION OF **JYOTI K. MATH, MD**

Deposition of Jyoti K. Math, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour 4:17 p.m., Wednesday, September 3rd, 2014, at Upstate Medical Rehabilitation, 111 Doctors Drive, Greenville, South Carolina.

COPY

Reported by
Sandra M. Snead

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Jyoti K. Math, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: Jyoti Math.

Examination

By Mr. Addison:

Q Dr. Math, my name is Dan Addison. I'm here on behalf of the defendants in a workers' compensation claim involving Tommy Houston. We're here today to take your deposition in regard to treatment that has been provided to him for the various issues from an automobile accident that also was a workers' comp injury, that injury occurring back in 2008. We're going to discuss with you some of the issues on this case because of your involvement as one of the treating physicians involved in Mr. Houston's care over the last six years.

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Exhibits

No exhibits marked.

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A Okay.

Q And I know you didn't come in until a little bit later on, but we're just specifically talking about your -- your involvement in the case. I've never deposed you before, so I'm going to get you to give me your curriculum vitae just quickly. You don't have to give me an extremely lengthy, just a quick CV.

A Oh. Okay.

Q We'll go through that in a minute, but, first, I've got to give you some rules. If you will always try to say yes or no in response to a question that is asking you a yes or a no question. If I ask you a question that you do not understand, I need you to tell me that you do not understand the question as asked. I will then try to recraft my question as asked and see if I can get it where you can understand it, and, if not, then we'll just kind of go from there.

A Okay.

Q But if you answer a question, I will assume that you have understood the question as asked. Is that fair enough?

A That's fair.

Q Okey-doke.

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A All right.
Q All right. Again, -- So, if we can, if you would just give me a quick CV.
A Okay. My name is Jyoti Math. I finished my residency training in physical medicine and rehab, and I have done interventional spine procedure fellowship --
Q Okay.
A -- for one year. I have been with Greenville Hospital System for the last four years.
Q Okey-doke. All right. And you're board-certified in --
A Pain management, yes.
Q Okey-doke.
A And board-certified in PM&R.
Q PM&R. Physical --
A Physical medicine.
Q -- medicine?
A Yeah.
Q Okay.
A Yeah.
Q All right. Okay. And you started seeing Mr. Houston -- and I'm going to have to get you to tell me what -- what you have as your first record.
A Yeah. I'm --

Q The records that I have are a little bit confusing because we got them from the hospital. Obviously, the system sent them --
A Right.
Q -- to us, and --
A I'm just waiting for my schedule to load. My computer is slow, a little bit slow.
Q I have the first visit as being --
A A long time.
Q -- a one-time visit of --
A 2010.
Q I'm sorry?
A 2010. Let me go back, okay? I've got it.
Q I actually have 2011.
A Let's see. 2011 -- Yeah, the first time I saw -- was August 18th, 2011.
Q Yes, ma'am. All right. And did you see him routinely after that or was that the only time you saw him in that year of 2011?
A No. I think I have seen him routinely after that.
Q Okay. All right. And the reason I asked, we've requested the records, and I just don't have extensive records on you. I have certain things that the hospital has sent to us but not where, you know, it's routine every month or every six months

or whatever.
A Almost every month.
Q Every month has been the --
A Almost every month.
Q Okay.
A There are some missing months here, but almost every month.
Q Okey-doke. And has that primarily been for the treatment based on the plan that existed in 2011, on August the 18th, 2011?
A Yes.
Q Okey-doke.
A They've got, "Related with his injury sustained on March 2008."
Q Yes, ma'am.
A Yeah.
Q Okay. I'm going to look at that particular report from August the 18th of 2011. If you'll --
A August 18th.
Q -- pull that up real quick, --
A Yes.
Q -- your first visit.
A Mm-hmm.
Q Okay. It indicates that the subjective complaints are a new WC -- I assume workers' comp -- shoulder.

Is that correct?
A (No response.)
Q I'll show you the note I'm referring to, the progress note from that date. This is how it was sent to me.
A Right shoulder. Okay. Yeah. Shoulder -- Yeah, it says shoulder, but he also had back issues at that time.
Q Okay. All right. But just where it says, "New W/C," is that new workers' comp shoulder?
A Yes.
Q Okay. All right.
A New means the new patient, not the new injury.
Q Right. I understand. I understand. But this was a new patient for you --
A For me, yes, at --
Q -- at that point?
A Yeah.
Q And it's -- The HPI meaning the History --
A Of Present Illness.
Q History of Present Illness. "Has an interim -- interim history of showing an MRI of the lumbar spine in 2010 --
A Yes.
Q -- and a CT of the lumbar spine in 2011 --"

A Yeah.
Q -- and, I guess, "fluoroscopy of the lumbar myelogram --"
A Uh-uh. I don't think fluoroscopy.
Q What's the FL? What's the FL? Just -- I'm just trying to understand what the FL is.
A I'm not sure --
Q Okay.
A -- what that is, but it's lumbar mylelogram, yeah.
Q Okey-doke. So, just basically, you're talking about the -- he's had several diagnostics done on his -- on his lumbar --
A Yes.
Q -- spine area to see what's going on with his back?
A Right.
Q And then he -- The next sentence below those -- one, two and -- three paragraphs is, "Patient is a fifty-five-year-old male seen at the request of Dr. Bucci --
A Mm-hmm.
Q -- for pain management for his low back."
A Right.
Q "He sustained a work injury on 3/11/2008. He worked at the armored car company."
A Mm-hmm.

Q He was involved in -- and I'm kind of now paraphrasing, obviously. He was involved in an automobile accident where he injured his left shoulder and had multiple broken ribs and --
A Mm-hmm.
Q -- a kidney puncture.
A Mm-hmm.
Q He never had back pain before, and his back pain started on the day of the injury. He's been evaluated by Dr. Wessinger. He is status post right shoulder scope and rotator cuff repair on 7/11/2008.
A Correct.
Q Correct?
A Yeah.
Q All right. Then it says, "Regarding his back pain and knee pain, he is status post physical therapy, and he was in physical therapy from 2008 till 2009 --
A Mm-hmm.
Q -- and he got a little better, and he was stable."
A Right.
Q What knee are you referring to? Do you know?
A Okay. At that time, I did not mention it, but --
Q And that's my question, is how do we know what knee

you're discussing at that point?
A Right. I -- But he never complained other knee pain. He never complained of bilateral knee pain.
Q Okay. Well, that's the reason I'm asking, is because I've got some records that I'm going to show you where he complained about his left knee and that he'd injured his left knee in the accident. I don't know what knee you're referring to in your 2011 note because it doesn't say. But what I want to know, if you have anything in your system, in your electronic system over here, or any handwritten notes that you have --
A All right. So, --
Q -- that will reflect what knee you're discussing on that particular date.
A Okay. Let me see if I can find something.
Q Especially since this is his very first visit with you.
A Right. I -- His knee pain was very vaguely discussed at that time. His main issue was back.
Q Okay.
A Since, like, you know, I do, like, musculoskeletal issues, but mainly mine was interventional spine, and -- and, at that time, his back was such a major issue, we did not focus much on the knee. And I

apologize. I did not document anything there on the knee, just vaguely -- We just mentioned that he has that knee pain since the injury.
Q Okey-doke. But we don't know what knee you're referring to, --
A No.
Q -- do we?
A No.
Q Okey-doke. But he's -- His job -- He worked until August 2010; his job was physically demanding, required lifting; aggravated his shoulder pain as well as his back pain?
A Right.
Q So, the work aggravated his shoulder pain and his back pain, but there's no mention in here that it aggravated any part of any knee, does it? He did not mention to you in 2011 that it -- his -- either knee was bothering him as a work -- as a result of his work. Is that correct?
A Was he -- Like, you know, I -- Like, all these injuries, like back pain, shoulder pain and knee pain, was documented on the day of first visit because it was related with the injury.
Q My question, though, Doctor, is, in this section of your note, --

A Mm-hmm.
Q -- it says his job is physically demanding and requires heavy lifting, and that -- ostensibly, that work aggravated his shoulder pain as well as his back pain, period?
A I'm sorry. Say that again. Where is that?
Q Right here. Right here --
A He thought --
Q -- where it says, "His job is physically demanding and requires heavy lifting, and that aggravated his shoulder pain as well as back pain." Correct? That's what your note says?
A Right. It means -- I think he went back to work after the injury, right?
Q Uh-huh.
A And that was aggravating his condition.
Q Okey-doke. And what my question is is you -- would you agree with me that your note appears to make no mention of any knee pain, either right or left, --
A No.
Q -- as the result of his work at --
A No.
Q -- that time?
A No.
Q Okey-doke. And then it goes on to say -- Your

note goes on to say, "Back pain is worse with prolonged standing."
A Mm-hmm.
Q "It is in the back of the thigh of the left side and occasionally up to the heel."
A Right.
Q I assume you're referring to his left leg and left heel there?
A The left thigh is -- Back of the left thigh is back here (indicating), --
Q Okay.
A -- all right, and then it goes down to the left heel, which is here (indicating).
Q Okey-doke. All right. So, what we're referring to -- You said the thigh on the left side. Are you referring to the left side leg, the left leg --
A Right.
Q -- thigh? Okay. All right. "He has some weakness secondary to pain but no true weakness. He denies any fall, but occasionally he had some near-fall events"?
A Events, yeah.
Q And --

(The deposition is interrupted.)

[Off the record briefly at 4:27

p.m.]

Examination Continues

By Mr. Addison:

Q All right. So, that's kind of what we're dealing -- is essentially he's having some back problems, they're going down his left leg, and he's discussed with you that the work that he was doing was aggravating his shoulder pain as well as his back pain?
A Right.
Q All right. Then it goes on, the next paragraph, "Regarding his workers' comp, the case was settled in August 2010, and the claimant was put at MMI by Dr. Wessinger, --
A Right.
Q -- but it was reopened because of an aggravation of his symptoms."
A Mm-hmm.
Q What was your understanding -- Is that the aggravation you're referring to earlier, the aggravation of his shoulder and his --
A Right.
Q -- back?
A Right. Like on --
Q Okay.

A After the surgery, I think he got a little better. He was put to MMI by Dr. Wessinger, --
Q Mm-hmm.
A -- but then, because of his old work issues, it got worse.
Q Okey-doke. All right. It goes on to say he was re-evaluated by Dr. Bucci, --
A Mm-hmm.
Q -- Dr. Bucci doesn't think that Mr. Houston was a surgical candidate?
A Right.
Q He ordered a lumbar myelogram, and the claimant's spine basically then required surgery, and there was also a functional capacity evaluation done in 2009 that you reviewed?
A That's correct.
Q So, you're kind of looking at all the various stuff that was going on with him at that time --
A Right.
Q -- and trying to come up with some idea of what you were going to do with him. Is that --
A Right.
Q -- a fair statement?
A Yes.
Q Okay. All right. So, then, you go through an exam

of him, you look through the history, you go through his prior surgical history, you go through your clinical exam with him. In your clinical exam, you indicate in the examination, General Exam section, -- you state that, "The patient is obese, awake, alert and oriented." So, he's -- he's a large man, you'd agree?

A Yes.

Q Okey-doke.

A He's not extraordinarily morbidly obese, but --

Q Right. He's --

A -- yeah.

Q -- still a big guy, though?

A Okay. Yeah.

Q All right. Your next sentence says, "His gait is normal." What does that mean?

A It means he was not walking with an antalgic gait.

Q He was walking normally?

A Right.

Q Okey-doke. All right. He's able to stand on his toes but not on his heels?

A Mm-hmm.

Q Why -- Why do you do that? What's the point of that?

A We try to see if they -- he has any weakness.

Q In his legs?

A In his ankles.

Q Ankles and legs?

A Not the legs. Ankles.

Q Ankles.

A Right.

Q Okay. All right. All right. "General appearance: No acute or chronic distress. Communicates normally." So, he was talking to you normally, and he could --

A Mm-hmm.

Q -- he could tell you what was going on with him normally that day, correct?

A Right.

Q So, then you go on to examine, and what you examine that date was you looked at his lower back, --

A Mm-hmm.

Q -- and there was no swelling --

A Mm-hmm.

Q -- or edema, no puffiness in his lower back?

A Mm-hmm.

Q He had some tenderness over the lumbar area of his back, correct?

A Yeah.

Q All right. And then you looked at the iliac area

of his spine, --

A Mm-hmm. Mm-hmm.

Q -- and you looked at other areas of his spine, and you did some sensation testing of his lower spinal area, correct?

A Yeah. Correct.

Q All right. Then you did a reflex -- I assume banging him with the little hammer, right, --

A Mm-hmm.

Q -- reflex testing?

A Yes.

Q And he was -- seemed to be fine at both -- on both knees and ankles with that issue, correct?

A Right.

Q All right. You did a straight leg test to see if he had radiculopathy in his leg at that point, and it was --

A Mm-hmm.

Q -- negative?

A Mm-hmm.

Q And the hip range was full and pain-free?

A Yeah.

Q So, you obviously messed around with his legs that day, with both legs, you were testing -- you were testing -- straight leg test, and you were doing

reflex testing?

A Correct.

Q You were -- You were clinically examining his legs that date?

A Yes.

Q Okay. And then your assessment was that he had lumbar and sacral arthritis, spondylolisthesis, disorders of sacrum, pain that's myofascial and lumbar radiculopathy?

A Correct.

Q The pain that was myofascial, what is your understanding of where you were saying that myofascial --

A My -- All --

Q -- pain existed?

A -- of that exam was focused on lumbar spine.

Q Okay. All right. All right. Your plan, then, on that date was spelled out in your plan section.

A Mm-hmm.

Q And you indicated that you would have him take medication --

A Mm-hmm.

Q -- as a result of the problems with his spine?

A Right.

Q Is that a pretty simple --

A Yeah.
Q All right. And that he was having ongoing issues with the spine and that you were going to do various things, including doing some injections?
A Right.
Q All right. And, you know, you basically said we're going to see how he goes and then we'll give him an SI joint injection if he doesn't improve with this current plan?
A Correct.
Q I don't see anything in there referring to his right leg and any need for treatment of his right knee at that point in my --
A Neither the knee nor the shoulder.
Q Okay. All right. Well, there wasn't any -- You'd agree with me there's no discussion in this visit of any problem with his right knee?
A There might be some discussion, because I put down the knee pain in my dictation.
Q Mm-hmm.
A Otherwise, I would not have even bothered to put that knee pain there.
Q Okay. But, again, --
A But at that time --
Q -- we don't know which knee?

A We don't know which knee. Either I did not put it or the transcriptionist did not put it.
Q Okay.
A We don't know that.
Q And in your plan section, your plan makes no mention of any issue with the --
A No, --
Q -- knee that needed --
A -- because we were so --
Q -- treatment?
A -- focused on the back --
Q Okay.
A -- because --
Q I understand, but you'd agree with me your plan has nothing about a right knee --
A No.
Q -- in it at all?
A I did -- Not the knee. Not the shoulder.
Q Okey-doke. And you'd agree with me that your clinical exam shows that he walked in a normal manner as of that point?
A Correct.
Q And he was apparently not indicating to you, during the clinic -- clinical exam, that when he walked he was having any problems with his right knee?

A I did not ask him whether he was having any pain. I was just watching him to see whether --
Q Okay.
A -- he has any weakness.
Q But you'd agree with me your -- your notes make no mention that when he walked he was having any difficulty walking?
A No.
Q Okay. All right. Beyond that, unfortunately, I don't have a whole lot of narratives from you. What did you do narrative-wise beyond that date when he would come see you and you would have visits with him?
A Gosh. So, that's a long -- because I saw him almost every month.
Q Okay.
A So, I tried to narrate every time in my old history. So, Dr. Wessinger did the scope, and he got a second opinion eventually because he was not getting better. So, Dr. Kanos saw him in August 24th, 2012, and he'd accommodate fusion at L5-S1, and he underwent a fusion on December 2012.
Q Okay.
A And that improved his symptoms very significantly.
Q Okay. And you're looking at a most recent note.

This is an August 2014 note that you're referring to?
A Right, but I have narrated what happened.
Q Sure. I understand, but you've got this --
A Otherwise, I'll have to -- From 2011, I'll have to go each and every month and tell you what's going on.
Q Right. Okey-doke. What I'd like for you to do is tell me the first time that he started mentioning his right knee to you --
A Okay. Well, I think I --
Q -- as the physician.
A -- need to go back and look into it. So, maybe June 2013 -- because we did a MRI at that time. So, maybe --
Q The MRI that I have is from the summer of 2013.
A Yeah, I think that's the first time -- "The patient comes in today for a follow-up." Okay. So, my PA saw him on June 6th, 2013, and, at that time, he mentioned like on -- his leg pain and that knee pain is getting worse. And let me go back in the May visit and see if he has mentioned anything at that time. In May 2013, he complained about his walking tolerance has been reduced and his leg is giving out, but he did not specifically say

anything about the knee. And the following visit, in June 2013, he complained of knee pain getting worse.

Q And that was which knee?

A Right knee.

Q Okey-doke. Does it -- Does the note specifically say that?

A Right knee, yes. Right knee.

Q Okay. All right.

A At that time, my PA documented that, "Right knee seems to be limiting his -- limiting him quite a bit, and his knee has --"

Q Okay. Who -- Who is your PA? I'm sorry.

A Chris Kelly.

Q Okey-doke.

A And he documented that his knee has been bothering him since the accident. "He had seen Dr. Wessinger about it back in August --"

Q Well, let me stop you there because you say --

A Yeah.

Q -- he -- that Mr. Kelly -- or is it a he or a she?

A He.

Q He. Mr. Kelly is documenting that the knee has been bothering Mr. Houston since the injury?

A Correct.

Q That's not exactly an accurate statement, is it? He's documented that the patient told him in 2013 that the injury had been bothering him since 2008, correct, the right knee?

A Right, but why do you think that it is not a accurate statement?

Q Because if you say that he's documenting that it was bothering -- It sounds like you're saying that there's documentation going back to 2008 that would reflect that the claimant had been complaining of his right knee the entire time. That's not accurate, is it?

A No, the patient might not have complained, but that doesn't mean that it was not bothering him.

Q Sure. I understand, but, I mean, the whole reason we're here is to try to find out what you knew and when you knew it, and, from your records, it appears that the first time that he mentioned a right knee problem with you as a treating physician was well over -- well, right at about two years into you treating him, and it wasn't mentioned to you, it was mentioned to your PA, correct?

A Well, the PA works for me, so --

Q I understand, but the person that got that note, got that first information from Mr. Houston was

your PA?

A I just, like, know -- If you're trying to say, like, on the first visit we said -- we said knee pain, I don't know whether I documented it right but my transcription did not pick it up or I did not mention it. I don't know that. But he has definitely mentioned the knee pain at that time, and he --

Q In two thousand and what?

A Eleven. But he never complained left knee pain to me.

Q Well, --

A Now, at this time, I don't think we are focusing more on the documentation. I think we are focusing here more on getting the patient's history, so I --

Q Okay.

A -- don't think it is the wrong documentation.

Q Let -- Let me show you this. This is a discharge summary from Greenville Hospital back in 2008.

A Okay.

Q Would you agree with me that the discharge summary from the hospital from the original time of injury indicates that the injuries that he had were a motor vehicle accident with rib fractures and left knee pain?

A Okay. Let me read that whole -- Yes, that's correct. It says --

Q Okey-doke.

A -- says left knee pain.

Q All right. So, back in 2008, --

A Mm-hmm.

Q -- he was telling this particular medical facility, which is a giant facility, that he had --

A Mm-hmm.

Q -- left knee problems. Your record in 2011 just says knee. We have no independent anything that tells us which knee he's referring to, do we, in your records? There's nothing that would tell us which --

A The first record --

Q -- knee --

A -- does not say anything, yeah.

Q Okay. And do your records -- further records in 2011 mention anything with his right knee, just in 2011?

A No.

Q How about in 2012?

A I don't think so.

Q Okey-doke. And -- I've got some of your records. I don't know that I have all of them. That's --

A Okay.
Q -- part of why I'm not just going through all of this.
A Okay.
Q That's why I'm asking you to kind of try to pinpoint when the first time that your records reflect that he had right knee problems.
A Mm-hmm. I think that the first time is in June. That's why we started working him up at that time.
Q June of 2013, correct?
A Correct. That's correct.
Q All right. And you -- Like you said, you were seeing him almost every month?
A Yeah, but let me go back to August 2010 by Dr. Wessinger. August. Hmm, -- because he also told us that he has been seeing Dr. Wessinger for that in August 2010, but I don't see that --
Q Okay.
A -- there.
Q My point, though, ma'am, is -- What I'm asking about is when he -- what he discussed with you --
A That's fine.
Q -- as the treating physician --
A Yeah. I told --
Q -- and --

A I gave that answer to you.
Q So, we have -- What we have is -- You know, your records in 2011 and your 2012 records don't seem to reflect any discussion of a problem with his right knee.
A No.
Q And the first specific mention that we have that he's having problems with his right knee is a progress note by the physical -- excuse me -- the physician's assistant in June of 2013?
A That's correct.
Q Okay. And that note indicates -- I'm sorry. The second -- The note from -- There we go. Okey-doke. This is June the 6th of 2013. He's coming to see y'all, and he discusses what you just talked about that's in the note. And the note will certainly be in the records.
A Mm-hmm.
Q But he comes in, tells your -- your PA --
A Right.
Q -- that he's been having problems with the knee since the time of the injury in --
A Mm-hmm.
Q -- 2008?
A Right.

Q Okey-doke. And then the next note, which is -- I'll give you the date here -- 7/10 of 2013, --
A 7/10. Okay.
Q Okey-doke. This is -- There was -- Y'all did an MRI on him in between?
A Right.
Q The MRI was done on June the 25th of 2013, correct?
A Mm-hmm. Yeah.
Q That was a yes? Okey-doke. All right. And it states that he had a lateral meniscal possible bucket-handle tear and lateral tibofibuar -- tibiofibular chondromalacia?
A Correct.
Q What exactly is chondromalacia, Doctor?
A It's kind of like degenerative changes in the cartilage.
Q It's an arthritic condition, --
A Right.
Q -- essentially, --
A Correct.
Q -- depending on your definition of arthritis, but it's what laymen would know as arthritis, correct?
A Correct.
Q Degenerative issues in the soft tissue of the knee?
A That's correct.

Q All right. Is it uncommon for fifty-something-year-old overweight men to have problems with chondromalacia in their knees?
A It's quite common --
Q Okay. Especially --
A -- for overweight patients.
Q -- for overweight people, correct?
A That's correct.
Q And for fifty-something-year-old people?
A Yeah.
Q Okay. It didn't require him to have some type of injury in his knee to have the issues that existed in his knee, did it?
A Well, the degenerative changes are aging changes, --
Q Okey-doke.
A -- but if you're asking -- asking me particularly about this MRI report, the tear, we don't know.
Q Okay. You can develop something like that just basically as a result of age and doing activities of normal daily living, can you not?
A There are two types of tears. One is like a degenerative tear, and one is traumatic tear.
Q Okey-doke. All right.
A And in his case, there are -- both the factors are

there, so it's hard to answer.
Q Okay. Okey-doke. But the point of my question, though, was -- is it doesn't require a specific -- something like an automobile accident to have an injury that -- The type of problems that exists in his right knee don't require a specific acute injury to have that type of a -- of an injury in the knee, correct?
A We don't know what type of tear it is, --
Q I understand that.
A -- if it is a degenerative tear or it is a traumatic tear.
Q Okay.
A So, if it is a traumatic tear --
Q Okay. I see what you're -- All right. I --
A Okay.
Q I'm getting your answer now. All right. If it's a traumatic tear, you would think it would have required some type of injury?
A Right.
Q Okey-doke. You can't give me an answer to a reasonable degree of medical certainty, though, that the accident that occurred in 2008 would be the agent or the mechanism of that type of tear in his knee, though, can you?

A Well, he had a really high impact accident, so it is possible, but I did not see him in the beginning of the injury, so I have no idea. The injury was in 2008. I saw him -- It was in 2011, so two years. So, it's hard to answer that question, but he --
Q Okay.
A If you -- If you see the description of his injury, initial injury, it is a pretty high-impact injury --
Q Sure. I understand.
A -- and with the kidney punctures and with the rib fractures and --
Q Oh, he got --
A -- all that stuff.
Q -- banged up pretty good.
A Right.
Q I don't -- We don't dispute that. My point is --
A Right.
Q -- is you, as a physician, cannot tell me to a reasonable degree of medical certainty that that accident was the specific cause of the injury that exists in his right knee, can you?
A It could be highly possible that that injury might have caused it because he --

Q Can you tell me that to a reasonable degree of medical certainty, --
A I'm not --
Q -- better than 50 percent?
A I'm not saying that is a hundred percent.
Q Not a hundred percent. I'm talking about better than 50 percent.
A Most likely, yes. That's what my -- my opinion is.
Q Okay. And, so, --
A You may not agree with that, but my --
Q Yeah, you know, and that's based on just the chronological history that he's giving you?
A Right.
Q Okey-doke.
A It's -- I did not examine him immediately after the injury.
Q Okey-doke.
A I saw him two years down the road, so it's hard for me to answer that --
Q You -- You saw him three years down the road. You saw him in 2011, and the accident --
A Two -- Yes, --
Q -- occurred in --
A -- three years down the road.
Q -- 2008.

A So, it is better, like, now, -- Whoever has examined him immediate after the injury will be a better person to talk to.
Q Okay.
A But, at this point, I'm going to rely on the patient to give me the history, --
Q Okay.
A -- and I'm going to correlate the objective findings and MRI.
Q Wouldn't you expect, though, that he -- if it -- if he had a significant tear in his right knee, that he would have complained about it to you in 2011 and 2012?
A Right, but nobody did the MRI at that time. Maybe, at the time, that tear was small. Who knows? We do not have a comparison, this MRI with a previous MRI.
Q According to your PA's note in 2013, --
A Uh-huh.
Q -- the claimant says that it'd been there all along, the pain had been bothering the whole time?
A Right. The pain was -- started getting worse. He had pain initially, but --
Q Mm-hmm.
A -- it started getting worse. Maybe internal

pathology started getting worse and the tear was initially small and got larger. Who knows?

Q Isn't it also possible, just as likely, that this was -- he's a large man who's in his fifties and he developed degenerative problems in his knee and had a tear as a result of that?

A There's -- Even though there are degenerative changes, he has to do something to cause that tear.

Q He can walk into his bathroom and tear his knee up, I mean, --

A But there should be something that you're saying, that, yes, I was walking to the bathroom and it popped and since then it is hurting.

Q Not if he's trying to put it on my client. He's going to say your client -- my client is the one --

A But I'm going to --

Q -- is that one who has to --

A -- I'm going to take the -- I know -- I understand the legal part of it, --

Q Yeah.

A -- but I am a physician. I am going to listen to the patient and try to make -- construct my treatment plan.

Q Sure. I understand that.

A And unless he gives me that history that yeah, I

was walking or I was doing something and it popped and it snapped and since then it's causing me a problem -- then I'd say yes, but he has not given me that kind of history.

Q Well, why would he do that when he doesn't --

A I have no idea, sir.

Q -- have somebody else to -- to pay for that, when he --

A I have no idea.

Q -- can make me pay for it? Why would he do that?

A I have no idea, sir.

Q Okay. But does it make any sense medically that he had this condition and it was as bad as it allegedly was for six years before he mentions it to y'all?

A But I do not have any documentation --

Q Excuse me. Five years before y'all -- he mentions it to y'all.

A Right. Like I just said, the injury may be minor initially and gotten worse and that's why we are seeing a big tear --

Q Mm-hmm.

A -- or, as you said, it happened some -- somewhere in between. There is no way we can figure that out.

Q Which is exactly my point. So, you cannot say, --

A Right.

Q -- to a reasonable degree of medical certainty, where the knee injury came from, can you?

A I cannot say it a hundred percent, but looking at his history that he was complaining of knee pain -- but nobody -- like no -- nobody evaluated him, so we don't know. So, I --

Q Complained of knee pain when?

A Since his injury, --

Q To who?

A -- so -- To the doctors.

Q What --

A Like, you know, he was, like when he told me on the day one. That is only -- Like you're -- you're pointing at one thing, that I did not put the side, and that's what you're taking advantage of. That's what I feel. I --

Q But you don't know, Doctor? You don't know which side it was that day, do you? Do you know it was the right side?

A I don't remember at this point. It is --

Q Okay.

A -- 2008. And, as -- as I said, I cannot say a hundred percent that it is not related with his

injury at all. So, it is, like, most likely, I'm saying. I'm not a hundred percent saying that is related with the injury, but I'm -- I cannot a hundred percent say that --

Q If it's --

A -- it is not related with his injury either.

Q If it's just as likely that it's my scenario versus your scenario, then it's not to a reasonable degree of medical certainty; that's a 50-50?

A I feel like -- Now, I'm giving my opinion that most likely it's related with his injury.

Q And that's based on the history that Mr. --

A Right.

Q -- Houston has given you?

A Right.

Q Despite the fact that he made no mention of it for two years in treatment with your -- your practice?

A At that time, he had a lot of other issues going on with his back and his shoulder, and we were more focused on that.

Q Okay. And despite the fact that I just showed you a medical record that the complaint that he made to this exact hospital --

A Was on the leg --

Q -- was of his left knee --

A Right.
Q -- in 2008?
A Right.
Q Okay. So, despite all of that, you still think that --
A But --
Q -- Mr. Houston's story fits -- to a reasonable degree of medical certainty that the injury in 2008 is the cause of his right knee problems that exist now?
A I don't know whether they did any x-rays on his knee at the time of injury, and I don't know whether that left knee was a misspell -- like something -- a mistake there.
Q Okay.
A I'm not sure about that.
Q All right. Again, it's the same problem we have, though, in the 2011 note; we don't know what knee it was in 2011 either, do we?
A I have not mentioned that in my note.
Q Okay. All right. The other treatment that you've done -- Are you still treating him monthly now?
A Yes.
Q Okay. All right. I want to go through and look at each of the individual records as you go through

this treatment in 2011 and 2012.
A Mm-hmm.
Q It appears -- correct me if I'm wrong --
A Mm-hmm.
Q -- that y'all go through and look at how he's walking, his gait, every time that he comes in. Y'all check him to see how his gait is progressing?
A Could you please tell me the specific --
Q Well, if you'll --
A -- visit?
Q -- look at the 11/19/2012.
A Let me see.
Q That's the next one I have.
A 11/19/12, he was seen by my PA, April Smith.
Q And -- I'm sorry. I'll get to the very first one that I have -- The oldest one that I have is 10/22 of 2012. Like I said, we don't have all of the records from --
A Right. So, --
Q -- y'all's office.
A -- I looked at 11/19. My PA saw -- 11/19/12, she did not mention anything about the gait.
Q Okey-doke.
A I saw him in December 2012, and he -- At that time, I said like he has slight antalgic gait.

Q Okey-doke. On which side? Do you know --
A I did not mention that.
Q Okey-doke. All right.
A He -- And he was walking with a walker at that time.
Q Okay. And that was just after surgery, I believe. Is that correct?
A Yes, -- In December, yeah. Yeah.
Q All right. This was right after he'd had his back surgery?
A Correct.
Q All right.
A Then in January 2013, I -- I put that the gait is normal, --
Q Okay.
A -- and he was not using the walker at that time. Okay. Let's go to April Smith, April 2013, and I don't think she --
Q I've got February of 2013, as well. Do you see that one?
A I don't think she documented -- Oh. Okay. "Right lower extremities, antalgic gait."
Q Okey-doke. That's in what -- what -- I'm sorry?
A That is in April 2013.
Q Okay. Well, I'm looking at your February. Was

there any mention of it in February?
A I did not -- In February 2013?
Q Yes, ma'am.
A February. February. Smith, April saw patient, and I don't think she documented any gait there. Oh. "Using cane."
Q She says using cane?
A Yes.
Q And then the next one, where you saw -- I think you saw him the next day -- or is that April Smith, as well?
A April Smith again in March, --
Q All right.
A -- and she documented that he is -- he has an antalgic gait.
Q Okey-doke. "Steady, antalgic, using cane," correct?
A Yeah. Yeah.
Q All right. And then the next note is again April --
A April --
Q -- Smith?
A Yeah, April 2013.
Q It says, "Heel walk intact, toe walk intact, gait --

A Gait is antalgic --
Q -- antalgic on --
A -- on right lower extremity.
Q -- right lower extremity," correct?
A Yeah.
Q All right. And then the next note we have is --
A May 2013.
Q -- May of 2013, and this is April Smith again?
A Yeah.
Q Okay. And then it says, "Gait steady, mildly flexed at waist," --
A Yeah.
Q -- correct?
A Yeah. All right. The next note is --
Q All right. And then the next one is the one that's the one from Chris Kelly in June of 2013?
A Correct. Yeah.
Q All right. Would you agree with me that y'all were -- were -- the folks within your office were clinically examining how he walked and what he -- what -- any issues he may be having with his walking at that point, correct, between 2012 and early 2013?
A Right, but, basically, at that time, we were more focused on the back than knee. Except first visit,

he never mentioned knee pain till June 2013, but that doesn't mean that he did not have pain.
Q But y'all don't just ignore everything else that's going on with a patient, though, do you, Doctor? If they tell you that -- If his leg was bleeding, you'd obviously write down his leg's bleeding?
A There are like a lot of reasons you can have an antalgic gait. It's not just the knee.
Q I understand, but --
A Right.
Q -- all my questions --
A He had SI pain. He had a, like, you know, major surgery on his back. So, he has many reasons to have an antalgic gait.
Q My question here is y'all were reviewing his ability to walk --
A Right.
Q -- and any -- and any statements that he made about what was going on with him and his ability to walk during that time frame? Is that accurate?
A He was not complaining of ability of walk, but he was complaining more of pain, back pain.
Q But -- I'm going to ask the question one more time. Try to --
A All right, sir.

Q Try to answer what I'm asking. My question is, your office and your PA and your -- and whatever Mrs. Smith is --
A April Smith.
Q She's a PA, as well. So, what those folks were doing in doing their evaluation of him each time was they were checking to see how he walked and noting any complaints that he had about how he --
A Walked.
Q -- any problems that he had while he was walking?
A Right.
Q Okay. That was all done in 2012 and then in two -- early 2013, correct?
A Correct.
Q All right. Then, y'all weren't ignoring everything to the exclusion of his problems with his lumbar spine. He had problems with his lumbar spine, but y'all didn't ignore any other problems he may have had when he came and saw you in any of these visits, did you?
A Whatever he complained, we -- we tried to focus on that, on that visit.
Q Okey-doke. All right. I understand you're focusing on the back, but my point is, if he had mentioned something, I assume that y'all would have

written it down?
A Right. Yes. He did not complain of knee pain, so that's why we did not. That doesn't mean that we ignored it. He never complained about the knee pain afterwards, mention -- like never focused on the knee.
Q My point exactly. Y'all were focusing on his back, but if he mentioned anything, y'all certainly wrote it down?
A Correct.
Q All right. It's -- It's noted, within your records, the various things that he talked about on each of the different visits. It is not until we get -- until June of 2013 that he specifically mentions his right knee --
A Correct.
Q -- and problems that he's having with his right knee.
A Correct.
Q Would you agree with me?
A Correct.
Q Okay. And then y'all started trying to figure out what was going on with his knee?
A Mm-hmm.
Q Is that a yes?

A Yes.
Q Okay.
A Sorry.
Q And then what y'all figured out was that he had a bad knee, essentially had some degenerative stuff going on and a tear in the knee and it needed treatment?
A Correct.
Q And he was referred to an orthopedist to treat the knee?
A Correct.
Q Okay. You've done a note, Statement of Dr. -- and I'm sorry -- I can't -- What's your first name? Is it Jyoti?
A Jyoti.
Q Jyoti. Okay.
A Mm-hmm.
Q This was on June the 13th of this year, 2014. It's an answer to a question posed to you by counsel for Mr. Houston. It says, "Based on my review of the medical records and notes related to this patient, it is my opinion, to a reasonable degree of medical certainty, that -- and then it's an either/or question, either that it's more likely than not that the increased activity of walking that Mr.

Houston engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of that knee. I assume you're referring to the back surgery that occurred in early -- earlier 2013 or late 2012. I can't remember the exact date.
A December 2012.
Q Okey-doke. That's -- I mean, you're referring to this -- the increased activity of walking that he did following his back surgery, that that's what caused, in your opinion, his knee pain causing the need for additional evaluation and treatment of that knee?
A Right. Can I explain that a little bit?
Q Sure.
A Okay. So, initially, he could not walk more because of his back issues.
Q Mm-hmm.
A Then Dr. Kanos did the surgery, and he started feeling better, and then he started walking more and more, and then he started feeling that the pain is getting worse in his right knee. That's what I meant when we signed that.
Q Okay. Well, walking -- You mean -- So, just the walking caused him to have the knee problem or --

I'm just trying to understand what you're meaning there.
A Usually -- Before the -- Before the surgery, he would just sit and not do more -- more physical activity. So, even though he had knee pain, he did not realize how bad it was. Since the surgery, his back pain started feeling better, started getting better, and he started more ambulating, and usually the knee pain is worse when you have more physical activity, and then he -- At that point, he noticed that his pain is getting worse and worse.
Q Okey-doke. But he was walking before the back surgery, wasn't he?
A He was, but it was not like now, a lot.
Q Okey-doke. Well, --
A He wasn't able to do daily activities, but --
Q Wasn't walking a -- I mean, he was walking with his job before, I mean, before you saw him -- because he told you he'd aggravated his condition by having to stand on his feet and doing all the work that he was doing in the job?
A Correct, but after that, his back got worse, and then he -- he had limited physical activity.
Q Okay. My point, ma'am, is that he was doing plenty of walking before the surgery. You'd agree with me

on that, that there were multiple years before the back surgery where he had to walk a lot?
A But his back surgery was in 2012.
Q Right. Before the 2012 surgery.
A How -- How much before you are talking --
Q Between 2008 and 2012. He actually worked for two years.
A Right, but he always complained that he has limited physical activity because of the pain, --
Q But he was --
A -- and I can imagine, with the spondylolisthesis, his physical activity is going to be really limited.
Q My point, though, you can't say that he was not walking a fairly substantial amount before the surgery in the years 2008, 2009, 2010.
A Well, I saw him only in the clinic for half a hour, --
Q All right.
A -- so it's hard for -- hard for me --
Q Okay.
A -- to predict that.
Q So, what is this increase in walking? What is the increased walking? What are you referring to?
A It means he started doing, like, more -- like

coming to -- ambulation, going for the -- like shopping and all that, and he felt that his pain -- knee pain is getting worse.

Q Okay. How is that related to the surgery? If he was doing similar walking in 2008 and 2009, how has it become related to the surgery that he did more walking somehow after the surgery?

A The patient told me that after the surgery, his pain got better, the back pain, --

Q Okay.

A -- and because your back pain's better, obviously you ambulate more.

Q So, he was just walking is what you're saying?

A I don't know, sir. I just -- Whatever documented -- the patient has told me, I have documented that.

Q Okey-doke. All right. But -- So, you're not referring to some kind of walking that he was doing the -- this therapy for his back; you're just saying just normal daily-living walking activities --

A That's what he -- Not in the physical therapy walking, no.

Q Okey-doke. You're just referring to just standard walking that he would do --

A Correct, sir.

Q So, the point here of this note, where it says he -- the increased activity of walking that he engaged in, when you're saying that statement, what you're saying is that he acted normal, he did the same things that a normal person would do?

A No.

Q No. No. No. That he would do the things that a normal person was able to do?

A He was not able to do the normal -- what the normal person could do before the surgery. His activity was limited because of the pain.

Q I'm talking about after surgery. He was doing --

A After surgery, he went back to normal physical activity.

Q He was doing -- that normal people do, --

A Right.

Q -- going and getting their groceries, going to the doctor, going to work?

A Correct.

Q Okay. So, this wasn't something -- You're not referring to some specific treatment after the surgery; you're just saying he was able to act like a somewhat normal human being after the surgery on his lumbar spine, --

A Correct.

Q -- and, as a result of that particular activity, his knee got worse?

A At that time, he noticed. Because he was walking more, --

Q Mm-hmm.

A -- he noticed that his pain was more and more. Before that, he couldn't tell because he was more like sedentary at that time.

Q Okay. I'm just reading the way this question is written and what you answered.

A Okay.

Q So, I'm just trying to understand exactly what you're saying here. It seems to me that what you're saying is that the increased activity and walking that was normal everyday activity that every human being does --

A Mm-hmm.

Q -- that Mr. Houston was able to now engage in subsequent to the back surgery, that that particular activity aggravated his right knee pain?

A Right.

Q Okay.

A That's correct.

Q And that that activity and the aggravation of his right knee pain is what caused the need for him to

go have an evaluation and treatment of this right knee?

A Correct.

Q Okay.

Mr. Addison: All right. That's all I have.

Mr. Kamb: Doctor, just a couple.

Examination

By Mr. Kamb:

Q If we look back at the June 6th, 2013 note, --

A June 6th. Yeah. Let me go back -- This is June. Yeah. Go ahead, sir.

Q Under -- There's a number two there, spondylolisthesis.

A Yes.

Q Under that, there's a -- where, again, it's talking about the knee problem.

A Mm-hmm.

Q We didn't go over -- Mr. Addison didn't go over this before, but there there's a description, more of a description of the knee history.

A Mm-hmm.

Q It says, "Patient states that he has some right knee pain that has gotten worse as he has been trying to walk more as Dr. Kanos has prescribed for

him to do, but his right knee seems to be limiting him quite a bit, --
A Mm-hmm.
Q -- and his knee has been bothering him since the accident." Is that correct?
A Correct.
Q And then a little farther down, "He is starting to walk again, trying to get back to his normal life, and needs the knee evaluated, basically." Is that correct?
A Correct.
Q So, this was not -- So, there was a period before the surgery where, because of his pain, et cetera, he was not walking as much. Is that true?
A Correct.
Q And then after surgery, is it -- he said that Dr. Kanos was pushing him to walk more and more; is that correct?
A Yeah.
Q And is that common with back surgery?
A Yeah, I mean, it's like the first three months, it is hard, but once they start healing, we usually tell them to increase the physical activity as tolerable.
Q Okay. You push them to walk as much as -- much as

they can?
A Right, as tolerable. Yes.
Q And then walking strengthens the back, essentially?
A In general. It improves your endurance.
Q And following that period of inactivity, he's saying that he's walking more and more and he's having more knee pain; is that correct?
A Correct.
Q And would that be increased activity in walking that was referred to here in this question in your -- as you answered it?
A Correct.
Q And you indicated that that increased activity in walking aggravated his right knee, causing the need for evaluation and treatment, correct?
A Correct.
Q And that is still your opinion today?
A Correct.
Q And it's stated as more likely than not --
A Correct.
Q -- to a reasonable degree of medical certainty?
A Correct.

Mr. Kamb: No further questions.

Re-examination

By Mr. Addison:

Q Back to that same note, if you would. You'd agree that what was stated by your PA, Mr. Kelly, --
A Mm-hmm.
Q -- that what Dr. Kanos wanted him to do -- It said he's prescribed him to walk, and it says down below that -- It says, "He is starting to walk again, trying to get back to his normal life"?
A Right.
Q So, it's a semantic difference, but Dr. Kanos didn't write some prescription telling him to go out and walk six miles a day or something as part of his rehab, did he, that you're aware of? What Dr. Kanos told him to do was to go walk as much as he was capable of doing, in normal daily activities, to try to help strengthen his back and to help rehab his condition, correct?
A Correct, but that note is by my PA, and I don't -- I have no idea why he would use a prescribed note -- prescribed word, but he may be just trying to say that Dr. Kanos wanted him to -- back to normal.
Q To try to get back to normal daily --
A As --
Q -- activities?
A As much as possible, correct.
Q Okey-doke. All right. In that -- Further on in

that note, during the statements that Mr. Houston was making to your PA, he goes -- the patient goes on to say that -- And this is on the second page.
A Mm-hmm.
Q The claimant says that he couldn't put weight down on his knee and he has not been able to do that since the accident, --
A Mm-hmm.
Q -- correct?
A Correct.
Q That wouldn't seem to comport with the physical exams that you did of the patient back in 2011, though, does it? There's no mention that he couldn't bear weight on his right leg or his right knee in 2011?
A I did not do the knee exam in 2011.
Q What we did -- you did do, though, looking at how he walked, and he was able to walk fine --
A But that's not the knee --
Q -- in 2011?
A That's not the knee exam.
Q Okay. Well, if he was able to walk with a normal gait, --
A That doesn't mean that he does not have knee pain.
Q But it -- But he's saying can't bear weight. The

specific statement to your PA in -- in 2013 was that he could not bear weight on his right knee and he hadn't been able to do that since 2008? I mean, that's what your PA is writing here?

A Right, that's what he wrote, but I did not do the knee exam --

Q Okay.

A -- in 2011.

Q My point, though, ma'am, is that that -- Would you agree with me that doesn't really match up with your prior records? If he's telling Mr. Kelly something in 2013, he's saying to your PA, -- And, again, y'all have to -- I understand y'all have to write what the patient tells you.

A That's correct, and that's what we are writing. We are not writing without our --

Q And -- Right. It's not -- You're not making it up. It's the --

A No.

Q -- patient telling you something, --

A Right.

Q -- and the patient, on that day, in June of 2013, told Mr. Kelly that he -- that he had not been able to put his weight down on his knee on the right side since the time of the injury?

A Correct.

Q When you saw him in 2011 and then 2012, there's no mention by the patient to you of that problem?

A Well, I did not examine him immediately after the injury. That exam was in 2011. So, he might have periodic flare-ups since the injury.

Q Okay. But Mr. -- Mr. Kelly's statement, though, ma'am, doesn't say that it was periodic. He says that the patient tells him he had not been able to bear weight on that right knee since the time of the injury. That's exactly what's written in the note?

A That's correct, but as I have not done the knee exam, I cannot answer that question.

Q Okay. You can answer the question in this form because my -- my question was, does that -- does that comport with the notes that you saw, with what you saw, or what was told to you?

A See, that the patient did not mention that doesn't mean that he did not have that problem. He might not have focused on that at that time.

Q Okay.

A That's what I'm trying to say. Like you're trying to say like when he -- he was not able to bear the weight, but my exam did not -- The gait is not

just the knee. Gait involves so many other issues. It could be a ankle problem. It could be a knee problem. It could be a hip problem. It could be a back problem. It could be a SI joint problem.

Q Okay. But if --

A So, --

Q If a person came to see you for their low back and their right knee was so bad that they couldn't bear weight on it, don't you think you would have made a mention of that in the records, if you had seen them as a patient, not just Mr. Houston, just some fictional patient? If a person came to see you for their lumbar spine as a --

A Mm-hmm.

Q -- result of a referral from a neurosurgeon in the Greenville area --

A Mm-hmm.

Q -- and, as part of your examination, they were not able to bear weight on their right leg, --

A Mm-hmm.

Q -- you would make note of that, would you not?

A If the patient tells me that, that he is not able to, then we would be more specific on that exam and then would document, but if the patient does not -- if he doesn't tell me that, then I'm not going to

exam that part.

Q Then, when you -- When you saw him in 2011, you didn't just say tell me everything you can about your back, did you? You said tell me what's going on with you, didn't you?

A No. He was mainly about -- for the back --

Q Well, --

A -- because I did not even examine his shoulder.

Q But he talks about his shoulder, ma'am. That's my point. You didn't just discuss his lumbar spine. You --

A No. We just briefly said about -- but my exam was more on the back.

Q I understand that, but you didn't ignore his other body parts; you talked about what was wrong with him?

A We talked, but we did not examine.

Q You didn't examine his knee or you didn't exam his body or you didn't examine what?

A I did not examine his knee.

Q Okay. Apparently, you talked to him about something with his knee. We've already been through this. He said that he -- he had knee pain?

A Yeah, that's the history part. I'm not denying that. That's a --

Q Okay.
A -- history. I'm saying that I did not examine his knee, a physical exam.
Q Sure. But you certainly talked to him that day.
A Right. I agree. Yes.
Q And he made no mention to you at that time that he was not able to bear weight on his right knee?
A He did not mention that to me.
Q Okay. And that doesn't match up with what he told Mr. Kelly in two -- in June of 2013, because what he told Mr. Kelly was that he had not been able to bear weight on his right knee since 2008.
A He did not mention that to me during 2011, but he did mention that to Kelly in 2013. That's correct.
Q Okay. All right. Then you don't dispute that the basic reason why he has problems with his knee is from doing walking subsequent to the surgery, that -- This is your -- your note that you've done for plaintiff's counsel, that the primary reason he has problems with his knee is an increased level of activity in walking subsequent to surgery on his spine?
A What we meant was it was not -- it became more obvious because of his increased walking after the surgery. He could walk more. At that time, it

became more obvious that he has significant knee pain.
Q So, -- So, is this statement that you did, then, not accurate that that was the cause for his need for treatment, was the walking and the activity?
A It became more obvious and may be the cause more -- that may be the cause, as well.

Mr. Kamb: Just to be clear, the statement does not say cause. It says aggravated.

A Aggravated. It did not start it. It caused --
Q Okay. What --
A It got more -- worse, like now --
Q What, in your opinion, was the cause of his right knee problems?
A I -- Like whatever -- We trust our patients. Whatever they tell, we start from there. So, I think it's most likely it aggravated his injury.
Q But that's only because he hasn't told you anything different, right?
A Right.
Q And this -- Then that's your --
A Because I do not have any objective findings. Like, if somebody had done the MRI at that time, then I would have been more sure, but we always

give the benefit of doubt to our patient and treat the patient.
Q Okay. And you'd have to agree with me, wouldn't you, ma'am, that it's extremely odd that he didn't talk about that with multiple physicians for over five years, -- isn't that a bit odd -- not you, --
A It depends. It depends -- For a normal person who has only knee pain, I would say yeah, it is odd, --
Q Mm-hmm.
A -- but for him, with so many things going on at that time, and -- Your brain tends to focus on one -- the most painful area of your body. That I really commonly see in my patient population. We treat one part, and that starts getting better, and then the brain shifts the focus on other part which is more problematic now. So, that --
Q Okay.
A -- might have happened with him. His back was more a problem, so he was more focused on the back. Once the back started getting better, he was more focused on his knee.
Q I understand that, but this is all revisionist history when you look at current medical records and he says I've had this all along and I've had this problem and it goes all the way back to that

date.

Mr. Kamb: I object to the characterization of revisionist history.

Mr. Addison: I will -- I will be happy to admit that's a characterization.

Q That is a characterization entirely of the statements that he's made to the physicians, and just by excusing it by saying he was focusing on his back, I don't know how that's possible, Doctor. I certainly see patients -- I do this -- I've been doing this for 20 years, and I don't --
A But you can disagree with --
Q Let me finish. Hang on. Let me finish --
A I'm sorry.
Q -- my question. I've been doing this for 20 years, and I know people have problems and it masks the other issues that they have.
A Right.
Q We're talking six years of it allegedly masking -- including a time frame when he actually worked for the employer doing heavy work, according to him, and the only aggravation and complaints that he had when he saw you in 2011, three years after the injury, --
A Right.

Q -- was to his shoulder and his spine. And he didn't just say spine. His said his shoulder, as well. He told you that he was having a problem with his shoulder and that --
A Right.
Q -- the work aggravated his shoulder. There wasn't a single mention that he was having -- any kind of substantial problems with his right knee, --
A Right.
Q -- that he couldn't have -- that he had problems bearing weight on his right knee at that time. And it's entirely possibly that this man just has to have a total knee replacement because he's an overweight fifty-seven-year-old guy, isn't it?
A I don't agree with that, sir.
Q No?
A No. The reason is, like, we did -- we didn't -- I'm not saying that it started after, like, now, it started in June. I'm saying -- saying that it has aggravated the condition that was existing there. It may not be this obvious. It may not be this severe. It was there, but it had gotten worse, --
Q And by that --
A -- and --
Q Go ahead. I'm sorry.

A -- and we saw that -- We -- We did the MRI in June. At that time, we saw that extensive tear. And I agree, what you're trying -- trying to say. The tear was so extensive, how could he mask it for six years? It may not be that bad before, but it'd gotten worse.
Q So, the tear could have been very recent is your point?
A The tear could be smaller initially but gotten worse. Who knows -- because we don't have a MRI immediately after the injury.
Q And it could also be very recent, couldn't it? It could be a very recent tear in his knee?
A It's hard to say that because the radiologist did not comment on that, and I'm -- it's not my expertise.
Q And, so, it's possible that it's very recent, isn't it? If it's not able -- If you're not able to tell, you can't tell me when that tear occurred?
A We -- I can't tell it, no.
Q So, it's just as possible that it's a very recent tear as being an old tear, isn't it?
A It may be old tear. It may be the same tear. But it is a -- Like, now, it may be old and small tear initially and gotten worse. We can't -- We don't

know.
Q Right. Since we don't know, --
A Right.
Q -- it's just as likely that it's old versus being brand spanking new?
A How old we are talking, because even -- The four years is old. Even the three months is old, --
Q Mm-hmm.
A -- right? So, it's --
Q Right.
A The old is relative terminology. Anything more than three months is chronic, and we are talking here an injury from 2008. So, how old we are talking?
Q That would be five years at that point, if it was in 2013.
A Right. So, how do I know, like, how old it is?
Q Right, which is --
A Is it two years, three years, two years old, one year old?
Q I'm not asking you to age it. My --
A Right.
Q -- point is, you can't tell me when it occurred?
A No, I can't.
Q You can't look at the MRI and tell me that that

injury was two years old or two months old?
A No. Maybe the radiologist may be able to comment it, but he has not commented.
Q You can't?
A I cannot --
Q Okay.
A -- because that's not my expertise.
Q All right. Okay. That's all I was trying to point out.
A Right.
Q There's not -- It's just as likely that it's old or it's just as likely that it's new?
A Yes.
Q Okay. All right. And the activities that you're referring to in this statement that Mr. Kamb has given to you is doing essentially normal daily activities of walking and using his leg in a --
A Mm-hmm.
Q -- normal manner?
A Yes.

Mr. Addison: Okay. All right. That's all I have.

Re-examination

By Mr. Kamb:
Q But after a period of inactivity, correct?

A After the period of?
Q The pushing back to normal activities, as Mr. Addison has characterized. And that was after a period of inactivity because of his back injury, correct?
A Correct.
Q And you may not be able to say when this tear was caused, when it arose, --
A No.
Q -- but it's still your opinion, more likely than not, that it was aggravated as a result of --
A Correct.
Q -- post-surgery activity, --
A Correct.
Q -- correct? And is it fair to say that the -- his -- that that increased walking post surgery highlighted his knee problem?
A Highlighted, yeah. Correct.

Mr. Kamb: Thank you.

The Deponent: Thank you.

Mr. Addison: Nothing further.

(Whereupon the deposition was concluded at 5:19 p.m.)

(Deponent has waived reading and signing.)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 0802605

TOMMY G. HOUSTON,
CLAIMANT,
VS.
GARDA WORLD SECURITY,
EMPLOYER,
GALLAGHER BASSETT SERVICES, INC.,
CARRIER,
DEFENDANTS.

DEPOSITION
OF
PHILIP H. WESSINGER, MD

Deposition of Philip H. Wessinger, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 3:15 p.m., Friday, October 10th, 2014, at the Steadman Hawkins Clinic of the Carolinas, 727 S.E. Main Street, Simpsonville, South Carolina.

COPY

Reported by
Sandra M. Snead

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Philip H. Wessinger, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: Philip Wessinger.

Examination

By Mr. Addison:

Q Dr. Wessinger, my name is Dan Addison. I here -- I'm here on behalf of -- let me make sure I've got the name exactly right -- Garda World Security in regard to a workers' compensation claim filed by Tommy Houston. We have had an attempted hearing on this, but we haven't -- it did not go through. We're here today to take your deposition in regard to issues for that hearing. I'm going to go through the preliminary stuff with you first, and then we'll kind of go through the questions on what I have to ask you about Mr. Houston. First, I know

Appearances

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Exhibits

No exhibits marked.

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you've been deposed before because I think I deposed you a gazillion years ago. But if I ask you a question that you do not understand, I need you to tell me that you don't understand the question as asked. I will try to ask the question in a different manner or explain the question to you. If you answer a question, I will assume you have understood the question as asked. Whenever answering a question that requires a yes or no, if you would always use the actual word yes or no instead of uh-huh or uh-uh. If you say one of the nonwords, I'll ask you do you mean yes or no. You may add to a yes or no all that you want to. If you'll always try to keep your voice up. The court reporter is taking all this down. It's important that we get a good clean recording. All right, sir. I have notes in front of me, and, as you and I discussed before the deposition, I'm going to use my notes because they're out of my APA, and they're marked with the APA pages on here, and I'll refer to these notes. I know you were trying to pull it up on your computer, but it may be a whole lot easier just to work with these paper copies here in front of me. The notes that I have, the first time that you saw Mr. Gregory -- excuse me -- Mr.

Houston was on -- with you as a physician was on April the 30th of 2008. Let me know if your system has any notes prior to --

A No.

Q -- for you.

A That's -- That's true, both from this document as well as my -- my records.

Q Okay.

A That's the first time I saw him.

Q All right. And, on that day, he presented to you as a result of an automobile accident, or an armored car accident, where he was the passenger in the back of an armored car and that he was banged around in the back. Actually, it says he was bouncing around the back like a pinball in a pinball machine, as the claimant said, or the patient said. He then goes on to tell you what all had happened with him in that accident -- is that correct -- in that first paragraph in the history section?

A That is correct.

Q Okay. It indicates that -- It states he had several rib fractures on the right. "He initially had right knee pain," period, and it says, "Those have improved." This is your note.

A Mm-hmm.

Q When you say those have improved, are you referring to the right knee pain as those or the right knee and the rib fractures?

A Both. Both.

Q Okay. Okey-doke. It says, "However, he has since continued to have increased problems with left shoulder pain, that it's difficult with overhead activities. The patient has also developed a left hip pain that radiates down to the knee." And when you say the knee, are you referring to the left knee?

A Yes.

Q Okay. "He states that this is intermittent and comes and goes; however, his shoulder has continued to be more persistent." Now, in this note, you're referring to the accident at the very first of that note, that paragraph at the top. It's -- The injury occurred on March the 11th, correct?

A That's correct.

Q All right. So, this is roughly a month and three weeks after this injury has occurred?

A Correct.

Q Okay. What he's telling you a month -- So, let's call that seven weeks in. Seven weeks after the

accident, he's telling you that he initially had right pain -- excuse me -- right knee pain but it had improved as of April the 30th of 2008, correct?

A Correct.

Q Okay. You then went on to do a clinical evaluation of him that day. You look at what's going on with him, and, in your assessment, you discuss that he had subacromial impingement, which is a shoulder problem. Is that correct?

A Correct. That's correct.

Q All right. And then he had bursitis of his hip, correct?

A That's correct.

Q And you're referring to his left hip in that note in the assessment section?

A Yeah, based on the rest of the note, that's what I was referring to.

Q Okay.

A It was the left hip.

Q All right, sir. And then you had a plan about what you were going to do with him, and, essentially, you were going to try to deal with the right shoulder primarily, correct?

A Correct.

Q Okay. All right. He then comes back to see you

after that, on May the 7th of 2008, is the next record that I have. That's page 185 of Defendant's APA. Is that the next visit date that you have, as well?

A That's -- That's correct.

Q All right. And that -- On that particular note, it's a little bit -- It looks like a little different format of what I have, but it has a history section again, and he says that he -- He's come in, and the subacromial injection, the shoulder injection, that you've given him did not improve his symptoms at this point, meaning as of May the 7th, correct?

A That's correct.

Q All right. He states he also developed significant sciatica that ran down the back of his left leg and ran halfway through the calf. So, he's having some sciatica issues as of this point, as well, correct?

A Correct.

Q All right, sir. And that would have been a -- something different, a new something that he was discussing with you on the second visit. He did not discuss it in the first visit but discussed it in the second visit?

A Possibly, but it could also be that the -- the

manifestation of his left hip pain that I perceived as bursitis the first time is actually the same problem --

Q Okey-doke.

A -- and just delineated itself in a different way, --

Q Sure. Okay.

A -- based on exam and report and history.

Q All right. But, in this visit, he's discussing various things that are wrong. He's essentially telling you everything that's wrong with him that -- that day, on May -- in May. It's not just his shoulder. He's also talking about his back --

A Correct.

Q -- and the issues he's having with that?

A Correct.

Q All right, sir. You did an exam on him that day to include whatever he was telling you was wrong with him and then had a plan on what to do with him after that, which was to get a MRI of his shoulder and to give him some medication for the sciatica issues?

A Correct.

Q All right, sir. The next visit I have is May the 21st of 2008. He's, again, back to see you, and

this is after he's had the MRI of the right shoulder, which showed that he had a rotator cuff tear, and that -- he's, essentially, talking with you about problems with his shoulder on that date, correct?

A Correct.

Q All right, sir. Excuse me. In your assessment section on that visit of May the 21st -- and this is page 197 of Defendant's APA. You discuss in your assessment section that he has a rotator cuff tear and then bursitis of his hip, correct?

A Correct.

Q All right. You then have a plan of doing an arthroscopic repair of his shoulder?

A Correct.

Q Alrighty. Then the next visit I have is the -- when you came -- When he comes to see you next is on June the 25th of 2008, page 199 of Defendant's APA. Is that the next date that you have, Doctor?

A Correct.

Q All right, sir. The history section says, in interim history, "Patient was scheduled for rotator cuff repair that we will do on July 7th; however, he says he had very good improvement from the injection that he had in the shoulder. He had a

re-flare, would like to have another injection," --

A All right.

Q -- but, basically, he's kind of making a decision whether to have the surgery at this point?

A At -- No. At the -- We're actually talking about -- The rotator is in the hip, and --

Q Oh. Oh. I'm sorry. I'm sorry.

A -- and the injection --

Q Yes. Yes. Yes.

A -- that we gave him at the previous visit was in the hip.

Q Okey-doke. All right.

A So, that's referring to the hip.

Q All right. So, he's back, really, kind of talking to you about the hip primarily on this date; is that correct?

A Yeah, that, and we mentioned the shoulder and what our plan was.

Q Okey-doke.

A Yes. Correct.

Q All right. You've got a scheduled surgery for July the 7th?

A Correct.

Q And the subjective complaint was the right shoulder pain, but he's really kind of there to get another

injection in his hip --

A Correct.

Q -- on June the 25th? All right. You have -- assessment plan for him on that date basically that -- to go ahead and inject the hip, and then he'll also come back and see you for the surgery a couple weeks later. All right. The next office visit that I have is July the 23rd of 2008?

A Correct.

Q That's page 2000 -- excuse me -- 201 of Defendant's APA.

Mr. Addison: If that gets too loud, let me know, and I'll yell it over -- over to you if you need me to.

Q All right, sir. So, on the complaints of that date, it has SHC. What does that mean in your lingo?

A That's just our -- That's just our -- For us, that basically just tells us where we are, what offices we're in.

Q Got you. Okey-doke. And it says, "Right -- Right shoulder, global." So, right shoulder problems -- that's what he's there for is the right shoulder problem that day?

A Global meaning it's a post-op visit.

Q Okey-doke. All right. The interim history says, "Prior assessment, a subacromial -- subacromial impingement and bursitis of hip," and then it shows that he had surgery on July the 11th and that he's there for -- essentially for his follow-up from the surgery, correct?
A Correct.
Q All right. He was having physical therapy at that point. He tolerated the surgery well, and you go through a clinical exam with him that day, and then you have an assessment that states that he has a subacromial impingement, which is a shoulder problem, bursitis of the hip and a rotator cuff tear, also his shoulder?
A Correct.
Q All right, sir. All right. He's supposed to come see you again in a couple weeks, basically to follow up with you as necessary, subsequent to the surgery?
A Correct.
Q All right, sir. And the next visit I have is on September the 3rd of 2008. Is that what --
A That's --
Q -- you have?
A That's correct.

Q That's page two -- 204 of Defendant's APA. All right. It said he was status post -- He's had a -- Your note indicates, in the history section, that he has come in status post large rotator cuff repair. However, he is complaining primarily of hip pain on this particular date. That's the main reason he's coming to see you that date. Is that correct?
A Correct.
Q All right. And this is still the left hip that we're talking about?
A Yes.
Q All right, sir. The plan was to give him an injection in the hip, another injection in the hip to see if it helps out?
A Correct.
Q All right, sir. The next visit I have, the visit date is October the 1st of 2008. Is that what you have, as well?
A Correct.
Q All right, sir. That's page 206 of Defendant's APA for that visit date. He's coming in that date for what appears to be a follow-up on his rotator cuff repair, correct, --
A Correct.

Q -- primarily? All right, sir. The assessment indicates that he's got a subacromial impingement, bursitis of the hip and a rotator cuff tear on that date?
A Correct.
Q All right. The next visit I have is October the 22nd of two -- 2008, page 208 of Defendant's APA. Is that what you show, as well?
A Correct.
Q All right, sir. He's in there seeing you that day again for the right shoulder, as well. You said he's status post rotator cuff repair. "He's much better with regard to his pain and has improved in his range of motion, has a fairly easy range of motion through functional range." And we're talking about the shoulder with all of this; --
A Correct.
Q -- is that right?
A That's correct.
Q All right. "However, still, as would be expected, fairly weak with regard to overhead lifting activity. He is only working with three pounds in physical therapy. We will need to continue physical therapy and improve that, particularly since his primary job activity involves him loading

anywhere from 35 to 70 pounds overhead, by his report. The patient states that his hip and low back have also responded well to physical therapy, as well." So, he's discussing with you both his shoulder and the other issues that he had and how they were doing with the treatments that you were giving for him, correct?
A Correct.
Q At any time in this process, has he discussed his right knee with you, Doctor?
A Not that I documented in my chart --
Q Okay.
A -- and not that I recall.
Q Do you have any independent recollection of him discussing any significant issues with his right knee?
A I do not recall.
Q If he had discussed issues with his right knee, would you have made a note of them within your notes?
A Yes, --
Q Okay.
A -- I would.
Q And, clearly, we're not concentrating on just one area, like the shoulder where you had done the

shoulder. You were discussing multiple body parts, both his hip and his low back and sciatica issues as well as the right shoulder; is that correct?

A That's correct.

Q All right, sir. Alrighty. The next visit that I have is November the 19th of 2008. Is that correct?

A I don't have a November the 19th in my --

Q It's --

A -- record.

Q Okay. I'll show it to you.

A Of 2008?

Q And I -- 2008, yes, sir, November 19th.

A I've got a 12/3. What I don't see is the -- Oh, that's interesting because it's not in my -- That's --

Q I have the 12/3 here, too.

A That's very curious because it's not in my chart. How did that happen? Okay.

Q I'll just let you look it over real quick.

A Okay.

Q All right. Okay. Pretty much, that day he was there for the -- On November the 9th, you'd agree with me he's pretty -- primarily there for the right shoulder?

A Yeah. There's not a whole lot of documentation in that record. It makes me --

Q Okay.

A -- wonder whether it was pre-populated and he never showed up for the visit and that's why it's not in my record anywhere.

Q Okay. All right.

A Although it got signed somehow by -- electronically. So, that's a curious thing. I'm just speculating, because there's -- there's none of the normal dictation or --

Q Right. It doesn't look like there's --

A All the -- All of it is the pre-populated stuff that's in the chart when somebody shows up.

Q Okay. There's nothing in there basically where it shows I talked to the patient and this is what --

A That's right.

Q -- he's telling me?

A So, I'm -- Given that it's not in my records, I -- I don't recall that specifically, but that's the only way I can explain the fact that it doesn't exist here and that it's -- The paucity of information in that note is compelling.

Q Okay. All right. We'll look at the next record, then, -- is the December the 3rd, 2008 record.

A Okay.

Q That particular date, he's there, and y'all -- there are some notes where you actually have some narrative addition to the notes on your discussion with him on that date, correct?

A Correct.

Q All right, sir. It talks about how he was there for his right shoulder, that he also has SI joint issues, or -- in his low back, or lumbar spine, issues, as well as a greater trochanteric bursitis of his hip. So, you're talking about both the shoulder -- all three, the shoulder, the back and the hip in this particular note, correct?

A That is correct.

Q All right, sir. "He has been treated with -- in physical therapy; however, workers' comp insurance cut him off, and he's only been doing home exercises. The patient has now been cleared to go back for more physical therapy." So, he's kind of talking to you about all the things that are going on with him, both with the problems that he's having as well as the treatment that he's getting at that point, correct?

A That's correct.

Q Any mention of a right knee in any of this to you

that day?

A Not that I recorded.

Q All right, sir. Do you have any independent recollection of him discussing any issues with wanting treatment for his right knee at that point, that nobody was providing?

A I -- I do not.

Q Okey-doke. All right, sir. The next record I have is January the 7th of 2009. Is that accurate for you, as well?

A That is correct.

Q Okay. That's page 214 of Defendant's APA. On this particular note, it says he's there for his right shoulder again. And what is the RCK at the top on the reason for -- and it's not workers' comp, but what's the RCK next to that? Is that a location again?

A No, but it may be initials of who was following it in our office.

Q Okay.

A That would be the only thing I can come up with.

Q Like a -- Like a person in the --

A A person within the --

Q -- staff --

A -- office who's --

Mr. Kamb: I would guess workers' comp recheck. I'm just --

A It could be a recheck, too.
Q Okay. All right.
A Over the course of the years, we've played around with how you can figure out and find notes within this medical record system, and I -- I imagine it has something to do with either that or a way we can follow up on --
Q Okay. All right.
A -- who's responsible for parts of the note.
Q So, it goes through -- The interim history section says, "Prior assessment was for the subacromial impingement of the shoulder, bursitis of the hip and a rotator cuff tear," date of injury being in March of two thousand and -- March the 11th of 2008, and the treatment that you've done. His response to treatment says, "Patient states feeling the same since last visit." Were you referring to the shoulder there? What are you referring to -- or just his -- his overall feeling in general?
A His overall feeling in general. That's a -- That's a -- The MAs at the front ask the patient whether they're better, worse or feeling the same.
Q Okey-doke.

A It's a --
Q All right. The next -- That last paragraph in the history, is that your -- what you would have written that day?
A That's -- That's correct.
Q Okay. That's your narrative section. All right. It says, "Fifty-year-old comes in today and is doing fairly well with regard to his right shoulder. He is still having some back and leg pain. He states that he's having some difficulty with pain running around to the front. I previously evaluated him and realized he has some lumbar spine issues." Are you referring to this same problem here that you were discussing before?
A That's correct.
Q And everywhere that he had talked to you about before was running down his left leg; is that correct?
A Correct.
Q Al right, sir. Or left-sided back issues, sciatic issues?
A Correct.
Q All right, sir. Do you see any indication in this note that would indicate that he was having problems with his right knee on that particular

date?
A I did not specify that and didn't record it.
Q Okey-doke. All right, sir. Do you have any reason to believe that -- that when you refer to his leg pain on that date that you're referring that to any kind of right knee problem?
A I -- I did not document that, and I don't recall it, so it would be the left side that I would be talking about --
Q Okay.
A -- at this point.
Q All right, sir. He continues to talk about his shoulder, bursitis with the hip as well as other -- the other issues with the back at that point, correct?
A Correct.
Q All right, sir. The next visit that I have is February the 4th of 2009. Is that what you have?
A That's correct.
Q All right. On that particular day, he's in there talking to you, and now it says right shoulder and back as the reason for the appointment on this particular one, correct?
A Correct.
Q All right, sir. In the history section there, it

says, "The patient comes --" This is, I assume, your narrative part, where it says, "The patient comes in today and is doing fairly --
A Correct?
Q -- well"?
A That's correct.
Q Okay. So, he's doing fairly well status post shoulder repair. "He is making progress in physical therapy and actually feels that if he does some general conditioning and finishes out the therapy that we've -- that we've -- we've approved at this point, that he may be able to be ready to return to work on his next visit." So, that was what he was discussing with you in February of 2009?
A Correct.
Q No mention of his right knee causing him any problems at that point?
A Not that I recorded --
Q All right, sir. No mention of any --
A -- or that I recall.
Q No mention of any issues of trying to do -- during his conditioning, that his right knee was giving him any problems?
A Not that I recorded or recall.

Q Okey-doke. All right. If you go down below that, in the examination section, it says -- there's a paragraph that says, "He does have improved strength with regard to his rotator cuff." Did you write that paragraph, as well?
A I did.
Q All right, sir. It says, "He has maintained his range of motion with regard to his shoulder. His back continues to get better, with good range of motion, and he states he is able to walk two to three hours without the pain that he was experiencing at five minutes previously." Are you referring to his back causing pain there?
A Yes, I am referring to his back --
Q Okay.
A -- and leg.
Q And you -- When you say leg, are you --
A The left leg.
Q His left leg?
A Mm-hmm.
Q All right, sir. Okay. No mention there that he was having any problems with pain with his right knee --
A That's --
Q -- with any walking, correct?

A That's correct.
Q And he's telling you, in February of 2009, that he was able to walk two to three hours without the pain that he had previously?
A That's correct.
Q All right, sir. The next visit I have is April the 15th of 2009. Is that what you have, as well?
A That's correct.
Q All right, sir. Again, the reason he is there now is still listed as right shoulder and back pain?
A Correct.
Q All right. No -- No mention of any right knee pain in the history of present illness section, correct?
A Correct.
Q All right, sir. "Patient states feeling better since last visit." That would have been something he told somebody up front --
A That's correct.
Q -- or your nurse or --
A That's correct.
Q -- PA or someone?
A Yes.
Q Okay. And then down below that, it's got, I'll assume, what is your narrative part, where it says,

"Right shoulder/arm"?
A Correct.
Q "The patient comes in today." That's your narrative?
A That's correct.
Q All right. It says, "The patient comes in today. He is scheduled for his FCE next week," which I presume you had scheduled to see how he was doing?
A Well, in preparation for MMI and --
Q Closing out his --
A -- closing out the case, yes.
Q All right, sir. Okay. It says, "He is doing well and was able to cut his grass the other day"?
A Correct.
Q Did he mention any problem to you on that date of any kind of significant issues --
A Not that I recorded or recall.
Q Did he mention any problems with his right knee on that date?
A Not that I recorded or recall.
Q Did he mention any type of problem that you would have expected may well have masked any particular issue with the right knee if it did exist?
A Not that I recorded or recall.
Q Okey-doke. All right, sir. All right. The next

visit I have -- this is page 220 of Defendant's APA -- is April the 29th of 2009?
A That is correct.
Q All right, sir. At this point, he's come in, and he's had his functional capacity evaluation, or FCE, in regard to his rotator cuff. And I'm in the history section, where it says right shoulder/arm. Is that where your narrative starts, that section right there?
A That's correct.
Q All right. He comes in today status post FCE with regard to his rotator cuff. He was actually approved to go forward with heavy activity, with the exception of overhead more than 70 pounds, which he does not need to do. Then he starts talking with you about another problem that's a new problem?
A That is correct.
Q And it's something on his right wrist/hand area, correct?
A That's correct.
Q He's gotten some place on there that's oozing and breaks down, and he's got some concerns about it?
A Correct.
Q And it's something that's causing him concern and

worry, and he thinks it needs to be taken care of, --
A That's correct.
Q -- correct? All right, sir. So, this is a new issue that he brings up to you. He's dealing with all the other issues, including his rotator cuff, but he's talking with you about some other issue that's bothering him that he thinks needs medical treatment?
A That's correct.
Q All right, sir. And you make some recommendation to him based on what could be going on with his right hand. That's kind of, primarily, what the focus of the visit becomes, is this right hand issue, correct?
A That is correct.
Q All right. It looks like you -- you recommend a removal and biopsy. Did you actually do the removal of that?
A I think I did.
Q All right. And I think there's a -- This is page --
A Yeah.
Q -- 223. You actually had the -- You had it removed, and then you had it biopsied, and the

biopsy report comes back, as well, correct?
A That's correct.
Q And, so, I think it says a benign neoplasm of the skin? Lip is what it says, but -- and this is June the 1st. Do you have that?
A Right. It says lip, but I don't know why they coded it out as that, but --
Q Okay. All right, sir. But it's really referring to where you took this --
A It is. It is.
Q -- this skin tag or whatever it was --
A That's right.
Q -- off of him? All right. All right, sir. Then the next time you see him, after the discussion of his right hand issue, was on May the 27th of 2009? That's the next office visit that I have.
A That's correct.
Q All right. Discusses reason for appointment, his right shoulder and back. Again, this is where the computer is populating that section. Is that right?
A That's correct.
Q He discusses with you -- It looks like your narrative starts where it's below the right shoulder/arm. It says HPI. Is that where your

narrative --
A That's correct.
Q -- starts?
A That's correct.
Q All right. "This fifty-three-year-old comes in today and is doing fairly well. He still has the area on the back of his right hand. He's been approved for exploration and excision of this wound." At no point in this visit does he discuss any kind of problem with his right knee with you, --
A That's --
Q -- does he?
A That's correct.
Q All right, sir. Was this wound on his hand -- I mean, was it some giant wound that was bleeding or --
A It was a small area, as -- as I described, that -- that he described would periodically break down and ooze, and he had related it back to where an IV had been put in when he was in the hospital and --
Q Okay.
A -- was concerned that it was a foreign body, and, of course, --
Q But he doesn't -- He wasn't discussing with you,

at any point during this visit in May of two thousand -- this May 27th visit, that he was having significant pain with the hand, did he?
A More -- More concerned that this wound kept breaking down --
Q Okey-doke.
A -- and -- and draining.
Q Up in the history section, it says the severity of his pain was two, two out of ten, with intermittent dull, aching pain and satisfactorily controlled pain. Is that something he's telling somebody else on that day?
A That's something he's telling the -- the people who checked him in, the MAs.
Q Okay. But he doesn't discuss with you any kind of significant pain issues that day with either his shoulder --
A Not --
Q -- or his back?
A Not that I recorded or recall.
Q All right. Any kind of thing that might mask him having pain in his right knee?
A Not that I recorded or recall.
Q All right, sir. Would you have any reason to believe that he would have reported that to you

that date?
A Well, he -- Just given -- Given the narrative to this point, he's pretty willing to bring up issues that he thinks are going on otherwise that may be related, up to that point, --
Q Okey-doke.
A -- so I would think yes, he probably would have brought it up --
Q Okey-doke, because he's -- I mean, he's talking to you about this thing on his hand?
A That's correct.
Q He -- You know, it's kind of an -- It's, quite frankly, kind of an odd thing. He's got a --
A Right.
Q -- tag on his skin, and he thinks somehow it's related to the issues with his wreck, correct?
A I -- I agree.
Q And he's discussing that with you and --
A Correct.
Q -- seeking treatment for that --
A Correct.
Q -- at this point? All right. All right, sir. The next visit I have is June the 10th of 2009, page 226 of Defendant's APA, and it's a post-op of the right hand, this issue with dealing with the skin?

A Correct.
Q Okay. It discusses that it's actually -- was a malignant -- malignant squamous cell biopsy on what was removed, correct?
A Correct.
Q All right, sir. You discuss the various issues with him, talk about, you know, what should be -- what he needed to be doing for treatment subsequent to this, but it's relatively simple type issues of what's going on with the hand?
A Correct.
Q Even though it was a malignant skin lesion, it was removed, and you don't have any concerns about all the issues that may come from that?
A Correct.
Q All right, sir. No discussion of any other body part at this point, correct?
A That's correct.
Q All right. The next visit is -- that I have is June the 24th of 2009. This is another one of these ones that looks like -- a little weird that -- where there's no narrative.
A This is a -- I don't have it either, and I --
Q Okay.
A -- but I anticipate that it's --

Q Another populated, computer-populated --
A Our people -- Our -- Our assistants pre-populate the night before or -- and then -- certain things from the last visit and then change what comes through.
Q All right.
A That's -- And that's what it looks like because his visit didn't get shown, --
Q Right.
A -- didn't show up.
Q That's page 228, starting -- It's 228 and 229 of Defendant's APA. Alrighty then. The next -- What looks like the next office visit is July the 1st of 2009, --
A Yeah. Correct.
Q -- correct, --
A Correct. I do have that one.
Q -- page 230 of Defendant's APA? But at this point, he's there for removal of the stitches in the hand, but you're also discussing all the other various things going on with him on this date; is that correct?
A Correct.
Q All right, sir. Down at the bottom, it says, "I do feel, from his shoulder and back perspective, from

his injury, that he is at MMI. I feel that from his shoulder and massive rotator cuff repair and with continuing to have some weakness, we are dealing with a 15 percent impair of -- impairment of the shoulder, based on the AMA Guides of Permanent Impairment. From his low back and with pain with regard to the lumbar spine, I feeling we -- I feel we are dealing with a seven percent impairment. The patient has come back to see me on a PRN basis. He is released from care, and he is back at work." You're discussing kind of the global issues that he has on that day, right?
A Yeah, this is -- this is just establishing MMI.
Q All right, sir.
A That's what we brought him back for.
Q At any point in that treatment date does he discuss with you I may be done with these other things and -- I'm pretty much finished with those but my right knee is bothering me and I -- and I think you should take a look at it?
A Not that I recall or recorded.
Q All right, sir. So, it doesn't appear he discussed it with you that day, by your note?
A I'd agree.
Q All right, sir. Okay. He then comes back to you

on September the 1st of 2010, page 232 of Defendant's APA, which is about a year and two months after you had released him at MMI?
A Correct.
Q All right. Do you have anything in your records to reflect that you saw him anywhere in that intervening period?
A There's no record in my chart that I saw him in the --
Q Okay.
A -- intervening period.
Q But you made clear to him on the last visit, the -- On July the 1st of 2009, you released him PRN. When -- When you release somebody PRN, do you tell them if you've got any more problems, come back and see me?
A I do.
Q Okay. You don't tell a layperson come see me PRN, do you, Doctor?
A No. I'll -- I'll describe it better than that. That's -- But that's what it implies, it's --
Q Sure.
A -- as needed.
Q Right. You write it for your notes as PRN, --
A That's correct.

Q -- but you're telling the patient, in layman's terms, if you've got problems, come see me?
A Come back to see me. Correct.
Q And, apparently, he did not come back and see you anytime between June -- excuse me -- July of 2009 and October -- September of 2010?
A That's correct.
Q All right, sir. In September of 2010, he comes in to see you, and it says the reason for appointment, "ENP, right shoulder re-eval WC per Melissa." What is ENP?
A To establish new patient. It's somebody whose -- you've seen before in the past, they're here for -- potentially for a new problem. That's what's put in by the person when they call to make the appointment.
Q Got you. Okay. It has an interim history section, which kind of goes through some of the same stuff that you had already populated in his file, correct?
A Correct.
Q All right. It says, "The pain severity is actually a nine out of ten, not satisfactorily controlled, stiffness, numbness, locking, catching, giving away, aggravated by physical activity." Is all

that referring to the shoulder impingement?
A Correct.
Q Okay. And then it has HPI. I guess that's an HPI. It looks like -- It looks like IPI on mine. But that's where your narrative starts. Is that correct?
A That's correct.
Q All right. "The patient comes in today. He states he has gradually had an increase in pain -- of pain in his right shoulder to the point where he's -- he is having a lot of difficulty. It feels very much like a rotator cuff at this -- a rotator cuff tear at this point. He states that it's made it very difficult for him to participate in activities. He is complaining of left leg pain, as well, and low back pain."
A Mm-hmm.
Q So, he discusses multiple things with you that day?
A That's -- That's correct.
Q The shoulder has gotten worse, and he's having continued problems with that low back problem and the left leg pain?
A That's correct.
Q No discussion that date of any problem with his right knee, is there, Doctor?

A That's correct.
Q Okey-doke. Down below that, in the examination section, it says, "He has some soreness into both hips and no pain down the leg." So, you're obviously checking out both sides of his lower body in this physical exam, correct?
A Correct.
Q And at any point in that did he make any note -- notification to you that his right knee was bothering him in any kind of manner?
A He -- Not that I recall or recorded.
Q All right, sir. You then go through on the next page -- This is page 233 of Defendant's APA. Just -- What your findings are, essentially, in the assessment section, that he had a localized superficial swelling mass -- that's the hand, where he had the problem with the hand, correct --
A That's correct.
Q -- that he had a rotator cuff tear -- That's number two, item number two. That's a -- his right shoulder rotator cuff tear?
A That's correct.
Q Number three is his subacromial impingement, which was in the right shoulder, as well?
A That's correct.

Q And then number four is low back pain?
A Correct.
Q All right. You then discuss getting another MRI of both the shoulder and the spine to see what's going on. So, you were talking about doing diagnostics of the things that he was telling you were bothering him that day, correct?
A Correct.
Q And at no point in there is there any mention of his right knee or any need to check out his right knee with an MRI?
A That's correct.
Q Okay. And it appears that my clients agreed to pay for those MRIs and have those done, because he comes back right after that and had the MRIs done to see what was going on, correct?
A That's correct.
Q All right, sir. The next visit I have is October the 6th of 2010. This is Defendant's page 334 -- excuse me -- 234. Do you have that?
A I do.
Q All right. And this is where he's back to see you as a result of the MRI -- the MRI results that he had for his right shoulder, correct?
A Correct.

Q All right. The HPI section -- It says, "This is a fifty-four-year-old --" That -- That's your narrative note? That's where it starts your --
A That is correct.
Q -- your note? All right, sir. It said he's come in. The MRI he had back on -- in September the 8th of 2010 shows he has some tendinitis in his rotator cuff but does not have a tear, a new tear. He has some arthritis, fraying of the labrum but no obvious tear. "I agree with the reading." The next paragraph, "He states he is still having back and hip problems, primarily on the left side. He states they have been present since the accident, as well. They are apparently --". Excuse me. "They are getting, apparently, worse. He states he can only walk for ten to 15 minutes before he starts having -- starts to have pain in the left leg. He can sit on something hard and relieve this." So, he's telling you what's going on with him, that he's having some increased problems, and he's relating it back to the original injury in 2008?
A Correct.
Q At any point in that lengthy discussion of multiple problems that he's having does he discuss with you

that he was having problems with his right knee?
A Not that I recall or recorded.
Q All right, sir. Would you believe that he was having any problems with his right knee as of October the 6th of 2010?
A Not -- Not that I recall or recorded.
Q All right. I mean, based on what you see here in all the -- different things he's willing to discuss with you, would you have thought he would have discussed it with you if he was having problems?
A He seemed perfectly willing to bring up other things, and, so, I would think that he would have brought it up and that I would have recorded it.
Q All right, sir. Okey-doke. The next visit I have is October 27th of 2010. Is that what you have, as well?
A Correct.
Q All right. You state down below that he's -- It says he's -- "I feel his shoulder is at maximum medical improvement." This is in the treatment section under subacromial impingement. "I feel his shoulder is at maximum medical improvement and he is ready for discharge with regard to this." And then number two, you say low back pain. "He has mostly osteoarthritic problems that, again, could

have been aggravated by his accident but certainly were not caused by the accident. He has been asking about what can be done and if there's anything surgical. We need to get a surgical opinion. We will send him for evaluation with regard to this," and then -- and your signature right after that. Correct?
A Correct.
Q All right. And then, apparently, you were going to send him over to the spine center. I assume Dr. Curry is who you were sending him to.
A Uh, --
Q It just says, "Copy Dr. Curry." I'm not sure why.
A Yeah. No, I don't -- I don't -- We don't have a Dr. Curry in the spine center, so I don't know --
Q Okay. That's the last office note that I have for you. Do you have notes beyond that that are office notes, Doctor?
A There are lots more in the clinical, but I don't think any of them are mine.
Q Okay. All right, sir. On that last day, October 27th date, did he discuss with you at any point during this discussion that his back was -- excuse me -- his knee, right knee, was bothering him to a degree that he felt like he needed to have it

checked out?
A Not that I recall or I recorded.
Q All right, sir. But he did discuss with you problems with his low back?
A He did.
Q All right, sir. And was asking you to send him to another physician to have his low back checked out?
A Correct.
Q All right, sir. It was bothering him pretty significantly at that point, right?
A Well, bothering him enough at the previous visit for us to order an MRI, and he had an MRI performed, --
Q All right, sir.
A -- and I reviewed his --
Q Okay.
A -- findings with him.
Q All right. And one of the main reasons that he came back to see you in October -- in September of 2010 was the back. It wasn't just the shoulder. It was also the back. He was telling you when he came in September -- We can go back to that time.
A He -- He listed both as a problem --
Q Okay. All right.
A -- in that visit.

Q All right. He said these are kind of the things that are bothering me and I want you to check me out some more because you told me I could come back to see you?
A That's correct.
Q Okay. All right. In that entire discussion in September of 2010, there's no record of him ever discussing any significant problem with his right knee at that point, correct?
A Not that I recorded or that I recall.
Q All right, sir. You then have -- I have a final note that's a handwritten -- well, a hand -- excuse me -- a signed note that was a prepared note, -- I'm positive plaintiff's counsel prepared it -- page 238, done on November the 3rd of 2010. It's discussing whether or not he's had a change in condition for the worse.
A Okay.
Q All right, sir. When you -- It doesn't say what the change in conditions were. It says for, but what you -- or what are you referring to in here on your change of condition for the worse? What is it that you're -- that -- your understanding of what you were referring to and signing, he'd had a change of condition?

A The issues that he complained to me about with regard to his shoulder and/or back.
Q Okay. All right, sir. But nothing to suggest that he'd had any kind of issue with his right knee that may have changed for the worse?
A At -- At no point in reviewing this narrative did I document anything about his right knee. So, no, I would --
Q Okay.
A -- not have speculated that.
Q The only notice that I have within your note -- or any -- any mention I've seen within your notes anywhere is the very first day that you saw him, on April the 30th, 2008, where he discussed that he'd had problems, he'd had pain in his right knee?
A Initially.
Q Initially, but that it had -- It actually had resolved before he came to see you in April -- of 2008, and at no point subsequent to that date in your treatment of him, for a period of about two and a half years, did he mention any problem with his right knee to you as a treating orthopedist; is that correct?
A That's correct.

Q Would you have any reason to believe that he had any kind of substantial issue with his right knee as a result of the accident that occurred in 2008?
A Given the length of time and the number of times I saw him in the intervening time, it would be unlikely.
Q Okay. He's had an indication now that he has some issues, that he has a bucket-handle tear that needs repairing. Would you have any reason to believe that that bucket-handle tear had existed in 2008 through 2010?

Mr. Kamb: I'll object because he hasn't evaluated the knee.

A Again, I have to go off of the face value of you telling me what -- what the injury is, but it would be difficult to have a true bucket-handle tear of the meniscus and not be symptomatic for an extended period of time.
Q Okay. Even if he was having these other issues, with having the shoulder problem and the back problem as a mask, some potential masking component?
A A bucket-handle tear is a pretty significant tear, if that's the description that I'm -- I'm working off of. You know, a tear -- a small tear in the

meniscus certainly can go dormant, can be dormant for quite some time, but a bucket-handle tear is typically not dormant and usually pretty -- pretty symptomatic for folks. So, based -- based on that information that you've given me, I would say it would be unlikely that for two and a half years he would not have brought it up as an issue.

Q Okey-doke. Would you have expected -- Even if it was a minor tear, would you have expected to have seen some effusion or swelling of the right knee?

A Not always. A small -- A small tear doesn't always present with effusion and can certainly go for long periods of time without causing a lot of trouble. So, it depends on the size of the tear, where it's located, what positions the knee is getting in. So, there's -- there's a lot of variability in how that might present and how it might behave.

Q Okay. The claimant's position is -- is that he -- that this has existed -- that the right knee pain has existed since the time of the injury and that he was dealing with all the other issues and that he had his final -- he had his back surgery and, after his back surgery, he was able to become more mobile and walk and work, and, as a result of that

walking additional, he noticed his right knee being a worse problem -- has been his position as to why he believes it's related. If he was -- Assuming he was not mobile during the period you were treating him, would he have still been having -- should he have still been having symptoms that would have shown him he had some kind of issue with the derangement of the right knee?

A Well, I -- I mean, I -- I think that certainly at -- at one point he got back to a pretty high level of activity, and I would have expected it to be symptomatic at that point, but it's not -- not impossible for somebody to have a meniscal tear and it would present itself later, after an injury, but I think the longer you go, the less likely that becomes without it being symptomatic in the intervening time.

Q Do you think it's probable, within a reasonable degree of medical certainty, that he had some degree of a tear to his meniscus in his right knee during the time frame that you were treating him?

Mr. Kamb: And, again, I have to object because he hasn't evaluated the knee.

A I'm going to ask you to restate that.

Q Sure. Do you believe it's -- Excuse me. Do you

believe it's probable, to a reasonable degree of medical certainty, that he was dealing with any kind of significant derangement of the right knee or a meniscal tear during 2008 and 2009 and 2010 when you were treating him for the other issues?

A I'm -- I'm going to have to say no.

Q Okay. You just said that it was -- it was possible, within the realm of possibility?

A Right. Right.

Q You said he -- that it is?

A But I think -- You're asking whether it's probable, --

Q Right. The question --

A -- and I would say no.

Q The question is, is it probable, to a reasonable degree of medical certainty?

A And I would say no.

Q Okay. All right, sir. And that's based on what you saw from him as a patient?

A Correct.

Q Okay. All right. Now, you just said something when -- in response to one of my questions that I want to go over, too. The patient's position, the claimant's position, is -- is that he was not particularly active and that's why he didn't notice

the right knee.

A Mm-hmm.

Q You just made mention of the fact that at one point during your treatment, he actually was -- got pretty active, didn't he?

A Correct.

Q All right, sir. I believe that -- I mean, I pointed that out to you, that he stated he was able to walk two to three hours without pain?

A Correct.

Q So, he was clearly walking decent distances at that point, and he also told you he -- he was able to cut his grass, that he was able to get out and do things, you know, manual labor at his house, correct?

A Correct.

Q All right, sir. So, he was not just sitting around all the time, worrying about the problems with pain in his back at that point, correct?

A Correct.

Q All right, sir. Have you signed any kind of document from the claimant regarding any opinions on his right knee?

A I -- I don't recall, but I don't -- I don't know that I have. I don't remember or recall signing

anything.
Q Have you had any discussions with claimant's counsel on this case at all?
A Not that I recall.
Q Maybe since -- I mean, I know you probably did back when this was done in 2010. Have you had any conversations with anybody about the case since 2010?
A Not that I recall.
Q Okay. All right. Did the claimant ever make any call back to you saying I want -- you know, I'd like for you to look at my right knee that my client ever denied?
A Not that I was aware of. I mean, he could have called the office and I was not made of aware it, but I don't -- I'm not aware of that phone call, if it occurred.
Q All right, sir. And I didn't go through your CV, and I typically do that, but I wanted to do that now. That's kind of what --
A Okay.
Q -- I want to talk -- You are -- Just give us your CV, if you would, Doctor.
A How far back do you want to go? So, --
Q Just give me a quick -- quick scan --

A I graduated from a university with a bachelor's degree, medical school at MUSC, orthopedic training and orthopedic residency at Wake Forest University Medical Center, and have been in practice in the Greenville-Simpsonville area for 21 years.
Q All right. Are you board-certified in a particular area?
A Board- -- Board-certified orthopedic surgeon doing primarily sports medicine and arthroplasty.
Q All right, sir. Of any particular joint or all joints?
A Sports -- Sports medicine in general and arthroplasty, lower extremities.
Q Typically, a sports medicine orthopedist is someone that deals a lot with knees; --
A Correct.
Q -- is that correct?
A Correct.
Q Do you deal a lot with patients with knees?
A I -- I do.
Q That's something you routinely do, day in and day out?
A Routinely, day in and day out.
Q All right. So, if you had a patient that had discussed some issue with a knee, you would have

certainly evaluated and examined his knee, correct?
A Correct.
Q And come up with a treatment plan for his knee?
A Correct.
Q All right, sir. You're obviously qualified, I would assume, to -- to perform an orthopedic evaluation of -- of a person's knee?
A Correct.
Q All right.

Mr. Addison: That's all I have for now.

Mr. Kamb: Just a few.

Examination

By Mr. Kamb:

Q Doctor, is it -- Sometimes do -- or I guess I should say is it possible that a patient may bring up something to you and it is not recorded in your records?
A Sure. Occasionally patients bring up things that -- that we don't -- We don't always record every single thing that a patient necessarily complains of, but the majority of the time, we do record what the patient complains of.
Q Sure.
A To what extent we evaluate it, you know, advanced imaging and things like that varies from time to

time.
Q And that can be affected by, you know, whether or not it's -- A person who has multiple orthopedic problems, that can be affected by, you know, the -- which problem is worse. Is that true?
A Correct.
Q In this particular situation, as we've talked about, Mr. Houston came to you, when he initially started treatment, and had said that his right knee was injured in the -- in the accident, but in the six, seven weeks in between the accident and the time that he came to see you, that the -- the right knee pain, in your words, have improved. Is that correct?
A That's correct.
Q And from that point, you focused on his shoulder and his back. Is that true? Initially, I mean, the --
A Back --
Q -- main focus --
A Back and hip, trying to figure out what was going on exactly, but yes, the combination of his back and his hip and his shoulder were the --
Q The major focus?
A -- were the major focus.

Q And, in fact, you treated for months on his shoulder, and you eventually did a surgery on his shoulder. Is that true?
A Correct.
Q And then -- And, again, that's -- that's normal; someone with multiple orthopedic problems, you focus on the worst problem?
A Sure.
Q And, at that point, as far as what you knew, what you had, his shoulder was the worst problem?
A Correct.
Q And you eventually returned him to work in 2009, May of 2009. Is that about right?
A I believe. That's what I recall from our recent survey of the --
Q It's actually your note of 4/29/09, where I think he actually physically returned to work on 5/11. You released him to return to work on 4/29; is that correct?
A That's correct.
Q And Mr. Addison was telling you a little bit about the -- our contentions in this case, but to go a little further, what Mr. Houston has testified to in his deposition and what we're alleging now is that he initially injured his right knee. As he

was getting treatment for his shoulder, and as he told you, the right knee settled down. When he returned to work, he began to have more problems with his back and with his knee, and that's when he returned to you. The treatment focused on the back. He eventually went -- He had treatment on his back. He ended up having surgery with Dr. --
A Mm-hmm.
Q -- Kanos, I believe, and now, you know, again, the right knee problems came to the forefront as that was wrapped up, and now he's -- we're -- we're working on the right knee. But, in fact, going back to that, we -- we looked at some of your records when he returned to you in 2010, and I believe that was on -- September 1st, 2010 was the first time you had saw him -- seen him after his return to work?
A Yes, --
Q And he was --
A -- it appears --
Q Right.
A Yeah, that -- that appears to be the first time I saw him back.
Q And you recorded, at that time, he was having some -- some increased problems with his shoulder, and

-- and you ended up getting an MRI and evaluating that, and he also talked about the -- the back, and you ended up getting an MRI on that, too. Is that correct?
A Correct.
Q And, again, you -- When you saw him again on 10/27/10, you referred him for a surgical evaluation of his back?
A Correct.
Q So, at that point, he had a -- what appeared to be a fairly significant problem with his back, or potentially?
A Well, enough that I felt it needed to be looked at when he asked what options were available and could -- We needed to get somebody to look at it.
Q And I'll submit to you --
A That's my recorded --
Q I know you probably don't have this information, but I'll submit to you, again, Dr. Kanos did surgery, ended up doing a lumbar fusion and discectomy and a bunch of other things. It's a long note, a long surgical note. The -- And we talked -- Initially, when I started asking you questions, you said it does happen, that, you know, people bring things up to you that -- that do not

make it into your notes. Is that true, or can be true?
A Can be true.
Q Okay. The -- When he returned to work -- or returned to see you in 2010, and when patients come in to see you, do they typically fill out something that indicates what their difficulties are, what the problem -- you know, like, you know, it talks about the level of their pain, where they're having pain, that sort of thing?
A They -- They do, and then our MAs write it into the interim history.
Q Okay. And I'm going to show you -- There's one document that y'all use, well, I guess, on intake or when someone comes back for a recheck of something, that's called a Patient Recheck Questionnaire. Have you seen that?
A Mm-hmm.
Q And this is page ten of our APA. That's something that the patient fills out?
A It is.
Q Okay. And that one is dated 10/6/10 that I showed you, is it not?
A Correct.
Q And what did he list as the body parts that he was

having trouble with?
A Back, shoulder and knee.
Q So, apparently, when he returned to work -- returned to you after being at work and was telling you about having increased trouble with his back and shoulder, at least on this form that he filled out on his second visit returning to you, he did indicate that he was having some knee problems?
A But he didn't specify which side.
Q Right. But it does say knee?
A It does say knee. It does.
Q And, in that regard, with -- as to -- to which side, I'm going to show you some contemporaneous documents. First, this is an FMLA form that he filled out on that same day. And that's in the APAs, also. I believe it's page 191.
A And I didn't -- I did not fill this out.
Q Right. And I'm not sure -- That may have been something that's FMLA, so I'm not sure --
A Yeah, I'm not -- I didn't sign it, and that's not my writing, so --
Q Right. And --
A --I -- I did not fill that out.
Q This is the -- Mr. Houston's handwriting. That's his signature --

A Okay.
Q -- there at --
A Okay.
Q -- the bottom.
A Okay.
Q But, at any rate, this does have a date of 10/6/10, correct?
A Okay. Correct.
Q And there he says -- Description of the problem, he talks about injury to the right shoulder, right knee and low back.
A Okay.
Q So, there, he did indicate right knee, correct?
A Correct.
Q And then I want to show you Mr. Houston's deposition that was taken in November of 2010, just a few weeks after that 10/6/10 date, and I want to show you a couple of things. This is his deposition, page 24, and there it talks -- line 21 into the next page.
A How far down do you want me to --
Q Just right there, about mid page there.
A Okay, --
Q It starts talking about your back --
A Okay. Yeah, it looks like he went back to his

back.
Q There, according to his testimony, when he returned to work, he was having an increased problem with his right knee, and he talks about, "It's just slowly getting worse. Pain is back, popping, cracking, grinding, trouble with steps," -- excuse me -- and has some swelling when he's on it a lot, correct?
A That's -- By -- By reading that, yes, that's what he's stating.
Q And this is another passage that's talking about his knee. This is page 41 of the deposition. It starts on page 13 -- or -- I'm sorry -- line 13 and goes through about the middle of the next page.
A Okay.
Q So, again, he's talking about returning -- or, you know, being inactive while his shoulder was being treated, and then, as he got more active, he was starting -- found that he was having more and more pain with his knee. Is that correct?
A That's what he's stating, yes.
Q All right. The -- If a person has what has been described as a -- Well, let me just find my --
Mr. Addison: (to Mr. Kamb) What, the MRI --

Mr. Kamb: Yeah, that's what I'm looking for.
Mr. Addison: Here you go.
Q This is the MRI to the knee that was eventually done by his pain management physician who was treating him for his back.
A Okay.
Q Is that what we call a -- Was counsel correct, that's a bucket-handle tear or whatever?
A Yeah, potentially. There's some question of that, and I was trying to -- The radiologist is -- is saying there's an extensive tear, and he's speculating that it may have been a bucket-handle.
Q Okay. But, at any rate, --
A He's saying he can't really see the -- he can't see the part that we would call the bucket-handle piece, and then he's describing arthritis in the knee.
Q Okay. But, at any rate, there's a -- there's some sort of a meniscal tear there?
A Yes.
Q And you were saying earlier that -- you know, that that sort of thing can settle down. Is that true?
A So, it -- it depends on the actual character of this tear. I mean, I'm basing this off of the

radiologist's read, of course. So, the degree to which a meniscal tear causes symptoms is directly related to the size of the tear and its location.

Q And, in this particular situation, if that -- if he had had a knee injury in the initial accident, the -- the knee pain that he was talking to you about the very first time you saw him, is it possible that that would have settled down in the six weeks after and become less symptomatic?

A I'm -- I'm basing this, again, not on seeing the image but in what --

Q Sure.

A -- what was read by the radiologist, but he's describing a -- a large area that's involved and a big meniscal tear, which I would not have expected to go through long periods of time where it was asymptomatic.

Q Okay. But it can happen?

A It's less likely. The bigger the tear, the less likely that is to happen.

Q Okay. But -- And he --

A But not impossible. So, if you're -- if that's the --

Q Right.

A It can.

Q And then in -- When he came back to see you in 2010, according to the one note that he handwrote in your notes, the questionnaire thing, he was having some sort of knee difficulty, true?

A Yeah. We're not sure which side, but yes.

Q Right. And then, according to his deposition, he described returning to work, being up on it after a significant period of -- of being out of work, getting treatment on his shoulder, and having more trouble with the knee; is that correct?

A He -- Yeah, he describes that in his deposition. Correct.

Q And could that be consistent with a problem in the knee, such as this, that as he's not as active, he's not having as much difficulty; when it -- when the activity increases, the problems increase?

A It certainly could go along with that. Correct.

Q And after you saw him in 2010, again you refer him for evaluation of his low back, a surgical evaluation of his low back, correct?

A Correct.

Q And then surgery was eventually done in December of 2012, and that was a fusion, and from there he was sent and had treatment with a pain management physician, Dr. Math, and -- Hold on one second.

Let me find a note that I made. And, again, he was -- I'll submit to you he was out of work for an extended period of time again as a result of that back situation. This is a -- a note from Dr. Math, and it's kind of hard to read because of -- the type is very small, but it's page 101 and 102 in the APA, and there, sort of in the middle of the -- of her --

A Okay.

Q -- narrative there, --

A Okay.

Q -- she discusses the knee, does she not?

A She does.

Q And, again, it talks about a period of inactivity?

Mr. Addison: (to Mr. Kamb) What -- What is the date of that? I'm sorry.

Mr. Kamb: 6/6/13.

Mr. Addison: Okay.

Q And, again, it talks about getting -- the knee becoming more symptomatic again as he's up on it after he had apparently been off of it for his back surgery. Is that correct?

A Correct.

Q And, again, as we said before, that can happen with a situation such as was, apparently, in his knee,

that if he's inactive and not on it, he can have less symptoms, and if he's back up on it, he's going to have more symptoms. Is that correct?

A Certainly anything wrong with the knee mechanical, the more you're on it, the more it's going to hurt.

Q And he's had -- This is, again, a situation where this -- this guy, as a result of this injury, has had many orthopedic problems. Is that true? He's had the shoulder problem, the back problem that's taken an extended period of time to treat; is that true?

A Correct.

Q And throughout that situation, you know, initially, while you were treating him, the focus was on his -- was primarily on his shoulder; is that true?

A I'd say shoulder and back were getting pretty equal time.

Q Okay. And then when you -- When he came back to see you, the focus went to -- or you determined that the -- the shoulder was okay, and the focus went to his back?

A Correct.

Q And then Dr. Kanos and Dr. Math -- you may not know, but -- have apparently treated him since that time. Is that true, --

A I'll have to -- I'll have to --
Q -- based on the information --
A -- go off of what you've said about the information with Dr. Kanos and Dr. Math, but --
Q Okay.
A -- but that's true.
Q So, it is -- Is it possible, then, as Mr. Houston has -- has alleged, that the focus of these problems, of his problems from the injury, were on his shoulder and on his back; during the period of his inactivity, he was having less problems; as he became more active, he was having more and more problems with his right knee, and now he's looking for treatment for his right knee? Is all that possible based on the diagnoses or the -- the findings of the MRI scan?

Mr. Addison: Object to the form of the question. That needs to be couched in terms of medically probable to a reasonable degree of medical certainty.

Mr. Kamb: Thank you.

Q Is it possible?
A It is possible.
Q Okay. And you have never examined this knee; is that true?

A Not that I recorded or recall.
Q So, is it -- Is it really outside the realm of an opinion that you're able to give as to more probable than not, that sort of thing, as to whether or not -- you know, the condition of his knee and the causation of it, et cetera?
A My speculation on probability would be based on information given from an MRI that I have not read and from a knee that I have not evaluated, so it's based on -- on taking that and -- and extrapolating from experience with other patients who would have a reading like that.
Q Okay. After Dr. Math got this MRI, she sent Mr. Houston for evaluation with Dr. Paylor, and Dr. Paylor has evaluated the knee. Would you defer to Dr. Paylor as to the causation of his knee problems?
A That would be -- Somebody who's had a chance to see the imaging and examine the knee would certainly, I think, have -- render a better opinion than I could.
Q Doctor, just a couple more things. When you're treating, and especially, I guess, in the workers' compensation realm, are there some times that you're -- that you're authorized to evaluate and

treat certain body parts?
A With regard to workman's comp --

Mr. Addison: I'll object to the form because there's no evidence that we've denied any treatment for the right knee anywhere in these records. So, I think this is an improper line of questioning.

Mr. Kamb: Thanks.

Q Have -- Have you seen in workers' comp that there are -- that sometimes you're -- you're directed to evaluate and treat certain body parts?
A Correct. That does happen.
Q And some -- And do you typically put your focus on the body parts that you are directed to evaluate and treat?
A When -- When a workmen's comp appointment is approved and approved only for that body part, that's totally what we're limited to deal with and only look at parts that would potentially affect that body part that's been assigned, which does happen. I don't -- It doesn't happen all the time, but it does happen.
Q The -- And he said that the -- The one note that he filled out there on 10/6/10 that I showed to you, where he said that he was having some

difficulty in the knee -- but it did not specify which side. If, in fact, you know, that had been there or that had been brought up to you, in the face of an MRI that showed -- to his low back that had showed the problems that were found there, is it likely that the focus would have been on his back as opposed to his knee anyway?
A Not necessarily.
Q If he had needed -- And this is, I guess, just for general information. If he had an MRI, if we had known that he had this tear in his knee and that he also had this need for a lumbar spinal fusion, typically which one had -- would have been done first?
A We would have done the knee first.
Q Why is that?
A One, the predictability of -- of the result would be the first thing, and the -- and the second would have been that he was having stenosis symptoms with regard to the lumbar spine, which, typically, the first line of action is not surgery on it, not to do surgery initially. And third would be it's within my scope of practice to have taken care of that, --
Q The knee?

A -- and the spine was not.
Q Okay.

Mr. Kamb: I don't have any other questions.

Re-examination

By Mr. Addison:

Q Doctor, do you think you intimidated Mr. Houston at all where he wasn't willing to talk to you about any issues that he had?
A Not that I'm aware of, but --
Q He seems like he was very willing to talk -- talk to you with whatever was wrong with him? Based on your notes, --
A Yeah, --
Q -- he discussed multiple things?
A -- he seemed like -- Yeah, I thought we had a good rapport. I recall that. This has, of course, been a couple of years ago --
Q Sure.
A -- since I've seen him, but I recall that.
Q Including a relatively odd problem on his hand. He brought up an issue with his hand that turned out to be, essentially, a skin cancer, correct?
A Correct.
Q All right, sir. So, he was willing to talk about

any myriad of medical issues with you?
A Yes.
Q All right. And at no point during the two and a half years that you treated him did he discuss with you any kind of significant problems with his right knee?
A Correct.
Q All right, sir. You were shown the MRI. I know you've just seen the report, not the film itself, and I know it's kind of difficult without the film. You were asked about, you know, whether -- if he wasn't being particularly active, there was some way that that -- that that particular tear, as it existed, as shown on the report of the MRI that was done in 2013 -- whether or not it could just kind of have sat there and not been a particular huge issue if he was not being very active, and you said it was possible?
A Correct.
Q Is it probable, to a reasonable degree of medical certainty?
A He's -- Given the description of being as large a tear as it was, in combination with arthritis, I think it's unlikely.
Q Okay. All right, sir. And, again, by your own

records, he's discussing with you, during the time frame that you treated him, from April of 2008 through October of 2010, there were periods of time where he was very active, by the notes that he reflect -- by your notes and what he's telling you in your notes?
A Certainly, based on my notes. Correct.
Q Okay. So, he wasn't just sitting around during that time frame, was he?
A Certainly, by what he was reporting and I recorded.
Q Okey-doke. All right. You've seen Dr. Math's note from June of 2013 that the claimant's counsel showed you. He's very willing to discuss with Dr. Math all the stuff that he says occurred, including his position on the history of him having problems during all that time. You saw that note, the June --
A I agree.
Q -- 6th note?
A I did. Correct.
Q All right. But at no point did he discuss any of that with you as the treating physician, as the primary treating physician, did he?
A Not that I recall or recorded. Correct.
Q All right, sir. You were shown a deposition

transcript where he says he was having problems with his right knee and it's being used as -- as, allegedly, contemporaneous discussions of him having problems that he was discussing. Did he discuss any of those problems with you?
A Not that I recall or recorded.
Q All right, sir. Does that make you change your mind, just because it's in a deposition? Do you have any reason to change your mind that he may have -- You were asked is it possible that he discussed it with you and you didn't put it in your notes. Does that have any bearing on whether you believe you may have had a discussion with him and you forgot to put it in your notes?
A As -- As I understood the question and asked -- answered the question about the possibility, it had to do with meniscal tears in general and not necessarily specifically his meniscal tear.
Q Well, --
A I may have misunderstood the question.
Q It was being alluded to that he may have had a discussion with you and you didn't write it down -- because that's what's going to happen at the hearing, is they're going to say he said something to you --

A Right.
Q -- and you didn't write it down. Is it likely that you didn't write something down?
A I think it's unlikely that I did that on that number of occasions that I saw the patient and we discussed it.
Q You saw him, it looks like, about every other month --
A Correct.
Q -- over a two and a half-year period, correct?
A Correct.
Q All right, sir. Is it -- Do you believe that it's probable that during two and a half years' worth of treatment of someone with the myriad of problems that he had that you would have not written down at any point that he was having problems with his right knee if he discussed that with you?
A I -- I think that's improbable.
Q Okay. All right, sir. You indicated that you would defer to Dr. Paylor's opinion. Are you -- When you're -- When you're stating that, are you saying you would defer to his current opinion regarding what he believes is going on with the knee?
A Correct. I -- I mean, he's -- he's seen the MRI,

and he's evaluated the knee, and, so, I --
Q Okay.
A -- I would -- You know, I would defer to his opinion with regard --
Q Do you --
A -- to what's going on with the knee now, yes.
Q Do you defer to Dr. Paylor in regard to what was going on with his knee from April of 2008 through October of 2010?
A I didn't record and I don't recall examining the knee, but I didn't have a particular reason to do that, --
Q Okay.
A -- so --
Q You were there then?
A But I was there then, correct.
Q Dr. Paylor was not?
A Correct.
Q Dr. Paylor didn't see him until 2013?
A Correct.
Q So, would you have any reason to defer to Dr. Paylor about the period of time that you treated the patient?
A No, I would not defer to his opinion about that period of time, but --

Q Okay.
A -- with regard to the right knee, I didn't evaluate the right knee.
Q All right. I'm going to show you what's a medical statement that was received from Dr. Paylor about his opinion on causation and --

Mr. Kamb: I object. It's -- You're pitting witnesses at this point.

Q Page 237 -- Page -- Defendant's page 379 of the APA. Would you agree with me on number two that Dr. Paylor writes that the patient states that it is from the accident?
A Correct.
Q All right. Dr. Paylor discussed in his deposition that he's basing his opinion on the fact that Mr. Houston told him that he's been having problems with the right knee since the time of the accident?
A Correct.
Q But Dr. Paylor hadn't seen the patient other than in 2013 and forward?
A Correct.
Q Would that seem -- Would that seem to be in line with what you saw from the patient during 2008, 2009 and 2010?
A I did not record and I do not recall the right knee

coming up as an issue for me to evaluate it, so I -- I mean, I think that stands on its own.
Q Okay. All right. So, you're not deferring to Dr. Paylor in regard to any opinions that you may have about whether or not there was a causal link between the injury and any problems with his right knee, correct?
A Correct.
Q Based on the observation that you were able to have with the patient over a two and a half-year period, do you have an opinion as to whether or not there was any causal link between a meniscal tear in his right knee and the injury that occurred in -- in March of 2008?
A I -- I think it's -- I think I've stated that I think it's improbable that it was a significant problem and it went that period of time without him complaining about it or bringing it up as an issue --
Q Okay.
A -- such that I didn't record it --
Q Are you --
A -- or recall it.
Q Are you stating that opinion to a reasonable degree of medical certainty?

A I am.

Mr. Addison: All right, sir. Thank you, sir.

Re-examination

By Mr. Kamb:

Q But, again, you know, it is possible that at times his knee could have been brought up and just not have made it into your records; is that true? It is possible?

A I'm -- I'm not going to claim perfection. I'll say it is. I think it's unlikely that those number of times, it would happen over and over again, --

Q And I'm not being --

A -- but it could have happened.

Q Right. And I'm not being argumentative or making any -- you know, anything about -- of that nature, but we know that at least on 10/6/10 he said something about his -- a problem with his knee, and that does not show up anywhere in the -- either knee does not show up anywhere in the narrative. Is that true?

A Correct.

Q And, again, you never evaluated the right knee; is that true?

A Correct, not that I recorded or that I recall.

Mr. Kamb: No further questions.

Re-examination

By Mr. Addison:

Q Would you have evaluated the right knee if he asked you to?

A It's certainly within my scope of practice. It's something that I do, and I -- I can't imagine that I would have not evaluated the knee if --

Q Okay.

A -- he had have complained about it.

Q Did you have any instructions from my client that said for you to never -- or to not evaluate -- to never or not ever evaluate the right knee?

A Not that I've stated in my notes or that I recall.

Q You actually found an odd problem on his hand, and my clients paid for it; is that correct?

A Correct.

Q All right. This -- This cancer on his right hand that --

A Correct.

Q -- you did a surgery -- and my clients picked the tab up for that as far as you know?

A As far as I know. I'm not aware of who picked the tab up for it.

Q But they didn't tell you no, you couldn't do that?

A That's correct.

Mr. Addison: All right. That's all I have.

Mr. Kamb: I'm going to put this deposition out of its misery and not ask any more questions.

The Deponent: Thanks.

(Whereupon the deposition was concluded at 4:37 p.m.)

(Deponent has waived reading and signing.)

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NUMBER 0802605

TOMMY G. HOUSTON,

Employee,

Claimant,

-vs-

GARDA WORLD SECURITY,

Employer,

and

GALLAGHER BASSETT SERVICES, INC.,

Carrier,

Defendants.

COPY

DEPOSITION OF TOMMY G. HOUSTON

Pursuant to notice and/or agreement of the parties, the deposition of Tommy G. Houston was taken commencing at 10:03 a.m. on the 17th day of November, 2010, at the offices of Kathryn Williams, P.A., 691 North Main Street, Greenville, South Carolina.

REPORTED BY: Katherine Crowe

CANNON COURT REPORTING
24 Vardry Street Suite 204
Greenville, South Carolina 29601
(864) 232-9517

DEPOSITION OF TOMMY G. HOUSTON

APPEARANCES:

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.... On Behalf of the Claimant

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.... On Behalf of the Defendants

STIPULATIONS:
This deposition is being taken pursuant to South Carolina Rules of Civil Procedure. The deponent waives the right to read and sign the transcript of the deposition.

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INDEX TO EXHIBITS

No exhibits were introduced.

Tommy G. Houston, having been first duly sworn, was examined and deposed as follows:

EXAMINATION BY MS. MELLARD:

Q. Hi, Mr. Houston. My name is Amanda and I am an attorney who is representing Garda World Security and their insurance carrier in the Workers' Compensation claim that you've filed. Have you ever had your deposition taken before?

A. They called it a deposition but I have since learned it was probably just a statement to an insurance adjuster about a week after the accident.

Q. About this accident?

A. Uh-huh.

Q. Well, I'm here today to get some information from you and ask some questions of you, and none of my questions are meant to trick or embarrass you in any way. I'm just simply here to get some information. If you could just do me a favor and make sure you speak up loudly and clearly, make sure you give me a verbal response such as yes or no as opposed to shaking or nodding your head or saying uh-huh --

A. So it can be recorded?

Q. Right.

A. Gotcha.

Q. And if you forget about that, I'll try to remind

you. Second of all, if I ask you something that you don't understand, just let me know that and I'll be happy to rephrase it or explain it. And lastly, I'm here today to get information from you, which means that you're the only person who can answer my questions. If you don't know the answer it's okay to tell me that, but you cannot look to your attorney or anyone else in the room for the information, okay?

A. Okay.

Q. All right, great. Can you state your full name for me?

A. Tommy Gregory Houston.

Q. And how old are you?

A. Fifty-four.

Q. When's your birthday?

A. February 18, 1956.

Q. What is your current address?

A. Mailing address or physical address?

Q. Let's go with the physical address first.

A. 204 Barton, B-A-R-T-O-N, Street, Easley, South Carolina, 29640.

Q. And how about your mailing address?

A. Post Office Box 1099, Easley, 29641.

Q. How long have you lived at 204 Barton Street?

A. Approximately six years.
Q. Do you own or rent that home?
A. Own.
Q. Who lives there with you?
A. My son, Andrew.
Q. And how old is he?
A. Andrew is 25.
Q. Anybody else live there?
A. Another son, Ryan, part-time. He stays with my parents about as much as he does with me.
Q. How old is he?
A. He's 22.
Q. Anyone else live in the home with you?
A. No, Ma'am.
Q. Are either of your sons in school?
A. No, Ma'am.
Q. And other than -- well, do either of them pay rent to you?
A. No.
Q. Do you give them money on a regular basis?
A. Yes.
Q. Do they both work?
A. Andrew works at the Greenville County Sheriff's Department. Ryan, he was selling cars but they closed that car lot and he's just doing odd jobs

right now, so.

Q. What is your phone number at home?

A. 864-855-0437.

Q. What is your Social Security number?

A. 250-06-6278.

Q. Do you have a South Carolina driver's license?

A. 004747446.

Q. Do you have any restrictions on your license?

A. No, Ma'am.

Q. Has it ever been revoked or suspended?

A. No, Ma'am.

Q. Are you married?

A. Divorced and she passed away shortly after that.

Q. How many times have you been married?

A. Just once.

Q. Are you currently engaged?

A. Nope.

Q. How far did you go in school?

A. Two years college.

Q. Graduated from high school and two years of college.

What college did you go to?

A. Spartanburg Methodist College.

Q. And what did you study?

A. Criminal Justice and Political Science.

Q. Did you earn your degree?

A. Associate's degree.
Q. In which one or both?
A. Just in the criminal justice.
Q. Attend any other school after that?
A. For -- I mean, I went to Tri-County Tech and got an emergency medical technician's certificate.
Q. Did you do that for a certain job?
A. Pickens County EMS.
Q. Is that still valid?
A. No, it's expired.
Q. Any other types of certificates or licenses?
A. (Shakes head).
Q. Is that a no?
A. No, Ma'am. Well, no. The license is connected with work, concealed weapons permit, state-issue carry permits, State of South Carolina, State of North Carolina.
Q. Are those all still valid?
A. Yes.
Q. Anything else?
A. I think that's it.
Q. Have you ever been in the military?
A. No.
Q. And do you have a criminal record?
A. No.

Q. Let's talk for a second about your job history. Are you currently working?
A. No.
Q. When was the last time you worked?
A. I guess would have been the end of August. I think my first appointment was September 1 and the doctor wouldn't let me go back.
Q. August of this year?
A. This year.
Q. And who were you working for?
A. Garda.
Q. When did you begin working for them?
A. I think that would have been June of 2005.
Q. And what were you hired to do?
A. As a driver/messenger.
Q. Tell me a little bit about what that job entails.
A. Well, it's an armored car service so we load money on the trucks, coin and currency at our office in the morning. We deliver it to local banks. We pick up coin and currency that they're shipping back to the Federal Reserve. We do the same thing for retail stores. You know, the two-person team on each truck normally would -- you would drive half of the day and then you'd swap and jump the other half of the day unless you're with a trainee or an

unlicensed person, then they're not allowed to leave the truck. So, in that case, they drive all day and you jump all day.

Q. Is that the same job that you have had for Garda the whole time?

A. Yes, it is.

Q. How much were you earning by the time you left in August, or the last time you worked in August?

A. A weekly amount?

Q. Well, we'll start with this. Were you paid salary or hourly?

A. Hourly.

Q. How much did you earn per hour?

A. Per hour, I'm not exactly sure. It was around 11.75 to $12 an hour.

Q. And how many hours were you working?

A. Between 60 and 80 a week.

Q. How many days a week did you work?

A. Five to six, usually six.

Q. Who is your supervisor?

A. Danny Coker.

Q. And did you have a partner that you rode with every day?

A. It was different people. We had a lot of trainees coming in so you might ride with a different person

every day or you might be with the same person two or three days a week, never knew until the schedule was put up.

Q. Where did you work before Garda?

A. Eagle Security.

Q. And how long did you work for them?

A. That was approximately six years.

Q. And what did you do for Eagle?

A. I was the operations manager.

Q. And tell me a little bit about that.

A. Just overseeing the officers on different locations. We did night clubs, car lots, convenient stores.

Q. How many people did you supervise?

A. On weekends when everybody was working, 18 to 20.

Q. And tell me about some of your jobs as a manager. Did you schedule the employees?

A. Schedule, rearrange schedules when people didn't show up, filled in for them if enough of them didn't show up, just made sure everything ran smooth.

Q. Did you use a computer to do that job?

A. No, Ma'am.

Q. Were you ever in charge of hiring or firing of employees?

A. I recommended to the owner. I didn't do it myself.

Q. Did you ever have to perform evaluations of those

employees?
A. Yes.
Q. And how often did you do that, yearly or...
A. It was actually kind of when he -- he would want it done on certain employees.
Q. Ever injured while working for Eagle?
A. No, Ma'am.
Q. Why did you leave?
A. Insurance, benefits.
Q. You needed better ones or...
A. Eagle didn't have them. It was contract labor.
Q. Where did you work before Eagle?
A. Eastside Oral Arts, a dental lab.
Q. What did you do there?
A. Make crowns and bridges.
Q. That sounds interesting. How long did you work there?
A. Worked there -- it was about four years after I started there that they closed the company.
Q. Ever injured while working there?
A. No, Ma'am.
Q. Did you perform that job mainly sitting or standing?
A. Both.
Q. Alternate?
A. Uh-huh, about an equal amount of both.

Q. When you made these bridges and crowns did you use a machine to do it or was it something you did by hand?
A. We did it by hand. That's what put that company out of business when the machines started becoming popular. They could do it faster and cheaper.
Q. I may have asked you this. Did you have any injuries while you were there?
A. No, Ma'am.
Q. Did you leave because the company closed?
A. Yeah, they closed, went out of business.
Q. What did you do before Eastside Oral Arts?
A. Real estate appraisal.
Q. How long did you do that?
A. Did that for three years.
Q. Were you in business for yourself?
A. No, Ma'am.
Q. Who did you do that for?
A. Brothers Appraisal Service in Liberty.
Q. How long did you do it? I'm sorry.
A. It was about three years.
Q. When you appraised homes did you -- well, did you appraise homes?
A. Homes and land.
Q. When you did that was there any physical activity

involved?
A. Yes, Ma'am.
Q. What kind of physical activity?
A. You had to walk the property taking pictures of any abnormal things, you had to check the house in the attic, under the house, look for damage, measure inside and outside, photograph inside, outside.
Q. Ever have any injuries while working for Brothers Appraisal Services?
A. No, Ma'am.
Q. Why did you leave that job?
A. That's when I got divorced and I just, you know, I couldn't be gone out of town that long.
Q. Where did you work before the real estate appraisal business?
A. Before real estate appraisal, Radio Shack.
Q. What did you do there?
A. Store Manager.
Q. How long were you there?
A. I'm going to guess that was about six years.
Q. How many people did you supervise?
A. There was just three there, small store.
Q. But you were the store manager?
A. (Shakes head).
Q. Who did you report to?

A. I reported to the franchise owner.
Q. So you ran the day-to-day operations?
A. Yes, Ma'am.
Q. Ever injured while working there?
A. No, Ma'am.
Q. Why did you leave?
A. Left there for more pay. Real estate appraisal was -- about tripled my salary.
Q. That's nice. I think I would have left, too. Anything before Radio Shack?
A. Before Radio Shack, Curtis Mathis Televisions.
Q. What did you do there?
A. Service Technician.
Q. How long were you there?
A. I was there -- I think I was there about six years. That store closed.
Q. Any injuries while there?
A. No, Ma'am.
Q. Any other jobs?
A. I'm sure there might have been two or three. I worked for Alice Manufacturing Company in maintenance when I was -- from the time I graduated high school, while I was going to college, and for two or three years after that.
Q. You worked maintenance?

A. Uh-huh.
Q. Any injuries while doing that job?
A. Yes.
Q. Tell me about that.
A. I was bringing water from the air conditioning system to the DHEC lab in Greenville and a guy, later convicted of DUI, ran a red light and hit the truck. I had some cuts and bruises and banged up a little bit.
Q. Any other injuries besides cuts and bruises?
A. I had to have surgery on my wrist. It broke my wrist.
Q. And you're pointing to your left wrist?
A. Left wrist.
Q. Do you remember about when this was?
A. This would have been about 1978 to 1980.
Q. Did you file a Workers' Comp claim for that accident?
A. Yes.
Q. Did you receive any kind of settlement or award?
A. I think it was something like 12 or 1,400 dollars and they fixed it. It's fine.
Q. That was going to be my next question. Any problems with your left wrist?
A. None at all.

Q. Any other injuries as a result of that accident other than the left wrist?
A. Nothing that didn't heal up in a week or two.
Q. Have you ever been terminated from a job?
A. No, Ma'am.
Q. Other than that Workers' Comp claim we just talked about with your left wrist, any other Workers' Comp claims before Garda?
A. Not that I remember.
Q. Any other car accidents in which you've been injured?
A. How far back you want to go?
Q. Your entire life.
A. My entire life. Eighteen-years-old. I've had problems with drunk drivers. Eighteen-years-old got head-on by a drunk driver. That was let's see, knocked out some teeth, split my lip open, and the cartilage in my right knee, and let's see --
Q. Did you have surgery on your right knee?
A. Yes, I did.
Q. Who performed that?
A. Dr. Bill Evans.
Q. Have any problems with your knee now as a result of that injury?
A. I didn't until this last accident.

Q. So up until -- when you say last accident you mean March of '08?
A. Yes, Ma'am.
Q. So --
A. I had seen him at the Clemson basketball game not long before that and he asked me, he said, "How are things going?" And I said, "Well, I've never hurt my left knee but I think I want you to do it 'cause my right one feels so much better." So, no problem whatsoever.
Q. Any other injuries as a result of that car accident besides your teeth, your lip, your right knee?
A. I think that was it.
Q. Any other car accidents?
A. And I've had people, you know, what they call fender benders with no injuries.
Q. Okay and really I'm only interested in the ones in which you may have injured yourself. So...
A. Oh, that'd probably be it, then.
Q. That's it?
A. Yeah.
Q. Any other accidents throughout your lifetime that have resulted in injuries where you had to have treatment whether it was falling down the steps or just any kind of accident where you had to seek

medical treatment?
A. I'm trying to think. I think it was around 2004 that I did fall on the ice and broke two ribs. I think that's it.
Q. Any other injuries besides broken ribs?
A. Huh-uh.
Q. Is that a no?
A. No, Ma'am. Sorry.
Q. That's all right. Any surgeries or operations other than the ones we've already talked about? I know you had surgery on your wrist and you had surgery on your knee.
A. Okay, we talking before this accident or after?
Q. Before the accident.
A. Before the accident. Can't remember any.
Q. Ever been hospitalized before the accident?
A. Uh-huh.
Q. For what?
A. Chest pains.
Q. Were you diagnosed with anything as a result of that?
A. I had eighty percent blockage in one artery and a thirty percent in the other and they put a stint in and that took care of it.
Q. No problems with that?

A. Just high blood pressure and cigarettes.
Q. Do you take medication for the high blood pressure?
A. Yes.
Q. Do you take any other medications for the heart problem?
A. Cholesterol.
Q. Cholesterol? And you said you were a smoker?
A. Still smoke some, not as much as I did.
Q. How long have you been smoking?
A. For 30 years.
Q. And how much do you smoke now?
A. Now, half pack a day.
Q. Do you take any medications on a regular basis? We talked about cholesterol, high blood pressure. Any other medications you take on a regular basis?
A. That's it.
Q. Any other health problems for which you seek treatment on a regular basis?
A. No, Ma'am.
Q. Who's your family doctor?
A. Dr. Richard Curry.
Q. Have you ever applied for short-term disability or long-term disability benefits?
A. No, Ma'am.
Q. How about Social Security disability?

A. No, Ma'am.
Q. Unemployment benefits?
A. No, Ma'am.
Q. The accident that occurred on March 11, 2008 you've actually already received an award for?
A. Yes, Ma'am.
Q. Very briefly, then, because I don't need to know all of the details, but very briefly tell me what happened to you in that accident.
A. Okay. To clarify the question do you want to know how the accident happened --
Q. Right.
A. -- or the injuries from the accident or --
Q. Just very briefly tell me how it happened and then we'll talk about the injuries.
A. We were servicing an ATM machine at BB&T on Highway 123 in Easley. I finished the machine, had two sets of reports which is standard procedure, carried the deposits and one set of the reports inside the bank, had them sign for them, came back out to the truck, and when I got in the truck, Floyd started pulling out of the parking lot and again, standard procedure, I reached up and said, "Floyd, here's your copy of the receipt." We always laid them in the little box right beside the driver's seat and

when I got back to the seat in the back, about the time I hit the seat, the car hit us. He had pulled out in front of a car. As far as what I saw, I saw a stainless steel wall and that's about it. It's like being in the back of an ambulance. There's not a lot of windows in an armored car. Everything's bullet proof and the back's where the money's kept and it's like being in a stainless steel vault.

Q. And that's where you were was in the back?

A. That's where I was and that's where the car hit. No horns blowing, no tires squealing, just impact. I didn't even know -- when I came to I didn't know what had happened. I had to ask what happened.

Q. You said when you came to, so did you lose consciousness?

A. I remember hearing the impact, I remember hearing EMS telling the police officers to get the fire trucks out there to cut the door off because Floyd was up front and wouldn't open the door. He said, "There's too much money back there. Y'all gotta wait till some of our people get here." He wouldn't let them come in and get me out.

Q. Floyd was the guy you were riding with that day?

A. He was driving. So, I don't know how long it took police and EMS to get there but they were there

looking through the window. There's one little window up at the front and they were there looking through it yelling at him when I remembered what was going on next.

Q. Were you taken to a hospital?

A. Yes, Ma'am.

Q. What were you diagnosed with?

A. Greenville Memorial to the Trauma Center and they kept me on a backboard all day. I had cuts on both arms, on my head, concussion, broke all the ribs on the right side. CAT scan showed that I had a cut on the outside of my right kidney, and I had swelling on the right knee but they didn't -- didn't see a break around my knee or my leg. And the pain in my left hip, they thought I had a crack through that joint which later turned out to be my lower spine instead of my hip.

Q. You said all the ribs on your right side?

A. Yes, Ma'am.

Q. Were you referred from Greenville Memorial to another physician?

A. Yes.

Q. And who were you referred to?

A. When I got out of the hospital, out of the Trauma Center, it was Dr. Camunas. He was the doctor that

actually treated me when they brought me into the Trauma Center.

Q. How long were you in the Trauma Center?

A. Two days.

Q. You said something about you had a concussion. Did you have a CT scan of the head or brain?

A. I think they did.

Q. Do you know the results?

A. I sure don't. They did two, I think.

Q. You ultimately started treating with Dr. Wessinger; is that right?

A. Dr. Camunas sent me home to stay in bed, don't move around, don't lift anything for six to eight weeks till the ribs healed up. And he did another X-ray of my ribs, did an ultrasound on the kidney, said they were healing fine, and then he referred me to Dr. Wessinger for my shoulder, back, and knee.

Q. And which shoulder was it?

A. Right shoulder.

Q. Did Dr. Wessinger end up doing surgery on let's start with your right shoulder?

A. Yes, he did.

Q. What kind of surgery did he do?

A. He rebuilt -- I had some tendons with full thickness tears, some with partial tears, bone damage, muscle

damage. He has put metal anchors, metal screws, and metal wire and put everything back together.

Q. Did you end up having any other kind of surgery?

A. No, Ma'am. Actually I did on the back of my hand (indicating).

Q. On the back of your --

A. I forgot about that.

Q. -- the right hand?

A. Right hand.

Q. What kind of surgery did they do on your hand?

A. Removed the tip of a needle that broke off when they were starting an IV.

Q. I'm sure that was fun.

A. They had a lot to do in a hurry that day so I didn't hold it against them.

Q. You said you were referred to Dr. Wessinger for your right shoulder and your back and your right knee. Did he provide any treatment for your right knee?

A. Treatment, X-rays, examination, and physical therapy.

Q. Did your right knee improve?

A. It did while I was off of it.

Q. While you were not working?

A. Uh-huh.

Q. What happened when you went back to work?

A. It just slowly got worse.
Q. And tell me what you mean by that. What got worse?
A. Well, the pain is back, there's popping and cracking and grinding sounds when I put weight on it, like going up steps. Coming down steps is fine. Going up steps is a problem.
Q. Do you have any swelling in your right knee?
A. When I'm on it a lot it does, swells and it seems like the outside's numb and the inside hurts.
Q. What kind of treatment did Dr. Wessinger give you for your back?
A. Well, at first he thought it was my hip which is what they had said at the hospital that it probably was. So, he did the injections into the hip joint. I think it was four of them and they made no difference whatsoever and that's -- he did some kind of procedure where he had me lay on the table and put pressure on my leg and would turn it a certain way and see where it hurt and how much resistance it got. That's when he said it was my back instead of my knee. And I was already going to physical therapy for my shoulder so he added lumbar spine to the physical therapy.
Q. Did he end up doing an MRI of your lumbar spine?
A. No, Ma'am.

Q. Other than injections to your hip joint and then physical therapy for your lumbar spine, did he do any other treatment for your back?
A. No, Ma'am.
Q. Let's go back to the shoulder for a second. After the surgery was your shoulder better?
A. Immediately after surgery?
Q. Well, over -- I mean, did the surgery help you?
A. It did.
Q. And how so?
A. Well, before the surgery I had severe pain if I lifted anything, a glass of tea. It just -- it was severe pain. I had the same as my knee. I had popping and cracking and kind of sickening sounds. After the surgery and after the therapy that got a lot better, and by the time they sent my back to work, I, you know, as long as I didn't go above shoulder height, everything was fine. Above shoulder height I still had some pain but not as much as I had had before surgery.
Q. When did you go back to work?
A. Let's see, May 11 of 2009. I was out exactly 14 months to the day.
Q. And when you went back were you doing your regular job?

A. Yes, Ma'am.
Q. Dr. Wessinger released you from treatment in May of 2009; is that right?
A. I don't think so 'cause I don't think the surgery on the back of my hand was until June.
Q. Who did that? Was it Dr. Wessinger?
A. Dr. Wessinger.
Q. Whenever he released you, whether it was May or June of 2009 --
A. Now, he did let me go back to work in May.
Q. Okay, but you were still treating --
A. But I still had appointments for my hand.
Q. Okay, I gotcha.
A. I wasn't out of work but one day for the -- it was outpatient and I went back to work the next day.
Q. When he released you finally, whether that was in June or after your hand surgery, did he give you any permanent work restrictions?
A. Restrictions, no, Ma'am. He just told me at that time that I would still be covered for a year and if I had any -- any problems in my back or shoulder or knee got worse, to call him and come back. He said with my back he'd refer me to another doctor.
Q. After that is that when you received the award from the hearing commissioner?

A. Yes, Ma'am. It was the beginning of this year.
Q. And during that process -- did you actually have a hearing or did you go in and kind of meet with the commissioner and the other attorney from our office?
A. The first time was at the courthouse in Anderson and I was the only one that showed up. So, at the end of the day, the commissioner apologized and said that he would be fining the insurance company and they would send me a letter when to come back. A couple of months later it was in Greenville and Mr. Hedlund was there and I think he had just recently been retained to handle it and he didn't have all the files yet and you know, they just kind of threw him in there at the last minute, I think. So, he had it postponed. And when we came back for the final hearing, he didn't have files with him, said he had left them in the office. Of course, you know, he had sent in what he intended to present and I had a copy of it. So I said, "Well, I've got a copy of yours right here," and gave it to him and the commissioner ended up saying, "Well, instead of officially having a final hearing, I'll hear the evidence, I'll tell Mr. Houston what I would I rule if this was a hearing, and y'all can go from there." And we reached the agreement like that.

Q. What kind of problems at that point were you having with let's start with your shoulder, your right shoulder.
A. Wasn't having any with my shoulder at that time.
Q. You weren't having any problems at all?
A. It was doing better.
Q. You mentioned just a second ago when you went back to work that as long as you didn't move your right arm over --
A. If I didn't go up and which, you know, lifting, stacking the coins and stuff like that, I didn't have to.
Q. You didn't have to do what?
A. Didn't have to raise above shoulder height.
Q. So as long as you were doing things below shoulder height you were fine with your right shoulder?
A. Yes, Ma'am.
Q. Were you taking any medication?
A. No, Ma'am, the blood pressure medicine and the cholesterol medicine.
Q. But nothing for your right shoulder?
A. Nothing related to the accident.
Q. Okay. How about your back at the time of this agreement, and just to give you a date so that you'll know when we're talking about in case you

don't remember.

A. I could remember the hearing better than I could the date. I think it was in February.

Q. It was in February. In February what kind of problems were you having if any with your back?

A. If I had to stand for a long period of time, you know, 30 minutes or over, 30, 45 minutes, something like that, I would get a little bit of pain in my back and would need to move around a little bit, you know, just walk around or sit.

Q. And where was that pain located?

A. It actually starts in the left hip, or then it did.

Q. And if it starts in the left hip where did it end up?

A. It would spread simultaneously down the left leg and across the back.

Q. Is that your low back?

A. Yes, Ma'am.

Q. And when you had this pain, would you only have it if you stood for long periods of time?

A. At that time, at that point I did.

Q. And you said you would sit down or move around --

A. If I sit on a hard surface or actually walked around for three or four minutes, it would ease up.

Q. How often did that happen?

A. A couple of days a week.
Q. Was the pain sort of a dull ache pain, was it a sharp pain?
A. No, it was a sharp, burning pain like somebody was sticking a red hot ice pick in my leg and back.
Q. Did you have any numbness or tingling in either of your legs back then?
A. Uh-huh, left foot, left leg, left knee.
Q. And how often would that happen?
A. It would happen before and after the pain.
Q. Any other problems with your back in February of 2010?
A. I don't remember any other sharp pains or anything like that.
Q. Did you have to change how you perform your job at all because of your back pain?
A. I just had to be more careful lifting.
Q. I know the doctor didn't have any restrictions on you per say. I mean, he didn't say, "Don't lift over X amount." Did you have any personal restrictions that you tried to follow?
A. I tried but I had to do the job, I mean.
Q. How much do you have to lift in your job?
A. Per lift or per day?
Q. Per lift.

A. Per lift it could 100. Currency sometimes is small bags. It could be bigger bags that weigh about 100 pounds. A bag of quarters is 75 pounds, a box of quarters, of course, is half of that. So, dimes weigh more than quarters. So, it's, you know, if you go into a bank and they've got 25 bags of quarters going back to the Federal Reserve, you might carry in 50 boxes and bring out 25 bags. Over a period of a ten-hour day, on an average day we would lift ten to twelve thousand pounds, 75 to 100 pounds at a time. Of course, you know, each bag that we handle we have to lift it two or three times. We load it on the truck in the morning, unload it at the bank, and things we'd pick up at the bank we'd load them on hand trucks in the bank, load it on the truck in the parking lot, unload it into the vault when we come back in in the afternoon.

Q. I was about to ask you that question about hand trucks. You used hand trucks to transport this stuff?

A. Whenever possible.

Q. Did you use any other type of moving device like that other than a hand truck?

A. That's -- on the truck we have hand trucks and tote

bags.

Q. What problems, if any, were you having with your right knee in February?

A. In February not really a lot, just soreness and swelling, no sharp pains.

Q. And how often would you notice this swelling?

A. Kind of like the back, maybe a couple of days a week I would put a heating pad or an ice pack on it at night if it was keeping me awake.

Q. When did you next see a doctor after February?

A. September 1.

Q. Of 2010?

A. Yes, Ma'am.

Q. And that was who?

A. Dr. Wessinger.

Q. And why did you go back to Dr. Wessinger?

A. Well, I was having pain in my shoulder. I was afraid something had come loose. I was having severe pain in my back and legs, was having trouble walking, actually. And my knee had started giving way sometimes. Even standing up long enough to take a shower in the morning causes pretty bad back pain and my knee will start doing the grinding sound and hurting.

Q. Did anything change at all in your work duties?

A. Just working longer hours.
Q. You started working longer hours?
A. Yeah. We had people quit, retire, and they had a freeze on hiring. So, everybody had to start working longer hours.
Q. When did that happen?
A. Probably March or April, April or May.
Q. And when you say working longer hours, how many hours were you working prior to that and how many were you working --
A. We would normally work about 60 hours a week and it went up to 75 to 80 hours a week during that period. And when the doctor put me out of work, I thought it would ease up but it hasn't.
Q. Let's go back for a second. You went back to Dr. Wessinger because you started having pain in your right shoulder again; is that right?
A. Shoulder, back, and knee.
Q. Right and we're going to talk about all of them.
A. Oh, okay.
Q. I'm going to focus on the right shoulder for just a second. What kind of pain were you having? And what I'm trying to figure out is before you told me that you were okay as long as you didn't lift your right arm over your head. So, how did it change?

A. It changed back similar to what it was before the surgery. Lifting this can of ice tea right here (demonstrating) to drink might cause bad pain in my shoulder and down into my arm.

Q. Did you notice that you did any certain thing, either at home or at work or anywhere, that started that pain, or was it something that came on gradually?

A. It just came on gradually. At first, it would hurt for two or three days and then it would ease up. And then it would hurt for four or five days and then it would ease up, and then it reached a point where it started hurting and never eased up, just constant pain.

Q. At the time you saw Dr. Wessinger were you having problems performing your job because of your right shoulder?

A. Yes, Ma'am.

Q. What aspect of your job were you finding difficult?

A. Lifting, driving, just being in the truck bouncing down the road caused pain.

Q. Are you right-handed or left-handed?

A. Right-handed.

Q. Was it easier for you during this time leading up to September 1 and when you started feeling this pain

in your right shoulder, was it easier for you to be the driver or the person who was jumping?

A. I didn't have a choice. I was training new hires so I had to do the jumping all day.

Q. You were jumping all day. And when did you first start to notice this pain again in your right shoulder?

A. After being back at work probably three or four months, you know, but then I didn't really expect it to get worse. Dr. Wessinger had told me that it might be a year before it would be completely pain free, that he had run into people in the grocery store or something a year later and they'd be waving the arm (demonstrating) that he operated on, "Look, look! I don't hurt no more," and stuff like that. And he said, "So, you'll have little episodes for maybe a year."

Q. So you went back to work in May of '09. So about three or four months after that, that's when you started to notice pain again?

A. Uh-huh, but it would come and go at that time. It wasn't the constant like it is now.

Q. So in February of 2010 were you still having that pain that would come and go?

A. Just a day or two a week, and not near as bad as it

gets now.
Q. When did it become -- you say it came on gradually. It started --
A. Started as just being sore which, you know, might --
Q. And when did that start?
A. About three months after going back, which I thought well, maybe I just lifted more than usual today and it'll ease up, which a day or two later it would, and then it got to where it lasted longer and then the pain got worse and lasted longer, and then it eventually ended up a constant pain.
Q. When did it become constant?
A. Probably four months ago, about a month before I went back to Dr. Wessinger.
Q. Maybe late July or early August?
A. It became constant about two weeks before the insurance company or Garda was notified that I needed to see a doctor again and that process took about a month, or six weeks.
Q. Did it feel like the same type of pain that you had had prior to the surgery?
A. It was close.
Q. Was it located in the same spot?
A. Same area. I was afraid something had come loose and Dr. Wessinger, when he examined me the first

time, said the same thing, he was afraid I might have pulled something loose.

Q. Did he do an MRI?

A. Yes, X-ray and MRI.

Q. And what did the MRI -- what did he say the MRI showed?

A. It showed that one of the tendons where they had stitched it back together had a small tear or was fraying and it showed abnormal readings around two of the metal anchors that he put in to reattach the muscles.

Q. So what did he recommend?

A. Don't lift anything.

Q. Don't lift anything, period?

A. Don't lift anything heavier than a half-liter bottle of Coke.

Q. Did he recommend any surgery or treatment?

A. He just said, "Don't lift anything right now and we'll see what happens." He did give me a Medrol -- Medrol pack, which I think is a steroid/Cortisone mixture that I took for a week. It's supposed to be a 30-day supply but you take five pills the first day, four the next day, and all of that.

Q. Did it help?

A. Didn't make a bit of difference. Actually, I think

it made it worse.
Q. Let's now go back and talk about your back. You went back and saw Dr. Wessinger because you said your back was also -- the back pain was increasing. When did you start to notice the back pain increasing?
A. Probably about the same time. It was just when I became more active after going back to work. I mean, while I wasn't doing anything both of them felt pretty good.
Q. So did it start -- earlier you said you would have right shoulder pain that would come and go starting about three or four months after you went back to work. Is that when the back pain started, also?
A. I think the shoulder pain started shortly before the back pain but only by maybe a couple of weeks.
Q. So sometime around in that three, four month period?
A. Yes, Ma'am.
Q. Is there a point when it got, in your mind, a lot worse, your back pain?
A. I mean, a date range or --
Q. Well, is there just any point that you can remember, you know, where it went from being something you could deal with --
A. Something I could deal with to something I couldn't

deal with?
Q. Right.
A. About a month before requesting going back to the doctor.
Q. And were you doing anything in particular when you noticed it?
A. It was just a -- just working. By that time my routine was get up in the morning, go to work, come home, take a shower, get the heating pad and ice pack, lay down on the couch, see which one worked, and stay there and don't move unless you have to go to the bathroom. I haven't slept in my bed since March 10, 2008 because the cushions on the sofa are so much harder. That's the only place I could sleep which got down to, and right now, is about four hours every other night.
Q. What did Dr. Wessinger say about your back?
A. He sent me for the MRI.
Q. And what did it show?
A. It showed damage to the L5-S1 area and it had a bunch of stuff listed that I don't really understand. And he told me, "You're not going back to work yet. Don't lift anything unless you absolutely have to. Don't move around any more than you have to. I'm sending you to the Spine Center

and let the neurosurgeon there see what he can do for you."

Q. Have you seen anybody at the Spine Center?

A. Still waiting for y'all to make the appointment.

Q. This MRI that Dr. Wessinger here recently in the past couple of months, is that the first MRI you've had on your lower back?

A. Very first MRI of my back.

Q. Have you seen Dr. Wessinger since he made that recommendation for you to see the Spine Center?

A. No, Ma'am. I'm waiting for an appointment with the Spine Center.

Q. All right, now let's talk about your right knee. When did you begin to notice problems again with it?

A. Soreness, stuff that I attributed to being, laying in bed for 14 months, or laying on the sofa for 14 months, and just getting to be active, a month or two, which I thought would go away. And at first it would get sore, a day or two it'd ease up. It'd be two or three days later it would get sore and it'd ease up. I could live with that. Five, six months ago it just -- it got sore, it got worse; it got to a sharp pain. Each step there was sharp pain inside. It felt like it was behind my knee cap. The outside of my leg when I reached to rub it one

day I noticed that the outside was numb, couldn't even feel it, couldn't tell I was touching it, so popping, cracking. If I have to go up steps I have to lead with the left foot because if it's bent when I put weight on it, it might work and it might not. I've been walking and if there hadn't been something close by that I could grab, I would have fell because I put weight on that knee and it just folds up.

Q. And again, was there any specific incident?

A. Just slowly got worse and got to the point where it, instead of it getting hurting then easing up, it'd hurt and kept hurting and got worse.

Q. What did Dr. Wessinger recommend for your right knee?

A. He did an X-ray of it just like he did after the accident.

Q. Anything else?

A. No, Ma'am.

Q. After the X-ray did he recommend anything additional?

A. Didn't tell me anything.

Q. So if I'm understanding you correctly, you returned to Dr. Wessinger on September 1, 2010 because your right shoulder pain got worse, your back pain got

worse, and the right knee got worse, but none of those -- none of the worsening of pain in any of those three body parts was because of some particular or specific incident, is that right?

A. I mean, if -- if -- if I understand the question and let me make sure 'cause I know you need to know, did I fall out of the truck, did a car hit me in a bank parking lot, is there something I can say it started right there? No, that didn't happen. It just slowly got worse.

Q. And that goes for all three of those; is that right?

A. Yes, Ma'am. I wish it had of been a specific accident. Then I'd have went back to the doctor right then and said, "Fix it."

Q. So, you're waiting on a referral to the Spine Center?

A. Yes, Ma'am.

Q. Have you seen any other doctors other than Dr. Wessinger?

A. No, Ma'am.

Q. Has your attorney sent you to any doctors?

A. No, Ma'am.

Q. And is Dr. Wessinger writing you out of work right now?

A. Yes, Ma'am.

Q. Since you saw Dr. Wessinger on September 1 has your right shoulder gotten any better?
A. Actually I thought it would being out of work and not lifting, but my shoulder, or my back -- my back's actually got worse. My shoulder's staying about the same.
Q. Your back has actually gotten worse?
A. Yes, Ma'am. I have constant pain in my back now that, you know, heating pad, ice pack, laying down on the sofa does not help. It can hit from laying down just as easy as it can standing or walking. And if you want to see me cry, I'll call you the next time it happens.
Q. How about the location of the pain in your back. Has it changed at all? I know it's gotten worse, the --
A. Yes, Ma'am, it has. Instead of just -- instead of starting in the hip and going over to the center of my back and coming down into the thigh (indicating), now it comes down my thigh through the calf all the way down to the heel of my left foot. And it is a very strong, burning sensation. I think I could pour gas on it and light it and it wouldn't burn as bad as this does.
Q. And when did that burning sensation start?

A. With the original pain it was some burning sensation. Over the last six, eight months it's gotten worse.
Q. How about your right knee? Is it any better?
A. It don't get -- it's not sore every afternoon but now if I walk for ten minutes, I'm -- I need to stay close to something I can hang onto 'cause it's going to give away. It's going to pop, crack, and when it does the popping and cracking is when I have the pain shooting up around my leg, around my knee. Now, the knee pain don't actually start in my knee then spread somewhere else. It stays right there in my knee.
Q. Since you stopped working or since you saw Dr. Wessinger and he wrote you out of work, have you been able to participate in any hobbies that you normally do?
A. (Shakes head).
Q. Is there anything that you normally do that you haven't done since that time?
A. Everything I normally do I haven't done. I've been on the sofa watching TV waiting -- waiting for a doctor that says he can make this pain go away, call me.
Q. Out of your shoulder, your knee, and your back, what

do you think is the worst right now?

A. I think my back has always been the worst but of course Dr. Wessinger is a shoulder surgeon and that's what he seemed to be the most interested in, so.

Q. So you think your back was worse even since the beginning of this accident?

A. Since I went back, since I went back to Dr. Wessinger. When I went in I said, "I'm still having major problems with my back, a problem with my shoulder and my knee," and he said, "Well, which one is worse?" I said, "My back. I can't walk." I said, "You know, I can sit there and my shoulder hurts and my knee hurts. I need to be able to walk," and he says, "Well, let me get an MRI of your shoulder." So, I had to go with his order instead of mine.

Q. And that was in September?

A. Yes, Ma'am.

Q. From the time that you last saw Dr. Wessinger in May or June of 2009 when he released you and then going back to him in September of this year, did you see any doctors, whether it was Dr. Wessinger or any other doctor during that time?

A. No doctor. A couple of times I thought I was going

to have to go to the emergency room but I didn't.
Q. So you didn't even go to the emergency room during that time?
A. No, Ma'am.
Q. Did you ever go to your family doctor about either your shoulder, knee, or back during that time?
A. No, Ma'am, 'cause I knew I was going to have to see Dr. Wessinger. I was waiting for the appointment.
Q. You mentioned that you haven't done anything; you've been sitting on the couch waiting for it to get better. What types of hobbies would you normally do that you haven't been able to do?
A. I've missed deer season, bear season, normally some hunting when I had the weekends off, fishing, cook-outs at the lake. For many, many years I've gone to the firing range at least once a month. I haven't done that.
Q. When was the last time you did that?
A. It would have been back in probably December of 2007.
Q. So you haven't done it since this injury?
A. No, Ma'am. I just didn't want to put a .308 rifle on this shoulder after surgery.
Q. Have you been hunting at all since this accident?
A. No, Ma'am.

Q. Have you had any income since you were taken out of work?
A. No, I haven't, and withdrawing money out of savings is costing me penalties every month to pay the bills.
Q. That's what you've been doing?
A. Yes, Ma'am.
Q. Do you have any pets?
A. No, Ma'am.
Q. Have you taken any vacations at all since you stopped working?
A. They owe me three weeks vacation and I was going to take one in September but he put me out of work before I could, so I didn't get to go.
Q. Where were you going to go?
A. I was going to go to the beach.
Q. But you didn't end up going?
A. I was waiting for that doctor's appointment.
Q. Okay, that's all the questions I have. Your attorney may have some for you.
MR. KAMB:
No questions.
(There being no further questions, the deposition was concluded at 11:04 a.m.)

DEPOSITION OF TOMMY G. HOUSTON

CERTIFICATE

I, the undersigned, Katherine Crowe, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing deposition was taken on the 17th day of November, 2010;

That the within deponent was sworn to tell the truth and that the foregoing is an accurate transcription of the testimony taken under oath;

I further certify that I am neither Counsel nor Solicitor to any of the parties in said suit, nor interested in the event of the cause.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22nd day of November, 2010.

_____

Katherine Crowe
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES 12/5/15

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

PRE-HEARING BRIEF
WCC FILE NO: 0802605

Claimant's Name: Tommy G. Houston

Address: 204 Barton Street, Easley, SC 29640

Home Phone: Work Phone:

Preparer's Name: Kathryn Williams

Employer's Name: Garda World Security

Address: 1241 White Horse Road, Greenville, SC 29605

Carrier: Gallagher Bassett Services, Inc.

Preparer's Phone: (864) 235-6254

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

[X] Injury [] Illness [X] Repetitive Trauma

1. Comp. Rate: $**411.32** 2. AWW: $**616.96** Date of Injury: **on or about 3/11/08**

3. Type of injury and body part(s): **Claimant was involved in a motor vehicle accident and sustained injuries to his right shoulder, back, ribs, right knee, right hand, left hip and left leg. Claimant was paid permanent partial disability benefits based on 10% loss of use of the back for 30 weeks and 20% loss of use of the right shoulder in the amount of $37,018.80 pursuant to a Form 16A dated February 4, 2010. It was noted on the Form 16A that the injury also affected Claimant's ribs, right knee, right hand, left hip and left leg. Claimant has suffered a change of condition for the worse. By Consent Order dated March 16, 2011, the parties agreed Claimant sustained a change of condition for the worse to his low back and right shoulder, was entitled to temporary total disability benefits from September 1, 2010 through the present and continuing, was entitled to further medical treatment and that all remaining issues shall be held in abeyance.**

4. Facts in controversy: **a) liability for treatment for Claimant's right knee; b) payment of past and future medical treatment including, but not limited to, treatment recommended for Claimant's right knee.**

5. Legal issues involved: **a) 42-15-60 (payment of medical treatment); b) See No. 4**

6. Unusual aspects:

7. Witnesses (designate if expert)*: **Tommy G. Houston, deposition testimony of Dr. Paylor***

8. Exhibits: **Personnel and employment records; Claimant's November 17, 2010 deposition.**

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) Under the Administrative Procedures Act, the following medical evidence was submitted: **Phillip Wessinger, M.D.; Innervision; Michael N. Bucci, M.D.; Jyoti Math, M.D.; Carolina Cardiology; Upstate Medical Rehabilitation; Charles C. Kanos, M.D.; John H. Paylor, III, M.D.**

10. Name, address, and specialty, if any, of the treating physician: **Dr. Math, pain management, Greenville, SC; Dr. Paylor, orthopaedic surgeon, Greenville, SC**

11. Impairment rating(s); body part(s); physician and date of opinion: **Claimant has not reached maximum medical improvement and is not requesting a determination of permanency at this time.**

Dr. Math, The patient stated that he has some right knee pain that has gotten worse. He has been trying to walk more as Dr. Kanos has prescribed for him to do but his right knee seems to be limiting him quite a bit and his knee has been bothering him since the accident, 6/6/13 -- It is more likely than not that the increased activity and walking that Mr. Houston engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of that knee, 6/13/14

Dr. Paylor, It is more likely than not that Mr. Houston suffered injury to his right knee as a result of his MVA while working on or about March 11, 2008, that his right knee symptoms settled down or became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery, 6/26/14

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 South Carolina Workers' Compensation Commission, Post Office Box 1715, Columbia, SC 29202-1715; R. Daniel Addison, Post Office Box 11267, Columbia, SC 29211 on the 1st day of Sept 2014, by [X] first class postage [ ] certified mail [ ] personal service.

Signature _____

Email: kwilliamslaw@bellsouth.net

Date of Hearing: October 1, 2014

Time needed for hearing: 45 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.

STATE OF SOUTH CAROLINA COUNTY OF PICKENS	)))	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
Tommy G. Houston, Employee-Claimant, v. Garda World Security, Employer, and Gallagher Bassett Services, Inc., Carrier, Defendants	)	W.C.C. File No. 0802605 NOTICE OF WITNESSES AND WRITTEN REPORTS/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND R. DANIEL ADDISON, ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. Section 1-23-330, (1985), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

NAME OF REPORT(S)/PHYSICIANS OR OTHER EVIDENCE	DATE OF REPORT	NUMBER OF PAGES
1. Phillip Wessinger, M.D. Steadman Hawkins Clinic of the Carolinas 727 SE Main Street, Suite 220 Simpsonville, SC 29681	9/1/10 - 11/3/10	1 - 14
2. Innervision One Marcus Dr. Greenville, SC 29615	9/8/10	15 - 16
3. Innervision	10/14/10	17
4. Michael N. Bucci, M.D. Piedmont Spine and Neurosurgical 3 St. Francis Drive, Suite 490 Greenville, SC 29601	4/21/11 - 7/12/11	18 - 34

5.	Innervision	6/2/11	35 - 37
6.	Jyoti Math, M.D. Upstate Medical Rehabilitation 111 Doctors Drive Greenville, SC 29605	8/18/11 - 7/2/14	38 - 143
7.	Charles C. Kanos, M.D. Southeastern Neurosurgical & Spine Institute 109 Doctors Drive Greenville, SC 29605	8/1/12 - 10/21/13	144 - 174
8.	Surgery Note	12/12/12	175 - 177
9.	John H. Paylor, III, M.D. Piedmont Orthopaedic Clinic 35 International Drive Greenville, SC 29615	11/5/13 - 6/26/14	178 - 185
10.	Form 16A	2/4/10	186
11.	Form 50	12/8/10	187 - 190
12.	FMLA Form	10/6/10	191

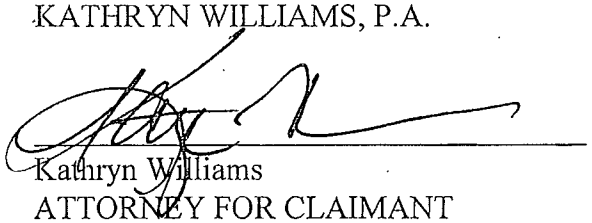
YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the claimant.

YOU ARE FURTHER NOTIFIED that the following witness may be called on behalf of the claimant:

1. Tommy G. Houston

KATHRYN WILLIAMS, P.A.



Kathryn Williams
ATTORNEY FOR CLAIMANT
619 North Main Street
Post Office Box 10693
Greenville, SC 29603
(864) 235-6254

Dated: September 15, 2014
Greenville, South Carolina

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY G

54 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY G Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 103409942

09/01/2010

Progress Notes: Philip Wessinger, M.D.

Current Medications
ASA 325 mgm 1 q am
Imdur 30 mg 1 tab qd
labetalol 200 mg 1 tab(s) BID
Lorazepam 0.5 mg 1 tab(s) TID
pravastatin 80 mg 1 tab(s) once a day (at bedtime)

Past Medical History
Hypertension

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23

Family History
Family: diabetes, Hypertension

Social History
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine

Review of Systems
Osteoporosis:
Lifestyle Factors Pt currently smokes.
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with

Reason for Appointment
1. ENP RT SHOULDER RE EVAL W/C PER MELISSA

History of Present Illness
Interim History:
Prior Assessment Rotator cuff tear, Subacromial Impingement, Bursitis of hip. Date of Injury: 03/11/08. Date of Surgery: 07/11/08 RT SHOULDER SCOPE, ROTATOR CUFF REPAIR. Response to treatment: patient states feeling worse since last visit. Pain: Severity: pain = 9/10, sharp, stabbing, burning, constant, not satisfactorily controlled, Associated Symptoms: numbness, stiffness, locking, catching, giving away, Aggravated by: physical activity.
HPI:
The patient comes in today. He states he has gradually had an increase of pain in his right shoulder to the point where he is having a lot of difficulty. It feels very much like a rotator cuff tear at this point. He states it has made it very difficult for him to participate in activities.

He is complaining of left leg pain as well and low back pain.

Vital Signs
Ht 70, Wt lbs 200, BMI 28.69, RR 16.

Examination
General:
General Appearance: Well and in no acute distress.
Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.
Right Shoulder/Arm:

Positive impingement signs. There is some weakness in abduction.
SM Spine:

He has some soreness into both hips. No pain down the leg.
Imaging Studies:

X-rays demonstrate no significant osteoarthritis. No disc space narrowing.

urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA yes. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.
EYES:
Decreased Vision no. Cataracts no.
RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.
ENT:
Loss of Hearing no. Sinusitis yes. Headache no.
GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.
SKIN:
Rash no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.
PSYCHIATRIC:
Depression no. Bipolar Disease no.
ENDOCRINE:
Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.
HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal yes. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Assessments

1. Localized superficial swelling, mass, or lump - 782.2 (Primary)
2. Rotator cuff tear - 727.61
3. Subacromial Impingement - 726.19
4. Low back pain - 724.2

Treatment

1. Localized superficial swelling, mass, or lump
Start Medrol dose pack, 1, as directed, Refills 0
OOW note given: out of work until he comes back for MRI results

2. Subacromial Impingement
We will get an MRI of his shoulder to evaluate. We will get him on a Medrol Dosepak in an effort to control his back symptoms. If it is no better when he returns, he may need an MRI of his lumbar spine.
PHW/pan

Diagnostic Imaging

Lumbar Spine, 2 or 3 views, Shoulder, 2 or more views, right

Preventive Medicine

MED RECONCILIATION: Handout given: Complete and current medication list reviewed, printed, and handed to the patient today.

Procedure Codes

73030 SHOULDER (2 OR MORE VIEWS) X-RAY
72100 LS SPINE (2-3 VIEW) X-RAY

Follow Up

after MRI

Electronically signed by Philip Wessinger on 09/02/2010 at 01:03 PM EDT

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-6605

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY G

54 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY G Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 105000780

10/06/2010

PROGRESS NOTES: Philip Wessinger, M.D.

Current Medications
ASA 325 mgm 1 q am
Imdur 30 mg 1 tab qd
labetalol 200 mg 1 tab(s) BID
Lorazepam 0.5 mg 1 tab(s) TID
pravastatin 80 mg 1 tab(s) once a day (at bedtime)
Medrol dose pack as directed

Past Medical History
Hypertension

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23

Family History
Family: diabetes, Hypertension

Allergies
codeine

Review of Systems

Osteoporosis:
Lifestyle Factors Pt currently smokes.
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no. Seizures no. CVA/TIA yes. Syncope no. Anxiety/Depression no. Tremors no.

Reason for Appointment
1. SHT, MRI RESULTS, RT SHOULDER

History of Present Illness
Interim History:
Prior Assessment Rotator cuff tear, Subacromial Impingement, Bursitis of hip. Date of Injury: 03/11/08. Date of Surgery: 07/11/08 RT SHOULDER SCOPE, ROTATOR CUFF REPAIR. Response to treatment: patient states feeling the same since last visit.
Pain: Severity: pain = 5/10 constant aching, burning pain, not satisfactorily controlled.
HPI:
This is a 54 year-old who comes in. MRI that he had back on 09/08/10 shows that he has some tendonitis in his rotator cuff, but does not have a full thickness tear. He has some AC arthritis, fraying of the labrum, but no obvious tear. I agree with the reading.
He states he is still having back and hip problems, primarily on the left side. He states they have been present since the accident as well. They are getting apparently worse. He states he can only walk for 10-15 minutes before he starts to have pain in the left leg. He can sit on something hard and relieve this.

Vital Signs
Ht 70, Wt lbs 200, BMI 28.69, RR 16.

Examination
General:
General Appearance: Well and in no acute distress.
Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.
Imaging Studies:

X-rays from last were reviewed and show no significant disc space loss, maybe some mild L4/5 spondylolisthesis.

Assessments
1. Localized superficial swelling, mass, or lump - 782.2 (Primary)
2. Rotator cuff tear - 727.61
3. Subacromial Impingement - 726.19

Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.
-EYES:
Decreased Vision no. Cataracts no.
RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.
ENT:
Recent loss of hearing no. Sinusitis yes. Headache no.
GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.
SKIN:
Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.
PSYCHIATRIC:
Depression no. Bipolar Disease no.
ENDOCRINE:
Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.
HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal yes. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

4. Low back pain - 724.2

Treatment

1. Localized superficial swelling, mass, or lump
We will go ahead and get MRI. We will have her come back to see me here after MRI. PHW/gsl

Follow Up
p mri

Electronically signed by Philip Wessinger on 10/12/2010 at 02:19 PM EDT

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-6605

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY G

54 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY G Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 106268808

10/27/2010

PROGRESS NOTES: Philip Wessinger, M.D.

Current Medications
ASA 325 mgm 1 q am
Imdur 30 mg 1 tab qd
labetalol 200 mg 1 tab(s) BID
Lorazepam 0.5 mg 1 tab(s) TID
pravastatin 80 mg 1 tab(s) once a day (at bedtime)
Medrol dose pack as directed

Past Medical History
Hypertension

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23

Family History
Family: diabetes, Hypertension

Allergies
codeine

Review of Systems
Osteoporosis:
Lifestyle Factors Pt currently smokes.
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no. Seizures no. CVA/TIA yes. Syncope no. Anxiety/Depression no. Tremors no.

Reason for Appointment
1. SHR:MRI LUMBAR

History of Present Illness
Interim History:
Prior Assessment Rotator cuff tear, Subacromial Impingement, Bursitis of hip. Date of Injury: 03/11/08. Date of Surgery: 07/11/08 RT SHOULDER SCOPE, ROTATOR CUFF REPAIR. Response to treatment: patient states feeling the same since last visit.
Pain: Severity: pain = 7/10 constant sharp, stabbing, burning pain, not satisfactorily controlled.
HPI:
This 54 year-old comes in today with his MRI.

Vital Signs
Ht 70, Wt lbs 200, BMI 28.69, RR 16.

Examination
General:
General Appearance: Well and in no acute distress.
Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.
Imaging Studies:

MRI demonstrates L4-5 severe facet arthritis and some lateral recess stenosis. He has some mild disc space narrowing, but nothing that is putting pressure on the nerve root currently.

Assessments
1. Localized superficial swelling, mass, or lump - 782.2 (Primary)
2. Rotator cuff tear - 727.61
3. Subacromial Impingement - 726.19
4. Low back pain - 724.2

Treatment
1. Subacromial Impingement
I feel that his shoulder is at maximum medical improvement and he is ready for discharge with regard to this.

Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.
EYES:
Decreased Vision no. Cataracts no.
RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.
ENT:
Recent loss of hearing no. Sinusitis yes. Headache no.
GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.
SKIN:
Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.
PSYCHIATRIC:
Depression no. Bipolar Disease no.
ENDOCRINE:
Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.
HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal yes. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

2. Low back pain
He has mostly osteoarthritic problems that, again, could have been aggravated by his accident, but certainly were not caused by the accident. He has asked about what can be done and if there is anything surgical. We need to get a surgical opinion. We will send him for evaluation with regard to this. PHW/pan

3. Others
Out of work until appt. with spine center. COPY: Dr. Curry

Follow Up
Spine Center

Electronically signed by Philip Wessinger on 10/29/2010 at 12:10 PM EDT

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-6605

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HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record. Please answer to the best of your ability.

Name: Tommy G. Houston Preferred Name: Geoff Date: 09/01/10

Date of Birth: 02/18/56 Age: 54 Height: 5'10 Weight: 200 Gender: ☒ Male ☐ Female

Occupation: Heavy Transport Employer: CANADA

Hobbies: School (if applicable):

What is your hand dominance: ☒ Right ☐ Left ☐ Ambidextrous

Who requested that you visit our office: ☐ Doctor (Please provide full name): ☐ Athletic Trainer: ☐ Friend: ☒ Other: ☐ ER: ☐ Self Referred

Primary Care Physician (if different from above): Dr. Richard Curry

Current Medications / Dosages: Amlodipine Tordac

Medical History (check all that apply): ☒ High Blood Pressure ☐ Heart Disease ☐ Stroke ☐ Emphysema ☐ Diabetes ☐ Kidney Disease ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Cancer; type ☐ Osteoporosis/Osteopenia ☐ Hepatitis; type ☐ Other:

Drug Allergies: ☐ None ☐ None

	Reaction:				
CODEINE	☒ Rash	☐ Anaphylaxis	☒ Stomach Upset	☒ Hives	☐ Dizziness
	☐ Rash	☐ Anaphylaxis	☐ Stomach Upset	☐ Hives	☐ Dizziness
	☐ Rash	☐ Anaphylaxis	☐ Stomach Upset	☐ Hives	☐ Dizziness
	☐ Rash	☐ Anaphylaxis	☐ Stomach Upset	☐ Hives	☐ Dizziness

Past Surgical History

Type of Surgery	Date of Surgery	Full name of Surgeon
Lt. Shoulder	07/2008	Dr. P. WESSINGER
Lt. Hand	07/2009	"

Family History (check all that apply): ☒ High Blood Pressure ☐ Heart Disease ☒ Diabetes ☐ Emphysema ☐ Kidney Disease ☐ Stroke ☐ Cancer ☐ Rheumatoid Arthritis ☐ Other:

Social History (check all that apply): ☒ *Tobacco Use*; Type Cig. Frequency 1 pack/day How long 20yrs ☐ None

☐ *Alcohol Use*; Type Frequency ☐ *Drug Use*; Type Frequency ☐ None

REVIEW OF SYSTEMS

Constitutional: ☐ Fever ☐ Weight Loss ☐ Weight Gain ☐ Fatigue ☐ Chills ☐ Night Sweats

Cardiovascular: ☐ Chest Pain ☐ Irregular Heart Beat ☐ Poor Circulation ☐ Leg/Foot Swelling ☐ Leg/Foot Ulcer

Genitourinary: ☐ Blood in Urine ☐ Painful Urination ☐ Unable to Urinate ☐ Difficulty Urinating ☐ Frequent Urination ☐ Bladder Infection

Neurological: ☐ Paralysis ☐ Frequent Headaches ☐ Seizures ☒ Stroke/CVA/TIA ☐ Dizziness ☐ Tremors ☐ Speech Problems ☐ Anxiety/Depression ☐ Feelings of Hopelessness ☐ Sleep Disturbance ☐ Vision Changes

Eyes: ☐ Decreased Vision ☐ Cataracts

Respiratory: ☐ COPD ☐ Asthma ☐ Persistent Cough ☐ Shortness of Breath ☐ Wheezing ☐ Pneumonia

ENT: ☐ Loss of Hearing ☒ Sinusitis ☐ Headache

Gastrointestinal: ☐ GERD ☐ PUD/Gastritis ☐ Liver Problems ☐ Stomach Pain ☐ Diarrhea ☐ Abdominal Pain ☐ Nausea/Vomiting ☐ Black tar-like/bloody stool

Skin: ☐ Rash ☐ Dryness of Skin ☐ Skin Ulcers/Open Sores ☐ Skin Cancer/New Moles ☐ Poor Healing ☐ Skin Infection

Psychiatric: ☐ Depression/Anxiety ☐ Bipolar Disease

Endocrine: ☐ Diabetes ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Heat Intolerance ☐ Cold Intolerance

Immune/Lymph: ☐ Anemia ☐ Bleeding Problems ☐ Blood Transfusions ☐ Bruising

Allergic/Immunologic: ☒ Seasonal ☐ Iodine ☐ Food Allergies (please list):

Musculoskeletal: ☐ Joint Swelling ☐ Muscle Aches ☐ Joint Pain ☐ Pain in Multiple Joints ☐ Weakness

STEADMAN HAWKINS
CLINIC of the CAROLINAS

☐ J. Thomas Anderson, M.D.
☐ Brian G. Burnikel, M.D.
☐ Kyle J. Cassas, M.D.
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☐ Timothy P. McHenry, M.D.
☐ W. Franklin Sease, M.D.
☐ Brayton Shirley, M.D.
☐ Paul C. Siffri, M.D.
☐ Stefan J. Tolan, M.D.
☒ Philip Wessinger, M.D.

☒ WORKER'S COMPENSATION WORK STATUS
☐ RETURN TO WORK STATUS

Patient Name: Tommy Houston
Date of Birth: 2/15/56 was seen in our office on 9/01/10
Date of Injury:

Out of Work until next appointment.
Out of Work for (duration): until next appt for MRI results

☐ May Return to Work on _____

☐ May Return to Work with NO RESTRICTIONS.

☐ May Return to Work with RESTRICTIONS AS NOTED BELOW
(Circle all that apply)

1. Limit standing to no more than _____ hr/day.
2. Limit sitting to no more than _____ hr/day.
3. Limit walking to no more than _____ hr/day.
4. No lifting over _____ pounds.
5. No climbing of stairs / ladders.
6. No reaching above shoulder level.
7. No squatting.
8. No bending or stooping.
9. No driving mobile equipment.
10. No working on or with moving machinery.
11. No use of R / L / Bil hands.
12. Keep bandaged area clean, dry, and free of trauma.
13. Other Restrictions _____

☐ Has been DISCHARGED for treatment for this accident / illness on _____

☐ MMI has been dictated.
MMI rating is _____
AMA 5th edition page _____ table _____

Follow-up Appointment Date: _____

Physician's Signature _____ Date 9/1/10

• 864-454-SHCC •
Patewood 454-7422 • Hillcrest 454-6600 • Greer 797-9700

R-256

Work comp
09.02.10 > per Sharon Argo approved, She will schedule this herself. — LR.

Doctors Orders
Greenville Hospital System

OUTPATIENT RADIOLOGY REQUISITION and PHYSICIAN ORDER FORM

LOCATION OF EXAM: ☐ GMH ☐ MMOB ☐ PMC(A) ☐ PMC(C) ☐ NGH ☐ HMH ☐ ABMH

PATIENT INFORMATION

PATIENT NAME: Tommy Houston MRN: 2500602478
DOB: 2/18/56 SEX: ☒ M ☐ F PATIENT WEIGHT: 200 pounds
PHONE #: (864) 855-0437 OTHER CONTACT #: ( ) - -

ROUTINE / GENERAL RADIOLOGIC PROCEDURES

Exam: (R) shoulder MRI Date: __/__/__ Time: ____ am/pm
ICD 9 Code: ____ Diagnosis: (R) shoulder pain
Clinical History: ____
(Do not use the following terms: Rule Out (R/O), Possible, Probable, etc.)
Insurance: ~~United~~ Work Comp Pre-certification #: ____

ULTRASOUND

☐ Abdomen ☐ Abdominal Duplex Scan ☐ Aorta ☐ Thyroid ☐ Carotid ☐ Neonatal Head ☐ Renal / Kidney / Bladder
☐ (RUQ) Gallbladder / Liver / Pancreas ☐ Spleen ☐ Transvaginal ☐ Pelvic ☐ Testicular
☐ Extremity Non-Vascular ☐ Extremity Vascular ☐ Lower Ext. Venous Doppler ☐ With Doppler Flow Study
☐ Other ____

MRI WITH AND / OR WITHOUT CONTRAST

☐ Abdomen ☐ Pelvis ☐ Hips ☐ Chest ☐ Brain ☐ TMJ ☐ Orbits ☐ Neck (Soft tissue) ☐ IAC's
☐ Liver ☐ Renal / Kidney ☐ Pituitary ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine ☐ Total Spine Screening
☐ Shriner's Spine Screening ☐ Cardiac MRI ☐ Breast: ☐ Right ☐ Left ☐ Other ____
☒ Extremity / Joint: ☒ Right ☐ Left Specify: Shoulder

MRA WITH AND / OR WITHOUT CONTRAST

☐ Brain (COW) ☐ Neck (Carotids and Vertebrals) ☐ Abdomen (Renals) ☐ Other (Aorta) ☐ Other ____

CT SCAN WITH AND / OR WITHOUT CONTRAST

☐ Brain ☐ Neck ☐ Cervical Spine ☐ Facial Bones ☐ Orbits ☐ Sinuses ☐ Temporal Bones ☐ Chest
☐ Thoracic Spine ☐ Abdomen ☐ Pelvis ☐ Lumbar Spine ☐ Cardiac CTA ☐ Calcium Score ☐ Cystemogram
☐ Extremity (Specify ____) ☐ Right ☐ Left ☐ Other (Specify) ____

Creatinine Level. If Creatinine lab work was drawn less than 30 days ago, provide Creatinine results. ____
If Creatinine lab work was drawn more than 30 days ago, an order for Creatinine lab work will have to be written by the ordering physician and the patient will need to have Creatinine labs drawn and results provided to the CT department prior to the scheduled exam date

NUCLEAR MEDICINE

☐ Bone Scan
☐ Whole Body
☐ Limited ____
☐ 3 Phase for Infection
☐ Thyroid
☐ Uptake
☐ Uptake and Scan
☐ Scan
☐ Hepatobiliary
☐ with Ejection Fraction
☐ Lung Scan Perfusion w / Vent
☐ Myoview ☐ Exercise Myoview ☐ Adenoscan Myoview ☐ Dobutamine Myoview ☐ MUGA ☐ Hyperthyroid Therapy
☐ Other ____

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE THE REQUESTED PROCEDURE CAN BE PERFORMED

REFERRING PHYSICIAN: (REQUIRED INFORMATION)
SIGNATURE: ____ PRINTED NAME: P. Wessinger.
☐ CALL REPORT: ☐ FAX REPORT: ____

PATIENT RECHECK QUESTIONNAIRE

Name: Tommy Howsow DOB: 02/8/56 Date: 10/06/10

Any change in your health since your last visit? ☒ No
☐ Yes (please list): _____
Specifically any Chest Pain? ☐ Yes ☒ No Shortness of Breath? ☐ Yes ☒ No

Any change in your medicine since your last visit (new or discontinued prescriptions)? ☒ No
☐ Yes (please list): _____

Where is your pain or problem? Back - Shoulder - Knee ☐ Right ☐ Left

If applicable, please circle the number that best describes your pain **right now**?



No pain 0 1 2 3 4 (5) 6 7 8 9 10 Pain as bad as you can imagine

My pain is ☒ Not satisfactorily controlled ☐ Satisfactorily controlled

The pain feels (quality): ☐ Sharp ☐ Stabbing ☐ Dull ☒ Aching ☒ Burning ☐ Throbbing
☐ Other: _____

The pain is (duration): ☒ Constant ☐ Comes and goes (Intermittent)

MD Initial: _____ Date: _____

STEADMAN HAWKINS CLINIC *of the* CAROLINAS

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- ☐ Brayton Shirley, M.D.
- ☐ Paul C. Siffri, M.D.
- ☐ Stefan J. Tolan, M.D.
- ☒ Philip Wessinger, M.D.

☒ WORKER'S COMPENSATION WORK STATUS
☐ RETURN TO WORK STATUS

Patient Name: Tommy Houston was seen in our office on 10/6/10
Date of Birth: 2/18/56 Date of Injury: _____

Out of Work until next appointment:
~~Out~~ Out of Work for (duration): until after MRI of Low back

☐ May Return to Work on _____

☐ May Return to Work with NO RESTRICTIONS

☐ May Return to Work with RESTRICTIONS AS NOTED BELOW
(Circle all that apply)

1. Limit standing to no more than _____ hr/day.
2. Limit sitting to no more than _____ hr/day.
3. Limit walking to no more than _____ hr/day.
4. No lifting over _____ pounds.
5. No climbing of stairs / ladders.
6. No reaching above shoulder level.
7. No squatting.
8. No bending or stooping.
9. No driving mobile equipment.
10. No working on or with moving machinery.
11. No use of R / L / Bil hands.
12. Keep bandaged area clean, dry, and free of trauma.
13. Other Restrictions _____

☐ Has been DISCHARGED for treatment for this accident / illness on _____.

☐ MMI has been dictated.

MMI rating is _____
AMA 5th edition page _____ table _____

Follow-up Appointment Date: _____

_____ 10/6/10
Physician's Signature Date



STEADMAN HAWKINS CLINIC *of the* CAROLINAS

- ☐ J. Thomas Anderson, M.D.
- ☐ Brian G. Bumikel, M.D.
- ☐ Kyle J. Cassas, M.D.
- ☐ Jason W. Folk, M.D.
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- ☐ Paul C. Siffri, M.D.
- ☐ Stefan J. Tolan, M.D.
- ☒ Philip Wessinger, M.D.

☐ WORKER'S COMPENSATION WORK STATUS
☐ RETURN TO WORK STATUS

Patient Name: Tommy Houston was seen in our office on 10/27/10
Date of Birth: 2/18/56 Date of Injury: 2/11/08

Out of Work until next appointment: _____
Out of Work for (duration): next appt at Spine Center

☐ May Return to Work on _____

☐ May Return to Work with NO RESTRICTIONS

☐ May Return to Work with RESTRICTIONS AS NOTED BELOW
(Circle all that apply)

1. Limit standing to no more than _____ hr/day.
2. Limit sitting to no more than _____ hr/day.
3. Limit walking to no more than _____ hr/day.
4. No lifting over _____ pounds.
5. No climbing of stairs / ladders.
6. No reaching above shoulder level.
7. No squatting.
8. No bending or stooping.
9. No driving mobile equipment.
10. No working on or with moving machinery.
11. No use of R / L / Bil hands.
12. Keep bandaged area clean, dry, and free of trauma.
13. Other Restrictions _____

☐ Has been DISCHARGED for treatment for this accident / illness on _____

☐ MMI has been dictated.

MMI rating is _____
AMA 5th edition page _____ table _____

Follow-up Appointment Date: _____

Physician's Signature

10/27/10
Date

STEADMAN HAWKINS CLINIC OF THE CAROLINAS

PATIENT REFERRAL FORM
STEADMAN HAWKINS CLINIC OF THE CAROLINAS

NAME: Tommy Houston DATE: 10/27/10

DOB: 2/18/56 Anderson Braun Dunikoski Casias Falk Figgie Hawkins Kissenbeth McHenry Sills Tulin Weisinger

DIAGNOSIS: Low back pain - spinal stenosis/ arthritis aggravated by accident

PT CONTACT NUMBER: ____

☐ EMG/NCV R L BILATERAL UPPER LOWER

☐ ESI TRANSLAMINAR / TRANSFORAMINAL

☐ MRI

☐ CT

☐ CT/MYELOGRAM

☐ BONE SCAN/SPECT SCAN

☒ REFERRAL TO Spine Center

REASON Dr. McHenry / Kanos - eval & tx for arthritis & spinal stenosis

☐ OTHER Spine

Re:	Patient/Client	:	Tommy G. Houston
	Date of Injury	:	March 11, 2008
	Social Security No.	:	250-06-6278
	Date of Birth	:	2/18/56

✓ Tommy G. Houston has sustained a change of condition for the worse since I released him on July 1, 2009.

_____ Tommy G. Houston has not sustained a change of condition for the worse since I released him on July 1, 2009.

Phillip Wessinger, M.D.

11/3/10
Date

INNERVISION
MEDICAL IMAGING CENTER
One Marcus Drive Greenville, SC 29615
Phone (864) 289-9977 Fax (864) 751-2050
www.innervisionmedical.com

PATIENT:	**Houston, Tommy**
DOB:	**2/18/1956**
MRN:	**722650**
PHYSICIAN:	**Philip Wessinger, MD**
DATE:	**9/8/2010**

EXAM: MRI OF THE RIGHT SHOULDER

HISTORY: Right shoulder pain. MVA 03-08. Injury and shoulder surgery. Pain with weakness. Decreased grip strength.

TECHNIQUE: Axial FSPD. Oblique COR T1, FSPD, and FS T2. Oblique SAG FS T2. Exam performed on an 18-channel 1.5 Tesla Siemens Espree large bore MRI system with a 550 lb. weight limit at Innervision-Eastside.

FINDINGS: Status post supraspinatus tendon repair and without re-tear. There is increased signal within the terminal and distal aspect of the supraspinatus tendon to its insertion or anchor. There has been an interval increase in abnormal signal within the distal 25mm of the infraspinatus tendon which reflects tendinosis primarily. Small amount of subacromial-subdeltoid bursal fluid. Mild acute on chronic AC arthropathy. Small superior and inferior AC joint osteophytes. Type II acromion configuration. Displacement of the fat plane inferior to the AC joint.

No subscapularis or teres minor tear. No rotator cuff muscle belly edema or atrophy.

No abnormal glenohumeral joint fluid. Proliferative bone changes of the greater tuberosity as well as along the anterior aspect of the proximal humerus medial to the lesser tuberosity. Mild signal changes within the anterior glenoid cartilage and base of the labrum. Mild irregularity and signal changes within the posterior labrum which may signify fraying or tear. There has been a change in the appearance of the posterior labrum since the prior examination. Intact and normally positioned long head biceps tendon.

IMPRESSION:
1. No recurrent full-thickness rotator cuff tear. Status post supraspinatus tendon repair.
2. Questionable tear or fraying of the posterior labrum.
3. Primarily chronic AC arthropathy. Supraspinatus and infraspinatus tendinosis.

Jeff Shramek, MD
JS / kp

DD: 9/9/2010
DT: 9/9/2010
Job: 11292709

This document has been electronically reviewed and signed.

Jeffrey K. Shramek, MD.

Patient: Houston, Tommy
MRN: 722650
Exam: MRI OF THE RIGHT SHOULDER

Radiologist

MEDICAL IMAGING CENTER
One Marcus Drive Greenville, SC 29615
Phone (864) 289-9977 Fax (864) 751-2050
www.innervisionmedical.com

PATIENT: **Houston, Tommy**
DOB: **2/18/1956**
MRN: **722650**
PHYSICIAN: **Philip Wessinger, MD**
DATE: **10/14/2010**

EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back pain. Two years post MVA. Low back pain radiates to the left leg with burning and numbness.

TECHNIQUE: Multi-sequence, multi-planar imaging was performed.

FINDINGS: Transitional lumbosacral anatomy. Please refer to the labelings on the images.

S1-2: Mild degeneration of the S1-2 disc, but without disc displacement.

L5-S1: Mild anterolisthesis of L-5 on S-1 secondary to facet disease. Mild degeneration of the disc and non-compressive disc bulge. Severe bilateral L5-S1 facet arthropathy. Obliteration of the left L5-S1 facet joint. Increased fluid within both L5-S1 facet joints. Large left L5-S1 medial facet osteophytes. Thickened ligamentum flava and with posterolateral sac impressions. Moderate left and mild right S-1 lateral recess narrowings. Facet osteophytes produce severe left and moderate right L-5 bony neural foraminal narrowings.

L4-5: Mild degeneration of the disc. Mild annular bulge. This is non-compressive. Mild facet and ligamentous changes.

At T12-L1 through L3-4, there are no moderate or advanced disc degenerative changes. At these levels, there are no disc displacements.

Benign cavernous hemangioma within the lower one half of the L-4 vertebral body measures 11mm in size.

Hyperintense STIR signal within the L5 pedicles and facets. There are degenerative cysts associated with these STIR signal changes. Distended bilateral L4-5 and L5-S1 inferior recesses.

IMPRESSION: There is increased stress at the lumbosacral junction. Severe bilateral L5-S1 facet arthritis. Mild non-compressive L5-S1 disc bulge. Mild L4-5 disc bulge. Moderate left and milder right S-1 lateral recess narrowings. Moderate right and severe left L-5 bony neural foraminal stenoses. Does the patient have a left L-5 or S-1 radiculopathy? Are there symptoms more of a facet syndrome?

Jeff Shramek, MD
JS / kp

DD: 10/15/2010
DT: 10/15/2010
Job: 11528914

Piedmont Spine and Neurosurgical Group, P.A.

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

HISTORY AND PHYSICAL REPORT

Tommy G Houston **ID:** 171100 **DOB:** 02/18/1956 (55 years)

Date of Encounter: 04/21/2011 09:49 AM

History of Present Illness

Patient words: Patient complains of low back pain radiating to the left buttock, down the back of the left leg to the foot. He also complains of numbness down the outside of his left leg. He occasionally has symptoms in the right groin region and leg. Standing, walking or riding in a truck aggravates his symptoms which have been present since 3/18/2008 when he was involved in a MVA at work.
The patient is a 54 year old male

History

Allergy
Codeine/Codeine Derivatives
Past Medical
Conservative Treatment
Glucose intolerance
Claustrophobia
High blood pressure
Stroke
Coronary artery disease
Placement of cardiac stent
Right shoulder surgery
Right hand surgery
Hernia repair
Right knee surgery
Left wrist surgery
Social
No alcohol use
Tobacco use
Current Work/Study Status
Family
Heart Disease
Diabetes

Review of Systems

Respiratory: Present- Wheezing.
Musculoskeletal: Present- Leg Cramps and Muscle Pain.
Psychiatric: Present- Insomnia (Pain).

Vitals
04/21/2011 09:55 AM
Weight: 198 lb **Height:** 70 in
Body Surface Area: 2.08 m² **Body Mass Index:** 28.44 kg/m²

Patient reports pain level ranges 5/10 to 10/10.

Piedmont Spine and Neurosurgical Group, P.A.

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

HISTORY AND PHYSICAL REPORT

Tommy G Houston **ID:** 171100 **DOB:** 02/18/1956 (55 years)

Date of Encounter: 04/21/2011 03:29 PM

History of Present Illness

History

Medications

Amlodipine/benazepril 10/40 Active.
Bystolic 10 mg Active.
Isosorbide 60 mg Active.
Pravastatin 40 mg Active.
Ecotrin Active. (325)
Niacin Active.

Janice W Blackwell

Piedmont Spine and Neurosurgical Group, P.A.

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

HISTORY AND PHYSICAL REPORT

Tommy G Houston **ID:** 171100 **DOB:** 02/18/1956 (55 years)

Date of Encounter: 04/21/2011 03:33 PM

History of Present Illness

Patient words: History of Present Illness (Janice W Blackwell; 4/21/2011 9:53 AM)
Patient words: Patient complains of low back pain radiating to the left buttock, down the back of the left leg to the foot. He also complains of numbness down the outside of his left leg. He occasionally has symptoms in the right groin region and leg. Standing, walking or riding in a truck aggravates his symptoms which have been present since 3/18/2008 when he was involved in a MVA at work. MRI of the lumbar spine in October 2010 did show severe left foraminal stenosis at L4-5 however the sagittal views show a possible grade 1 spondylolisthesis as well.
The patient is a 54 year old male

Problem List/Past Medical (Janice W Blackwell; 4/21/2011 9:54 AM)
Conservative Treatment. Prescription Medications, Physical Therapy, Injections.
Glucose intolerance
Claustrophobia
High blood pressure
Stroke
Coronary artery disease
Placement of cardiac stent
Right shoulder surgery
Right hand surgery
Hernia repair
Right knee surgery
Left wrist surgery

Allergies (Janice W Blackwell; 4/21/2011 9:54 AM)
Codeine/Codeine Derivatives

Family History (Janice W Blackwell; 4/21/2011 9:55 AM)
Heart Disease
Diabetes

Social History (Janice W Blackwell; 4/21/2011 9:55 AM)
No alcohol use
Tobacco use. Has been smoking for 25 years, Smokes < 1 pack of cigarettes per day.
Current Work/Study Status. Full-time.

Review of Systems (Janice W Blackwell; 4/21/2011 9:53 AM)
Respiratory: Present- Wheezing.
Musculoskeletal: Present- Leg Cramps and Muscle Pain.
Psychiatric: Present- Insomnia (Pain).

Vitals (Janice W Blackwell; 4/21/2011 9:56 AM)
4/21/2011 9:55 AM
Weight: 198 lb Height: 70 in
Weight was reported by patient.
Height was reported by patient.
Body Surface Area: 2.11 m² Body Mass Index: 28.41 kg/m²

Patient reports pain level ranges 5/10 to 10/10.Medication History (Janice W Blackwell; 4/21/2011 3:30 PM)
Amlodipine/benazepril 10/40 Active.
Bystolic 10 mg Active.
Isosorbide 60 mg Active.
Pravastatin 40 mg Active.
Ecotrin Active. (325)
Niacin Active.

The patient is a 55 year old male

History

There is no documented history at this time.

Physical Exam
The physical exam findings are as follows:

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

Eye
Fundi - **Bilateral** - Normal.

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

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

Abdomen
Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender and No Rigidity (guarding).
Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Neurologic
Mental Status: Affect - normal and appropriate. **Speech** - Normal. **Thought content/perception** - Normal. **Cognitive function** - Normal.
Cranial Nerves: I Olfactory - Normal.
II Optic: - Normal Bilaterally.
III Oculomotor: - Normal Bilaterally.
IV Trochlear - **Bilateral** - Normal.
V Trigeminal: - Normal Bilaterally.
VI Abducens - **Bilateral** - Normal.
VII Facial: - Normal Bilaterally.
VIII Acoustic - **Bilateral** - Hearing normal. **IX Glossopharyngeal / X Vagus** - Normal.
XI Accessory: - Normal Bilaterally.
XII Hypoglossal - **Bilateral** - Normal.
Eye Movements: Gaze - **Bilateral** - Extraoccular muscles intact . **Nystagmus** - **Bilateral** - None.
Sensory:
Pain: Intact - Globally.
Motor:
Tone: - Normal.
Strength: 5/5 normal muscle strength - All Muscles.
Reflexes (Dermatomes): 2/2 Normal - All.
Plantar Reflexes (L4-S2) - **Bilateral** - Flexion. **Coordination** - Normal. **Gait** - Normal.

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

Assessments

- **LUMBAR STENOSIS (724.02)**
- **rule out spondylolisthesis**
- **REVIEW OF FILMS (V72.5)**

Flex/Ext Lumbar Spine (72120) (1 Units)
MYELOGRAM / LUMBAR (72265) (1 Units)
Follow up in 2 weeksFollow up in 2 weeks or as needed

Michael N Bucci MD

Piedmont Spine and Neurosurgical Group, P.A.

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

HISTORY AND PHYSICAL REPORT

Tommy G Houston **ID:** 171100 **DOB:** 02/18/1956 (55 years)

Date of Encounter: 05/19/2011 03:41 PM

History of Present Illness

History

There is no documented history at this time.

Assessments

- **LUMBAR STENOSIS (724.02)**

  TraMADol HCl 50MG, 1 Tablet every six hours, as needed, #50, 05/19/2011, No Refill. Active.

Kelly McClintock

Piedmont Spine and Neurosurgical Group, P.A.

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

HISTORY AND PHYSICAL REPORT

Tommy G Houston **ID:** 171100 **DOB:** 02/18/1956 (55 years)

Date of Encounter: 06/28/2011 02:22 PM

History of Present Illness

Patient words: CT myelography shows a wide open spinal canal without stenosis. There are no pars defects. The report mentions a grade 1 spondylolisthesis however to me the spinal alignment is normal.
The patient is a 55 year old male

History

There is no documented history at this time.

Physical Exam
The physical exam findings are as follows:

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

Eye
Fundi - **Bilateral** - Normal.

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

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

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Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender and No Rigidity (guarding).
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Mental Status: Affect - normal and appropriate. **Speech** - Normal. **Thought content/perception** - Normal. **Cognitive function** - Normal.
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VIII Acoustic - **Bilateral** - Hearing normal. **IX Glossopharyngeal / X Vagus** - Normal.
XI Accessory: - Normal Bilaterally.
XII Hypoglossal - **Bilateral** - Normal.
Eye Movements: Gaze - **Bilateral** - Extraoccular muscles intact . **Nystagmus** - **Bilateral** - None.
Sensory:
Pain: Intact - Globally.
Motor:
Tone: - Normal.
Strength: 5/5 normal muscle strength - All Muscles.
Reflexes (Dermatomes): 2/2 Normal - All.
Plantar Reflexes (L4-S2) - **Bilateral** - Flexion. **Coordination** - Normal. **Gait** - Normal.

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

Assessments

- **LOW BACK PAIN - LUMBAGO (724.2)**
- **LIGAMENT STRAIN OR SPRAIN (848.8)**
- **LUMBAR DDD (722.52)**
- **REVIEW OF FILMS (V72.5)**

FOLLOW UP AS NEEDEDFOLLOW-UP AS NEEDED
Referred to: Grier, Michael T MD (Undefined)

Michael N Bucci MD

Piedmont
Neurosurgical
Group, P.A.

3 St. Francis Drive, Suite 330
Greenville, South Carolina 29601
Phone: (864) 220-4263 Fax: (864)220-8836

Michael N. Bucci, MD, FACS Aaron C. MacDonald, MD, FACS Christie B. Mina, MD

Date: 4,5,11

Dear Dr. Bucci / Dr. MacDonald / Dr. Mina:

Please accept this letter as written authorization for you to evaluate

Tommy Houston (Patient's Name) on 4,12,11 (Date) at 3:30 (Time) am/pm.

I understand that this authorization along with records must be in the doctor's possession prior to the day of the appointment or the appointment will be rescheduled.

Bills are to be sent to: Gallagher Bassett Services
P.O Box 23812
Tucson AZ 85734

Phone number: 800 843 8999 x214

Name and number of contact person: Sharm Argo

Name and number of adjuster (if different than contact: same as above

Patient's Employer: Garda World Security

Claim Number: 00317-000450-WC01 Date of Injury: 3,18,08

Please check one: Evaluate only: _____ Evaluate and treat: V Second Opinion only: _____

If a case manager will be attending the appointment with the patient, the office staff will not be able to contact the case manager in regards to the appointment being rescheduled or cancelled.

Sincerely,

I understand that my signature gives authorization for appointment 4,5,11 (Date)

2098.09535

Piedmont Spine and Neurosurgical Group, PA

INJURY DETAIL REPORT

PATIENT: Tommy G. Houston INITIAL DATE OF SERVICE: 04/21/2011

IS YOUR TREATMENT RELATED TO AN ACCIDENT OR INJURY?

- ☐ NO - STOP - Please sign and date this form. (NO FURTHER QUESTIONS TO BE ANSWERED.)
- ☑ YES – CONTINUE FILLING OUT FORM.

PLEASE COMPLETE THE FOLLOWING:

Date of accident or injury: 03-11/2008

Where did the accident/injury occur?

At Work: ☑ Yes ☐ No
At Home: ☐ Yes ☐ No
Automobile: ☑ Yes ☐ No
Other: Please specify where _____

Please describe the accident/injury Auto Accident - Rt. Shoulder, Rt. Side Ribs, Rt. Knee, Left Hip, Lower Back.

Did anyone other than you cause this injury?

☐ No
☑ Yes – please explain: Partner (driving) pulled out in front of a car. I was passenger

If the injury is work related, please answer the following:

Have you filed or will you file a claim under Worker's Compensation or a similar law?

☑ Yes
☐ No – please state your reason(s) for not filing: _____

If a claim has been filed, did your worker's compensation carrier accept liability?

☑ Yes
☐ No

Worker's Compensation Carrier's Name, Address, and Telephone Number:

Att: Sharon Argro
Gallagher Bassett
PO Box 785071
Orlando, Fla. 32878
407-895-5095

After you have answered the above questions, please sign and date this form. Accurate completion of this form will assist in the filing and/or processing of your insurance claims.

TG Houston — 04-16-2011

Signature ***Date***

- 4 -

Piedmont Spine & Neurosurgical Group, PA

109 Montgomery Drive
Anderson, SC 29621
864-224-5700

3 St. Francis Drive, Suite 490
Greenville, SC 29601
864-220-4263

Patient Demographics

Please Complete ALL Questions:

PATIENT LEGAL NAME: (Last) HOUSTON (First) Tommy (Middle) GREGORY

SOCIAL SECURTITY #: 250-06-6278 **DATE-OF-BIRTH:** 02/18/1956

ADDRESS: 204 BARTON STREET

CITY: EASLEY **STATE:** SC **ZIP:** 29640

Marital Status: ☐ S ☐ M ☒ D ☐ W **Sex:** ☐ M ☐ F **Employed:** ☒ Full ☐ Part ☐ Retired ☐ Student ☐ Other

Home Phone #: (864) 855-0437 Cell Phone #: ( )

Employer/School: GARDA World Security Employer Phone #:

Referring Doctor: P. WESSINGER Primary Care Doctor: R. ARAGON

Emergency Contact (outside of home): Donald Houston Relationship: FATHER

Address: 304 Ramsey St. Easley, SC 29640

Phone #: 864-859-7378 Date of Birth: 11-28-30

Insurance Information

As a courtesy to you, we will file your insurance. If your claim is denied, you are ultimately responsible for the entire bill. We do not file for any automobile injuries. We will file the claim either with your health insurance or we will accept your personal payment. It will be your responsibility to work out reimbursement from auto insurance companies.

Primary Insurance/Workers Comp: GALLAGHER - BASSETT Effective Date: 03/11/08

Employer: GARDA World Sec. Employer Phone #: 864-422-8480

Insured: Name: Tommy G. Houston Sex: ☒ M ☐ F DOB: 02-18-1956

SS#: 250-06-6278 Relationship to patient: ☒ self ☐ spouse ☐ child ☐ other

Policy # / Claim #: 003170-000450-WC01 Group #:

Secondary Insurance: United Health Care Effective Date: 06/01/2006

Employer: GARDA Employer Phone #: 864-422-8480

Insured: Name: Tommy G. Houston Sex: ☒ M ☐ F DOB: 02-18-1956

SS#: 250-06-6278 Relationship to patient: ☒ self ☐ spouse ☐ child ☐ other

Policy # / Claim #: 869437464 Group #: 705657

Please Provide Copies of All Current Insurance Cards at your visit.

Piedmont Spine & Neurosurgical Group, P.A.

Tax ID # 57-0957153

Michael N. Bucci, M.D., F.A.C.S., Aaron C. MacDonald, M.D., F.A.C.S., Christie B. Mina, M.D., D. Mark Melton, M.D., H. Earle Russell, Jr., M.D., F.A.C.S., B. Christopher Johnson, C-PA

B

Encounter 763110

Pacs

RM 1 2 3 4 5 6 Films 2CD's

WC

Date:4/21/11 3:30 pm Patient Name: Tommy Houston Patient #: 171100

Diagnosis: 1) C4-5 HNP 2) _____ 3) _____ 4) _____

Initial Consultation:	Established Patient:	New Patient:/Medicare	Postoperative Care:	Pain Management:
✓ 99245 $ 450.00	____ 99215 $ 225.00	____ 99205 $ 325.00	____ 99024 N/C	____ IM Injection**
____ 99244 $ 330.00	____ 99214 $ 165.00	____ 99204 $ 255.00	____ Wound Check	____ T PT Injection**
____ 99243 $ 250.00	____ 99213 $ 110.00	____ 99203 $ 180.00	____ Suture Removal	
____ 99199 – N/C			____ Bone Stimulator (58)	

Injections: ___J1030 Depo Medrol 40mg ___J1020 Depo Medrol 20mg ___S0020 Marcaine 25%___J3301Kenalog 10mg___
___96372 Administer Fee ___J2001 Lidocaine 1%
___99367 W/C Nurse/Case Mgr Visit ____ 62270 Lumbar Puncture ____ L0172 Cervical Collar

Ian Code Total Due: $ Ø Amount Paid: $ Ø Balance: $ _____
oPay $0.00 Global: W/C Self Bal: $0.00 Ins Bal: $0.00

G8443 All Prescriptions during this visit were sent via e-prescribe
G8445 No Prescriptions were generated for this patient during this visit
G8446 Some or all prescriptions were printed or phoned in as required by regulations

****

Treatment Plan:

MRI of ___Brain ___C-Spine ___T/L-Spine ___w/w-out Gadolinium for T-Spine w/ Extensions
CT of ___Brain ___C-Spine ___T/L-Spine ___w/w-out contrast ___Myelo T/F for _____
Special Instructions: Sided
EMG of ___Left/___Right Upper Ext ___Left/___Right Lower Ext for _____
XRAY F/E L-Spine AP & LAT * need WC Auth *
Arteriogram – ¾ vessel cerebral _____
LAB WORK: CBC PT PTT MP BEP Other _____

****

Physical Therapy: ___L-Spine___C-Spine___Hand ___Other___Evaluate & Treat Facility: _____
Duration: ___ X PER WEEK FOR ___ WEEKS Modalities: _____
Exercises: C-Spine _____ L-Spine _____
Pain Management Referral:
Physician _____ ESI of _____ C-Spine _____ T/L-Spine
Other Injection _____ Eval. & Treat _____

****

Physician Referral to _____ *for* _____

****

SURGERY: Date _____ PROCEDURE: _____

PLEASE CHECK: InPt____ OP____ 23OB____ / Gen____ Epidural____ Mac____ DISC/PACS/FILMS

****

Employment Status:
_____ LOA Duration: _____ Date to Begin: _____
_____ RTW Restrictions: ___No ___Yes _____
Duration: _____ Date of Return: _____

****

Return Appointment: P Alone Date: _____ Time: _____

Tommy Houston
204 Barton St Easley SC 29640
Telephone 8648550437
2/18/1957 1
SS# 250066278
Gallagher Bassett

Physician Signature: _____

Films: _____ Returned to Pt.
_____ Returned to Facility
_____ Held by Physician

ONE CALL MEDICAL, INC.
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 ▪ Parsippany, New Jersey 07054-0614
TEL (973) 257-1000 ▪ FAX (973) 257-0044

Fax Date: Tuesday May 24, 2011

To Referring Physician: MICHAEL BUCCI **Fax #:** (864)220-5836

One Call Medical, Inc. has scheduled the following patient:

Patient: TOMMY HOUSTON
Claim Number: OCM250066278
Date of Injury: March 11, 2008

Please fax the Medical Order to:

Provider: INNERVISION MRI AND IMAGING AT GROVE
1 CANNON DR
GREENVILLE, SC 29605
Phone: (864)242-4011 Fax: (864)240-5776

Procedure	*Scheduled Date and Time*
CT LUMBAR SPINE WITH CONTRAST	06/02/2011 10:30 AM
LUMBOSACRAL MYELOGRAM	06/02/2011 10:30 AM

Notes Sent to the Provider:

PT ONLINE AND WITH DEBBIE AT SC690 // 1015AM ARRIVAL TIME //

If you have any questions, please contact us at referrals@onecallmedical.com or call us at 800-872-2875, 8AM - 8PM EST.
One Call Medical, Inc. - The Connection to Quality http://www.onecallmedical.com

Sincerely,

CYNTHIA
CUETO1

OCM Service Consultant

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

The information contained in this facsimile transmission is privileged and confidential and is intended solely for the addressee. Any unauthorized disclosure, reproduction, distribution or the taking of any action in reliance on the contents of this information is prohibited. If you received this facsimile in error, please notify us immediately.

Piedmont Spine & Neurosurgical Group, P.A.

Tax ID # 57-0957153

Michael N. Bucci, M.D., F.A.C.S., Aaron C. MacDonald, M.D., F.A.C.S., Christie B. Mina, M.D., D. Mark Melton, M.D., H. Earle Russell, Jr., M.D., F.A.C.S., B. Christopher Johnson, C-PA

B

Encounter 818550

RM _____1 PBC 2 _____3 _____4 _____5 _____6 Films 1 CD (R. 6/28/11)

f/u post myelogram. Pat to bring CD. DBC

Date:6/28/11 2:15 pm **Patient Name: Tommy Houston** **Patient #: 171100**

Diagnosis: 1) Spondylolisthesis 3) _____ 4) _____

Initial Consultation:	Established Patient	New Patient/Medicare	Postoperative Care:	Pain Management:
_____ 99245 $ 450.00	_____ 99215 $ 225.00	_____ 99205 $ 325.00	_____ 99024 N/C	_____ IM Injection**
_____ 99244 $ 330.00	_____ 99214 $ 165.00	_____ 99204 $ 255.00	_____ Wound Check	_____ T PT Injection**
_____ 99243 $ 250.00	_____ 99213 $ 110.00	_____ 99203 $ 180.00	_____ Suture Removal	
_____ 99199 – N/C			_____ Bone Stimulator (58)	

Injections: ___J1030 Depo Medrol 40mg ___S0020 Marcaine 25%___J3301Kenalog 10mg___
___96372 Administer Fee ___J2001 Lidocaine 1%
_____99367 W/C Nurse/Case Mgr Visit _____62270 Lumbar Puncture _____ L0172 Cervical Collar

Plan Code Total Due: $ _____ Amount Paid: $ 0 Balance: $ _____
CoPay $0.00 Global: WCOMP **Self Bal: $0.00 Ins Bal: $0.00**

G8443 All Prescriptions during this visit were sent via e-prescribe
G8445 No Prescriptions were generated for this patient during this visit
G8446 Some or all prescriptions were printed or phoned in as required by regulations

Treatment Plan:

MRI of ___Brain ___C-Spine ___T/L-Spine ___w/w-out Gadolinium for *need WC auth*
CT of ___Brain ___C-Spine ___T/L-Spine ___w/w-out contrast ___Myelo T/F for _____
Special Instructions: _____
EMG of ___Left/___Right Upper Ext ___Left/___Right Lower Ext for _____
XRAY F/E _____ AP & LAT _____
Arteriogram – ¾ vessel cerebral _____
LAB WORK: CBC PT PTT MP BEP Other _____

Physical Therapy: ___L-Spine___C-Spine___Hand ___Other___Evaluate & Treat Facility: _____
Duration: ___X PER WEEK FOR ___WEEKS Modalities: _____
Exercises: C-Spine _____ L-Spine _____
Pain Management Referral:
Physician _____ ESI of _____ C-Spine _____ T/L-Spine
Other Injection _____ Eval. & Treat _____

Physician Referral to Chris for LBP

SURGERY: Date _____ PROCEDURE: _____

PLEASE CHECK: InPt____ OP____ 23OB____ / Gen____ Epidural____ Mac____ DISC/PACS/FILMS

Employment Status:
_____ LOA Duration: _____ Date to Begin: _____
_____ RTW Restrictions: ___ No ___ Yes _____
Duration: _____ Date of Return: _____

Return Appointment: _____ Date: _____ Time: _____

Tommy Houston
204 Barton St Easley SC 29640
Telephone 8648550437
2/18/1956 1
SS# 250066278
Gallagher Bassett

Physician Signature: _____

Films: ✓ Returned to Pt.
_____ Returned to Facility
_____ Held by Physician

INSURANCE PRECERTIFICATION

Patient Name: Tommy Houston DOS: _____

Patients' SS#: 250-01-0278 DOB: 2.18.56

Insurance Company: Gallagher Bassett Sharon Argri

Policy #: 0031700000450 WCOI Group #: _____ Phone # 1-800-843-8995

Insured's Data: Name: _____ DOB: _____ SS#: 866-596-708

Surgeon: (Michael Bucci, MD) Aaron C. MacDonald, MD Christie Mina, MD

Dx Code: 724.2 Procedure Code: _____

Plan of treatment: Refer to Dr Grier @ Piedmont Comprehensive Pain Management for Eval / Treat Low Back Pain

Date Scheduled: _____ Approved Length of Stay: _____

Authorization Number: _____

Authorized by: _____ Date: _____ Time: _____

Notes 7.1.11 faxed records to Sharon Argri JW
7.6.11 Per Sharon Argri she will renew records & will send a referral to Dr Grier if approved JW

PIEDMONT NEUROSURGICAL GROUP, PA
3 St. Francis Dr., Suite 330
Greenville, SC 29601
Phone: (864)220-4263 Fax: (864) 220-5836

Dr. Michael Bucci **Dr Aaron MacDonald** **Dr. Christie Mina**

David Creamer

From: David Creamer [dcreamer@piedneuro.com]
Sent: Tuesday, July 12, 2011 3:41 PM
To: 'Jeannie LLoyd'
Subject: RE: T. Houston 2/18/56

Got it.

From: Jeannie LLoyd [mailto:jlloyd@pcpmg.com]
Sent: Tuesday, July 12, 2011 3:35 PM
To: 'David Creamer'
Subject: T. Houston 2/18/56

Per Susan Argru with workers comp she will be schel. with another pain clinic for this pt.

Please let me know that you received this e-mail

7/12/2011

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove One Cannon Drive Greenville, SC 29605 Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Houston, Tommy
DOB: 2/18/1956
MRN: 722650
PATIENT PHONE: 864-855-0437
PHYSICIAN: Michael Bucci, MD
DATE: 6/2/2011

EXAM: FL-LUMBAR MYELOGRAM

HISTORY: Spondylosis.

PROCEDURE:

AP and lateral scout films were performed. Minimal anterolisthesis appreciated of L5. Endplate degenerative changes noted. Vertebral body heights maintained.

Procedure was explained to the patient and informed consent was obtained. The patient was then placed in a prone position on the fluoroscopy table and prepped and draped in a sterile manner. 1% lidocaine was used for local anesthesia. 22-gauge spinal needle was then advanced at the L4-5 level into the intrathecal space. Position was demonstrated by visualization of CSF in the hub of the needle. 20 mL of Isovue M 200 was then administered intrathecally. No complication or contrast reaction was appreciated. No obstruction to flow of contrast was noted. There is narrowing of the contrast column appreciated on the AP view at the L4-5 and L5-S1 levels from degenerative changes.

IMPRESSION: Fluoroscopically guided lumbar myelogram.

Christopher Sidden, M.D.
CS / bm

DD: 6/2/2011
DT: 6/2/2011
Job: 12908370

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

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove One Cannon Drive Greenville, SC 29605 Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Houston, Tommy
DOB: 2/18/1956
MRN: 722650
PATIENT PHONE: 864-855-0437
PHYSICIAN: Michael Bucci, MD
DATE: 6/2/2011

EXAM: CT SCAN OF THE LUMBAR SPINE WITH CONTRAST

HISTORY: Back pain.

TECHNIQUE: Axial imaging obtained of the lumbar spine after intrathecal administration of 20 mL of Isovue M200.

COMPARISON: Study is compared to prior dated October 14, 2010.

FINDINGS:

Transitional vertebral bodies are appreciated. Utilizing the numbering schema of the vertebral bodies from the prior study from October 14, 2010, there is Grade 1 anterolisthesis of L5 on S1. No pars defects appreciated. There is partial lumbarization appreciated of the S1 vertebral body with a rudimentary disc space. There are posterior element degenerative changes. There are rudimentary ribs appreciated at L1. There are endplate degenerative changes.

Conus is appreciated at T12-L1 and is unremarkable in appearance. No clumping or nodularity of the nerve roots of the cauda equina are appreciated.

L1-2: No posterior disc bulging or herniation. No central or foraminal stenosis.

L2-3: Mild posterior disc bulging. No central or foraminal stenosis.

L3-4: Mild posterior disc bulging. No central or foraminal stenosis.

L4-5: Mild posterior disc bulging and posterior facet hypertrophy. Mild bilateral proximal foraminal stenosis. No central stenosis.

L5-S1: Mild posterior disc bulging and posterior facet hypertrophy left greater than right with ligamentum flavum hypertrophy. Stenosis of the lateral recesses bilaterally left greater than right. Severe left and moderate to severe right foraminal stenosis from a combination of bony and disc degenerative changes.

S1-2: Posterior facet hypertrophy, left greater than right. Left transverse process is sacralized and right transverse process is lumbarized. No central stenosis detected. Mild right and moderate left foraminal narrowing from bony degenerative changes.

Atherosclerotic ectatic imaged aorta. Imaged retroperitoneal structures are otherwise grossly unremarkable.

IMPRESSION:

Transitional vertebral bodies. There is grade 1 anterolisthesis of L5 appreciated secondary to facet degenerative changes. No pars fractures are appreciated. There are multilevel degenerative changes from L4-5 through S1-2.

Christopher Sidden, M.D.
CS / CH

DD: 6/2/2011

PATIENT: Houston, Tommy
MRN: 722650
EXAM: CT SCAN OF THE LUMBAR SPINE WITH CONTRAST

DT: 6/2/2011
Job: 12909922

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

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

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 119145332
Appointment Facility: Upstate Medical Rehabilitation

08/18/2011

Progress Notes: Jyoti Math, MD

Current Medications

pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Bystolic tablet 10 mg 1 tab(s) twice a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Reason for Appointment

1. New W/C shoulder

History of Present Illness

Worker's Comp:

Interim History:

1. MRI L-Spine 10/14/10: (a) there is increased stress at the lumbosacral junction. (b) severe bilateral L5-S1 facet arthritis. mild non-compressive L5-S1 disc bulge. mild L4-5 disc bulge (c) moderate left and milder right S1 lateral recess narrowing (d) moderate right and severe left L5 bony neural foraminal stenosis

2. CT L-Spine 6/2/11: (a) transitional vertebral bodies. there is grade 1 anterolisthesis of L5 appreciated secondary to facet degenerative changes. (b) no pars fractures are appreciated. there are multilevel degenerative changes from L4-5 through S1-2

3. FL-Lumbar Myelogram 6/2/11: (a) minimal anterolisthesis of L5. endplate degenerative changes noted. vertebral body heights maintained (b) fluoroscopically guided lumbar myelogram.

Date of Injury: 3/11/08 2:30 pm . Work Status: Out of work, WC leave. Current treatment: PT No PT in past , Injections: No. Location: Lumbar region bilaterally, shoulders, hips . Quality: radiating, numbnes, burning, constant cramp. Severity: Pain score (on a scale of 1-10): 10 (unbearable). Qualitative intensity: moderate-to-severe. Functional impairment is very severe - when present the patient is unable to carry out any daily activities. Effect of pain on sleeping: interferes with sleep. Trend in severity since onset: slightly increased. Investigations: MRI scan, Myelogram.

General:

Patient is a 55 year-old male, seen at the request of Dr. Bucci for pain management for low back. Patient sustained a work injury on 3/11/2008. He worked for AT Systems in an armored car service when on 3/11 his partner pulled out and their armored car was hit. He injured his left shoulder and had multiple broken ribs and kidney puncture. He never had back pain before and his back pain started on the day of the injury. He has been evaluated by Dr. Wessinger. He is status post right shoulder scope and rotator cuff repair on 7/11/2008.

Regarding his back pain and knee pain, he is status post physical therapy and he was in physical therapy from 2008 to 2009, and he got a little better and he was stable. In June 2009, he went back to work

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

and he worked until August 2010, but his job is physically demanding and requires heavy lifting, and that aggravated his shoulder pain, as well as back pain. Back pain is worse with prolonged standing. It is in the back of the thigh on the left side and occasionally up to the heel. He has numbness in the L5 distribution. He has some weakness secondary to the pain, but no true weakness. He denies any fall, but occasionally he had some near-fall events.

Regarding his workers' comp, the case was settled in August 2010 and he was put at MMI by Dr. Wessinger, but it was reopened because of aggravation of his symptoms. Currently, his medical expenses are covered by workers' comp. He has recently been evaluated by Dr. Bucci and he does not feel that he is a surgical candidate. Dr. Bucci had ordered lumbar myelogram and as per his note, patient's spinal canal is wide open without any impingement and he does not require any surgery. I have reviewed the CT myelogram report. I have also reviewed his functional capacity evaluation done at ProAxis in May 2009.

Referring Provider: Michael N. Bucci, MD.

Vital Signs
Temp (F) 97.8, HR 89, BP 148/82, O2 Sat 95%, Pain score 8.

Examination
General Exam:

Patient is obese, awake, alert and oriented. His gait is normal. He is able to stand on his toes, but not on his heels. General Appearance: No apparent acute or chronic distress. Communicates normally. Alert. Affect: Normal. Head: Atraumatic. Cardiovascular: Normal, 2+ peripheral vascular pulses (rhythm, amplitude). Chest: Respiratory effort normal. Abdomen: Normal without tenderness. Skin: No significant lesions, normal. Extremities: No edema, no cyanosis, no ulcerations. Neurological and musculoskeletal assessment: On inspection, there is no swelling or edema on his lower back. On palpation, he has tenderness over the lumbar paraspinal muscles, as well as left posterosuperior iliac spine. No tenderness over the piriformis muscle or greater trochanter. Strength in bilateral lower extremities is 5/5 in myotomal distribution. No sensory deficits noted, except in left L5 distribution he has some numbness and impaired sensation. Reflexes are 1+ and symmetrical at bilateral knee and ankle. Straight leg test is negative. Hip range of motion is full and pain free. FABER test is positive on the left. No pelvic obliquity.

Assessments
1. Lumbar and sacral arthritis - 721.3 (Primary)
2. Spondylolisthesis - 756.12
3. DISORDERS SACRUM - 724.6
4. Pain, myofacial - 729.1
5. Lumbar Radiculopathy - 724.4

Treatment
1. Lumbar and sacral arthritis
Start Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours, 30 days, 120
Start Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 days, 90

2. Others
I think his pain is multifactorial in origin due to above. We will start him with physical therapy for SI joint mobilization and myofascial release. If it does not improve his pain, I will consider lumbar paraspinal and ilioinguinal ligament trigger point injection. He also may benefit from facet injections, including medial branch block and rhizotomy in the future. We will reassess him as the treatment progresses and decide the future plans. We will also get flexion and extension x-rays for spondylolisthesis to make sure that it is not unstable. Patient is out of work, as per Dr. Bucci's recommendations. Also, if he does not improve with the physical therapy, we will consider SI joint injectionI The patient was advised to continue all other medications as prescribed by other treating physicians/providers. JM/jp/081811.
Referral To:
Reason:PT: For SI mobilization and myofacial release, |Lumbar TPI: Illioinguinal lig and lumbar paraspinal muscles.

Referral To:
Reason:L sine X ray Flexion/extension views: Dx Spondylolisthesis

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: lumbar TPI)



Electronically signed by Jyoti Math on 08/23/2011 at 09:40 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation

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111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 08/18/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 121028898
Appointment Facility: Upstate Medical Rehabilitation

09/12/2011

PROGRESS NOTES: Jyoti Math, MD

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Flexeril tablet 10 mg 1 tab(s) 3 times a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. LUMBAR. UMR Trigger Point Injection JM

History of Present Illness

Worker's Comp:

Interim History:

1. MRI L-Spine 10/14/10: (a) there is increased stress at the lumbosacral junction. (b) severe bilateral L5-S1 facet arthritis. mild non-compressive L5-S1 disc bulge. mild L4-5 disc bulge (c) moderate left and milder right S1 lateral recess narrowing (d) moderate right and severe left L5 bony neural foraminal stenosis

2. CT L-Spine 6/2/11: (a) transitional vertebral bodies. there is grade 1 anterolisthesis of L5 appreciated secondary to facet degenerative changes. (b) no pars fractures are appreciated. there are multilevel degenerative changes from L4-5 through S1-2

3. FL-Lumbar Myelogram 6/2/11: (a) minimal anterolisthesis of L5. endplate degenerative changes noted. vertebral body heights maintained (b) fluoroscopically guided lumbar myelogram.

Date of Injury: 3/11/08 2:30 pm . Work Status: Out of work, WC leave. Current treatment: PT No PT in past , Injections: No. Location: Lumbar region bilaterally, shoulders, hips . Quality: radiating, numbnes, burning, constant cramp. Severity: Pain score (on a scale of 1-10): 10 (unbearable). Qualitative intensity: moderate-to-severe. Functional impairment is very severe - when present the patient is unable to carry out any daily activities. Effect of pain on sleeping: interferes with sleep. Trend in severity since onset: slightly increased. Investigations: MRI scan, Myelogram.

Assessments

1. Pain, myofacial - 729.1 (Primary)
2. Pain, Back - 724.5

Treatment

1. Pain, myofacial

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 days, 90
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours, 30 days, 120
release date 9/16/11
I have shown him streches for lumbar paraspinal muscles.

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

2. Pain, Back
Diagnostic Imaging:Lumbar Spine, 2 or 3 views

Procedures
Generic Procedure Note:

Procedure Type: Trigger Point Injection.

The patient presented for Trigger Point Injections. Patient is awake, alert and oriented. , The patient was advised as to risk and benefits of the procedure, .

Indications Myofascial pain with trigger point(s) .

Consent Informed consent was obtained. The patient was advised as to risks and benefits of the procedure. .

Prep The triggers point(s) was/were identified and marked with a pen. The skin was prepped with Betadine/Alcohol. .

Timeout Performed for correct injection site., Identification and confirmation were performed using written consent and history and physical exam..

Procedure Aspiration was negative. The trigger points (s) was/were injected in lt illiolumbar lig and paraspinal muscles. and the 25 gauge 1 1/2 inch needle was used to distribute the injectate in a fan- like manner infiltrating the trigger point., A total of of (3) trigger points were injected with approximately (0.5/1/2) cc's of injectate per trigger point. , The injectate utilized in this procedure consisted of _2___ cc's of 1% Lidocaine and ___1__ cc's of Kenolog 10/ mg/ml. The needle was removed. The Betadine was cleansed off. All bleeding was controlled. A Band-AId was applied. There were no immediate complications. .

Complications None noted .

Post-Procedure The patient tolerated the procedure well. Post procedure instructions were explained and given to the patient., The patient is invited to contact us at any time should they have any questions and/ or problems. .

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Procedure Codes
20552 INJECT TRIGGER POINT, 1 OR 2
J3301 Kenalog
72100 LS SPINE (2-3 VIEW) X-RAY

Follow Up
4 Weeks

Jmath

Electronically signed by Jyoti Math on 09/15/2011 at 11:57 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 09/12/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 122371685
Appointment Facility: Upstate Medical Rehabilitation

10/10/2011

Progress Notes: Jyoti Math, MD

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. FOLLOW UP

History of Present Illness

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms.

2. Low back pain, mainly secondary to facet and SI problem as well as myofascial in origin S/P trigger point injection by me on 9/12/11. The patient reports partial relief. The patient is in physical therapy.

3. Spondylolisthesis S/P x-ray.

The patient returns today for followup. He has been doing well. He says the trigger point injection partially helped him. He is in physical therapy and progressing very well but he continues to have low back pain. He denies any progression of symptoms to the feet. No change in bowel or bladder habit. No fever or weight loss.

Date of Injury: 3/11/08 2:30 pm . Work Status: Out of work, WC leave. Current treatment: PT No PT in past , Injections: No. Location: Lumbar region bilaterally, shoulders, hips . Quality: radiating, numbnes, burning, constant cramp. Severity: Pain score (on a scale of 1-10): 10 (unbearable)pain is currently 8...pt just left PT, pt took percocet this morning. Qualitative intensity: moderate-to-severe. Functional impairment is very severe - when present the patient is unable to carry out any daily activities. Effect of pain on sleeping: interferes with sleep. Trend in severity since onset: slightly increased. Investigations: MRI scan, Myelogram.

General:

Diagnostic Imaging Studies: 1. MRI L-Spine 10/14/10: (a) there is increased stress at the lumbosacral junction. (b) severe bilateral L5-S1 facet arthritis. mild non-compressive L5-S1 disc bulge. mild L4-5 disc bulge (c) moderate left and milder right S1 lateral recess narrowing (d) moderate right and severe left L5 bony neural foraminal stenosis

2. CT L-Spine 6/2/11: (a) transitional vertebral bodies. there is

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

grade 1 anterolisthesis of L5 appreciated secondary to facet degenerative changes. (b) no pars fractures are appreciated. there are multilevel degenerative changes from L4-5 through S1-2

3. FL-Lumbar Myelogram 6/2/11: (a) minimal anterolisthesis of L5. endplate degenerative changes noted. vertebral body heights maintained (b) fluoroscopically guided lumbar myelogram.

4. Lumbosacral Spine X-ray 9/12/11- Transitional vertebra at the lumbosacral junction. Facet degenerative changes in the lower lumbar spine and at the lumbosacral junction. Old right posterior rib fractures. No other acute injury identified.

Examination

General Exam:

On examination, he is awake, alert, oriented. He communicates appropriately. He is able to transfer independently from sitting to standing position. On inspection, there is no swelling or erythema. On palpation, there is tenderness in the lumbar facets as well as left posterior/superior iliac spine. Faber test is positive on the left side. Strength in bilateral lower extremities is 5/5.

Assessments

1. Lumbar and sacral arthritis - 721.3 (Primary)
2. DISORDERS SACRUM - 724.6
3. Spondylolisthesis - 756.12
4. Pain, myofacial - 729.1
5. Lumbar Radiculopathy - 724.4
6. Pain, Back - 724.5

Treatment

1. Lumbar and sacral arthritis

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 days, 90
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours, 30 days, 120

2. Others

I think most of his pain is secondary to underlying SI joint and facet problem. In physical therapy they are working on SI joint mobilization but he is not progressing enough so we will go ahead and schedule him for left SI injection under fluoroscope. He also has a component of facet pain so after SI injection we will consider medial branch block and rhizotomy depending on the results of the SI joint. For the spondylolisthesis I had ordered flexion/extension view but the technician has done only standing view so we need to get the flexion and extension views. I have refilled his prescription for Percocet and Flexeril. Followup for left SI injection. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

JM/mat/101011.

Referral To:

Reason:Lt SI inj

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current

meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: Lt SI inj WC)



Electronically signed by Jyoti Math on 10/13/2011 at 04:06 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 124126467
Appointment Facility: Upstate Medical Rehabilitation

10/31/2011 Progress Note: Jyoti Math, MD

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. LT SIJ

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms.

2. Low back pain, mainly secondary to facet and SI problem as well as myofascial in origin S/P trigger point injection by me on 9/12/11. The patient reports partial relief. The patient is in physical therapy.

3. Spondylolisthesis S/P x-ray.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 7, Rate your pain since you began treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: PT, Medication(s) 4am today, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs

Temp (F) 98.8, HR 99, BP 140/80, RR 18, O2 Sat 96
Blood sugar 110.

Assessments

1. DISORDERS SACRUM - 724.6 (Primary)
2. Pain, Back - 724.5

Treatment

1. DISORDERS SACRUM

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 days, 90
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

hours, 30 days, 120

Procedures
Sacroiliac Joint Injection:

Consent Informed consent obtained, After reviewing the risks, benefits, likely outcome and potential complications of the procedure, pre-injection verbal and written consents were obtained, The procedure and post-procedure course were discussed with the patient in detail, All questions were answered.

Prep The patient was transported to the procedure room and placed in the prone position on the pain-management fluoroscopy table, Sterile prep and drape were performed, Scout film of the pertinent anatomy was taken, The anterior and posterior projections of the ___Lt___ sacroiliac joint were noted, Prior to the procedure the patient was reassessed. The patient reported no new complaints, medical problems or medications since our last office visits. Physicial exam was performed and was within normal limits..

Time Out performed for correct injection site, Identification and confirmation were performed using written consent and history and physical exam.

Procedure Local anesthesia of the skin and subcutaneous tissues was accomplished utilizing a 25-gauge 1.5-inch needle injecting lidocaine 1% X 2mls., A #22-gauge 3.5-inch Quincke-tip spinal needle was placed in the posterior portion of the sacroiliac joint under fluoroscopic guidance, A distinct pop through the joint capsule was noted, A mixture of 1 cc of marcain 0.5% and kenolog 40 mg /cc were injected into the joint space, The patient had no complaints of pain or paresthesia druing the injection.

Post Procedure The patient tolerated the procedure well and was transported to the recovery room in stable condition, Post procedural education was performed in recovery area, The patient was discharged ambulating without difficulty, We will follow up with the patient via telephone within one week's time, We will be happy to see the patient again on a prn basis.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Procedure Codes
J3301 Kenalog
77003 FLUOROGUIDE FOR SPINE INJECT
27096 INJECT SACROILIAC JOINT

Follow Up
5W



Electronically signed by Jyoti Math on 11/09/2011 at 12:55 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 10/31/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 125394452
Appointment Facility: Upstate Medical Rehabilitation

12/05/2011

Progress Notes: Jyoti Math, MD

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. FOLLOW UP FROM SIJ

History of Present Illness

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury.

2. Low back pain, mainly secondary to facet and SI problem as well as myofascial in origin S/P trigger point injection by me on 9/12/11. The patient reports partial relief. The patient is in physical therapy. The patient is S/P SI injection with no significant improvement. Pain relief lasted for only one to two days.

3. Spondylolisthesis S/P x-ray.

4. The patient is in physical therapy. He feels that he is plateauing at the physical therapy. Initially it helped but now he has plateaued.

The patient returns today for followup. He continues to have back pain which shoots down the left leg up to the knee. It never goes beyond the knee. Prolonged standing exacerbates his pain. He can stand up to 15 to 20 minutes and then the pain gets worse. He denies any weakness in his lower extremities. No change in bowel or bladder habit. Fever or weight loss.

Date of Injury: 3/11/08 2:30 pm . Work Status: Out of work, WC leave. Current treatment: PT No PT in past , Injections: No. Location: Lumbar region bilaterally, shoulders, hips . Quality: radiating, numbnes, burning, constant cramp. Severity: Pain score (on a scale of 1-10): 10 (unbearable)pain is currently 8...pt just left PT, pt took percocet this morning. Qualitative intensity: moderate-to-severe. Functional impairment is very severe - when present the patient is unable to carry out any daily activities. Effect of pain on sleeping: interferes with sleep. Trend in severity since onset: slightly increased. Investigations: MRI scan, Myelogram.

General:

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

Diagnostic Imaging Studies: 1. MRI L-Spine 10/14/10: (a) there is increased stress at the lumbosacral junction. (b) severe bilateral L5-S1 facet arthritis. mild non-compressive L5-S1 disc bulge. mild L4-5 disc bulge (c) moderate left and milder right S1 lateral recess narrowing (d) moderate right and severe left L5 bony neural foraminal stenosis

2. CT L-Spine 6/2/11: (a) transitional vertebral bodies. there is grade 1 anterolisthesis of L5 appreciated secondary to facet degenerative changes. (b) no pars fractures are appreciated. there are multilevel degenerative changes from L4-5 through S1-2

3. FL-Lumbar Myelogram 6/2/11: (a) minimal anterolisthesis of L5. endplate degenerative changes noted. vertebral body heights maintained (b) fluoroscopically guided lumbar myelogram.

4. Lumbosacral Spine X-ray 9/12/11- Transitional vertebra at the lumbosacral junction. Facet degenerative changes in the lower lumbar spine and at the lumbosacral junction. Old right posterior rib fractures. No other acute injury identified.

Vital Signs
pain 6; pt took percocet this morning.

Examination
General Exam:

He is awake, alert, oriented. He is able to transfer independently. Gait is normal. Lumbar extension, side bending and rotation is severely restricted because of the pain, left side more than right. On palpation, he has tenderness over lower lumbar facet joints.

Assessments
1. Pain, Back - 724.5 (Primary)
2. Spondylolisthesis - 756.12
3. DISORDERS SACRUM - 724.6
4. Lumber Facet Arthropathy - 721.3

Treatment
1. Pain, Back
Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day prn, 30 days, 90
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day), 30 days, 120

2. Others
Procedure risk and benefits discussed with patient which includes but not limited to infection, bleeding, allergy, steroid flare and some chance of nerve damage. Patient voices understanding it.
I think most of his pain is secondary to lumbar facet arthropathy. We will consider lumbar medial branch block and radiofrequency ablation and I have discussed this procedure with him including risks and benefits. Risk includes but not limited to infection, bleeding, allergy and very rare chance of nerve damage. I will schedule him for medial branch block and if he has more than 50% pain relief we will consider bilateral lumbar radiofrequency ablation of facet joints. I have refilled his Lortab and Flexeril. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/mat/120511.

Referral To:
Reason: Bilateral Lumbar MBB WC: 3 levels

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
1 Week (Reason: Bil Lumbar MBB)



Electronically signed by Jyoti Math on 12/14/2011 at 01:22 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 127489276
Appointment Facility: Upstate Medical Rehabilitation

12/22/2011 Progress Notes: Jyoti Math, MD

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) 3 times a day prn
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.

Reason for Appointment

1. Followup to medial branch block

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury.

2. Low back pain, mainly secondary to facet and SI problem as well as myofascial in origin S/P trigger point injection by me on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement.

3. Spondylolisthesis S/P x-ray.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy.

5. 12/21/11 Bilateral MBB Lt side increased in pain and Rt side 75% less pain.

Patient returns today for followup. He had bilateral medial branch block yesterday. He had almost 75% pain relief on the right side, but he did not get any pain relief on the left side. He continues to have radicular symptoms on the left side in L5/S1 distribution. He denies any progressive weakness. No change in bowel or bladder habits. No fever or weight loss.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable) left side, Rate your pain since you

no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

began treatment (on a scale of 0-10): 10 (unbearable), Is the current treatment working? No, Current treatment includes: Medication(s) Percocet 4 am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Examination

General Exam:

On examination, he is awake, alert, and oriented. He is able to transfer independently. Lumbar extension is limited because of the pain. He has good strength in bilateral lower extremities. He has some sensory impairment in L5/S1 distribution. Reflexes are 2+ at bilateral knees and ankles. Straight leg test is negative.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5
3. Pain, myofacial - 729.1
4. Lumbar Radiculopathy - 724.4
5. Spinal Stenosis - 724.00

Treatment

1. Others

I think his pain is multifactorial in origin. As he has responded very well to medial branch block on the right side, I will proceed with right lumbar facet radiofrequency ablation. For the left side, as he has not gotten good relief, he might get benefit with left intra-articular facet injection in the future. Considering his left radicular symptoms and after reviewing the MRI, his symptoms could be secondary to foraminal stenosis and he may benefit from epidural steroid injection. We will address that in the future. Follow up for radiofrequency ablation.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/122211.
Referral To:
Reason:Rt lumbar facet RFA

Follow Up

2 Weeks



Electronically signed by Jyoti Math on 01/06/2012 at 10:51 AM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 12/22/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 128967387
Appointment Facility: Upstate Medical Rehabilitation

01/04/2012

Progress Notes: April Smith, PA-C

Current Medications

Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
Flexeril tablet 10 mg 1 tab(s) 3 times a day prn
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Bystolic tablet 10 mg 1 tab(s) twice a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.

Reason for Appointment

1. FOLLOW UP PER TAMEKA

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury.

2. Low back pain, mainly secondary to facet and SI problem as well as myofascial in origin S/P trigger point injection by me on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement.

3. Spondylolisthesis S/P x-ray.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy.

5. 12/21/11 Bilateral MBB Lt side increased in pain and Rt side 75% less pain.

Today pt. reports that he is scheduled for RFA 1/12. He presents today for medication refills and information regarding procedure.

Pt. states that his pain goes down the posterior LLE to the knee. He also has parasthesias in the lateral lower leg and numbness in the plantar aspect to the great toe.

Pt. states that walking about 10-15 minutes increases his pain to the point that he has to sit down. If he sits on a hard surface, the pain is relieved after about 2 mins. He can often get up and walk another 10-15 mins. Sitting in the car x 30 mins increases his pain to the point that he has to get up and walk around a little. Soft seats seem to aggrevate his problem. Lying down flat does not seem to fix anything. He states that

no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

his concrete step seems to do the best for him.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable) left side, Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? No, Current treatment includes: Medication(s) pt took percocet this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs

Ht 70, HR 101, BP 108/104, O2 Sat 95%, Pain score 6
pt states that symptoms of high BP and states that he took his BP meds this morning. Informed pt to contact PCP if he starts having symptoms. pt expressed understanding...THudson, RMA.

Examination

Gait:

Heel Walk intact. Toe Walk intact - holds to furniture for balance. ambulates with R toe pointed laterally d/t knee pain.

General Exam:

General Appearance Well developed, well nourished and groomed, No apparent acute or chronic distress, alert, alert and oriented.
Back pain with extension, tener L SI joint and L gluts, + piriformis stretch L buttock. Pysch Normal;.

Assessments

1. Pain, Back - 724.5 (Primary)
2. Spondylolisthesis - 756.12
3. DISORDERS SACRUM - 724.6
4. Lumber Facet Arthropathy - 721.3

Pt. has had good relief wtih MBB on the R. He seems to have a lot of pain coming from L SI joint and possible piriformis syndrom. He has been through PT and is still doing HEP. He states that piriformis injection provided short term relief.
We will begin by following through with RFA and plan to address the other issues after this procedure.
A great deal of time is spent with this patient discussing the nature of his condition and treatment options. He is agreeable to RFA and will continue HEP especially piriformis stretches.

Treatment

1. Pain, Back

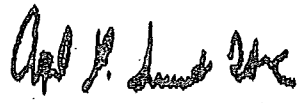
Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day prn, 30 days, 90
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day), 30 days, 120

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide

all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
after rhizotomy (Reason: FU Dr. Math)



Electronically signed by April(UMR) Smith , PA-C on 01/10/2012 at 04:28 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 01/04/2012

Note generated by eClinicalWorks EMR/PM Software (www eClinicalWorks com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

55 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 128909298
Appointment Facility: Upstate Medical Rehabilitation

02/02/2012

Progress Notes: Jyoti Math, MD

Current Medications

Flexeril tablet 10 mg 1 tab(s) 3 times a day prn
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Bystolic tablet 10 mg 1 tab(s) twice a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol .
Smoking: yes PPD: , years:.

Reason for Appointment

1. F/U TO RFA

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

3. Spondylolisthesis S/P x-ray.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy.

The patient returns today for followup. He has been doing well since radiofrequency ablation on the right side but he has persistent pain on the left side that interferes with his daily activity, prolonged standing and walking exacerbates his symptoms. Pain shoots down the back of the thigh up to the knee, never goes beyond the knee. He denies any progressive weakness. Sitting alleviates his symptoms immediately. He says Percocet helps him a lot with his daily activities and improves his function. He cannot tell a difference with the Flexeril.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 3 Still pain on the left side 7, Rate your pain since you began treatment (on a scale of 0-10): 1, Is the current treatment

no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

working? Yes, Current treatment includes: Medication(s) percocet this am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Temp (F) 99.5, Ht 70, Wt lbs 200, Wt kg 90.72, BMI 28.69, HR 87, BP 162/98, RR 20, O2 Sat 95RA.

Examination
General Exam:
He is awake, alert, oriented. He is able to transfer independently. Lumbar extension reproduces the pain. On palpation he has some tenderness over left posterior/superior iliac spine, minimal tenderness over piriformis.

Assessments
1. DISORDERS SACRUM - 724.6 (Primary)
2. Pain, Back - 724.5
3. Lumber Facet Arthropathy - 721.3

Treatment
1. DISORDERS SACRUM
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, qhs, 30 days, 30, Refills 0
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day), 30 days, 120

2. Others
Drug side effects discussed with pt which includes but not limited to drug interaction, drowsiness, operating heavy machinery and driving precautions and drug dependency.
We discussed the different possible etiologies. I tried medial branch block on left facets but I could not reach the target nerves maybe because of the osteophytes. Because of his activity limiting persistent pain he wants to get a second opinion with a surgeon and I have made a referral to Dr. McHenry. Followup in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/mat/020212.
Referral To:
Reason:Referral to Dr McHenry: Persistant back pain

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA)



Electronically signed by Jyoti Math on 02/14/2012 at 05:05 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 02/02/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 131209801
Appointment Facility: Upstate Medical Rehabilitation

03/01/2012

Progress Notes: April Smith, PA-C

Current Medications

pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Bystolic tablet 10 mg 1 tab(s) twice a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Flexeril tablet 10 MG 1 tab(s) qhs
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. FOLLOW UP

History of Present Illness

General:
Worker's Comp:
Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

3. Spondylolisthesis S/P x-ray.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Today pt. reports that his flexeril was decreased from q 8 hours to at bedtime. He states that this decrease has caused a flare up of his pain. He would like to go back on his flexeril TID.

Pt. reports that he has not yet heard from Dr. McHenry's office.

Pt. reports that when rotating to the L at the waist, his LLE "does not move in time" resulting in his falling. He states that this does not happen as frequently as it used since seeing PT.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 3, Rate your pain since you began treatment (on a scale of 0-10): 1, Is the current treatment working? Yes, Current treatment includes: Medication(s) percocet this am, Are you experiencing any side effects from the medications prescribed by your Physician at

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 200, Wt kg 90.72, BMI 28.69, BP 159/99, Pain score 5, HR 103, O2 Sat 95, Temp (F) 98.2.

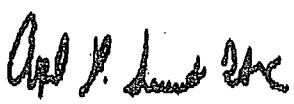
Examination
Gait:
Heel Walk intact. Toe Walk difficulty with balance. Tandem Walk with some difficulty d/t balance. Squat full.
Gait: WNL, steady.
General Exam:
General Appearance obese, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Extremities strength 5/5, though LLE is mildly weaker than RLE with still good strength, decreased sensation lateral LLE, DTR brisk B. Back pain with flexion, knees slightly flexed; pain limits extension. Pysch appropriate mood and affect.

Assessments
1. DISORDERS SACRUM - 724.6 (Primary)
2. Pain, Back - 724.5
3. Lumber Facet Arthropathy - 721.3

Treatment
1. DISORDERS SACRUM
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, qhs, 30 days, 30, Refills 0
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day), 30 days, 120

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: FU on referral)



Electronically signed by April(UMR) Smith , PA-C on 03/07/2012 at 01:28 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 03/01/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 133069906
Appointment Facility: Upstate Medical Rehabilitation

03/29/2012

Progress Notes: April Smith, PA-C

Current Medications

niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
Flexeril tablet 10 MG 1 tab(s) qhs
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. FOLLOW UP

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

3. Spondylolisthesis S/P x-ray.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Today pt. reports that his atty has gotten involved in the referral to Dr. McHenry. He hopes that this will result in getting this through a little more quickly.

He denies any changes in the character or quality of his pain. He states that he is still falling 1-2x/week when outside. He states that in the house, he is able to catch himself on furniture, walls, etc. He reports falling when he turns to the left and his LLE is not where it should be. He denies any new numbness, weakness, incontinence.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) am med, Are you

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
BP 160/96, HR 90, O2 Sat 95, Temp (F) 98.7.

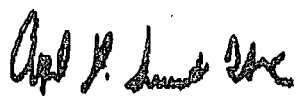
Examination
General Exam:
General Appearance Well developed, well nourished and groomed, Communicates normally, No apparent acute or chronic distress, alert and oriented. Skin purpura on RUE s/p fall. Pysch appropriate mood and affect.
Gait:
slightly flexed at waist, steady once going.

Assessments
1. DISORDERS SACRUM - 724.6 (Primary)
2. Pain, Back - 724.5
3. Lumber Facet Arthropathy - 721.3

Treatment
1. DISORDERS SACRUM
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, qhs, 30 days, 30, Refills 0
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day), 30 days, 120

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: FU Dr. Math)



Electronically signed by April(UMR) Smith , PA-C on 04/11/2012 at 12:48 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 03/29/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 134978543
Appointment Facility: Upstate Medical Rehabilitation

04/30/2012

Progress Notes: Jyoti Math, MD

Current Medications

Bystolic tablet 10 mg 1 tab(s) twice a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours (max4/day)
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Flexeril tablet 10 MG 1 tab(s) qhs
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.

Reason for Appointment

1. FOLLOW UP

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

3. Spondylolisthesis S/P x-ray. He has persistent left lower back pain. I had made a referral to see Dr. McHenry. Patient has not heard anything yet.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Patient returns today for followup. He continues to have left lower lumbar pain. He had significant improvement with the right RFA on the right side, but we could not reach the medial branch on the left side, so RFA has not been performed on the left side. Patient also reports that he feels that the Percocet is not helping much and he wants to know what are the other options. He continues to have radicular symptoms, all the way down to his foot that has not changed for the last one year or so. He had CT myelogram for the same symptom, which is unremarkable. He reports no change in pain pattern. No progressive weakness. No change in bowel or bladder habits. No fever or weight loss.

Pain Any pain at this time? Yes, chronic pain, Does your current

no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 8, Is the current treatment working? Yes, Current treatment includes: Medication(s) pt took percocet this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
BP 158/98, Pain score 8, HR 90, O2 Sat 95, Temp (F) 97.9.

Examination
General Exam:
On examination, he is awake, alert, and oriented. He is able to transfer independently. Gait is normal. Strength in bilateral lower extremities is 5/5.

Assessments
1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5
3. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
4. Therapeutic drug monitoring - V58.83
5. Pain, Chronic - 338.29

Treatment
1. Lumber Facet Arthropathy
Stop Flexeril tablet, 10 MG, 1 tab(s), orally, qhs
Stop Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours (max4/day)
Start Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours max of 4 aday, 30 days, 120
Start amitriptyline tablet, 25 mg, 1 tab(s), orally, once a day (at bedtime), 30 day(s), 30 .

2. ENCOUNTER LONG TERM USE OTH DRUGS
LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

3. Therapeutic drug monitoring
LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

4. Others
I do not think that he needs a new MRI as his symptoms have not changed much and the CT myelogram last year was unremarkable. He is still waiting for surgical opinion. I discussed the option of left facet intraarticular injection to see if that alleviates his symptoms. Patient wants to try medication first before he tries an injection. I have increased his Percocet to 10 mg and also added amitriptyline, which will help for chronic pain as well as for sleep. I discussed potential side effects with him. If he does not improve with this medication we will

consider facet intraarticular injection.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/043012.

Procedure Codes
83925 ASSAY OF OPIATES
80101 DRUG SCREEN, SINGLE
00.10 Change next to 10 units

Follow Up
4 Weeks (Reason: PA)



Electronically signed by Jyoti Math on 05/03/2012 at 10:42 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 04/30/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 136908258
Appointment Facility: Upstate Medical Rehabilitation

05/31/2012

Progress Notes: April Smith, PA-C

Current Medications

Percocet-10/325 tablet 325 mg-10 mg 1 tab(s) every 6 hours max of 4 aday
amitriptyline tablet 25 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.

Reason for Appointment

1. FOLLOW UP

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

3. Spondylolisthesis S/P x-ray. He has persistent left lower back pain. I had made a referral to see Dr. McHenry. Patient has not heard anything yet.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Today pt. reports that the percocet 10 improved his pain a little more than the 7.5, but caused HA and nausea. He also complained of profuse sweating. He denies any adverse effects with amitryptiline, but did not notice improvement either. He did noticed increase pain with the stopping of flexeril. Pt. reports that he believes that if he could go back to his former medications, he would be okay. He states that he has 2 bad days each week and thinks that if he had a couple extra pills on those days with the lower dosage of percocet, he would be doing better.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began

no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Pain score 5.

Examination
General Exam:
General Appearance Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Head atraumatic, normal facial symmetry, normocephalic. Back L spine: pulling in buttock with flexion; full extension with pain in L side; tender with palpation L L5/S1 facet and less so in SI joint. Pysch appropriate mood and affect.
Gait:
Gait: limps on RLE.

Assessments
1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5
3. Pain, Chronic - 338.29

Treatment
1. Lumber Facet Arthropathy
Stop Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours max of 4 aday, 30 days, 120
Stop amitriptyline tablet, 25 mg, 1 tab(s), orally, once a day (at bedtime), 30 day(s), 30
Start Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 days, 150, Refills 0
Start Flexeril tablet, 10 mg, 1 tab(s), orally, once daily at bedtime, 30 days, 30, Refills 3

2. Others
Continue amlodipine-benazepril capsule, 10 mg-40 mg, 1 cap(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue niacin tablet, extended release, 1000 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue Bystolic tablet, 10 mg, 1 tab(s), orally, twice a day
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)

Follow Up
4 Weeks (Reason: mrf with PA)

Electronically signed by April(UMR) Smith , PA-C on 06/20/2012 at 03:08 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 05/31/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 138899281
Appointment Facility: Upstate Medical Rehabilitation

06/28/2012 Progress Notes: April Smith, PA-C

Current Medications

Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
amlodipine-benazepril capsule 10 mg-40 mg 1 cap(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.

Reason for Appointment

1. FOLLOW UP/WC MRF

History of Present Illness

General:

Worker's Comp:

Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain. I had made a referral to see Dr. McHenry. Patient has not heard anything yet.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Today pt. reports that he is doing better with the medicaiton change. His pain is a litttle higher, but without the adverse effects. He is able to take a couple of extra pills on bad days.

He states that his R sided pain is beginning to return after rhizotomy. He feels that the medications are still contolling this adequately and does not wish to repeat MBB and RFA at this time.

Pt. reports that medical review board has approved his appt. with Dr. McHenry. He should hear from their office in the near future.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began

R 323

no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 209, Wt kg 94.8, BMI 29.99, BP 139/74, HR 46, Pain score 5/10, Tech Initial jt.

Examination
General Exam:
General Appearance Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Abdomen central obesity. Pysch appropriate mood and affect.
Gait:
Gait: stiff antalgic transitional movements, Gait: steady.

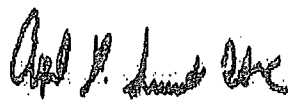
Assessments
1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5
3. Pain, Chronic - 338.29

Treatment
1. Lumber Facet Arthropathy
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 days, 150, Refills 0
Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once daily at bedtime, 30 days, 30, Refills 3

2. Others
Continue amlodipine-benazepril capsule, 10 mg-40 mg, 1 cap(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue niacin tablet, extended release, 1000 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue Bystolic tablet, 10 mg, 1 tab(s), orally, twice a day
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
2 Months (Reason: FU Dr. MAth)



Electronically signed by April(UMR) Smith , PA-C on 07/05/2012 at 09:59 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 06/28/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD External Visit ID: 140945197
Appointment Facility: Upstate Medical Rehabilitation

07/26/2012

Progress Notes: April Smith, PA-C

Current Medications

Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
niacin tablet, extended release 1000 mg 1 tab (s) once a day (at bedtime)
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Bystolic tablet 10 mg 1 tab(s) twice a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.

Reason for Appointment

1. FOLLOW UP/WC MRF

History of Present Illness

General:
Worker's Comp:
Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain. I had made a referral to see Dr. McHenry. Patient has not heard anything yet.

MRI of lumbar spine done on 10/4/2010 shows there is increased stress at lumbosacral junction, severe bilateral L5/S1 facet arthritis, mild non compressive L5/S1 disc bulge, mild L4/L5 disc bulge, moderate left and milder right L5/S1 lateral recess narrowing, moderate right and severe left L5 body neural foraminal stenosis, which is consistent with his left L5/S1 radiculopathy

Today pt. reports that he has been approved to see Dr. McHenry next THursday.

Pt. reports that he has once again been having trouble with panic attacks at night when he is trying to sleep. He states that he feels like he is unable to hold still and has to move around. He states that in the past he was prescribed ativan 0.5 at bedtime with possiblity to take up to 4 if needed. He states that Dr. Curry was formerly prescribing this. He states that when Dr. Curry closed his practice, he was referred to Dr. Aragon. He states that WC was covering his care with Dr. Curry in the past for this medication.

Pt. is drinking about 5-6 8oz glasses of sweet tea. He also drinks 3-4 glasses of juice. He drinks sweet tea throughout the day.

07/26/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure
see surgery list

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 210, Wt kg 95.26, BMI 30.13, BP 148/88, HR 110, Pain score 6/10, Tech Initial jt.

Examination
General Exam:
General Appearance obese, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Pysch appropriate mood and affect.

Assessments
1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5
3. Pain, Chronic - 338.29

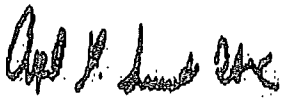
Treatment
1. Lumber Facet Arthropathy
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 days, 150, Refills 0
Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once daily at bedtime, 30 days, 30, Refills 3
Pt. instructed to speak with Dr. Aragon about anxiety. He is to stop all caffeine at noon. He is encouraged to decrese his sugary drink consumption as he is struggling with some central obesity.

2. Others
Continue amlodipine-benazepril capsule, 10 mg-40 mg, 1 cap(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue niacin tablet, extended release, 1000 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue Bystolic tablet, 10 mg, 1 tab(s), orally, twice a day
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

R 327

Follow Up
4 Weeks (Reason: Dr. Math)



Electronically signed by April(UMR) Smith , PA-C on 07/27/2012 at 10:55 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 07/26/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
304 BARTON ST, PO BOX 1099, BASLEY, SC-29640
Home: 864-856-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 140944828
Appointment Facility: Upstate Medical Rehabilitation

Progress Notes: Jyoti Math, MD

08/27/2012

Current Medications
Isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 00/01/00

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol men 18-65 yrs Assessment completed: today, Alcohol Intake: patient does not drink alcohol 8/27/12.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 08/27/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye. mah: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 2 Months (Reason: FU Dr. MAth)

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. s/p FI,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief.
Patient was recently evaluated by Dr. Kanos on 8/24/12. Repeat MRI showed spondylolisthesis. The plan is do left L5/S1 PLIF.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Patient returns today for followup. He continues to have pain in his legs, as well as back. He continues to have left-sided pain, but the pain has not changed in quality or character. He denies any progressive weakness.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 4, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 169/96, HR 63, Pain score 4/10, Tech Initial jt.

Examination
General Exam:
On examination, he is awake, alert, and oriented. He is able to transfer independently. His gait is normal. He communicates appropriately. Strength in bilateral lower extremities is 5/5. Lumbar extension produces the pain.

Assessments
1. Spondylolisthesis - 756.12 (Primary)
2. Pain, Back - 724.5
3. Spinal Stenosis - 724.00

Treatment
1. Spondylolisthesis
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 day(s), 150, Refills 0
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime, 30 day(s), 30, Refills 0

2. Others
Today we will refill his Percocet and Flexeril. He wanted to discuss surgery. I explained to him the possible surgery on the spine more. The patient was satisfied after explanation. I will see him back in four weeks for medication management. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/082712.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA)

JMath

Electronically signed by Jyoti Math on 08/30/2012 at 12:12 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
121 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax 864-241-9229

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 145079448
Appointment Facility: Upstate Medical Rehabilitation

09/24/2012

Progress Notes: April Smith, PA-C

Current Medications
fexofenadine monohydrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
Flexeril tablet 10 MG 1 tab(s) once daily at bedtime

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Reason for Appointment
1. 4 Weeks (Reason: PA)

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief.
Patient was recently evaluated by Dr. Kanos on 8/24/12. Repeat MRI showed spondylolisthesis. The plan is do left L5/S1 PLIF.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Today pt. reports that he is having a rough day today. He states that he is planning to have PLIF with Dr. Kanos. HR does not yet have a tentative date as WC has not yet approved this.
Pt. denies any new numbness or weakness. He reports R sided pain coming back a little, but feels that he can tolerate this until surgery.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 7, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 151/76, HR 115, Pain score 7, Tech Initial kp.

Examination
General Exam:
General Appearance Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Abdomen central obesity. Pysch appropriate mood and affect.
Gait:
steady, antalgic.

Assessments
1. Spondylolisthesis - 756.12 (Primary)
2. Pain, Back - 724.5
3. Spinal Stenosis - 724.00

Treatment
1. Spondylolisthesis
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 day(s), 150, Refills 0
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime, 30 day(s), 30, Refills 0

Follow Up
4 Weeks (Reason: PA refill)

Electronically signed by April(UMR) Smith , PA-C on 09/27/2012 at 12:26 PM EDT
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

Progress Note: Charles C. Kanos

10/22/2012

Current Medications
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 6/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 08/01/09

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 08/01/2012.
Occupation: Employed, but currently not working
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no Paralysis no.
Psychological:
Feels and more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Reason for Appointment
1. SEN WC after MRI to add to prev note

History of Present Illness
Pain:
Pain Screening: Any pain at this time? Yes, Pain is: chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Charles C Kanos MD

Electronically signed by Charles Kanos , MD on 11/12/2012 at 01:34 PM EST
Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7148

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, BARLEY, SC-29640
Home: 864-856-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 147257794
Appointment Facility: Upstate Medical Rehabilitation

Progress Notes: April Smith, PA-C

10/22/2012

Current Medications
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Nexium enteric coated tablet 345 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
oxforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/29
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/Family relationships: Divorced.
Alcohol men 18-65 yrs Assessment completed: today; Alcohol intake: petical does not drink alcohol.
Smoking Status > 18 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 10/22/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks (Reason: PA refill)

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,S/P PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief.
Patient was recently evaluated by Dr. Kanos on 8/24/12. Repeat MRI showed spondylolisthesis. The plan is do left L5/S1 PLIF.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Todsy pt. reports that he will see Dr. Kanos today. He states that WC has not processed his request for surgery as the last page did not fax properly. Aparently no contact was made with Dr. Kanos's office during that time and was only addressed when the surgery scheduler called to follow up on this.
Pt reports that he turned to the left and did fall coming out the front door this morning. He states that this was the first time in a while. He did not hit the ground, but caught himself on the wall.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) am, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 134/92, HR 123, Pain score 6, Tech Initial jdt.

Examination
General Exam:
General Appearance overweight, Well developed, No apparent acute or chronic distress, well nourished and groomed, Communicates normally, alert and oriented. Eyes

non-icteric

, Skin non-jaundiced. Pysch appropriate mood and affect.

Assessments
1. Spondylolisthesis - 756.12 (Primary)
2. Pain, Back - 724.5
3. Spinal Stenosis - 724.00

Treatment
1. Spondylolisthesis
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 day(s), 150, Refills 0
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime, 30 day(s), 30, Refills 0

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA refill)

Electronically signed by April(UMR) Smith , PA-C on 10/24/2012 at 02:45 PM EDT
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC 29640
Home: 864-855-9437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

Progress Note: Charles C. Kanos

10/22/2012

Current Medications
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
Flexeril tablet 10 MG 1 tab(s) once daily at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/28
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 16-05 yrs. Assessment completed: today; Alcohol Intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 10/22/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerances no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Reason for Appointment
1. WC follow up on low back pain. Patient complains today of a burning and pins and needles sensation in his low back and down his left leg with a pain score of 5/10.

Assessments
1. Low Back Pain - 724.2 (Primary)
2. Leg discomfort or pain - 729.5
3. Spondylisthesis - 756.12
4. Lumbar Spinal Stenosis - 724.02

Treatment
1. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue exforge HCT tablet, 5 mg-12.5 mg-160 mg, 1 tab(s), orally, once a day
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day
Continue Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime
56 year old man was last seen 2 months. For some reason the dictation got cut off. It was a long visit. He had a work injury in 2008 and has been having left hip pain into the thigh. Pain is aching and stabbing, which is more towards the back. He had needle sensation in his right foot. I reviewed his CT myelogram which shows a lumbar saccum the last disc space has been labeled L5-S1 He has six non rib bearing vertebra. He has severe facet arthropathy, Grade I spondylolisthesis with bilateral filling defects worse on the left. He was out of work until May 2009. And then he's been out since August 2010. Main complaint is low back pain and left leg pain. I believe his MRI explains his pain, I dont' think a decompression alone is going to help his back pain.My rationale on the last visit and today is that to treat him most appropriately he would need a L5-S1 PLIF and left sided decompression. He's had injections, rhizotomies, PT and been to pain management. He's been out of work for 2 years and the pain is getting worse. I would recommend the above procedure, risks include bleeding, infection, CSF leak, continued pain, recurrence, weakness, foot drop ,numbness, tingling, non union and other risks. If he were to still hurt after this there wouldn't be anything else to surgical to consider.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
prn

History of Present Illness
Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, back, leg(s), Quality/Description of pain: stabbing, tingling, What, if any, medication have you taken for this pain? Other, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit. Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 148/91, HR 128, Pain score 5/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Charles C Kanos MD

Electronically signed by Charles Kanos , MD on 11/12/2012 at 01:34 PM EST

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Upstate Medical Rehabilitation
111 Doctors Drive Greenville, SC, 29605
Tel: 864-797-7100 Fax: 864-241-9229
Prepared By: Hudson,Tameka
Trans id: 20121105153451446907640 7

Jyoti Math, MD

PRINTED PRESCRIPTION

HOUSTON, TOMMY GREGORY
204 BARTON ST, EASLEY, SC-29640
DOB: 02/18/1956, Phone: 864-855-0437

Date: 11/05/2012

Pharmacy: Upstate Pharmacy Cross Creek, 111 Doctors Drive, Greenville Tel: 864-797-7170, Fax: 864-797-7175

Rx

WORK NOTE: * *
Disp: *******
Sig: * Pt out of work until after surgery *

Refills: ****** (ZERO)
DEA #: FM1399220
LIC.#: TL33054

Dispense as Written

Substitution Permitted

Jyoti Math, MD

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 149469777
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: April Smith, PA-C

11/19/2012

Current Medications
lecarnidine mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Zostrix enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
enlarge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 2 tab(s) once a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
Flexeril tablet 10 MG 1 tab(s) once daily at bedtime
Work Restrictions: ** SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol intake 18-65 yrs: Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old: Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 11/19/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks (Reason: PA refill)

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/21/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention. The CT myelogram shows wide open canal. The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. s/p FT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief.
Patient was recently evaluated by Dr. Kanos on 8/24/12. Repeat MRI showed spondylolisthesis. The plan is do left L5/S1 PLIF.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Since last visit, Mr. Houston has been evaluated again by Dr. Kanos who has recommended L5/S1 PLIF.
He was released to sedentary work.
Today pt. reports that WC has approved his surgery last Friday. He is not sure yet when this will be scheduled.
Pt. reports that when he got to work, he was not placed at a desk but placed back in a truck. He states that DOT would not renew his licens while he was on narcotic pain medications.
He currently does not take the medication while driving.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes Pt. does not take while driving., Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: Medication(s) this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Examination
General Exam:
General Appearance obese, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Eyes non-icteric. Skin non-jaundiced. Pysch appropriate mood and affect.

Assessments
1. Spondylolisthesis - 756.12 (Primary)
2. Pain, Back - 724.5
3. Spinal Stenosis - 724.00

Treatment
1. Spondylolisthesis
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day, 30 day(s), 150, Refills 0
Refill Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime, 30 day(s), 30, Refills 0

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: FU PA)

Electronically signed by April(UMR) Smith , PA-C on 11/28/2012 at 07:59 AM EST
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 163970702
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: Jyoti Math, MD

12/20/2012

Current Medications
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 4-6 hours, max 5/day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use: 18-65 yrs Assessment completed: today; Alcohol intake: patient does not drink alcohol.
Smoking Status > 18 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 12/10/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years.
no Recreational drug use.
no Use of marijuana, cocaine, or stimilar drugs.

Allergies
contrast dye: rash; Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks (Reason: FU PA)/PT CALLED 12/18 OUT OF MEDS FRIDAY/TO BE HERE @ 1030

History of Present Illness
General:
Worker's Comp:
Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Dr. Bucci does not think that his low back requires surgical intervention.

Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 6. 1/12/12 Rt lumbar facet RFA 75% pain relief.

Patient was recently evaluated by Dr. Kanos on 8/24/12. Repeat MRI showed spondylolisthesis. The plan is do left L5/S1 PLIF.

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

Patient has pain status post trigger point injections, SI injection, with no significant improvement, but we did a facet injection on 1/12/12 with significant pain relief on the right side.

Patient returns today for followup. He reports that his leg symptoms have significant improved and he feels that he is improving every day. He is using a walker for ambulation, but he feels that he does not need it anymore. No progressive weakness. No change in bowel or bladder habits. No fever or weight loss. Dr. Kanos has switched him to oxycodone post surgically and he feels that he has been tolerating it very well. Other review of systems is negative. He denies any fever.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 207.2, Wt kg 93.99, BMI 29.73, BP 161/95, HR 127, Pain score 6, O2 Sat 98%, Tech Initial tah.

Examination
General Exam:
On examination he is awake and alert. He communicates appropriately. He has a slight antalgic gait. He walks with the walker. Strength in bilateral lower extremities is within normal range.

Assessments
1. Pain, Back - 724.5 (Primary)
2. Pain, myofacial - 729.1

Treatment
1. Pain, Back
Stop Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day
Refill cyclobenzaprine tablet, 10 mg, 1 tab(2), orally, at bedtime, 30 days, 30
Start Roxicodone tablet, 5 mg, 2 tab(s), orally, every 6 hours, max 8 per day, 30 days, 240

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Patient is recovering from the surgery. His gait appears to be normal, except he needs minimal assistance of walker. We will switch him to Roxicodone 5 mg two tablets every six hours. I have refilled Flexeril. I would like to see him back in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. JM/jp/122012.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks

Jmath

Electronically signed by Jyoti Math on 12/31/2012 at 08:06 AM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 154640979
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: Jyoti Math, MD

01/14/2013

Current Medications
(isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Reotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
Work Restrictions *,*: SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Roxicodone tablet 5 mg 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/13
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/27/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yr: Assessment completed; today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 18 years old: Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 12/26/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. F/U

History of Present Illness
General:
Worker's Comp:
Interim History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/12. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

Patient returns today for followup. He has been doing very well. He uses his walker at home. He has some tingling sensation in his left buttock. In general, he has been doing excellent. He is very pleased with the results of the surgery. He has not started physical therapy yet. He has been using oxycodone and Flexeril. He is able to sleep better at night. No progressive weakness. No change in bowel or bladder habits. No fever or weight loss, I reviewed Dr. Kanos' note. He has strictly mentioned that he will stay out of work still until next followup, but also modified sedentary work with no driving or getting in and out of truck.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 3, Is the current treatment working? Yes, Current treatment includes: Medication(s) this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 210, Wt kg 95.26, BMI 30.13, BP 152/93, HR 119, Pain score 8, O2 Sat 94, Tech Initial tah.

Examination
General Exam:
On examination he is awake, alert, and oriented. He is able to transfer independently. His gait is normal. Well-healed surgical scar.

Assessments
1. Pain, Chronic - 338.29 (Primary)
2. Low Back Pain - 724.2

Treatment
1. Pain, Chronic
Stop Roxicodone tablet, 5 mg, 1 tab(s), orally, every 6 hours
Start Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours max 4 per day, 30 days, 120

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Reotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY:, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30
Patient has been doing very well. We will try to wean his medications. I will stop 10 mg of oxycodone and start him on Percocet 7.5 along with the Flexeril. Follow up in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/011413.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA)

Jmath

Electronically signed by Jyoti Math on 01/23/2013 at 03:56 PM EST
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 01/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 155797762
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: April Smith, PA-C

02/11/2013

Current Medications
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 6 hours max 4 per day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
Work Restrictions *.*;SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Carlos Kanos. 12/23/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol men 14-65 yrs Assessment completed: today; Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 02/11/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. WC Back pain

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.
The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ;s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Pt. presents today with f/u appt. scheduled on 2/13 with Dr. Kanos. He is still out of work until this visit per Dr. Kanos.
Today pt. reports that Monday, Wednesday, and Friday are PT days so his pain is a little increased right now.
He is using cane only to maintain balance.
He feels like surgery has been a success. He states that as soon as he woke up in recovery, he had immediate relief in the LLE symptoms.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 210, Wt kg 95.26, BMI 30.13, BP 158/91, HR 116, Pain score 6, Tech Initial Jdt.

Examination
General Exam:
General Appearance overweight , Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Head atraumatic. Eyes non-icteric. Skin non-jaundiced, no pallor or cyanosis. Psych appropriate mood and affect.
Gait:
using cane.

Assessments
1. Pain, Chronic - 338.29 (Primary)
2. Low Back Pain - 724.2

Treatment
1. Pain, Chronic
Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours max 4 per day, 30 days, 120

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *.*;SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 2

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: FU)

Electronically signed by April(UMR) Smith , PA-C on 02/13/2013 at 12:43 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 02/11/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY
57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-853-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 187998972
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: April Smith, PA-C

03/11/2013

Current Medications
Isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 08/01/09
L5-S1 posterior lumbar interbody fusion on 12/12/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yrs Assessment completed: today, Alcohol Intake: patient does not drink alcohol.
Smoking Status > 18 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 02/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks (Reason: FU)

History of Present Illness
General:
Worker's Comp:
Interim History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/21/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.
The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. s/p PT.The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Today pt. reports that he had some confusion regarding his work status regarding pcp. He states that Dr. Kanos is keeping him out work for several more months to go to more therapy. He states that he would eventually like to get back to work when he is ready.
He feels like he is still doing well s/p surgery. He is still seeing PT 3x/week with some increasing pain in therapy days. He states the days off; he has some improved pain. Saturdays are going well for him.
Pt. reports that the percocet is no longer adequately relieving his pain on therapy days.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 6, Is the current treatment working? Yes, Current treatment includes: Medication(s) this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes. Notes: UDS 9/11/13.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 206, Wt kg 93.44, BMI 29.55, BP 140/70, HR 108, Pain score 5.

Examination
General Exam:
General Appearance Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Head atraumatic, normal facial symmetry, normocephalic. Eyes non-icteric. Skin non-jaundiced, no pallor or cyanosis. Pysch appropriate mood and affect.
Gait:
steady, antalgic, using cane.

Assessments
1. Pain, Chronic - 338.29 (Primary)
2. Low Back Pain - 724.2
3. Encounter for long-term (current) use of medications - V58.69
4. ENCTR THERAP DRUG MONITORING - V58.83

Treatment
1. Pain, Chronic
Stop Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours max 4 per day, 30 days, 120
Start Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0

2. Encounter for long-term (current) use of medications
LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

3. ENCTR THERAP DRUG MONITORING
LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

4. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 2

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks - PA refill

Electronically signed by April(UMR) Smith , PA-C on 03/12/2013 at 08:31 AM EDT
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9239

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 160288080
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: April Smith, PA-C

04/11/2013

Current Medications
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin tablet, extended release 500 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Oxycodone tablet 10 MG 1 tab(s) every 6 hours; max 4 a day
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/13
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at OMH by Dr. Charles Kanos. 12/22/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yrs Assessment completed; today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 04/11/2013.
Occupational: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks - PA refill

History of Present Illness
General:
Worker's Comp:
Old History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.
The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 2/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.
2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes, Notes: UDS 3/11/13.
Mr. Houston presents today having had his medication increased to oxycodone 10mg at last visit to help with pain while in PT.
Today he reports he is doing much better with the medication change. He states that he does not think that he could be doing his PT 5 days/week 2 hours/day as he is doing now if he did not have the medications.
He feels like the PT is helping.
He states that if he is standing 20-25 minutes, he is still having low back pain and numbness in the dorsum of the L foot. He states that this sometimes causes him to fall. He has fallen since the surgery 3-4x/week. He states that he is usually able to catch himself. He uses a cane when outside of the house just in case this happens.
He does not believe that he has fallen to the point where he has damaged his hardware.
He does not believe that he has fallen to the point where he has damaged his hardware.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 206, Wt kg 93.44, BMI 29.55, BP 145/95, HR 111, Pain score 3, Tech Initial jdt
Pt took oxycodone this morning.

Examination
General Exam:
General Appearance overweight, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Eyes non-icteric. Skin non-jaundiced, no pallor or cyanosis.
Back L spine: ROM limited post-op. Pysch appropriate mood and affect.
Gait:
Heel Walk intact. Toe Walk intact.
Gait: antalgic on RLE.

Assessments
1. Pain, Chronic - 338.29 (Primary)
2. Low Back Pain - 724.2

Treatment
1. Pain, Chronic
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY:, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 2

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks - PA refill, 2 months - DR. Math

Electronically signed by April(UMR) Smith , PA-C on 04/18/2013 at 02:04 PM EDT
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: April Smith, PA-C 04/11/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 162747646
Appointment Facility: Upstate Medical Rehabilitation

05/09/2013

Progress Note: April Smith, PA-C

Current Medications
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
exforge HCT 10/320/25 1 daily
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
oxycodone 10 mg tablet 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Reason for Appointment
1. 4 Weeks - PA refill

History of Present Illness
General:
Worker's Comp:
Old History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? Yes Does not take the meds when driving., Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes, Notes: UDS 3/11/13.

Today pt. reports that he has fallen since his last visit. He reports that he was changed to a different PT in April to the sports medicine center. He feels like he started going down hill at that point. He reports that his walking tolerence has decreased. He has been instructed by Dr. Kanos to continue HEP and stop PT at this point. He states that he has been doing this and is back up to almost his previous walking tolerence. He is still having burning pain in the lower back. He states that he went to a Japenese restaurant in Easley last night and when he turned to pick up the food out of the car, he had increased pain and his leg gave out from under him.

Dr. Kanos is planning xrays to assess fusion.

He reports that the pins and needles in the heel and burning down the LLE is gone. He still has some numbness in the L5 distribution on the L. He feels a pins and needles sensation in the lateral aspect of the foot on the L if he "pushes it."

He feels like he is tolerating the medications well and these are improving his ability to exercise. He does not feel that the medications effect his judgement, but affect his reaction time. He states that he was previously driving an armored car and does not feel that he could do this while taking the medications.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 204, Wt kg 92.52, BMI 29.27, Pain score 4.

Examination
General Exam:
General Appearance overweight, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Eyes non-icteric. Skin non-jaundiced, no pallor or cyanosis. Extremities BLE: 2+ pulses, no edema, 5/5 strength - mildly decreased strength in L5 distribution on L compared to R, sensation diminished in L5 distribution . Pysch appropriate mood and affect.
Gait:
Gait: steady, mildly flexed at waist.

Assessments
1. Pain, Chronic - 338.29 (Primary)
2. Low Back Pain - 724.2

Treatment
1. Pain, Chronic
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions ", ", SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 2

Follow Up
4 Weeks - PA refill

Electronically signed by April(UMR) Smith , PA-C on 05/15/2013 at 02:44 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Upstate Medical Rehabilitation
111 Doctor's Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, MD
Ashley Mullinax, MD
Robert E. LeBlond, MD
Jyoti Math, MD

Patient Work/School Excuse

Date: May 9, 2013

Patient Name: TOMMY HOUSTON Date of Birth: 02/18/1956

Address: 204 BARTON ST
PO BOX 1099, EASLEY SC 29640

To whom it may concern,

TOMMY was seen in our office by: April(UMR) Smith PA-C

☐ Patient is under my care, and should remain out of work/school from _____ to _____.

☐ Patient should return to work/school with the following restrictions:

_____

_____

_____

_____

_____

X Special remarks:

Pt. should not drive while taking controlled substances.

_____

_____

_____

_____

Signature

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57Y old Male, DOB: 02/18/1956
304 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 1665056636
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: Christopher L. Kelly, PA

06/06/2013

Current Medications
oxycodone 10 mg tablet 1 tab(s) every 6 hours
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
exforge HCT 10/320/25 1 daily
Work Restrictions *,*SEDENTARY WORK ONLY; no driving or getting in and out of armored truck;
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1998
right knee 1974
hernia 9/07
heart surgery 11/03
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 yrs old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 06/06/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks - PA refill

History of Present Illness
General:
Worker's Comp:
Old History:
1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11, 8/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

2. Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

The patient comes in today for followup medication refill. The patient states that he has some right knee pain that has gotten worse. He has been trying to walk more as Dr. Kanos has prescribed for him to do but his right knee seems to be limiting him quite a bit and his knee has been bothering him since the accident. He had seen Dr. Wessinger about it back in August of 2010 but said that was the least of his worries and that we would focus on fixing the other parts before we come back to his knee and now that he is starting to walk again trying to get back to his normal life, the patient would like to get this knee evaluated since it is giving him so many problems. Today his right knee seems to be the most problematic for him. His other two, his back and his hip, are considered more stable today. His pain is a 3/10 with medications and 10 without. He said the pain is at the middle of his back and left hip burning pain. He did takes his oxycodone this morning. He is not having any adverse reactions or side effects to that. He is not taking any new medications. He denies any numbness, weakness or bowel or bladder changes. He said his knee pain does not radiate down his leg. It is localized over the front of the kneecap. He cannot put his weight down on his knee. He has not been able to do that since the accident. He has noticed a slight bit of swelling. It is like a bump on the end of his knee around the top of the tibia and it has been very tender, sometimes it hurts more on the medial side and sometimes it is just right at the kneecap. He says it does not give way but it cracks and pops. On uneven ground it is very difficult for him to walk over and causes lots of pain. All review of systems are negative.

Notes: UDS 2/11/13.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 204, Wt kg 92.53, BMI 29.27, BP 136/84, HR 124, Pain score 3, O2 Sat 94, Tech Initial jdt.

Examination
General Exam:
CONSTITUTIONAL:
He is overweight, well developed, well nourished and well groomed. No apparent acute or chronic distress. Communicates normally. Alert and oriented. Eyes non-icteric. Skin non-jaundice. No pallor or cyanosis of extremities.
Gait is steady mildly flexed at the waist.
MUSCULOSKELETAL:
Bilateral lower extremities +2 pulses. Strength is 5/5 bilaterally. He does have some swelling underneath the patellar tendon which is tender to palpation. He is also tender at the patella and over the patellar tendon at the distal pole. He does not have any joint line tenderness. He does have some meniscal signs with irritation. He has full range of motion with the right knee. Sensation on the left compared to the right is diminished in the L5 distribution.
PSYCHIATRIC: Appropriate mood and affect.

Assessments
1. Knee pain, right - 719.46 (Primary)
2. Pain, Chronic - 338.29
3. Low Back Pain - 724.2

Treatment
1. Knee pain, right
Diagnostic Imaging: Knee, 4 views, right (complete)

2. Pain, Chronic
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0

3. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *,*, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 2
The patient has not had an x-ray on that knee since 2008 so we are going to get another x-ray today and then have him check with Worker's Comp and see about getting an MRI covered since it is still giving him a good bit of trouble. We can make a decision as to what we need to do or where we need to send him and also get that fluid collection there evaluated to see if it might be some kind of cyst or if it is just fluid collecting into the bursa there or what. We will have him followup after the MRI and we will continue his medications and give him refills for his prescription and followup after that. We will call the patient if there are any abnormal findings on the right knee x-ray. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/mat/060613.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/Immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list

at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks, Math (Reason: after MRI)

PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 06/17/2013 at 11:22 AM EDT.
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Upstate Medical Rehabilitation
111 Doctors Drive , Greenville, SC 29605
864-797-7100

HOUSTON, TOMMY GREGORY, M,

02/18/1956

864-855-0437

Accession Id: 13174029

Order Date: 06/06/2013 Procedure: 06/06/2013 14:01:00

Requesting Physician: Kelly, Christopher

Knee, 4 views, right (complete)

REPORT

Exam: RIGHT KNEE COMPLETE 4+VIEWS

See Below for Report
ORDERING MD:CHRISTOPHER KELLY PA-COP LOCATION:
, SC,
UMG73564R - RIGHT KNEE COMPLETE 4+VIEWS 06/06/2013 14:01EXAM#:
13174029
ORDERED BY: Dr. CHRISTOPHER KELLY PA-C
ADMISSION DATE/TIME: 06/06/2013 12:56
REASON FOR EXAM:
RESULT:TOMMY HOUSTON
RIGHT KNEE
AP, lateral, and oblique views of the right knee were acquired in this patient with a clinical history of right knee pain.
There is pointing of the tibial spines and disproportionate narrowing of the lateral compartment joint space with mild chondrocalcinosis. Small osteophytes are evident along the articular margins of the patella. No evidence of fracture, dislocation, or effusion.
IMPRESSION:
OSTEOARTHRITIC CHANGES WITH DISPROPORTIONATE JOINT SPACE NARROWING AND OSTEOPHYTE FORMATION INVOLVING THE LATERAL COMPARTMENT. NO EVIDENCE OF SUPERIMPOSED ACUTE FRACTURE OR MALALIGNMENT.
TRANSCRIPTIONIST:SHELLY, STEIN
TRANSCRIBE TIME/DATE:6/6/2013 4:07:00 PM
READ BY:STEVEN G. MILAM, MD,
SIGNED BY:
0 ELECTRONIC SIGNATURE / MILAM, MD,STEVEN G.

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 167432133
Appointment Facility: Upstate Medical Rehabilitation

Progress Note: Jyoti Math, MD

07/10/2013

Current Medications
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * *SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History
Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History
left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/00
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos 12/22/12

Family History
Family: diabetes, Hypertension, Heart Disease

Social History
Interpersonal/family relationships: Divorced.
Alcohol use 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 18 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 06/06/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Reason for Appointment
1. 4 Weeks, Math (Reason: after MRI)
2. Low back pain

History of Present Illness
General:
Worker's Comp:
Old History:

1. The patient is a 56 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger.

Patient returns today for followup. He reports that his back is doing very well. It is an aching pain, but it is nothing like what it used to be. He still requires to take the pain medication. Without medication his pain level is 10; with medication it is 3. He took oxycodone this morning. He feels that the Flexeril helps with his sleep. No side effects from the medication. He continues to have knee pain. As his back pain has improved he has been walking more and the knee pain is limiting his activity. Occasionally there is locking and clicking. Occasionally it gives out, but no fall. No fever. Other review of systems is negative. His last urine drug screen was on 3/11/2013.

Notes: UDS 3/11/13.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211.6, Wt kg 95.98, BMI 30.36, BP 126/79, HR 115, Pain score 3, O2 Sat 94, Tech Initial tah
pt took oxycodone this morning.

Examination
General Exam:
On examination, vital signs are stable. He is well-built, well-nourished, a little overweight. He is awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. He has a slight antalgic gait. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he is tender diffusely along the patella with some positive meniscal signs with irritation. Knee range of motion is full and no atrophy of quadriceps noted. Some sensory impairment in L5 distribution on the right side.

Assessments
1. Chondromalacia of right knee - 733.92 (Primary)
2. Lateral meniscal tear - 836.1

Treatment
1. Chondromalacia of right knee
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab(s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
I reviewed the MRI results with him and he needs a followup appointment with Dr. Wessinger to get the surgical opinion. I have refilled oxycodone and Flexeril. I reviewed his last urine drug screen, which appears to be normal. Follow up in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/071013.
Referral To:
Reason:Needs follow up with Dr Wessinger: New MRI meniscal tear

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA)

Jmath

Electronically signed by Jyoti Math on 07/15/2013 at 03:42 PM EDT
Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 169611548
Appointment Facility: Upstate Medical Rehabilitation

08/12/2013 Progress Note: Christopher L. Kelly, PA

Current Medications

exforge HCT 10/320/25 1 daily
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Reason for Appointment

1. 4 Weeks, PA

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger.

He comes today for a follow up appointment, shoulder, knee, low back and hip. His pain today is a 3/10 with medications. He takes oxycodone, Flexeril. He tolerates medication without any side effects. He denies any bowel or bladder changes or progressive worsening of symptoms. His right knee is still causing him some pain. Dr. Math went over the MRI with him last time and we went over it again this time. We discussed and reviewed the MRI as well as the images on PACS. It does show large lateral meniscus tear. He is just waiting for his appointment to be approved to see Dr. Wessinger for the meniscal tear. The knee has been constantly giving him problems ever since the accident. It has just been the lowest on the totem pole as far as injuries go.

Notes: **UDS 3/11/13.**

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 139/77, HR 115, Pain score 3, O2 Sat 94, Tech Initial jdt.

Examination
General Exam:
On examination, vital signs are stable. He is well-built, well-nourished, a little overweight. He is awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. He has a slight antalgic gait. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he is tender diffusely along the patella with some positive meniscal signs with irritation. Knee range of motion is full and no atrophy of quadriceps noted. Some sensory impairment in L5 distribution on the right side.

Assessments
1. Chondromalacia of right knee - 733.92 (Primary)
2. Lateral meniscal tear - 836.1

Treatment
1. Chondromalacia of right knee
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0

2. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
We will continue to give him his medications. He will probably likely need chronic pain medication. He has a stable history as of this point. We are still waiting on him to get the appointment approved with Dr. Wessinger. We will have him follow up in four weeks for medication refill with Dr. Math. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. CK/mat/081213.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in

case of emergency.

Follow Up
4 Weeks mrf

PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 08/27/2013 at 09:20 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 08/12/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 172132276
Appointment Facility: Upstate Medical Rehabilitation

09/09/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Reason for Appointment

1. WC 4 Weeks mrf

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75% pain relief. Patient is work until he sees Dr. Kanos.

Spondylolisthesis S/P x-ray. He has persistent left lower back pain.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger.

Patient comes in today for followup appointment. He still has not seen doctor for his meniscal tear yet. His pain level with medication is a 3/10; without would be like an 8. He is having the same pain in his left hip, left lower back, right shoulder, right knee, and he says his pain is sharp when he moves the wrong way, and dull and aching constantly. He is taking oxycodone four a day and tolerating medication very well without any adverse side effects. He has not started any new medication at this time. He denies any bowel or bladder changes or progressive weakness, fever, weight loss, or constipation. All other systems reviewed were negative.

Vital signs were reviewed and are stable, except for slightly elevated blood pressure and heart rate, which he is asymptomatic.

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 09/09/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure

see surgery list

Notes: **UDS 3/11/13.**

Vital Signs

Ht 70, Ht Cm 177.8, Wt lbs 211, BMI 30.27, BP 148/91, HR 112, Pain score 3, O2 Sat 92, Tech Initial jdt.

Examination

General Exam:

On examination, vital signs are stable. He is well-built, well-nourished, a little overweight. He is awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. He has a slight antalgic gait. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple.

Assessments

1. Chondromalacia of right knee - 733.92 (Primary)
2. Lateral meniscal tear - 836.1

Treatment

1. Chondromalacia of right knee

Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s), 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0

2. Others

Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
I confirmed with Ann that she has tried on multiple occasions to get in contact with the Workers' Comp and they never called us back, so she will keep trying working on that front. In the meantime, hopefully, he will not cause any further worsening damage to his knee, which needs some serious attention. We will have him follow up in four weeks for medication. We are just going to continue treating him conservatively at this point and otherwise he needs to see the orthopedic surgeon about meniscal tear. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/jp/090913.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide

all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks math

PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 09/17/2013 at 03:10 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 174323220
Appointment Facility: Upstate Medical Rehabilitation

10/09/2013

Progress Note: Jyoti Math, MD

Current Medications

isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Reason for Appointment

1. WC 4 Weeks DR MATH
2. Low back, glut and knee pain

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger.

Patient reports that his neck pain is getting worse. Pain level without medication is 10; with medication it is 3. Also lower back is bothering him. He describes his pain as an aching pain. He feels that the medication helps him a lot. He tried to cut back on his medication and instead of taking it every six hours he tried every eight hours, but his pain level significantly increased. He took oxycodone this morning. Recently he has been started on amlodipine. He denies any fever. No swelling of his right knee. He feels that there is a translation feeling in his right knee. Occasionally the knee gives out, but he reports no fall. Other review of systems is negative. He has not heard any information from Workers' Comp and has not seen Dr. Wessinger yet.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 09/09/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 207.4, Wt kg 94.08, BMI 29.76, BP 196/101, HR 107, Pain score 3, O2 Sat 95, Tech Initial tah
pt took oxycodone this morning.

Examination
General Exam:
On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Lateral meniscal tear - 836.1
2. Knee pain - 719.46
3. Back pain - 724.5

Treatment
1. Others
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 10/9/13, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
Start Voltaren Gel gel, 1%, 2.0 g, applied topically, 4 times a day, 30 day (s), 2 tubes
Patient continues to have right knee pain secondary to meniscal tear. He needs to be seen by orthopedic surgeon, but has not heard from them and I think it is really concerning to me. I am going to send another request to Dr. Wessinger's followup appointment. Meanwhile, I will also arrange for the knee brace. I will start him on Voltaren gel and refill his medications. Follow up in four weeks.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/100913.
Referral To:
Reason:Need follw up with Dr Wessinger: Dx Knee pain wit meniscsal tear

Referral To:
Reason:Hing brace with locking ability.Dx Rt knee pain with meniscal tear.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: PA)



Electronically signed by Jyoti Math on 10/14/2013 at 01:16 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Jyoti Math, MD 10/09/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 176986909
Appointment Facility: Upstate Medical Rehabilitation

11/07/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Voltaren Gel 1% gel 2.0 g 4 times a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 4 Weeks PA

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger.

Patient comes in today for followup appointment for low back and hip and knee pain. His pain is a 3/10 today with medication; without it would be a 5. He is having the same pain as he had been having. He finally got his approval to see the surgeon and he saw Dr. Paylor on Tuesday. Dr. Paylor said he did need meniscectomy and he would feel much better after that so he is now scheduled for that surgery. Talked to him about his medications and said it was okay for them to do his medications like Dr. Kanos did where he gave him a little bit extra codone to take just immediately after the surgery for the first two weeks or so and that would be fine. He is very stable and he did adhere to our policies so far. He is not having any side effects from medication. He

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash; Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

has not started any new medication at this time. All other systems reviewed were negative.

Vital signs were reviewed and are stable. He denies any bowel or bladder changes or progressive worsening of symptoms.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 207.8, Wt kg 94.26, BMI 29.81, BP 137/87, HR 105, Pain score 3, O2 Sat 95, Tech Initial jdt.

Examination
General Exam:

On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Lateral meniscal tear - 836.1 (Primary)
2. Knee pain - 719.46
3. Back pain - 724.5

Treatment
1. Lateral meniscal tear

2. Others
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 11/7/13, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
Refill Voltaren Gel gel, 1%, 2.0 g, applied topically, 4 times a day, 30 days, 2, Refills 0
We will continue medication as it has helped with his quality of life and he has surgery scheduled for meniscectomy and he will follow up in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/jp/110713.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified; Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks math

PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 11/19/2013 at 12:15 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 11/07/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 179501556
Appointment Facility: Upstate Medical Rehabilitation

12/05/2013

Progress Note: Jyoti Math, MD

Current Medications

exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Voltaren Gel 1% gel 2.0 g 4 times a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Reason for Appointment

1. WC 4 Weeks MATH
2. Low back and hip pain

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

The patient returns today for followup. He continues to have back pain and knee pain. He describes his pain as a burning pain but worse with the cold weather. Relieved with medication. Pain level without medication is 10 and with medication is 3. He took oxycodone this morning. He has been tolerating it very well. He also uses Flexeril for sleep as needed. No side effects from the Flexeril. No progressive weakness. No change in bowel or bladder habit, fever or weight loss. Other review of systems is negative. His last urine drug screen was on

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.
11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure

see surgery list

3/11/2013.
Notes: **UDS 12/5/13.**

Vital Signs

Ht 70, Ht Cm 177.8, Wt lbs 208, Wt kg 94.35, BMI 29.84, BP 151/97, HR 126, Pain score 3, O2 Sat 95, Tech Initial tah
pt took oxycodone this morning.

Examination

General Exam:

On examination, vital signs are stable. He is well built, well nourished, awake, alert, oriented. Communicates appropriately. He is able to transfer independently. Gait is normal. Breathing comfortably. No peripheral edema or varicose veins. Skin is supple without any rashes. Strength in lower extremities is normal. Knee range of motion causes pain. On palpation, he has tenderness over left posterior/superior iliac spine and left lower lumbar facets.

Assessments

1. Spondylisthesis - 756.12 (Primary)
2. Lateral meniscal tear - 836.1
3. Chondromalacia of right knee - 733.92
4. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
5. ENCTR THERAP DRUG MONITORING - V58.83
6. Sacroiliitis - 720.2

Treatment

1. Spondylisthesis

Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 12/6/13, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0

2. ENCOUNTER LONG TERM USE OTH DRUGS

LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

3. ENCTR THERAP DRUG MONITORING

LAB: Fentanyl w/confirmation, urine
LAB: Opiate Metabolites drug screen, urine
LAB: Pain Therapy Drug Screen (14), urine

4. Others

1. Back pain could be secondary to exacerbation of sacroiliitis or facet syndrome. May benefit with an injection. The patient wants to wait. 2. Knee pain secondary to internal derangement and meniscal tear, awaiting surgical input. 3. Chronic pain management. Reviewed his last urine drug screen which was normal. He is due for a new screen today. Refill oxycodone and Flexeril. I advised him to take Flexeril as needed. Medication side effects discussed with patient. 4. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/mat/120513.

Labs

Lab: Tricyclic Antidepressants, urine (Amitriptiyine, Nortriptyline)

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: PA)



Electronically signed by Jyoti Math on 12/16/2013 at 04:13 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 181736869
Appointment Facility: Upstate Medical Rehabilitation

01/06/2014

Progress Note: Christopher L. Kelly, PA

Current Medications

cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Voltaren Gel 1% gel 2.0 g 4 times a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 4 Weeks PA

History of Present Illness

General;
Worker's Comp:
Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Patient comes in today for followup appointment. Pain in the right knee is still giving him a lot of trouble. It is starting to really make a lot of noise and cracking and popping whenever he walks. He does walk with a limp now from that knee pain. He is still waiting on Workers' Comp to come through to set up the surgery time. He did see Dr. Paylor at Piedmont Orthopedics. He is taking oxycodone and tolerating it well without any side effects and has not started any new medication at this time. All other systems reviewed were negative.

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Vital signs were reviewed and are stable. His blood pressure is slightly elevated, but he is asymptomatic. No shortness of breath or chest pain or dizziness. He is going to go to his primary care and talk to them about the increase in blood pressure. He has a stable clinical history.

Notes: **UDS 12/5/13.**

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 208, Wt kg 94.35, BMI 29.84, BP 160/97, HR 112, Pain score 4, O2 Sat 95, Tech Initial bb
pt. took oxycodone this morning.

Examination
General Exam:

On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Spondylisthesis - 756.12 (Primary)
2. Lateral meniscal tear - 836.1
3. Chondromalacia of right knee - 733.92
4. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
5. ENCTR THERAP DRUG MONITORING - V58.83
6. Sacroiliitis - 720.2

Treatment
1. Spondylisthesis
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 01/06/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
eprescribed flexeril today.

2. Others
We are going to continue his medications as it does help with his quality of life. He will likely need pain medicine the rest of his life. He will have followup as per protocol in four weeks and we will see him back then.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/jp/010614.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon

list given to pt/family: Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: math)

PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 01/14/2014 at 03:58 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 183950237
Appointment Facility: Upstate Medical Rehabilitation

02/05/2014 Progress Note: Christopher L. Kelly, PA

Current Medications

cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Voltaren Gel 1% gel 2.0 g 4 times a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 4 Weeks PA

History of Present Illness

General:

Worker's Comp;

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem ,S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Patient comes in today for followup appointment for Workers' Comp. His pain is a 4/10 with medication; without would be a 10. He is still having a hard time getting the knee surgery to get the meniscal repair done through Workers' Comp, but they are working on it and closing in soon. He is taking oxycodone and Flexeril and tolerating it well with good and bad days. He is taking his medications appropriately and his blood pressure is a little elevated today, although he is asymptomatic.

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.
11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Notes: UDS 12/5/13.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 208, Wt kg 94.35, BMI 29.84, BP 154/91, HR 110, Pain score 4, O2 Sat 95, Tech Initial bb
pt. took oxycodone this morning.

Examination
General Exam:

On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Spondylisthesis - 756.12 (Primary)
2. Lateral meniscal tear - 836.1
3. Chondromalacia of right knee - 733.92
4. Sacroiliitis - 720.2

Treatment
1. Spondylisthesis
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 02/5/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
eprescribed flexeril today.

2. Others
We are going to continue his medication as it does help with his quality of life. We will see him back in four weeks. He has a very stable clinical history and quality and character of his pain is unchanged for quite some time.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/jp/020514.

Preventive Medicine
MED RECONCILIATION; Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: pa)

Chris PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 02/14/2014 at 12:17 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7160
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 02/05/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 186596730
Appointment Facility: Upstate Medical Rehabilitation

03/06/2014

Progress Note: Christopher L. Kelly, PA

Current Medications

cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Voltaren Gel 1% gel 2.0 g 4 times a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos, 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 4 Weeks PA

History of Present Illness

General:
Worker's Comp:
Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Patient comes in today for follow up visit. Last UDS was on 12/5/13 and appears normal. His pain with medications is a 5/10 pain without medications is 8/10. His pain is located in his right knee, right shoulder and lower back. The cold weather does make it worse. He is tolerating his Oxycodone and Flexeril. Is not having any side effects, no constipation, and has not started any new medications at this time. He is hypertensive on exam today although he is asymptomatic. No chest pain or shortness of breath or dizziness. His heart rate is 125 as well.

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

We had a long discussion about him stopping smoking and to start exercising. He is going to talk to his cardiologist about getting on some blood pressure medication. Otherwise he is doing okay.
Notes: **UDS 12/5/13.**

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 208, Wt kg 94.35, BMI 29.84, BP 179/98, HR 125, Pain score 3/4, O2 Sat 97, Tech Initial bb.

Examination
General Exam:

On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Spondylisthesis - 756.12 (Primary)
2. Lateral meniscal tear - 836.1
3. Chondromalacia of right knee - 733.92
4. Sacroiliitis - 720.2

Treatment
1. Spondylisthesis
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 03/6/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
eprescribed flexeril today.

2. Others
We will see him back in 4 weeks. We are going to continue medications as it helps with his quality of life. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. CK/dh/030614.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: math)

Chris PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 03/25/2014 at 02:29 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 03/06/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 189178361
Appointment Facility: Upstate Medical Rehabilitation

04/07/2014 Progress Note: Christopher L. Kelly, PA

Current Medications

exforge HCT 10/320/25 1 daily
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
metformin 500 mg tablet, extended release 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Voltaren Gel 1% gel 2.0 g 4 times a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 4 Weeks W/PA

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem ,,S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Notes: **UDS 12/5/13.**

He comes for a Worker's Comp refill. His pain level is 3/10. He is having pain in his low back, left hip, right knee, tingling, burning, aching, throbbing. No changes since last visit and all the same with the Oxycodone and Flexeril. He is not having any side effects. He is not starting any medications. At this time, they've been evaluated by Dr. Patton. They now, at least, are moving forward with knee surgery. He would like to do surgery on him. We are just waiting on him to respond

Social History
Interpersonal/family relationships: Divorced,

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Pt counseled on the dangers of tobacco use and urged to quit. 11/07/2013, Are you a: Current smoker.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash; Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

to that.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 203.8, Wt kg 92.44, BMI 29.24, BP 167/101, HR 109, Pain score 3, O2 Sat 96, Tech Initial bb
pt. took oxycodone this morning.

Examination
General Exam:
On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Spondylisthesis - 756.12 (Primary)
2. Lateral meniscal tear - 836.1
3. Chondromalacia of right knee - 733.92
4. Sacroiliitis - 720.2

Treatment
1. Spondylisthesis
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 04/7/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 15 days, 15, Refills 0
eprescribed flexeril today.

2. Others
Otherwise, we are just going to continue to manage him conservatively and keep doing his medications. It helps with his quality of life. We'll see him back in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. CK/cm/040714.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks (Reason: Math)

CL PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 04/15/2014 at 01:47 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 04/07/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
External Visit ID: 189178528
Appointment Facility: Upstate Medical Rehabilitation

05/07/2014

Progress Note: Jyoti Math, MD

Current Medications

Voltaren Gel 1% gel 2.0 g 4 times a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos, 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Reason for Appointment

1. WC 2 MONTH DR M
2. low back and Lt hip pain

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Patient reports that he continues to have axial back pain and posterolateral hip pain, more on the left side than on the right. It is a burning pain, worse with standing. No radicular symptoms. He complains of right knee pain. He is waiting for Dr. Paylor's appointment approval, who has recommended surgery. Patient's ability to walk is quite hampered because of his pain level. He also feels that his back pain is getting worse. Pain without medication is 10; with medication it is 3. Back pain has gotten worse over the last couple of

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.
11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure

see surgery list

months. He took oxycodone this morning. We tried to cut back on his Flexeril, but patient reports that is keeping him up at night because of the pain. It really made a difference when he was taking it regularly every day. Other review of systems is negative.

Notes: **UDS 12/5/13.**

Vital Signs

Ht 70, Ht Cm 177.8, Wt lbs 199.4, Wt kg 90.45, BMI 28.61, BP 162/87, HR 100, Pain score 3/4, O2 Sat 94, Tech Initial tah
pt took oxycodone at 530AM.

Examination

General Exam:

On examination, vital signs are stable. Well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple without any rashes. Strength in bilateral lower extremities is normal. On palpation he has severe tenderness over left posterosuperior iliac spine and left lower lumbar facets. Lumbar extension causes pain. Knee range of motion causes pain as well.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Spondylolisthesis - 756.12
3. Knee pain - 719.46
4. Lateral meniscal tear - 836.1
5. Sacroiliitis - 720.2

Treatment

1. Lumber Facet Arthropathy

Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 05/7/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 30 days, 30, Refills 0
eprescribed cyclobenzaprine today.

2. Others

1. I think most of his back pain could be secondary to sacroiliitis and facet arthritis, but considering his fusion, as his pain is getting worse, we will get the CT of lumbar spine to evaluate further.
2. For sacroiliitis, as it has flared up again, we will consider left SI injection under fluoroscopic guidance.
3. Regarding lateral meniscal tear and left knee osteoarthritis, he may benefit with a knee injection, but we will get Dr. Paylor's input as he has recommended surgery.
4. Follow up in four weeks.

The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/050714.
Referral To:
Reason:Please scheduel pt CT of Lumbar Spine|Pt needs auth Lt SI injection

Preventive Medicine
MED RECONCILIATION; Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
1 Week (Reason: IT si INJ)

Jmath

Electronically signed by Jyoti Math on 05/12/2014 at 12:44 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC 29640
Home: 864-855-0437
Provider: Math, Jyoti

Telephone Encounter

Answered by Weaver, Angela

Date: 05/07/2014
Time: 11:37 AM

Caller UMR

Reason AUTH

Message PT NEEDS 1 Week (Reason: IT si injection). PT IS WC. PLEASE GET AN AUTH.

Action Taken Hughes,Ann 05/19/2014 02:41:01 PM EDT > SEE REFERRAL JELLY BEAN

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
Account Number: 250066278
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers External Visit ID: 194609376
Appointment Facility: Upstate Medical Rehabilitation

06/04/2014 Progress Note: Christopher L. Kelly, PA

Current Medications

Taking
- exforge HCT 10/320/25 1 daily
- Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
- metformin 500 mg tablet, extended release 1 tab(s) once a day
- pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
- Ecotrin 325 mg enteric coated tablet 1 tab (s) once a day
- isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
- Voltaren Gel 1% gel 2.0 g 4 times a day
- cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
- Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC MED REFILL

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem ,S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Patient comes in today for follow up visit. Last UDS was on 12/5/13 and is appropriate for his medications. Pain with medications is a 3/10 and without 10. He is having right knee pain, right shoulder and back pain that is aching in nature. He still has not gotten his surgery for his knee meniscal tear and he is still waiting for that, also waiting to here back from the SI injection as well. He is doing well on his oxycodone and took it at 5am. He is only able to stand up for 15 minutes on his feet before he has to sit down. Dr. Math had mentioned SI and CT and put

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.
11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

both of those in referrals and they are checking on this as we have already sent is twice now and we are still waiting to hear back from worker's comp people. I told him to discuss this with his attorney. All other systems reviewed are negative. Vital signs are reviewed and stable. Stable clinical history. Quality and character of pain unchanged for quite some time. It is not any better just not any worse.
Notes: **UDS 12/5/13.**

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 200.2, Wt kg 90.81, BMI 28.72, BP 144/89, HR 128, Pain score 3, O2 Sat 93, Tech Initial bb
pt. took oxycodone this morning (5am).

Examination
General Exam:
On examination vital signs are stable. He is well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. Gait is slightly antalgic. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of right knee there is no swelling or erythema. On palpation he has tenderness around the knee joint. No atrophy of quadriceps noted. Anterior drawer sign is negative. Knee range of motion is full and causes pain.

Assessments
1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Spondylolisthesis - 756.12
3. Knee pain - 719.46
4. Lateral meniscal tear - 836.1
5. Sacroiliitis - 720.2

Treatment
1. Lumber Facet Arthropathy
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 06/6/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, once at bedtime only as needed for muscle spasms, 30 days, 15, Refills 0
Notes: eprescribed flexeril today.

2. Others
Notes: We will see him back in 4 weeks for medications. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. CK/dh/060514.

Preventive Medicine
MED RECONCILIATION; Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks

Electronically signed by Christopher Kelly PA, MSPAC on 06/12/2014 at 09:52 AM EDT

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Christopher L. Kelly, PA 06/04/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

STATEMENT OF

JYOTI MATH, M.D.

Re: **Tommy G. Houston**
Date of Birth: 2/18/56
Date of Injury: 3/11/08

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓

____ It is more likely than not that the increased activity and walking that Mr. Houston engaged in following his back surgery aggravated his right knee pain causing the need for additional evaluation and treatment of that knee.

-or-

____ It is more likely than not that the increased activity and walking that Mr. Houston engaged in following his back surgery did not aggravate his right knee pain causing the need for additional evaluation and treatment of that knee.

Jyoti Math, M.D.

6/13/14.
Date

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

58 Y old Male, DOB: 02/18/1956
Account Number: 980278360
204 BARTON ST, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
External Visit ID: 194609558
Appointment Facility: Upstate Medical Rehabilitation

07/02/2014

Progress Note: Jyoti Math, MD

Current Medications

Taking
- Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
- cyclobenzaprine 10 mg tablet 1 tab(s) once at bedtime only as needed for muscle spasms
- exforge HCT 10/320/25 1 daily
- Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
- metformin 850 mg tablet 1 tab(s) once a day
- pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
- Ecotrin 325 mg enteric coated tablet 1 tab (s) once a day
- isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
- Voltaren Gel 1% gel 2.0 g 4 times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Reason for Appointment

1. WC 2 MONTH DR M
2. LT hip, low back and RT knee pain

History of Present Illness

General:

Worker's Comp:

Old History:

1. The patient is a 55 y/o male seen at the request of Dr. Bucci. He sustained a work injury on 3/11/08 requiring right shoulder scope and rotator cuff repair on 7/11/08 by Dr. Wessinger. Patient got a second opinion from Dr. Kanos on 8/24/12, who recommended L5/S1 PLIF and patient underwent surgery on 12/12/12 with significant improvement of the symptoms.

The case was closed in August 2010 and was put at MMI by Dr. Wessinger but was reopened because of aggravation of the symptoms. The patient has been out of work since his injury. Low back pain, mainly secondary to facet and SI problem , S/P trigger point injection on 9/12/11. ,s/p PT,The patient is S/P SI injection with no significant improvement. 1/12/12 Rt lumbar facet RFA 75%

Patient has been put to MMI by Dr. Kanos on 4/24/2013 with 25% impairment rating for lumbar spine with work restrictions no lifting over 35 pounds and no repetitive bending more than 60 degrees, sit for eight hours a day or walking for two hours with brace.

2. Right knee pain since the injury, recent MRI on 6/25/2013 shows extensive tear in the lateral meniscus, possible bucket handle tear and lateral tibiofibular chondromalacia, referred to Dr. Wessinger. The patient was evaluated by Dr. Paylor at Piedmont Orthopedics who has recommended surgery. The patient is awaiting for approval from Worker's Comp.

Pain level without medication is 10; with medication it is 3. Patient continues to have left hip pain, lower back pain and right knee pain. He feels that the right knee pain is getting worse. It occasionally gives out on him and he is scared of losing balance and falling. He also complains of occasional locking in his right knee. He feels as his gait has been abnormal because of the knee pain, his left hip has been flared up and he points towards the left SI joint. Pain level without medication is 10; with medication it is three. No radicular symptoms.

Social History
Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit.
11/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

No change in bowel or bladder habits. No fever or weight loss. He took oxycodone this morning. There are no side effects from the oxycodone. I reviewed his DHEC report, which is appropriate. His last urine drug screen was in December 2013. He is due for his screen today. Patient has not gotten CT of lumbar spine yet. Patient does have a fusion and continues to have persistent axial back pain.
Notes: **UDS 12/5/13.**

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 203.4, Wt kg 92.26, BMI 29.18, BP 167/99, HR 121, Pain score 3, O2 Sat 96, Tech Initial jds
pt took oxycodone this morning.

Examination
General Exam:
On examination, vital signs are stable. Well-built, well-nourished, awake, alert, and oriented. He communicates appropriately. He is able to transfer independently. He has an antalgic gait. He is breathing comfortably. No peripheral edema or varicose veins. Skin is supple without any rashes. On inspection of right knee there is no swelling or erythema, but he continues to have diffuse tenderness over the knee joint. Anterior drawer sign is negative. No mediolateral instability noted. Knee range of motion is full, but it is quite painful.

Assessments
1. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69 (Primary)
2. Low Back Pain - 724.2
3. Knee pain - 719.46
4. ENCTR THERAP DRUG MONITORING - V58.83

Treatment
1. ENCOUNTER LONG TERM USE OTH DRUGS
Refill Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day, 30 day(s); RELEASE 7/5/2014, 120, Refills 0
Refill cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, once at bedtime only as needed for muscle spasms, 30 days, 15, Refills 0
LAB: Pain Therapy Drug Screen (14), urine
LAB: Opiate Metabolites drug screen, urine
LAB: Fentanyl w/confirmation, urine
LAB: Buprenorphine, urine (Butran's Patch, Q16213)
Notes: eprescribed cyclobenzaprine today.

2. ENCTR THERAP DRUG MONITORING
LAB: Pain Therapy Drug Screen (14), urine
LAB: Opiate Metabolites drug screen, urine
LAB: Fentanyl w/confirmation, urine
LAB: Buprenorphine, urine (Butran's Patch, Q16213)

3. Others
Notes:
1. Patient continues to have knee pain awaiting Worker's Comp input and he has been evaluated by Dr. Paylor, who had recommended arthroscopic repair. There was some concern that if the repair is not done in a timely manner the outcome will not be that great.

2. Back pain: Patient is status post fusion. He continues to have axial back pain. I am concerned about developing pseudarthrosis. I am going to request CT of lumbar spine again and this is a second request. I am going to refill his oxycodone and get urine drug screen today.
The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/070214.
Referral To:
Reason:Pt needs CT Lumbar Spine

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Procedure Codes
83925 ASSAY OF OPIATES
80101 DRUG SCREEN, SINGLE
00.08 Change next to 8 units

Follow Up
4 Weeks (Reason: PA)



Electronically signed by Jyoti Math on 07/08/2014 at 11:45 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

08/01/2012 Progress Note: Charles C. Kanos

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 08/01/2012.

Reason for Appointment

1. WC 3.8.11. Patient states pain at the center of back to the left hip down leg. Patient states pain score today is a 6/10.

Assessments

1. Low Back Pain - 724.2 (Primary)
2. Leg discomfort or pain - 729.5
3. Spondylisthesis - 756.12
4. Lumbar Spinal Stenosis - 724.02

Treatment

1. Low Back Pain
Referral To:
Reason:WC. Lumbar MRI w/out

2. Leg discomfort or pain
Referral To:
Reason:WC. Lumbar MRI w/out

3. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once daily at bedtime
Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue exforge HCT tablet, 5 mg-12.5 mg-160 mg, 1 tab(s), orally, once a day
56 yo WM here for an evaluation of his low back following a work related injury on 3/11/2008. He was working at Garda and he was in the back of an armored car and was involved in an MVA. He was thrown around the back of the truck. I have reviewed numerous medical records, including notes from Dr. Math and Proaxis therapy. I also have notes from Dr. Wessinger. He has had right shoulder surgery on 7/11/08. Prolonged standing, walking, and sitting causes left hip pain that travels to the center of his back and burning down the left leg,

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

codeine
penicillin
contrast dye: rash: Side Effects

Hospitalization/Major Diagnostic Procedure

see surgery list

Review of Systems

Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.

thigh, and calf. He saw Dr. Bucci in the past, who did not recommend further treatment. Dr. Wessinger has evaluated his hip. He has not worked regularly since the injury. He has had a lumbar CT myelogram in 6/2011, and I have that for review. He has a lumbarized sacrum and there is a L5-S1 spondylolisthesis at the second to last disc space. There is significant foraminal stenosis bilaterally, and on the left at the level below. He has not slept in a bed in 2 years because sitting or lying on soft surfaces causes left low back and left leg pain. He does have a L5-S1 spondylolisthesis. He has had spinal injections and extensive therapy, and says that he is worsening. I will repeat his MRI without contrast.
Referral To:
Reason:WC. Lumbar MRI w/out

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.
MU Counseling: BMI Management plan provided? Yes, Dietary counseling provided? Yes, Activity counseling provided? Yes.

Follow Up

after MRI, prn

History of Present Illness

.Pain:
Pain Screening: Any pain at this time? Yes, Pain is new onset, Location of pain: upper, lower, back, leg(s), What, if any, medication have you taken for this pain? Other Percocet, Pain Scale used: Number Scale 6/10, Is your pain satisfactorily controlled now? No.

Vital Signs

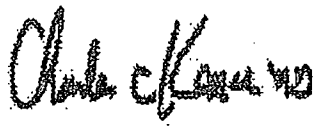
Ht 70, Ht Cm 177.8, Wt lbs 210.2, Wt kg 95.35, BMI 30.16, BP 144/76, HR 75, Pain score 6/10.

Examination

Imaging Studies:
MRI Lumbar 10.14.10 Innervision- CDs returned to patient.
CT Lumbar 6.2.11 Innervision.
General Exam:
General Appearance: Well developed , Well nourished and groomed, Communicates normally.
Neurological:
Capacity for sustained mental activity and abstract thinking within normal limits. Cerebellar: within normal limits. Cranial Nerves: 3rd, 4th, and 6th cranial nerves:, Extraocular muscles with full conjugate range of motion, without nystagmus or complaints of diplopia, 7th Cranial Nerve:. No facial asymmetries at rest or to grimacing. Gait: antalgic, walks with a limp. Level of consciousness: awake and alert, Orientation normal to time, place, person, and situation, judgement and insight, normal. Mental Status: immediate, recent, and

Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

remote memory seem normal. Mood and Affect: normal. Motor: Foot flexion is normal, Plantar flexion is normal. Nerve and Spinal Cord Tension-Compression Signs: Straight leg raising is negative on the right, Straight leg raising is negative on the left. Reflexes: Knee reflexes normal (2+) on the right, +1 on the left, Ankle reflexes normal (2+) bilaterally. Station: Normal.
Lumbar Spine / Lower back:
Inspection: pain with flexion.



Electronically signed by Charles Kanos , MD on 08/10/2012 at 05:26 PM EDT

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

UNIVERSITY MEDICAL GROUP

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

08/24/2012 **Progress Note: Charles C. Kanos**

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers

Reason for Appointment

1. WC 3.8.11. Follow up on low back and left hip and leg pain. He complains today of low back and left leg pain. Pain score is 6/10 today.

Assessments

1. Low Back Pain - 724.2 (Primary)
2. Leg discomfort or pain - 729.5
3. Spondylolisthesis - 756.12
4. Lumbar Spinal Stenosis - 724.02

Treatment

1. Low Back Pain

Referral To:
Reason:Left L5, S1 PLIF from the left with microscope and 2 C arms

2. Spondylolisthesis

Referral To:
Reason:Left L5, S1 PLIF from the left with microscope and 2 C arms

3. Lumbar Spinal Stenosis

Referral To:
Reason:Left L5, S1 PLIF from the left with microscope and 2 C arms

4. Others

56 year old manlast seen three weeks. HE injured himself at work 3-11-2008 while involved in a MVA. Prolonged walking, standing, sitting causes pain in left hip down the back of his left thigh, that is described as burning. He has lateral calf pain. It feels like parathesia. Has needles in the right heel. Right sided pain is minimal. He has a CT myelogram in 2011, the second to last disc space, L5-S1 has spondylolithesis. There is a severe L5-S1 left sided facet arthropathy. I am calling L5, S1 the last disc space. I'm recommending a Left L5, S1 PLIF from the left. *Due to an error encountered by ECW the rest of this dictation was deleted.*.

Diagnostic Imaging

Lumbar Spine, 4+ views (AP, lat, 2 obliques) Bolding,Chris

of tobacco use and urged to quit.
08/01/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:

08/24/2012 04:14:50 PM EDT < ap/lat/flex/ext

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

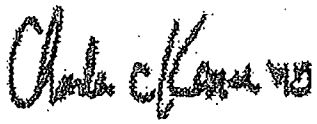
Follow Up
prn, post op

History of Present Illness
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 172/86, HR 43, Pain score 6/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Cardiovascular: RRR, no murmur. Respiratory: Auscultation: normal breath sounds, effort normal. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3. Motor: normal, Foot flexion. Nerve and Spinal Cord Tension-Compression Signs: Straight leg raising is positive on left. Reflexes: 2+ bilaterally and symmetric for knees.

Procedure Codes
72110 X-RAY LS SPINE (4 VIEWS)



Electronically signed by Charles Kanos , MD on 09/19/2012 at 03:49 PM EDT

Sign off status: Completed

Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

10/22/2012

Progress Note: Charles C. Kanos

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once daily at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
exforge HCT tablet 5 mg-12.5 mg-160 mg 1 tab(s) once a day
metformin tablet, extended release 500 mg 1 tab(s) once a day

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 08/01/2012.

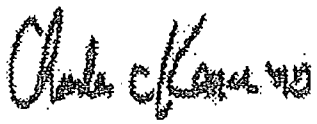
Reason for Appointment

1. SEN WC after MRI to add to prev note

History of Present Illness

.Pain:

Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.



Electronically signed by Charles Kanos , MD on 11/12/2012 at 01:34 PM EST

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure

see surgery list

Review of Systems

Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

10/22/2012

Progress Note: Charles C. Kanos

Current Medications

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Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
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metformin tablet, extended release 500 mg 1 tab(s) once a day
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
Flexeril tablet 10 MG 1 tab(s) once daily at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers

Reason for Appointment

1. WC follow up on low back pain. Patient complains today of a burning and pins and needles sensation in his low back and down his left leg with a pain score of 5/10.

Assessments

1. Low Back Pain - 724.2 (Primary)
2. Leg discomfort or pain - 729.5
3. Spondylisthesis - 756.12
4. Lumbar Spinal Stenosis - 724.02

Treatment

1. Others

Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue exforge HCT tablet, 5 mg-12.5 mg-160 mg, 1 tab(s), orally, once a day
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day
Continue Flexeril tablet, 10 MG, 1 tab(s), orally, once daily at bedtime
56 year old man was last seen 2 months. For some reason the dictation got cut off. It was a long visit. He had a work injury in 2008 and has been having left hip pain into the thigh. Pain is aching and stabbing, which is more towards the back. He had needle sensation in his right foot. I reviewed his CT myelogram which shows a lumbar sacrum the last disc space has been labeled L5-S1 He has six non rib bearing vertebra. He has severe facet arthropathy, Grade I spondylolisthesis with bilateral filling defects worse on the left. He was out of work until May 2009. And then he's been out since August 2010. Main complaint is low back pain and left leg pain. I believe his MRI explains his pain. I dont' think a decompression alone is going to help his back pain.My rationale on the last visit and today is that to treat him most apropriately he would need a L5-S1 PLIF and left sided decompression.

of tobacco use and urged to quit. 10/22/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
codeine
contrast dye: rash: Side Effects
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
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Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
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Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:

He's had injections, rhizotomies, PT and been to pain management. He's been out of work for 2 years and the pain is getting worse. I would recommend the above procedure, risks include bleeding, infection, CSF. leak, continued pain, recurrence, weakness, foot drop ,numbness, tingling, non union and other risks. If he were to still hurt after this there wouldn't be anything else to surgical to consider.

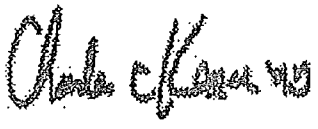
Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
prn

History of Present Illness
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, back, leg(s), Quality/Description of pain: stabbing, tingling, What, if any, medication have you taken for this pain? Other, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit. Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 211, Wt kg 95.71, BMI 30.27, BP 148/91, HR 128, Pain score 5/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.



Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Electronically signed by Charles Kanos , MD on 11/12/2012 at 01:34 PM EST

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Charles C. Kanos 10/22/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

12/10/2012 Progress Note: Charles C. Kanos

Current Medications

Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 4-6 hours, max 5/day
isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.

Reason for Appointment

1. WC follow up on low back pain. Patient complains today of a stabbing and burning sensation in his left sided low back, left hip and left lower extemity with a pain score of 4/10. Surgery set for 12/12/12

Assessments

1. Low Back Pain - 724.2 (Primary)
2. Leg discomfort or pain - 729.5
3. Spondylisthesis - 756.12
4. Lumbar Spinal Stenosis - 724.02

Treatment

1. Others

Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 4-6 hours, max 5/day
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime
56 year old man scheduled for a L5-S1 PLIF from the left. Had a work injury in 2008. I've explained the procedure in detail with the patient. He has constant low back pain and left buttocks pain down left leg. He has minimal right leg symptoms. He has numbness down left calf. His second to last disc space is the one that we plan to do surgery.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit 12/10/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional

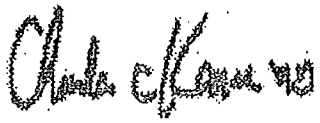
MU Counseling: BMI Management plan provided? Yes, Dietary counseling provided? Yes, Activity counseling provided? Yes.

Follow Up
prn, post op

History of Present Illness
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, back, leg(s), Quality/Description of pain: stabbing, tingling, What, if any, medication have you taken for this pain? Other, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit. Pain Screening: Any pain at this time? Yes, Pain is chronic, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 212, Wt kg 96.16, BMI 30.42, BP 163/90, HR 106, Pain score 4/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Cardiovascular: no abnormal sounds, no bruits or tenderness., no murmurs, normal S1S2. Respiratory: Auscultation: normal breath sounds, effort normal. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.



Electronically signed by Charles Kanos , MD on 12/19/2012 at 02:43 PM EST

Sign off status: Completed

weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Charles C. Kanos 12/10/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

01/02/2013

Progress Notes: Charles C. Kanos

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Roxicodone tablet 5 mg 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment

Reason for Appointment

1. Post op L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. He complains today of a numbness and pins and needles sensation in his left hip and lower extremity with a pain score of 3/10.

Assessments

1. Spondylisthesis - 756.12 (Primary)
2. Lumbar Spinal Stenosis - 724.02
3. Leg discomfort or pain - 729.5
4. Examination following surgery - V67.00

Treatment

1. Spondylisthesis
Referral To:
Reason:WC: Extensive PT

2. Lumbar Spinal Stenosis
Referral To:
Reason:WC: Extensive PT

3. Leg discomfort or pain
Referral To:
Reason:WC: Extensive PT

4. Examination following surgery
Referral To:
Reason:WC: Extensive PT

5. Others
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no

completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 12/26/2012.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems

Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:

driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily, 90, Refills 3
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime, 0
Continue Roxicodone tablet, 5 mg, 1 tab(s), orally, every 6 hours, 0
56 year old man s/p LEFT L5-S1 PLIF FORM THE LEFT on 12-22-2012 states that the burning down his left leg is nearly resolved. He states that it's 50% improved. He's only had 3-4 incidents of left leg pain since surgery. Prior to surgery he was having 3-4 incidents a day. His wound looks fine and I removed his staples. He has an antalgic gait. 2+ knee jerks. negative SLR, normal DF/PF bilaterally and normal LE motor. He states that he would definitely do the surgery again. He seems to be doing well. I'm going to start extensive PT. He's only worked 3 days in the last 3 years. I think the results look promising. He's still seeing Dr. Math. I want to see him back in 8 weeks. He is to stay our of work until follow up visit with me. He can walk and do normal everday activiites. I've advised him to avoid any heaving lifting. He can use his walker if he thinks he needs it.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
prn, 8 weeks

History of Present Illness
Follow Up After Surgery:
Surgery type: L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos.. Date of procedure: 12/22/12. Overall response to treatment: much improved. Complications since surgery: none, more swelling than expected.
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, hip(s), leg(s), Quality/Description of pain: tingling, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 207, Wt kg 93.89, BMI 29.70, BP 141/88, HR 132, Pain score 3/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, no acute distress, communicates normally.
Cardiovascular: regular rate and rhythm by palpation of distal pulses.
Chest: breathing easily. Psych: appropriate mood and affect, normal speech.
Lumbar Spine / Lower back:
Inspection: stands with a normal upright stance, surgical incision

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

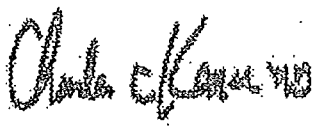
Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

well healed without signs of infection. Palpation: Nontender to lumbar spine, paraspinous musculature, SI joints, and greater trochanters. Straight leg raising test: negative bilaterally. Motor system: Lower extremities- intact and symmetrical, 5/5 all levels. Sensory exam: intact to light touch all levels BLEs.



Electronically signed by Charles Kanos , MD on 01/03/2013 at 10:26 AM EST

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

56 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

02/13/2013 Progress Note: Charles C. Kanos

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND, 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.

Reason for Appointment

1. S/p L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. He complains today of a numbness and burning sensation in his left lower extremity with a pain score of 3/10.

Assessments

1. Spondylisthesis - 756.12 (Primary)
2. Leg discomfort or pain - 729.5
3. Examination following surgery - V67.00

Treatment

1. Others

56 yo wm s/p L5S1 PLIF 12/12/12. He says his back pain is at least 50% better. He is still having some left low back and hip pain. His left leg pain has resolved. His leg pain was his main complaint prior to surgery. He has left low back pain that worsens with walking. He has been going to PT and ambulates with a cane for stability. His wound is well healed. His symptoms have persisted since 2008 and he will need continued conditioning. I want to see him back in 3 months with a AP/LAP L Spine. At that time I would anticipate MMI> We may need to get a FCE to see what he is physically capalble of doing. Overall the surgery has been a complete sucess. Patient is "as happy as he can be." He's weaning off his medication with Dr. Math.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3 Weeks with XR AP/Lat L Spine, prn

History of Present Illness

Follow Up After Surgery:

Surgery type: L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos.. Date of procedure: 12/22/12. Overall response to treatment: much improved. Complications since

Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 02/13/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

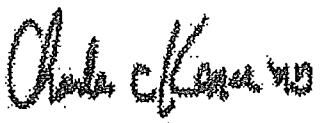
Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional surgery: none, more swelling than expected.
Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, hip(s), leg(s), Quality/Description of pain: tingling, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 204, Wt kg 92.53, BMI 29.27, BP 142/85, HR 116, Pain score 3/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.



Electronically signed by Charles Kanos , MD on 02/27/2013 at 02:18 PM EST

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Greenville Memorial Hospital 455-7000 FAX 455-4296
Patewood Memorial Hospital 797-1120 FAX 797-1129
Patewood Outpatient Surgery 454-2603 FAX 454-2620

Stephen R. Gardner, M.D., F.A.C.S.
John K. Johnson, M.D., F.A.C.S.
E. Christopher Troup, M.D.

105 Doctor's Drive
Greenville, S.C. 29605

Charles C. Kanos, M.D., F.A.C.S.
Alfred T. Nelson, M.D., F.A.C.S.
Philip J. Hodge, M.D., F.A.C.S.
Michael Lynn, M.D.

111 Doctor's Drive
Greenville, S.C. 29605

Re: TOMMY GREGORY HOUSTON **DOB:** 02/18/1956

Date: February 26, 2013

Please excuse the above referenced individual from work/school on the following dates:

Out of work until appointment on 3/8/13. Work status will be determined at that visit.

Sincerely, Charles C Kanos MD

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Mule, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

03/08/2013 **Progress Note: Charles C. Kanos**

Current Medications

isosorbide mononitrate tablet, extended release 60 mg 1 tab(s) once a day (in the morning)
Ecotrin enteric coated tablet 325 mg 1 tab(s) once a day
pravastatin tablet 80 mg 1 tab(s) once a day (at bedtime)
metformin tablet, extended release 500 mg 1 tab(s) once a day
exforge HCT 10/320/25 1 daily
cyclobenzaprine tablet 10 mg 1 tab(s) at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab (s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.

Reason for Appointment

1. S/p L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. He complains today of a pins and needles sensation in his low back and left lower extremity with a pain score of 4/10.

Assessments

1. Examination following surgery - V67.00 (Primary)

Treatment

1. Examination following surgery

Diagnostic Imaging: Lumbar Spine, 2 or 3 views Scharf,Tricia 03/08/2013 09:43:17 AM EST > .
Referral To:
Reason:WC: Work hardening to add to PT

2. Others

Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue exforge HCT, 10/320/25, 1, by mouth, daily
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime
Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, every 6 hours
57 year old man is here for an evaluation due to receiving information workman's comp to go back to work. He has spoken to Nancy and she recommended him to come in for an eval and Xrays. Pt is about 3 mths post-op from an L5-S1 fusion. Overall the pt is improving. He is participating with PT 3 days a week. He feels his standing tolerance has increased to 25-30 mins before he has low back/Lt buttock/paresthesias in the lateral calf and top of foot for which he has to sit down. Since surgery his left leg pain, that was present for 5 years, has resolved. He states that his left low back pain is 50% improved since surgery. He still complains of left hip pain. With prolonged standing his low back pain worsens. I expect him to go back to work.

Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 03/07/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies
contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure
see surgery list

Review of Systems
Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional

He needs more work hardening and I want him to continue PT for several more months. AT that time I recommend that he goes back to work with no standing over 2 hrs with breaks, no repetitive bending over 60 degrees and no lifting over 25 lbs. He states that he couldn't go back right now. I want to see him back in 2 months. In summary he is going to go back to work but he needs more conditioning prior to returning.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.
MU Counseling: BMI Management plan provided? Yes, Dietary counseling provided? Yes, Activity counseling provided? Yes.

Follow Up
2 Months, prn

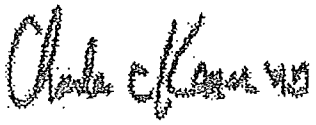
History of Present Illness
Follow Up After Surgery:
Surgery type: L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos.. Date of procedure: 12/22/12. Overall response to treatment: much improved. Complications since surgery: none, more swelling than expected.
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, hip(s), leg(s), Quality/Description of pain: tingling, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

Vital Signs
Ht 70, Ht Cm 177.8, Wt lbs 206, Wt kg 93.44, BMI 29.55, BP 148/93, HR 99, Pain score 4/10.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Procedure Codes
72100 LS SPINE (2-3 VIEW) X-RAY

weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.



Electronically signed by Charles Kanos , MD on 03/22/2013 at 02:44 PM EDT

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: UNITED HEALTHCARE
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

04/24/2013

Progress Note: Charles C. Kanos

Current Medications

isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
exforge HCT 10/320/25 1 daily
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
oxycodone 10 mg tablet 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FORIEGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a:

Reason for Appointment

1. Follow up on low back pain

Assessments

1. Low Back Pain - 724.2 (Primary)

Treatment

1. Others

57 year old man who had long standing low back pain since 2008. ultimately he had a L5-S1 fusion for spondylolisthesis. His left leg pain is almost completely resolved. His back was doing better initially after the surgery on 12-12-12. He's had extensive PT and I have notes for review today at SF. He's changed therapists and the activities have worsened his back pain. It's not constant burning like it was before but he has diffuse paresthesias in his back to his buttocks. The pain is worse with lifting, walking on uneven ground, and stairs. It's not surprising, given the duration of his symptoms, that he has residual pain. He's been under the care of Dr. Math. In terms of permanent restrictions he is to not to lift over 35 lbs and no repetitive bending more than 60 degrees. He can sit for an 8 hour day or walking for 2 hours with breaks. I'm going to place him at MMI with a 25% impairment to hte lumbar spine. HE is a patient of Dr. Math's for pain management and I think he will need to continue that. He's not getting any PT and I would stop that. He can do home exercises as he's been to PT enough to do this. I want to see him in 6 months with a xray to make sure the fusion is progressing as it should.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

6 months with XR AP/Lat Lumbar, prn

History of Present Illness

Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 04/23/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure

see surgery list

Review of Systems

Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

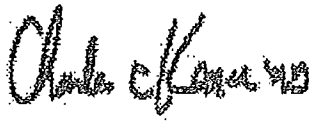
Follow Up After Surgery:
Surgery type: L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos.. Date of procedure: 12/22/12. Overall response to treatment: much improved. Complications since surgery: none, more swelling than expected.
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, hip(s), leg(s), Quality/Description of pain: tingling, What, if any, medication have you taken for this pain? Other percocet, Pain Scale used: Number Scale 3, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.
Previous Treatments / Therapies:
Injection therapy: with mild benefit. Medications: oxycodone. Physical therapy: with no benefit.

Vital Signs

Ht 70, Ht Cm 177.8, Wt lbs 205, Wt kg 92.99, BMI 29.41, BP 158/102, HR 106, Pain score 3/10.

Examination

General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.



Electronically signed by Charles Kanos , MD on 04/29/2013 at 10:51 AM EDT

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150

Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Fax: 864-797-7145

Patient: HOUSTON, TOMMY GREGORY DOB: 02/18/1956 Progress Note: Charles C. Kanos 04/24/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GREENVILLE HEALTH SYSTEM

HOUSTON, TOMMY GREGORY

57 Y old Male, DOB: 02/18/1956
204 BARTON ST, PO BOX 1099, EASLEY, SC-29640
Home: 864-855-0437
Guarantor: HOUSTON, TOMMY GREGORY
Insurance: CIGNA POS
PCP: Richard Curry, MD Referring: comp workers
Appointment Facility: SE Neuro & Spine Institute

10/21/2013 **Progress Note: Charles C. Kanos**

Current Medications

Oxycodone 10 MG tablet 1 tab(s) every 6 hours; max 4 a day
cyclobenzaprine 10 mg tablet 1 tab(s) at bedtime
Voltaren Gel 1% gel 2.0 g 4 times a day
isosorbide mononitrate 60 mg tablet, extended release 1 tab(s) once a day (in the morning)
Ecotrin 325 mg enteric coated tablet 1 tab(s) once a day
pravastatin 80 mg tablet 1 tab(s) once a day (at bedtime)
metformin 500 mg tablet, extended release 1 tab(s) once a day
Work Restrictions * * SEDENTARY WORK ONLY; no driving or getting in and out of armored truck
exforge HCT 10/320/25 1 daily
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
High Cholesterol
Heart disease
Heart Attack
Fracture

Surgical History

left wrist 1978
right knee 1974
hernia 9/07
heart surgery 11/23
EXPLORATION AND REMOVAL OF FOREIGN BODY, RT HAND. 06/01/09
L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos. 12/22/12

Family History

Family: diabetes, Hypertension, Heart Disease

Social History

Interpersonal/family relationships: Divorced.

Reason for Appointment

1. Follow up on low back pain

Assessments

1. LOW BACK PAIN - 724.2 (Primary)
2. Knee pain - 719.46

Treatment

1. Others

Continue Oxycodone tablet, 10 MG, 1 tab(s), orally, every 6 hours; max 4 a day
Continue cyclobenzaprine tablet, 10 mg, 1 tab(s), orally, at bedtime
Continue Voltaren Gel gel, 1%, 2.0 g, applied topically, 4 times a day
Continue isosorbide mononitrate tablet, extended release, 60 mg, 1 tab (s), orally, once a day (in the morning)
Continue Ecotrin enteric coated tablet, 325 mg, 1 tab(s), orally, once a day
Continue pravastatin tablet, 80 mg, 1 tab(s), orally, once a day (at bedtime)
Continue metformin tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Continue Work Restrictions *, *, SEDENTARY WORK ONLY;, no driving or getting in and out of armored truck
Continue exforge HCT, 10/320/25, 1, by mouth, daily

57 y/o WM here for f/u visit. He had a L5-S1 fusion for spondylolisthesis 12-12-12. The constant left leg pain is resolved. With standing about 30 mins, he will have some mild lt buttock pain. He does have to take chronic narcotics per Dr Math. Today he is using a cane, because of rt knee pain and recent dx of meniscal tear. Overrall, he does feel he has improved, but he is still not working.
He had a Grade II spondylolisthesis at L5-S1. I last saw him in April and I place him at MMI. He was to continue with DR. Math for pain management. He says that his left leg is 100% improved and his back is 50% better. His wound looks fine.
His x ray today shows intact hardware, with graft incorporation and signs of fusion.
Overall, his left leg pain has resolved and that was his main complaint. His low back pain is tolerable. He has a normal gait. He has a good flexion on his lumbar spine, mildly antalgic gait and no neurological

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Current smoker, Pt counseled on the dangers of tobacco use and urged to quit. 09/09/2013.
Occupation: Employed, but currently not working.
no Alcohol.
Smoking: yes, PPD: , years:.
no Recreational drug use.
no Use of marijuana, cocaine, or similar drugs.

Allergies

contrast dye: rash: Side Effects
codeine
penicillin

Hospitalization/Major Diagnostic Procedure

scc surgery list

Review of Systems

Musculoskeletal:
Muscle pain yes. Painful joints no. Weakness no.
Integumentary:
Bruises easily yes. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infecticus, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination frequent. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain yes. Irregular heartbeat or feeling of fast, pounding heartbeat no.

deficits. He states that he does have a meniscal tear in his right knee. He's in the process of having this treated.

Diagnostic Imaging

Lumbar Spine, 2 or 3 views

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.
MU Counseling: BMI Management plan provided? No, Dietary counseling provided? No, Activity counseling provided? No.

Follow Up

prn

History of Present Illness

Follow Up After Surgery:
Surgery type: L5-S1 posterior lumbar interbody fusion on 12/22/12 at GMH by Dr. Charles Kanos.. Date of procedure: 12/22/12. Overall response to treatment: much improved. Complications since surgery: none, more swelling than expected.
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: left, hip(s), leg(s), Quality/Description of pain: tingling, What, if any, medication have you taken for this pain? Other percocet, Pain Scale used: Number Scale 3, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.
Previous Treatments / Therapies:
Injection therapy: with mild benefit. Medications: oxycodone. Physical therapy: with no benefit.
.Pain:
Pain Screening: Any pain at this time? Yes, Pain is Chronic, Pain scale used: Number scale 3. Location of pain: Back Lower, Hips Left, Buttocks Left. Quality/Description of pain: Back: Pins and Needles, Hips: Pins and Needles, Buttocks: Pins and Needles. Is you pain satisfactorily controlled now? Back: No, Hips: No, Buttocks: No.

Vital Signs

Ht 70, Ht Cm 177.8, Wt lbs 207, Wt kg 93.89, BMI 29.70, BP 155/88, HR 106, Pain score 3/10.

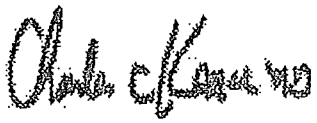
Examination

General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally. Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal.

Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Procedure Codes
72100 LS SPINE (2-3 VIEW) X-RAY



Electronically signed by Charles Kanos , MD on 10/25/2013 at 04:12 PM EDT

Sign off status: Completed

SE Neuro & Spine Institute
109 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7145

OP Notes/GI Lab Results Report

Pt Name:	HOUSTON, TOMMY G	MRN:	250066278
Pt ID:	201001407364	Acct No:	080016702172
DOB:	02/18/1956	Age/Sex:	56Y/M
Adm DTime:	12/12/2012 06:37	Atn Dr:	Kanos, Charles MD
Nurse Sta:	GMH 2D	Rm/Bed:	
Dx:			
Alrg:	ALLERGY HX REVIEWED BY RPH, Codeine, Penicillins		
Order Name:		Observation DTime:	12/12/2012 08:00
Result Name:	OP Notes/GI Lab	Result Status:	Final Result

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
GREENVILLE MEMORIAL HOSPITAL
MEDICAL RECORD

NAME: HOUSTON, TOMMY GREGORY Patient Location: 082D240SAN
PATIENT MR#: 000-250-06-6278 Billing NO: 080016702172
DATE OF PROCEDURE: 12/12/2012

PREOPERATIVE DIAGNOSES:
1. L5-S1 spondylolysis with grade 1 spondylolisthesis.
2. L5-S1 foraminal stenosis.
3. Severe intractable left lower extremity pain.

POSTOPERATIVE DIAGNOSES:
1. L5-S1 spondylolysis with grade 1 spondylolisthesis.
2. L5-S1 foraminal stenosis.
3. Severe intractable left lower extremity pain.

PROCEDURES:
1. L5-S1 posterior lumbar interbody fusion.
2. Orthofix Phoenix minimally disruptive L5-S1 pedicle screw fixation.
3. StaXx PEEK L5-S1 interbody fusion cage.
4. L5-S1 decompressive laminectomy.
5. L5-S1 total facetectomy.
6. L5-S1 foraminotomies.
7. Operative microscope was used for microdissection.

SURGEON: Charles C. Kanos, MD
ANESTHESIA: General endotracheal anesthesia.
ESTIMATED BLOOD LOSS: One hundred mL.
COMPLICATIONS: None.
INDICATIONS:
1. L5-S1 spondylolysis with grade 1 spondylolisthesis.
2. L5-S1 foraminal stenosis.
3. Severe intractable left lower extremity pain.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room. Following general endotracheal anesthesia, the patient was placed prone on the OSI frame with all bony prominences padded. Lumbar region was sterilely prepared and draped. Fluoroscopic examination confirmed the L5-S1 interspace. The space was marked in midline, infiltrated with 1% lidocaine with epinephrine. Using a 10 blade, an incision was carried down through the skin, subcutaneous tissue. The lumbar dorsal fascia was exposed. Attention was then given to pedicle screw fixation. Utilizing simultaneous AP and lateral fluoroscopy, the Jamshidi needle was used to awl bilateral L5 and S1 pedicles under fluoroscopic confirmation. KR was

Provided
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OP Notes/GI Lab Results Report

Pt Name:	HOUSTON, TOMMY G	MRN:	258066278
Pt ID:	20101407364	Acct No:	08016702172
DOB:	02/18/1966	Age/Sex:	56Y/M
Adm DTime:	12/12/2012 09:37	Atn Dr:	Kenos, Charles MD
Nurse Sta:	GMH 2D	Rm/Bed:	
Dx:			
Alrg:	ALLERGY HX REVIEWED BY RPH, Codeine, Penicillins		

Order Name:		Observation DTime:	12/12/2012 08:00
Result Name:	OP Notes/GI Lab	Result Status:	Final Result

placed through the needle followed by a 5.5 mm tap. Bilateral 6.5 x 45 mm Orthofix Phoenix titanium pedicle screws were then placed into each pedicle with excellent purchase. There did not appear to be any pedicle disruption. The screw extenders were applied on the left sided screws later in the case. With the screw extenders on the right side attached, a 50 mm rod was measured and then passed percutaneously with no additional fascial wound into the screw heads. The construct was temporarily tightened under distraction. Attention was then given to the decompression and fusion. The lumbar dorsal fascia was divided, and the soft tissue was subperiosteally dissected off the spinous processes lamina on the left side at L5-S1. Levels were confirmed by fluoroscopy and the microscope was used for microdissection. Partial hemilaminectomy was performed with the Kerrison rongeurs. There was a severe facet arthropathy. Local bone harvest was retained. The hemilaminectomy was performed and the total facetectomy was performed. The decompression extended from the pedicle of L5 to the pedicle of S1. There was severe _____ exuberant osteophytes coming off the superior S1 facet and this appeared to markedly compress the _____ nerve root. Similarly, there was severe L5 foraminal stenosis due to the L5 facet arthropathy. Wide decompressions were performed until nerve hook went around the L5 and S1 roots and around the respective pedicles without any residual compression. Epidural veins were coagulated with bipolar cautery. The annulus was opened with an 11 blade. Diskectomy was performed with pituitary pullers. The cartilaginous endplates were removed and the bony endplates were prepared for fusion. The copious local harvest was packed in the interspace. A 23 mm StaXx fusion cage was then passed into the disk space, tamped, countersunk 3 mm and expanded from 7 mm to 11 mm. There was an anatomic reduction and there was no over distraction. At this point, the decompression site hemostasis was achieved with bipolar cautery, Gelfoam thrombin, Surgiflo irrigation meticulously. The wound was bone dry. The right side screws were permanently tightened, and the screw sleeves were removed. The fascial wound for the screws and midline lumbar dorsal fascia was closed with 0 Vicryl interrupted fascia. At this point, the screw sleeves were placed on the existing left side at L5-S1 pedicle screws, and a 50 mm rod was placed in an identical fashion and permanently tightened under compression. Extra AP and lateral x-ray looked good. The fascia wounds were closed with 0 Vicryl interrupted fashion; subcutaneous subcuticular tissue were closed with 2-0 Vicryl interrupted fashion, skin edges were closed with staples. Sterile dressing was applied. Sponge, needle and instrument counts were correct at the end of the case. There were no complications.

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OP Notes/GI Lab Results Report

Pt Name:	HOUSTON, TOMMY G	MRN:	250066278
Pt ID:	20101407364	Acct No:	080167021?2
DOB:	02/18/1956	Age/Sex:	56Y/M
Adm Dt/Time:	12/12/2012 06:37	Atn Dr:	Kanos, Charles MD
Nurse Sta:	OMH 2D	Rm/Bed:	
Dx:			
Alrg:	ALLERGY HX REVIEWED BY RPH, Codeine, Penicillins		
Order Name:		Observation Dtime:	12/12/2012 08:00
Result Name:	OP Notes/GI Lab	Result Status:	Final Result

Charles C. Kanos, MD
cc: Charles C. Kanos, MD T: 12/19/2012 08:42 A zeh
D: 12/12/2012 06:37 P
DVI: dc4984 C/S#: 3768961

Comments

Result Comments:

Requisition Comments:

Ordering Dr: Order Date/Time:
Ord#/Occurrence#: /

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Name: Houston, Tommy
DOB: 1956-02-18
Age: 57 years
Gender: Male
Chart#: 55008925

piedmont orthopaedic associates

BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Office Visit: 99203 New Level 3	Diagnosis: 836.1 Tear-Lateral Cartilage/Meniscus-Current		
Fracture:	Laterality:	Fracture Diagnosis:	
Fracture:	Laterality:	Fracture Diagnosis:	
Casting:	Laterality:	Cast Supply: 1) x 2) x	
Procedure 1: x 1 Unit	Laterality:	Med 1: x	Dx:
Procedure 2: x 1 Unit	Laterality:	Med 2: x	Dx:
NOTES:			
DME1: x 1 Unit Laterality:	DME 2: x 1 Unit Laterality:	DME 3: x 1 Unit Laterality:	PQRS & E-scribe(MC patients only)
XRAY	RIGHT:	LEFT:	BILATERAL:

Follow up: Surgery

Date of Service: 2013-11-05 09:16:43

CC: Injury of the right knee.

Onset Date: 3/11/2008

HPI:
The injury occurred on the date of onset.
The patient suffered the injury by being in a MVA. He was working at the time.
The knee has been painful since initial injury.
The location of the pain is anterior and lateral.
Movement and use aggravate the pain.
Associated signs are swelling, giving way, locking. He did have a MRI.

ROS/PMH/FH/SH: **ROS AND PMFSH**: This is included in the chart on the patient history form and is reviewed and signed today. Pertinent positives and negatives are addressed with the patient. Non-orthopedic concerns are referred to the patient's primary care physician.

Allergies:

Medications:

Physical Examination:
General appearance of the patient is normal for age.
Sensation in LEs is intact with no numbness or tingling.
DTRs are normal and symmetrical.
Circulation is intact in LEs.
The skin is noted to be normal over bilateral lower extremities.
Gait is noted to be with a limp on the left.
Palpation reveals tenderness over the lateral aspect of the right knee.
Range of motion of right knee is normal.

Name: Houston, Tommy
DOB: 1956-02-18
Age: 57 years
Gender: Male
Chart#: 55008925

piedmont orthopaedic associates

BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Crepitus is not present.
Stability of the right knee is normal.
Muscular strength of right knee is normal.
Left knee: good ROM, normal stability, and normal muscular strength.

MEDICAL DECISION MAKING:

He did have an MRI scan which showed extensive tearing of the lateral meniscus with displaced tissue. He has advanced grade chondromalacia as well. His knee continues to bother him a great deal. His options are discussed. He would like to be scheduled for arthroscopy of the right knee with a lateral meniscectomy. The surgery is discussed. The risk and complications are discussed. The booklet is given. Alternatives were also discussed. He will be scheduled.

John H. Paylor

Electronically signed by John H Paylor MD on 2013-11-05 09:16:43

Name: Houston, Tommy
DOB: 1956-02-18
Age: 58 years
Gender: Male
Chart#: 55008925

piedmont orthopaedic associates

BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Office Visit: **99212 EST Level 2**	Diagnosis: **836.1 Lateral Meniscus Tear**		
Fracture:	Laterality:	Fracture Diagnosis:	
Fracture:	Laterality:	Fracture Diagnosis:	
Casting:	Laterality:	Cast Supply: 1) x 2) x	
Procedure 1: x 1 Unit	Laterality:	Med 1: x	Dx:
Procedure 2: x 1 Unit	Laterality:	Med 2: x	Dx:
NOTES:			

DME1: x 1 Unit Laterality:	DME 2: x 1 Unit Laterality:	DME 3: x 1 Unit Laterality:	PQRS & E-scribe(MC patients only)

XRAY	RIGHT:	LEFT:	BILATERAL:

Follow up: Surgery

Date of Service:2014-03-25 11:06:40

Allergies: Codeine;Penicillin
Medications: AmLODIPine Besylate;Atorvastatin Calcium;Cyclobenzaprine HCl;Ecotrin;Fluticasone Propionate;Isosorbide Dinitrate;Losartan Potassium;MetFORMIN HCl;OxyCODONE HCl

CC: right knee

His here today with his right knee. We are awaiting approval for surgery. The knee is getting worse. He is presently having to walk with a cane. He is not able to work. His knee is still swollen. His range of motion is 90° of flexion and -15° of extension. Hopefully his surgery will be approved soon.

John H. Paylor

Electronically Signed By John H Paylor MD

PIEDMONT ORTHOPAEDICS COPY

Gallagher Bassett Services, Inc.

10/24/13
re-mailed

Gallagher Bassett Services
PO Box 785071
Orlando, FL. 32878

RECEIVED
OCT 31 2013
BY:

October 17, 2013

Piedmont Orthopaedic Assoc
Attn: Debbie in Appointments
35 International Dr
Greenville, SC. ~~29645~~ 29615

00450 WC

RE: Date of Accident: 3/11/08
Claim no.: 003170-00450-WC-01
Claimant: Tommy Houston DOB 2/18/54
RE: request to schedule evaluation & treatment

Dear Accounts Department :

Please review records for consideration of requested evaluation and treatment. Contact assistant Teresa Gullanelli directley at 800-843-8999, xt. 3272 to schedule.

Thank you!

Robyn Deans
Claims Representative

Gallagher Bassett Services
PO Box 785071
Orlando, FL. 32878
phone: 800-843-8999, xt. 3203
Fax: 407-281-6472 Attn: R. Deans

CC: file

PIEDMONT ORTHOPAEDICS
Copy

piedmont orthopaedic associates

Worker's Compensation

Authorization Form

Employee Name: Tommy Houston Date of Birth: 2.18.56

Social Security No.: 250-06-6278 Home Phone No: 864-855-0437

Name of Employer at time of accident: Garda World Security

Employer's Phone No.: _____

W/C Insurance Company: Gallagher Bassett Svcs.

Address: P.O. 23812 Tucson, AZ 85734

Phone No.: 800-843-8999 Ext: 3272 Fax No: _____

Adjuster's Name: Jeresa Gulianelli

Claim No.: 003170-0450 WC-01 Date of Accident: 3/11/08

Description of problem: Right Knee

Authorized Treatment

Evaluation / Treatment and X-rays: OK

One-time Evaluation: _____

Second Opinion Only: _____

Second Opinion and Treatment: _____

Authorized By *(If Other Than Adjuster)*: _____

Phone No.: _____ Date: 10/28/13.

Intake Correspondent: Debbie

OK per JHP 10/28/13

204 Barton St
Easley, SC 29640

Tues. 10/5/13
9:00 am.

C:Forms,WCAuthor 10/05

PIEDMONT CAROLINAS COPY

To: Dr. Paylor

From: Debbie

Date: 10/24/13

Patient: Tommy Houston

Comments: Right knee pain

will you see?

yes JAP

PLEASANT GROVE
COPY

11-5-13 DHP

PIEDMONT ORTHOPAEDIC ASSOCIATES PATIENT DEMOGRAPHIC FORM

First: Tommy Middle: G. Last: Houston

Home Address:
Line1: 204 Barton St.
Line2: ~~Easley~~
Zip: 29640 City: Easley State: SC

Billing Address (If Different):
Line1: SAME
Line2:
Zip: City: State:

Do you live in a Skilled Nursing Facility?: ☐ Y ☒ N Facility Name:

Home Phone Number: 864-855-0437 Cell Phone Number:
Email: tghouston@gmail.com

SSN: 250-06-6278 (Your SSN is Mandatory when scheduling anything with the hospital)

DOB: 02/18/1956 Gender: ☒ Male ☐ Female Referred By: DR. MATH

Marital Status: ☐ Single ☐ Married ☒ Divorced ☐ Separated ☐ Widowed

Primary Care Physician: DR. MARIA OLIVER Responsible Party if Child:
Primary Insurance: WORKER COMP GALLAGHER BASSETT Subscriber: GARDA World Security
Subscriber's DOB: 02/18/1956 Policy #: Group #:

Patient's Relationship to Subscriber: ☒ Self ☐ Spouse ☐ Child ☐ Other

Secondary Insurance: CIGNA Subscriber: Tommy G. Houston
Subscriber's DOB: 02/18/1956 Policy #: U43722955 01 Group #: 3334679

Patient's Relationship to Subscriber: ☒ Self ☐ Spouse ☐ Child ☐ Other

Employer: Garda World Security Street Address: 124 White Horse Rd
City: Greenville State: SC Zip: 29605 Phone#: 864-422-8480

Was this an on the job injury?: ☒ Yes ☐ No Date of injury: 03/11/2008 Body Part: Rt. knee
Claim #: 003170-000450-WC-01 Work Comp Insurance: Gallagher Bassett Services

Emergency Contact: Andrew Houston Relationship: SON Phone #: 864-505-6339

Pharmacy Name: Publix Pharmacy Pharmacy Addr: 6525 Calhoun Mem. Hwy
Pharmacy Phone #: 864-850-2276 Pharmacy Fax #: 864-850-2289

GOVERNMENT MANDATED QUESTIONS *The following questions are required by the US Government*

Primary Language: English

Race: ☐ American Indian ☐ Asian ☐ Black ☐ Native Hawaiian ☐ Unknown ☒ White

Ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Unknown

Height: 5 ft 10 inches Weight: 195

Tobacco Use: ☒ Current Every Day ☐ Current Some Day ☐ Never ☐ Former

STATEMENT OF

JOHN H. PAYLOR, III, M.D.

Re: **Tommy G. Houston**
Date of Birth: 2/18/56
Date of Injury: 3/11/08

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

It is more likely than not that Mr. Houston suffered injury to his right knee as a result of his MVA while working on or about March 11, 2008, that his right knee symptoms settled down or became less noticeable as he pursued treatment for other injuries and was less active, and then became more symptomatic again as treatment for his other injuries wound down and he increased his activity and began walking more following his back surgery.

John H. Paylor, III, M.D.

6/26/14
Date

SC Workers' Compensation Commission
1333 Main Street, Suite 500 · Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723

WCC File #: 0802605
Carrier File #: 003170-000450-WC-01
Carrier Code #:
Employer FEIN #:

Tommy G. Houston — Claimant's Name	250-06-6278 — SSN
204 Barton Street Easley, South Carolina 29640 — Address City State Zip	
(864) 855-0437 — Home Phone #	Work Phone #
J. Randall Hedlund — Preparer's Name	McAngus Goudelock & Courie — Law Firm

Garda World Security — Employer's Name	
Address City State Zip	
Gallagher Bassett Services, Inc. — Insurance Carrier	
(864) 239-4017 — Phone Number	

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

Date of Injury or Illness: March 11, 2008

The above parties agree to pay and accept compensation based on the following facts:
A compensable ☒ Injury ☐ Illness ☐ Repetitive Trauma occurred on: March 11, 2008 (month/day/year).

The injury was to right shoulder and low back body part(s) injured and also the injury affected ribs, right knee, right hand, left hip and left leg other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on June 2, 2009 with an impairment rating of 10% to the right shoulder and on July 1, 2009 with an impairment rating of 15% to the right shoulder and 7% to the back.

Average weekly wage $616.96 Compensation rate $411.32

By agreement of the parties, the following award has been referred to the Commission for approval:

10% Percentage loss of use to: back (body part(s) injured).	30 weeks
20% Percentage loss of use to: right shoulder (body part(s) affected).	60 weeks
_____ Percentage loss of use to: whole person	_____ weeks
Disfigurement to: _____	_____ weeks
Wage Loss: $_____amount	_____ weeks
Total and Permanent Disability: _____	_____ weeks
Other: _____	_____ weeks

Estimated award (number of weeks times compensation rate) $ 37,018.80
The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, **Form 14B**

Additional medical ordered: _____ **Yes** x **No** Defendants agree to lifetime maintenance of hardware in Claimant's shoulder.

See attached 14B physician's statement dated: 6/2/09

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition **must be filed no later than one (1) year from the date of the last payment of compensation.** Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

Claimant's Signature	02/04/2010 Date Agreement Signed	Attorney/Witness/Translator
Employer's Representative	J. Randall Hedlund Attorney for Carrier	rhedlund@mgdlaw.com Email
Deputy Commissioner	2-4-2010 Date agreement approved	Jurisdictional Commissioner

KATHRYN WILLIAMS, P.A.
ATTORNEYS AT LAW
POST OFFICE BOX 10693
GREENVILLE, SC 29603

KATHRYN WILLIAMS
DONALD E. KAMB, JR.
MELISSA S. MILLER
TOM J. ERVIN
OF COUNSEL

619 N. MAIN STREET
GREENVILLE, SC 29601
TELEPHONE (864) 235-6254
FAX (864) 233-6591

November 11, 2010

Ms. Virginia L. Crocker
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Tommy G. Houston v. Garda World Security
Date of Injury : March 11, 2008
WCC File No. : 0802605

Dear Ms. Crocker:

Enclosed please find a Form 50 requesting a hearing in the above-referenced claim. Also enclosed are the certificate of service and a check for the $25.00 filing fee.

Kindest regards,

Yours truly,

Kathryn Williams

KW/ess
Enclosures
cc: J. Randall Hedlund, Esq.

h Carolina Workers' Compensation Commission
). Box 1715 ♦ 1612 Marion Street
olumbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0802605
Carrier File # 003170-000450-WC-01
Carrier Code #
Employer FEIN

CHANGE OF CONDITION

Tommy G. Houston	250-06-6278	Garda World Security	
Claimant's Name	SSN	Employer's Name	
204 Barton Street	Easley, SC 29640		
Address	City State Zip	Address	City State Zip
(864) 855-0437		Gallagher Bassett Services, Inc.	
Home Phone #	Work Phone #	Insurance Carrier	
Kathryn Williams		(864) 235-6254	
Preparer's Name	Law Firm	Phone #	

omplete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) at lines , 7, 8, and 9, and file this form in duplicate. A claim for worker's compensation benefits is made based on the following grounds:

claim for workers compensation benefits is made based on the following grounds: Date of Injury or Illness: on or about 3/11/08
X] Injury []Illness [X] Repetitive Trauma

1a. That Claimant sustained an accidental injury to right shoulder, back, ribs, right knee, right hand, left hip, left leg on or about 3/11/08 in Pickens County, State of South Carolina.

1b. Body part(s) affected are: right shoulder, back, ribs, right knee, right hand, left hip, left leg
Describe briefly how the accident occurred Claimant was involved in MVA. Claimant was paid permanent partial disability benefits based on 10% loss of use of the back for 30 weeks and 20% loss of use of the right shoulder in the amount of $37,018.80 pursuant to a Form 16A dated February 4, 2010. Claimant has suffered a change of condition for the worse.

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

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

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

5. Notice of the accidental injury was given to the employer on or about 3/11/08 in the following manner: Claimant notified his supervisor.

] 6. Due to the injury, the claimant is in need of (check one):
[] (a) medical examination and treatment for
[X] (b) additional medical examination and treatment for right shoulder, back, ribs, right knee, right hand, left hip, left leg

] 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 9/1/10 to the present and continuing

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

[] (1) General Disability [] Total [] (2) Specific Disability [] Total

[] (3) Wage Loss [] Partial [] Partial

Body part(s) affected are: Premature at this time.

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

10a. At the time of injury the claimant was paid weekly wages of $to be determined; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. to be determined.

11a. Further grounds of claim: See # 12. Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant requests payment of any award in lump sum with lifetime allocation. Claimant reserves the right to amend the Form 50.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident. Greenville Memorial Hospital, 701 Grove Road, Greenville, SC 29605; Philip H. Wessinger, M.D., Steadman Hawkins Clinic of the Carolinas, 727 E. Main Street, Suite 220, Simpsonville, SC 29681; ProAxis Therapy, 1020 Grove Road, Greenville, SC 29605; Center for Special Surgery, 209 Patewood Drive, Suite 300, Greenville, SC 29615; Joseph A. Camunas, M.D., GHS UMG General Surgery, 35 Medical Ridge Drive, Greenville, SC 29605.

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

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

13a. **I am filing a claim. I am not requesting a hearing at this time.**

] 13b. **I am requesting a hearing.**

14. Estimated time needed for hearing: 45 minutes

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

nature of Claimant/Representative	Attorney Title	kwilliamslaw@bellsouth.net Email	11/11/10 Date

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

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0802605

Tommy G. Houston, Employee-Claimant, vs. Garda World Security, Employer-Defendant and Gallagher Bassett Services, Inc., Defendants.	CERTIFICATE OF SERVICE

This is to certify that the undersigned did cause the Form 50 to be served upon the Judicial Department of the South Carolina Workers' Compensation Commission and the Defendants by mailing a copy of the same to the below named as addressed by United States Mail, proper postage prepaid on the 8th day of Dec., 2010.

Ms. Virginia L. Crocker
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

J. Randall Hedlund, Esq.
McAngus, Goudelock & Courie
Post Office Box 2980
Greenville, SC 29602

Elizabeth Smith

Re:	Patient/Client	:	Tommy G. Houston
	Date of Injury	:	March 11, 2008
	Social Security No.	:	250-06-6278
	Date of Birth	:	2/18/56

✓ Tommy G. Houston has sustained a change of condition for the worse since I released him on July 1, 2009.

____ Tommy G. Houston has not sustained a change of condition for the worse since I released him on July 1, 2009.

Phillip Wessinger, M.D.

11/3/10
Date

CLAIMANT INFORMATION FOR DISABILITY / FMLA BENEFITS

SOCIAL SECURITY NUMBER 250 -- 06 -- 6278 TELEPHONE# 864-855-0437

PATIENT NAME Tommy G. Houston DATE OF BIRTH 02/18/1956

STREET ADDRESS 204 BARTON STREET

CITY EASLEY STATE SC ZIP 29640

THIS FORM IS FOR DISABILITY INCOME INSURANCE, DISABILITY INSURANCE FOR CREDITORS ACCIDENT - DISMEMBERMENT, AND HOSPITAL INCOME CLAIMS

PLEASE GIVE A BRIEF DESCRIPTION OF DISABILITY, OR ACCIDENT, AND LIST DATE BELOW

Auto Accident 03/11/08 - Injury to Rt. Shoulder Rt. Knee + Lower Back

Is the patient's condition due to injury/sickness/accident involving the patient's employment (YES) NO

Last Date Worked 08/30/2010

WAS THE CLAIMANT: [X] INPATIENT [X] OUTPATIENT Date_____

IF INPATIENT: ADMISSION DATE 03/11/08 DISCHARGE DATE 03/12/08

NAME OF REFERRING PHYSICIAN Dr. Wessinger

FAILURE TO COMPLETE THE FOLLOWING SECTION WILL CAUSE A DELAY IN COMPLETION OF YOUR DISABILITY FORM

Your first treatment for this illness or injury with our Physicians	03/11/08
Your most recent treatment for this illness or injury	10/06/10
Did the claimant ever have the same or similar condition before	Y or N
Date claimant will be able to perform his/her normal schedule	
Date claimant will be able to perform light duty	
Are you participating in formal Physical Therapy	Y or N

Patient Signature [signature] Date 10/06/10