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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM THE ADMINISTRATIVE LAW COURT APR 18 2016

The Honorable Ralph King Anderson, III
Administrative Law Judge

SC Court of Appeals

Appellate Case No. 2015-002611

James Early Trust.....Appellant,

v.

Charleston County Assessor Respondent.

RECORD ON APPEAL

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THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

APPELLATE PANEL
The Honorable Susan S. Barden, The Honorable Aisha Taylor,
and The Honorable R. Michael Campbell, II

WCC NO. 1203594
Appellate Case No. 2014-002611

James B. Neff Employee/Appellant

v.

Lear's Welding & Fabrication, Inc.,
Employer and Bridgefield Casualty
Insurance Company c/o Summit
Holdings, Inc., ... Carrier/Respondents

RECORD ON APPEAL

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**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1203594**

JAMES B. NEFF, EMPLOYEE CLAIMANT/RESPONDENT

VS.

LEAR'S WELDING & FABRICATION, INC., EMPLOYER,

AND

BRIDGEFIELD CASUALTY INSURANCE COMPANY
C/O SUMMIT HOLDINGS, INC., CARRIER DEFENDANTS/APPELLANTS.

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

Appellate Panel Decision and Order

filed, December 3rd, 2014

APPEARANCES: CLAIMANT/RESPONDENT represented by Everett Hope Garner, Esquire, of
Columbia, South Carolina; and

DEFENDANTS/APPELLANTS represented by Nicolas L. Haigler, Esquire, of
Columbia, South Carolina.

STATEMENT OF THE CASE

This is an appeal by Lear's Welding & Fabrication, Inc., and Bridgefield Casualty Insurance Company c/o Summit Holdings, Inc. ("Appellants" or "Defendants") from the Decision and Order of Commissioner Gene McCaskill filed on April 17, 2014.

This claim was before the South Carolina Workers' Compensation Commission pursuant to the Form 50 filed by the claimant on June 17, 2013, and the Form 21 filed by the defendants on June 19, 2013. It is the position of the claimant that he is entitled to additional causally-related medical treatment and/or evaluation for his left clavicle and head as such treatment will tend to lessen his period of disability; and continued temporary total disability benefits until such time as the claimant reached maximum medical improvement (MMI).

It is the position of the defendants that the claimant's current problems, both orthopedic and neurological, are not causally-related to his admitted accident but are the result of non-compliance with medical treatment and/or an intervening accident(s). The defendants assert the medical non-compliance and/or intervening cause occurred on or before October 11, 2012, and that the claimant is not entitled to any benefits under the Act after this date. Moreover, the defendants request a credit for temporary total disability benefits paid after October 11, 2012. In addition, defendants contend the claimant has not sustained any causally-related permanent partial disability with regard to any of his compensable injuries under Section 42-9-30. Finally, the defendants requested the Hearing Commissioner make a determination as to the credibility of the claimant.

The Hearing in this matter was held on November 14, 2013, in Rock Hill, South Carolina, before Commissioner Gene McCaskill ("Hearing Commissioner"). By way of Decision and Order filed on April 17, 2014, the Hearing Commissioner determined the claimant sustained compensable injuries to his left wrist, left elbow, neck, ribs, concussion and left clavicle; has reached MMI for his left wrist, left elbow and neck as of October 11, 2012, with no permanent partial disability sustained to these body parts; has not reached

MMI with regard to his left clavicle and head (concussion); that the claimant's current medical problems are not the result of an intervening accident/cause and/or non-compliance with medical treatment; that the claimant is entitled to additional medical treatment which will tend to lessen his period of disability, including treatment with Dr. Schiffem and a neurological evaluation and treatment with a physician of the defendants' choosing; that the claimant's testimony was lacking in credibility and unbelievable; and that temporary total disability benefits shall continue until such time as the claimant reaches MMI.

Within the statutory period, the defendants filed an Application for Review in the case setting forth their reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Full Commission Appellate Panel ("Appellate Panel") on September 15, 2014. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the undersigned members of the Appellate Panel and has since been under study and consideration. Specifically, the defendants respectfully requests the Appellate Panel to reverse the Decision and Order of the Hearing Commissioner based upon the following grounds:

1. Did the Hearing Commissioner err in his Finding of Fact #7, wherein he found as a fact that there is no simple way to answer the question of whether claimant's non-compliance resulted in an intervening accident which caused the plate to break; said error being this finding is not supported by the greater weight of the evidence in the record, specifically but not limited to the testimony of Dr. Lehman, concurred with by Dr. Schiffem, that more likely than not the break in the plate was caused by the claimant's non-compliance?
2. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that neither doctor definitively answered the question of whether not wearing the sling and deer hunting caused the plate to break; said error being this finding is not supported by the greater weight of the evidence in the record, specifically but not limited to the testimony of Dr. Lehman, concurred with by Dr. Schiffem, that more likely than not the break in the plate was caused by the claimant's non-compliance?
3. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that Dr. Schiffem opined that the claimant's non-compliance had limited impact of the failure of the hardware or the non-union in this case; said error being this finding is inconsistent with the actual testimony of Dr. Schiffem?
4. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that Dr. Schiffem opined that the claimant's non-compliance had limited impact on the failure of the

hardware or the non-union in this case; said error being this finding is not supported by the greater weight of the evidence in the record?

5. Did the Hearing Commissioner err in his Finding of Fact #13, wherein he found as a fact that Dr. Schiffem testified to a reasonable degree of medical certainty that "[the claimant's] bone wasn't healing"; said error being this finding is not supported by the greater weight of the evidence in the record?
6. Did the Hearing Commissioner err in his Finding of Fact #13, wherein he found as a fact that Dr. Schiffem testified to a reasonable degree of medical certainty that "[the claimant's] bone wasn't healing"; said error being this finding is based upon speculation and conjecture as Dr. Schiffem admitted under oath that he did not even review the claimant's x-rays, which showed healing of the bone prior to the break of the plate?
7. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being this finding is not supported by the greater weight of the evidence in the record?
8. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being this finding is contrary to the testimony of Dr. Schiffem that the claimant has at best a 50% chance of another surgery being successful?
9. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being the determination of whether an additional procedure will tend to the lessen the claimant's period of disability is not stated to a reasonable degree of medical certainty as required by Section 42-15-60?
10. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefit from another surgery; said error being this finding ignores the testimony from both doctors that the claimant's need for a second surgery is not causally-related to his admitted accident but the result of an intervening accident?
11. Did the Hearing Commissioner err in his Finding of Fact #16, wherein he found as a fact that Dr. Schiffem reviewed the medical notes and deposition of Dr. Lehman; said error being this finding is not supported by the greater weight of the evidence in the record?

12. Did the Hearing Commissioner err in his Finding of Fact #17 and Conclusion of Law #5, wherein he found as a fact and concluded as a matter of law that the greater weight must be given to the opinion of Dr. Schiffem because he is a specialist to whom Dr. Lehman would refer claimant; said error being this finding and conclusion is arbitrary and capricious and is not supported by the greater weight of the evidence in the record?
13. Did the Hearing Commissioner err in his Finding of Fact #18, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his clavicle and is entitled to additional medical care and treatment with Dr. Schiffem; said error is that this finding is not supported by the greater weight of the evidence in the record?
14. Did the Hearing Commissioner err in his Finding of Fact #21, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his neurological issues and is entitled to additional medical care and treatment; said error is that this finding is not supported by the greater weight of the evidence in the record?
15. Did the Hearing Commissioner err in his Finding of Fact #21, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his neurological issues and is entitled to additional medical care and treatment; said error is that this finding fails to consider whether the claimant's non-compliance with medical treatment rendered by the authorized treating neurologist constitutes an intervening accident sufficient to break the chain of causation?
16. Did the Hearing Commissioner err in his Finding of Fact #22, wherein he found as a fact that temporary total disability benefits shall continue unabated; said error is that this finding is not supported by the greater weight of the evidence in the record, specifically the Commissioner's failure to properly consider the claimant's intervening accident which resulted from gross non-compliance with medical treatment?
17. Did the Hearing Commissioner err in failing to award defendants with credit for temporary total disability benefits paid after October 11, 2012, the date on which the intervening accident caused by gross medical non-compliance was discovered?
18. Did the Hearing Commissioner err in failing to issue a Conclusion of Law that the additional medical treatment will tend to lessen the claimant's period of disability under Section 42-15-60 of the Act?

After careful review in the instant case of all grounds raised, the evidence in the record, and oral arguments from both counsel, the Commission finds that, by unanimous vote, the Decision and Order of the Hearing Commissioner must be Reversed in its entirety.

FINDINGS OF FACT

After careful review of the evidence presented by the parties, including the Hearing testimony of the claimant, the deposition testimony of William L. Lehman Jr., M.D., and Shadley Schiffem, M.D., M.D., and the medical records and exhibits submitted through the APA, WE FIND AS A FACT THAT:

1. All parties to the proceeding are subject to and bound by the terms of the South Carolina Workers' Compensation Act with James B. Neff as employee, Lear's Welding & Fabrication, Inc., as employer, and Bridgefield Casualty Insurance Company c/o Summit Holdings, Inc., as carrier.
2. We find the claimant suffered an injury by accident to his left wrist, left elbow, neck, ribs, head (concussion), and left clavicle within the course and scope of his employment on April 12, 2012, resulting from an explosion on his job. The defendants have provided medical care and treatment for all body parts listed above with William L. Lehman, Jr., M.D., being the initial and primary authorized treating orthopedist.
3. We find the claimant has reached MMI with regard to the injuries to his left wrist, left elbow, neck, and ribs on May 30, 2012, with no permanent impairment sustained to any of these body parts. This Finding is based upon the deposition of Dr. Lehman. See Deposition of Dr. Lehman, pp. 7-11.
4. We find the claimant did not sustain any permanent partial disability to his left wrist, left elbow, neck or ribs as a result of his accident on April 12, 2012. This Finding is based upon the greater weight of the evidence the record.
5. We find Dr. Lehman initially undertook conservative treatment of the left clavicle, but healing of the non-union did not occur as expected. The lack of healing required Dr. Lehman to perform surgery on July 25, 2012, wherein he inserted a plate made of titanium. Dr. Lehman also ordered a bone stimulator on August 24, 2012. This Finding is based upon the medical records and deposition testimony of Dr. Lehman.
6. We find the greater weight of the evidence supports the claimant's surgically repaired left clavicle was healing prior to October 11, 2012. On August 2, 2012, Dr. Lehman reported that an x-ray of the left clavicle revealed "satisfactory placement of the hardware" and "[t]he gap at the nonunion is less than I would have expected." On September 14, 2012, Dr. Lehman reported x-rays of the clavicle showed "a comminuted piece of the fracture at this point which seems to be incorporating perhaps a little bit." Dr. Lehman testified the fracture appeared to be partially healing with the hardware and plate still intact. See Claimant's APA #1, p. 19, 25; Deposition of Dr. Lehman, p. 17.

7. We find Dr. Lehman advised the claimant on several occasions after surgery to protect his left clavicle. Specifically, Dr. Lehman advised the claimant on August 2, 2012, to continue "extreme protection" of the clavicle. Dr. Lehman subsequently testified the use of the sling is important to prevent non-union of the fracture post-surgery, and that he instructed the claimant to use the sling until he instructed otherwise. Dr. Lehman further confirmed that as of September 14, 2012, the claimant should still have been using the sling as instructed. Importantly, Dr. Schiffem, the claimant's IME physician, agreed with Dr. Lehman recommendations regarding protecting the clavicle. See Claimant's APA #1, p. 20; Deposition of Dr. Schiffem, pp. 27-28, 31; Deposition of Dr. Lehman, p. 13, 18.
8. We give greater weight to the medical reports and deposition testimony of Dr. Lehman as opposed to Dr. Schiffem. Dr. Schiffem evaluated the claimant on only two occasions, both occurring several months after the alleged act of non-compliance. More importantly, Dr. Schiffem's opinions were predicated upon a lack of information and inconsistent with the indisputable medical evidence in the record. Specifically, Dr. Schiffem testified the claimant's clavicle never showed any signs of healing after surgery, which is contrary to the post-surgery records and x-rays of Dr. Lehman. Dr. Schiffem was then asked about the report of Dr. Lehman from September 14, 2012, *a report he testified he reviewed*. Dr. Schiffem admitted Dr. Lehman reported the x-ray revealed the claimant's clavicle was healing. Dr. Schiffem then admitted his affidavit was inconsistent with the x-ray and report of September 14, 2012. Dr. Schiffem subsequently admitted that since he did not review the x-ray scan he would have to rely on Dr. Lehman's interpretation that the clavicle was healing just prior to the October 11, 2012, report revealing the non-compliance. Dr. Schiffem then admitted, despite initially testifying to the contrary, that he may not have reviewed the October 11, 2012 report of Dr. Lehman documenting the claimant's non-compliance or the deposition testimony of Dr. Lehman that the claimant's non-compliance was more likely than not the cause of the claimant's condition. See Deposition of Dr. Schiffem, pp. 10-11, 33, 46-47.
9. We find the claimant admitted being noncompliant with the post-surgery instructions from Dr. Lehman. Specifically, the claimant admitted going deer hunting between the appointments with Dr. Lehman on September 14, 2012, and October 11, 2012. In fact, the claimant admitted he went deer hunting on the morning of his appointment with Dr. Lehman on October 11, 2012. See H.T., pp. 24-25, 43-44, 48, 53.
10. We find the claimant's admitted non-compliance with the medical instructions of Dr. Lehman is the direct intervening cause of the plate breaking and his current left clavicle condition. This finding is based upon the medical records and deposition testimony of Dr. Lehman, whose opinion is given the most weight. On October 11, 2012, Dr. Lehman reported the claimant "still is not in the sling and admits to not using it. He told my assistant that he had been out deer hunting." During his examination of the claimant Dr. Lehman reported "he is not protecting his left shoulder or arm whatsoever." At the conclusion of his report, Dr. Lehman

noted, "Mr. Neff has been completely non-compliant with treatment ever since the surgery, not using his sling, going deer hunting, etc., despite my concerns voice[d] day one regarding the potential of continued non-union and fracture of the plate. I have admonished Mr. Neff regarding his non-adherence to protocol and his non-compliance." Moreover, Dr. Lehman testified to a reasonable degree of medical certainty (more likely than not) that the claimant's non-compliance with treatment, specifically deer hunting and not using his sling, caused the plate in his clavicle to break resulting in his current condition. See Claimant's APA #1, pp. 31-32 (emphasis added); Deposition of Dr. Lehman, pp. 23, 27-28.

11. Though not dispositive in this matter, we find Dr. Schiffem, the claimant's expert, could not state to a reasonable degree of medical certainty that additional surgery would benefit claimant. See Deposition of Dr. Schiffem, pp. 26-27, 48-49.
12. We find the greater weight of the evidence supports the claimant's non-compliance with medical treatment resulted in an intervening cause sufficient to break the chain of causation between his accident on April 12, 2012, and his current left clavicle condition. As such, we find the claimant is no longer entitled to benefits under the Act. This Finding is based upon the greater weight of the evidence in the record and Sanders v. Wal-Mart Stores, Inc., 379 S.C. 554, 559, 666 S.E.2d 297, 300 (Ct. App. 2008) (citing Whitfield v. Daniel Constr. Co., 266 S.C. 37, 40-41, 83 S.E.2d 460, 462 (1954) ("every natural consequence which flows from a compensable injury, unless the result of an independent intervening cause sufficient to break the chain of causation, is compensable")).
13. We find the claimant's authorized treating ENT, Dr. Goldberg, advised him on August 27, 2012, to "avoid loud noise exposure and wear hearing protection in noisy environments." See Claimant's APA #5, p. 130.
14. We find the claimant unequivocally admitted that he did not wear hearing protection as instructed by Dr. Goldberg during the alleged two occasions he was hunting in September and October of 2012. See H.T., p. 62.
15. We find the claimant's violation of clear medical restrictions pertaining to his alleged neurological symptoms resulted in an intervening cause sufficient to break the chain of causation between his accident on April 12, 2012, and his current alleged neurological condition. As such, we find the claimant is no longer entitled to benefits under the Act. This Finding is based upon the medical records submitted by the claimant and the Hearing testimony of the claimant, and Sanders.
16. In addition, we also find the claimant's neurological problems, if any, resolved by June 20, 2013. This Finding is based upon the medical records of Dr. Schiffem, who on June 20, 2013, reported the claimant was no longer having dizziness, and did not find any other neurological abnormalities during his exam. See Claimant's APA #6, p. 134.

17. We find the claimant to be lacking in credibility. This Finding is supported by the deposition and Hearing testimony of the claimant. When questioned about why he was violating his restrictions from Dr. Lehman, he testified "no one told me I could not hunt." In addition, he admitted in his deposition that he stopped deer hunting because a neighbor told him his activities were being investigated. He denied giving this testimony during the Hearing. The claimant then denied Dr. Lehman ever told him to wear his sling after surgery; he later retracted the statement during cross-examination. The claimant also testified that Dr. Schiffem's report that the claimant stopped using the sling two or three weeks before the September 14, 2012 visit "[is] a lie." This is the same physician the claimant relied on as an expert. See H.T., pp. 33, 42-44, 48, 50-52; Deposition of claimant, p. 53.
18. We find the claimant's entitlement to temporary total disability benefits terminated on October 11, 2012, the date on which Dr. Lehman discovered the claimant's non-compliance with medical treatment, which was sufficient to break the chain of causation between his accident on April 12, 2012, and his alleged continued left clavicle and neurological conditions. This Finding is based upon the greater weight of the evidence in the record and Sanders.
19. We find the defendants are entitled to credit and repayment of all temporary total disability benefits paid to the claimant after October 11, 2012.
20. We find the claimant is not entitled to further benefits under the Act. This finding is based upon the greater weight of the evidence in the record and Section 42-15-60 of the Act.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, and as provided by the Code of Laws of South Carolina, § 42-17-40, it is the determination of the Commission that:

1. Under § 42-1-130, claimant was a covered employee at the time in question.
2. Under § 42-1-140, defendant-employer was a covered employer under the Act.
3. Under § 42-1-160, claimant sustained an injury by accident to his left wrist, left elbow, neck, ribs, concussion and left clavicle within the course and scope of his employment on April 12, 2012.
4. Under § 42-9-30, claimant did not sustain any permanent partial disability to his left wrist, left elbow, neck or ribs.
5. Under Sanders v. Wal-Mart Stores, Inc., 379 S.C. 554, 666 S.E.2d 297 (Ct. App. 2008), claimant sustained an intervening cause/accident on or about October 11, 2012, sufficient to break the chain of causation between his accident of April 12, 2012, and his alleged current left clavicle and neurological problems.

6. Under § 42-9-260, claimant is not entitled to temporary total disability benefits after October 11, 2012.
7. Under § 42-15-60, claimant is not entitled to further medical treatment.

ORDER

IT IS, THEREFORE, ORDERED, that the Decision and Order of the Hearing Commissioner filed in the above-captioned matter on April 17, 2014, is hereby REVERSED.

IT IS FURTHER ORDERED that claimant is not entitled to further benefits under the Act for his compensable neurological and left clavicle injury, as he sustained an intervening accident/cause on October 11, 2012.

IT IS FURTHER ORDERED that claimant reached MMI on May 30, 2012, with no permanent partial disability to his left wrist, left elbow, neck or ribs.

IT IS FURTHER ORDERED that claimant is not entitled to any further medical treatment for his left wrist, left elbow, neck or ribs.

IT IS FURTHER ORDERED that defendants are entitled to credit and reimbursement from the claimant for all temporary total disability benefits paid after October 11, 2012.

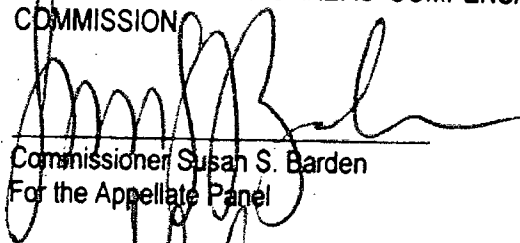
AND IT IS SO ORDERED.

CERTIFICATE OF SERVICE

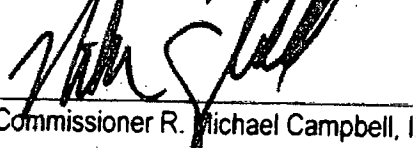
This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing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

By Kim Falls on December 3, 2014

SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION


Commissioner Susan S. Barden
For the Appellate Panel


Commissioner Aisha Taylor


Commissioner R. Michael Campbell, II

BEFORE
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1203594

James Neff,

Claimant,

v.

Lear's Welding & Fabrication,
Inc., Employer and Bridgefield)
Casualty Insurance Company,
Carrier,

Defendants.

AMENDED
DECISION AND ORDER

Hearing:

Held in Rock Hill, South Carolina
on November 14, 2013 before
Commissioner Gene McCaskill

Appearances:

Claimant appeared and represented
by Everett Hope Garner, Esquire

Defendant represented by Nicholas
L. Haigler, Esquire

Purpose of Hearing:

To determine all issues as set
forth pursuant to Forms 50/21

Decision and Order:

Commissioner Gene McCaskill

Filed:

April 17, 2014

STIPULATIONS

1. Claimant's average weekly wage is \$615.27 with a corresponding compensation rate of \$410.20.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. The South Carolina Workers' Compensation Commission has jurisdiction over this claim and venue is proper in the County of York.

EVIDENCE SUBMITTED

APA Submissions on behalf of Claimant are as follows:

1.	Dr. William L. Lehman	4/20/12 - 10/11/12	1 - 32
2.	Palmetto Rehabilitation Specialists	6/6/12 - 8/14/12	33 - 56
3.	Piedmont Medical Ctr.	7/25/12	57 - 118
4.	The Neurological Institute	7/23/12 - 9/24/12	119 - 127
5.	Dr. Trevor Goldberg Charlotte Eye Ear Nose & Throat	8/27/12	128 - 132
6.	Dr. Shadley Schiffern	2/18/13 - 6/20/13	133 - 139

Exhibits

Dr. William L. Lehman deposition transcript

Dr. Shadley Schiffern deposition transcript (taken on January 8, 2014 and submitted on January 15, 2014)

Five (5) color pictures of Claimant

APA Submissions on behalf of Defendant are as follows:

1.	Dr. William L. Lehman, Jr.	10/11/12 - 8/24/12	1 - 3
2.	Dr. William L. Lehman, Jr.	1/16/13	Deposition
<u>Exhibits</u>			
	Surveillance video	6/4/13	

STATEMENT OF THE CASE

This matter comes before the Single Commissioner pursuant to a filing of a Form 50 Request for a Hearing by the Claimant in this case. Defendants also filed a Form 21. Claimant contends that he has not reached maximum medical improvement from injuries sustained in his work related accident and is in need of specific further medical care resulting from his work related injury and that Defendant should be responsible for payment for such care. Claimant also asserts that his temporary total disability benefits should continue pending the attainment of further medical treatment and ultimate maximum medical improvement.

The Defendants admit that Claimant suffered injuries to his left wrist, left elbow, ribs and concussion per their Form 58 dated November 14, 2013. Defendants; however, assert that Claimant was not compliant in regard to his medical care and such non-compliance was tantamount to an intervening accident which would vitiate the need for additional medical care proximately related to the work accident and relieve the Defendant Carrier

from responsibility for further medical care. The Defendants also requested termination of temporary total disability benefits based upon such alleged non-compliance and credit for temporary total disability benefits paid after the alleged non-compliance. Defendants also requested a finding in regard to Claimant's credibility.

EVIDENCE OF THE CASE

The Claimant testified and the medical reports substantiate that he suffered an injury by accident to his left wrist, left elbow, neck, ribs, concussion and left clavicle in a work related accident on April 12, 2012. These injuries resulted from an explosion at the welding shop of the Employer while the Claimant was performing his duties as a welder. Claimant received medical care and treatment provided by the Defendant for all the body parts denominated herein with the primary treating physician being Dr. William L. Lehman an orthopaedic surgeon.

Claimant has received extensive orthopaedic treatment from Dr. Lehman who ultimately performed surgery on his left clavicle. Claimant did not have the clavicle surgery immediately following the accident but initially underwent conservative care. When that treatment was not successful, Dr. Lehman performed surgery on July 25, 2012 inserting a clavicle plate made of titanium.

Dr. Lehman prescribed a bone stimulator but did not receive approval of the preferred model from the carrier.

The Claimant has not seen Dr. Lehman for treatment since October 11, 2012 with Dr. Lehman recommending a referral to Dr. Shadley Schiffern an orthopaedic surgeon with a specialty in regard to the elbow and shoulder. Dr. Schiffern has in fact examined Claimant on two occasions and reviewed medical notes and the deposition of Dr. Lehman and has viewed video of Claimant's activities. Dr. Schiffern has not reviewed any actual imaging films.

Prior to his evaluation by Dr. Schiffern, Claimant was not compliant in regard to instructions to wear a sling after his left clavicle surgery as ordered by Dr. Lehman. Dr. Lehman was also questioned at length regarding allegations that Claimant had gone deer hunting possibly up to twelve times after the surgery including on the morning of his last visit. Claimant actually testified that he went deer hunting only twice from the beginning of hunting season (October 1, 2012) until his release from care by Dr. Lehman on October 16, 2012 but indicated that he may have gone hunting 12 times before his deposition on December 3, 2012 (Tr. P 49). At the following appointment on October 16, 2012, Dr. Lehman took an x-ray and discovered that the plate which had been inserted as a device to promote the union of the broken clavicle and maximize healing had broken.

Both Dr. Lehman and Dr. Schiffern responded extensively to questions related to Claimant's alleged non-compliance in regard to whether the failure to fully utilize the sling or his deer hunting resulted in an intervening accident which caused the plate to break.

In addressing the question of whether or not the failure to wear the sling and the deer hunting caused the plate to break, neither Dr. Lehman nor Dr. Schiffern answered the question definitively. They both viewed the deer hunting as irresponsible behavior but Dr. Schiffern specifically opined that it had limited impact on the failure of the hardware or the non-union in this case. Dr. Schiffern who, as stated is the expert to whom Dr. Lehman would refer the Claimant, specifically opines in his deposition "well I think that the reason why the bone didn't heal - there are a lot of factors that go into bone healing and primarily the number one reason is biology and you know I think that regardless of what he did or didn't do compliance wise I think you know his bone wasn't healing, it didn't heal and I personally don't - it is my opinion any activity he did, did not cause that." (Dr. Schiffern's Depo. P 55). Dr. Schiffern's opinions are stated to a reasonable degree of medical certainty.

Dr. Lehman responded to questions about alleged non-compliance being the reason for the broken plate by stating "I can only say it was a factor. But I can't apportion that as

being the most proximate - most important factor. In other words it is difficult to apportion to what extent the non-compliance played a factor in the development of the plate breakage although I think it was an important factor." (Dr. Lehman Depo. P 71). Dr. Lehman's opinions were also stated to a reasonable degree of medical certainty. Both Dr. Schiffern and Dr. Lehman opined that the Claimant would benefit from another surgery and the insertion of a stronger steel plate.

As to the Claimant's continuing neurological issues, it is clear from the record that these problems have not resolved and need further evaluation and appropriate treatment.

FINDINGS OF FACT

Based upon the testimony, exhibits and documentation submitted, the undersigned Commissioner makes the following findings of fact:

1. Claimant suffered an injury by accident to his left wrist, left elbow, neck, ribs, concussion and left clavicle within the course and scope of his employment on April 12, 2012 resulting from an explosion on his job. The Defendants have provided medical care and treatment for all body parts listed above with Dr. William L. Lehman being the initial authorized treating orthopaedist.

2. Dr. Lehman initially undertook conservative treatment and followed traditional medical protocol but healing of the non-union did not occur as expected.

3. The failure of expected healing required Dr. Lehman to perform surgery on July 25, 2012 wherein he inserted a clavicle plate made of titanium. Dr. Lehman also ordered a bone stimulator with prescription dated August 24, 2012.

4. The Claimant was not compliant as to his medical care, specifically as to wearing of the sling he was instructed to wear after his left clavicle surgery as order by Dr. Lehman.

5. Dr. Lehman was also questioned at length regarding the fact that the Claimant had gone hunting up to twelve times after his surgery to include on the morning of 10/11/12.

6. At the appointment with Dr. Lehman on 10/11/12, Dr. Lehman took an x-ray and discovered that the plate was broken.

7. On the issue of whether Claimant's non-compliance resulted in an intervening accident which caused the plate to break, there are multiple factors which must also be considered ie., did the fact that the Claimant did not have the surgery immediately, but underwent conservative care contribute to the non-union of his clavicle. Since there is no simple way to answer these questions, each point of contention surrounding his clavicle injury must be analyzed as to the facts and the law.

8. The foundational fact is that the Claimant has suffered an injury by accident which resulted in a broken left clavicle.

9. Some bone growth did occur prior to the plate breaking.

10. The repair of the broken left clavicle is union of the break with the plate insertion being a medical device to promote that union.

11. Did the delay for conservative treatment further compound the problem? To draw such a conclusion would be speculative; Dr. Lehman followed traditional protocol in his prescribed treatment. I must conclude that this fact has little bearing on the questions at bar.

12. Did the Claimant's activities - not wearing the sling and deer hunting - cause the plate to break? Neither doctor answers that question definitively. Clearly, they both believe those activities could be a factor - Dr. Lehman far more than Dr. Schiffern. Dr. Lehman, as the treating physician, appears to be very frustrated by the non-compliance of the Claimant. Both view the deer hunting as irresponsible behavior, but Dr. Schiffern opines that it had limited impact of the failure of the hardware or the non-union in this case.

13. Dr. Schiffern, who is the expert, and to whom Dr. Lehman refers the Claimant, opines in his deposition, "Well, I think that the reason why the bone didn't heal there's a lot of factors that could go into bone healing. And, primarily, the

number one reason is biology. And, you know, I think that regardless of what he did or what he didn't do, compliance-wise, I think, you know, his bone wasn't healing. It didn't heal. And I personally don't -it's my opinion that any activity he did, did not cause that." (Schiffen transcript, page 55). Dr. Schiffen's opinions are stated to a reasonable degree of medical certainty.

14. While Dr. Lehman, when questioned about non-compliance being the reason for the broken plate says, "I can only say that it was a factor. But I can't apportion that as being the most proximate - most important factor. In other words, it's difficult to apportion to what extent, the non-compliance played a factor in the development of the plate breakage. Although, I think it was an important factor." Dr. Lehman's opinions were also stated to a reasonable degree of medical certainty. (Lehman transcript, page 71).

15. Considering all of the factors herein I find that a determination of whether Claimant is entitled to another clavicle surgery is best addressed primarily from the perspective of whether such surgery would tend to lessen Claimant's disability as opposed to the perspective of non compliance which was certainly a factor. Even though this Commissioner finds Claimant's non-compliance offensive, he defers to the medical evidence from both doctors which indicates unequivocally and

without dispute that Claimant would benefit from another clavicle surgery and the insertion of a stronger plate made of steel.

16. To answer the questions as to the left clavicle, I must look to the medical records and specifically to the deposition testimony of both Dr. Lehman, who has been the authorized treating orthopedist in this case, and Dr. Shadley Schiffern, to whom Dr. Lehman wishes to refer the Claimant. Dr. Schiffern is an orthopedist with a specialty as to the elbow and shoulder. The Claimant has treated extensively to include surgery with Dr. Lehman. Dr. Schiffern has examined the Claimant twice, reviewed the medical notes and deposition of Dr. Lehman, and has viewed a video of the Claimant's activities. He has not reviewed any imaging in this case.

17. The greater weight must be given to the opinion of Dr. Schiffern because he is a specialist to whom Dr. Lehman would refer Claimant.

18. Based thereon, the Claimant is not at maximum medical improvement in regard to his clavicle injury and is entitled to additional medical care and treatment with Dr. Shadley Schiffern to provide such treatment and perform such care as necessary to include surgery and follow-up care.

19. The Claimant has reached maximum medical improvement for injuries to his left wrist, left elbow and neck as of October

11, 2012 and has suffered no permanent impairment with regard to these body parts per the deposition testimony of Dr. Lehman.

20. In regard to the Defendant's request for a finding as to Claimant's credibility, I find Claimant very forthcoming in regard to inquiries related to this accident and the injuries he suffered and some of his responses in regard to the alleged non-compliance; however, in regard to the answers concerning his deer hunting the answers are simply unbelievable to me. Also, the Claimant's demeanor on the witness stand was somewhat unsettling in that he would launch into diatribes about his accident and resulting injuries which made it difficult to retain focus on the issues and questions asked even by his own attorney.

21. In regard to Claimant's neurological issues, it is clear that he has not reached maximum medical improvement and is in need of further care and treatment to be provided by a neurologist of the Defendant's choosing who shall provide treatment and care as he or she deems appropriate.

22. Temporary total disability continues unabated.

23. Claimant shall comply with all medical care and treatment as ordered by any authorized treating physician.

24. All other issues are held in abeyance.

CONCLUSIONS OF LAW

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

1. Section 42-1-160 governs injuries and includes injuries by accident arising out of and in the course of employment.

2. The Claimant suffered compensable injuries to his left wrist, left elbow, neck, ribs, concussion and left clavicle arising out of and within the course and scope of his employment on April 12, 2012.

3. Section 42-1-40 governs average weekly wage with Claimant having an average weekly wage of \$615.27 with a corresponding compensation rate of \$410.20.

4. Section 42-15-60 governs the provision of medical care under conditions where it appears that medical care would tend to lessen Claimant's disability.

5. Greater weight must be given to the opinion of Dr. Schiffern; he is the specialist to whom the authorized treating physician wishes the Claimant to be referred.

ORDER

It is hereby ordered that Claimant is entitled to additional medical care specifically a referral to Dr. Shadley Schiffern for further orthopaedic care including surgery on Claimant's left clavicle and follow-up care.

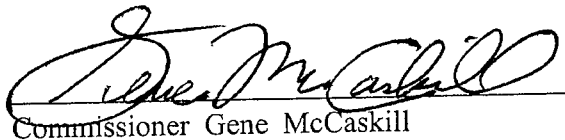
It is further ordered that the Defendant provide further evaluation by a neurologist of Claimant's neurological issues with the provision of such medical care and treatment as deemed appropriate by said neurologist.

It is further ordered that Claimant is not at maximum medical improvement in regard to his clavicle or his neurological issues and temporary total disability shall continue unabated.

It is further ordered that Claimant shall comply with all medical care and treatment as prescribed by any authorized treating physician.

It is further ordered that all other issues are held in abeyance.

AND IT IS SO ORDERED.



Commissioner Gene McCaskill

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).
April 17, 2014

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1203594
Carrier File #: 967830
Carrier Code #:
Employer FEIN #:

James Neff 251-53-6801
Claimant's Name SSN
1485 Peaches Court, Rock Hill, SC 29730-9510
Address City State Zip
(803) 985-5297
Home Phone Work Phone

Lear's Welding & Fabrication, Inc.
Employer's Name
1869 Willeford Road, P.O. Box 11013, Rock Hill SC 29731
Address City State Zip
Bridgefield Casualty Insurance Company c/o Summit Holdings, Inc.
Insurance Carrier

Preparer's Name: Nicolas L. Haigler, Esquire Law Firm: Sowell Gray Stepp & Laffitte, L.L.C. Preparer's Phone #: (803) 929-1400

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury: 04/12/12

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 GROUNDS FOR REVIEW)

(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.

I certify I have served this document pursuant to R. 67-211 by delivering a copy to: Ms. Virginia L. Crocker, Judicial Director, South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, SC 29202-1715 (via hand delivery) and Everett Hope Garner, Esquire, Holler, Dennis, Corbett, Ormond, Plante & Garner, 1777 Bull Street at Laurel, Post Office Box 11006, Columbia SC 29211 (via U.S. Mail).

on the 1st day of May, 2014 by ☒ first class mail, ☐ certified mail, ☐ personal service.

Preparer's Signature

Attorney for The Employer/Carrier

Title

nhaigler@sowellgray.com

Email

May 1, 2014

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.

(continuation from Form 30)

GROUND FOR REVIEW:

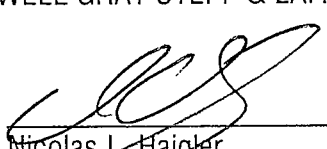
1. Did the Hearing Commissioner err in his Finding of Fact #7, wherein he found as a fact that there is no simple way to answer the question of whether claimant's non-compliance resulted in an intervening accident which caused the plate to break; said error being this finding is not supported by the greater weight of the evidence in the record, specifically but not limited to the testimony of Dr. Lehman, concurred with by Dr. Schiffern, that more likely than not the break in the plate was caused by the claimant's non-compliance?
2. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that neither doctor definitively answered the question of whether not wearing the sling and deer hunting caused the plate to break; said error being this finding is not supported by the greater weight of the evidence in the record, specifically but not limited to the testimony of Dr. Lehman, concurred with by Dr. Schiffern, that more likely than not the break in the plate was caused by the claimant's non-compliance?
3. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that Dr. Schiffern opined that the claimant's non-compliance had limited impact of the failure of the hardware or the non-union in this case; said error being this finding is inconsistent with the actual testimony of Dr. Schiffern?
4. Did the Hearing Commissioner err in his Finding of Fact #12, wherein he found as a fact that Dr. Schiffern opined that the claimant's non-compliance had limited impact on the failure of the hardware or the non-union in this case; said error being this finding is not supported by the greater weight of the evidence in the record?
5. Did the Hearing Commissioner err in his Finding of Fact #13, wherein he found as a fact that Dr. Schiffern testified to a reasonable degree of medical certainty that "[the claimant's] bone wasn't healing"; said error being this finding is not supported by the greater weight of the evidence in the record?
6. Did the Hearing Commissioner err in his Finding of Fact #13, wherein he found as a fact that Dr. Schiffern testified to a reasonable degree of medical certainty that "[the claimant's] bone wasn't healing"; said error being this finding is based upon speculation and conjecture as Dr. Schiffern admitted under oath that he did not even review the claimant's x-rays, which showed healing of the bone prior to the break of the plate?

7. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being this finding is not supported by the greater weight of the evidence in the record?
8. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being this finding is contrary to the testimony of Dr. Schiffen that the claimant has at best a 50% chance of another surgery being successful?
9. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefits from another surgery; said error being the determination of whether an additional procedure will tend to the lessen the claimant's period of disability is not stated to a reasonable degree of medical certainty as required by Section 42-15-60?
10. Did the Hearing Commissioner err in his Finding of Fact #15, wherein he found as a fact the proper consideration for whether the claimant is entitled to another surgery is whether that surgery would tend to lessen the claimant's disability, and defers to both doctors who unequivocally and without dispute indicate claimant would benefit from another surgery; said error being this finding ignores the testimony from both doctors that the claimant's need for a second surgery is not causally-related to his admitted accident but the result of an intervening accident?
11. Did the Hearing Commissioner err in his Finding of Fact #16, wherein he found as a fact that Dr. Schiffen reviewed the medical notes and deposition of Dr. Lehman; said error being this finding is not supported by the greater weight of the evidence in the record?
12. Did the Hearing Commissioner err in his Finding of Fact #17 and Conclusion of Law #5, wherein he found as a fact and concluded as a matter of law that the greater weight must be given to the opinion of Dr. Schiffen because he is a specialist to whom Dr. Lehman would refer claimant; said error being this finding and conclusion is arbitrary and capricious and is not supported by the greater weight of the evidence in the record?
13. Did the Hearing Commissioner err in his Finding of Fact #18, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his clavicle and is entitled to additional medical care and treatment with Dr. Schiffen; said error is that this finding is not supported by the greater weight of the evidence in the record?

14. Did the Hearing Commissioner err in his Finding of Fact #21, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his neurological issues and is entitled to additional medical care and treatment; said error is that this finding is not supported by the greater weight of the evidence in the record?
15. Did the Hearing Commissioner err in his Finding of Fact #21, wherein he found as a fact that the claimant has not reached maximum medical improvement with regard to his neurological issues and is entitled to additional medical care and treatment; said error is that this finding fails to consider whether the claimant's non-compliance with medical treatment rendered by the authorized treating neurologist constitutes an intervening accident sufficient to break the chain of causation?
16. Did the Hearing Commissioner err in his Finding of Fact #22, wherein he found as a fact that temporary total disability benefits shall continue unabated; said error is that this finding is not supported by the greater weight of the evidence in the record, specifically the Commissioner's failure to properly consider the claimant's intervening accident which resulted from gross non-compliance with medical treatment?
17. Did the Hearing Commissioner err in failing to award defendants with credit for temporary total disability benefits paid after October 11, 2012, the date on which the intervening accident caused by gross medical non-compliance was discovered?
18. Did the Hearing Commissioner err in failing to issue a Conclusion of Law that the additional medical treatment will tend to lessen the claimant's period of disability under Section 42-15-60 of the Act?

Respectfully submitted,

SOWELL GRAY STEPP & LAFFITTE, LLC

By: 

Nicolas L. Haigler
1310 Gadsden Street (29201)
Post Office Box 11449
Columbia, South Carolina 29211
(803) 929-1400

Attorneys for Employer/Carrier

Columbia, South Carolina

May 1, 2014

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723

www.wcc.sc.gov

WCC File #: **1203594**

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: James Neff SSN: 251-53-6801Employer's Name: Lear's Welding & FabricationAddress: 1485 Peaches Ct.Address: Williford Rd.City: Rock Hill State: SC Zip: 29730City: Rock Hill State: SC Zip: 29730Home Phone: (803) 985-5297 Work Phone: () -Insurance Carrier: Bridgefield Casualty Ins. Co.Preparer's Name: Everett Hope GarnerLaw Firm: Holler Garner Corbett
Ormond Plante DunnPreparer's Phone #: (803) 765-2968**Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.****A claim for workers' compensation benefits is made based on the following grounds:**Date of Injury or Illness: 4/12/12☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to left wrist, left elbow, neck, ribs, concussion (Part(s) of Body Injured) on April 12, 2012 (Month/Day/Year) in York county,
 1b. state of South Carolina.

Body part(s) affected are: left wrist, left elbow, neck, ribs, concussionBriefly describe how the accident occurred. Claimant was injured in a welding explosion

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
 3. The relationship of employer and employee existed at the time of injury.
 4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
 5. Notice of the accidental injury was given to the Employer on 4/12/12 (Month/Day/Year) in the following manner:

Witnessed by co-workers☒ 6. Due to injury, the claimant is in need of (check one):☒ (a) medical examination and treatment for: multiple injuries☒ (b) additional medical examination and treatment for: multiple injuries☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
4/12/12 forward☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☒ (1) General Disability:☒ Total☒ (2) Specific Disability:☒ Total☒ (3) Wage Loss☒ Partial☒ Partial☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:undetermined at this time10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, 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:
N/A

11a. Further grounds or unusual aspects of claim:

Any and all remedies available under the Act, lump sum payment, Utica Mohawk11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Carolinas Medical Center, Main Trauma Center, Charlotte, NC; Carolina Orthopaedic Surgery Assoc, 134 Professional Park Dr., Rock Hill, SC 29732; The Neurological Institute, 7000 Shannon Willow Dr., Charlotte, NC 28226; Dr. Trevor Goldberg, Charlotte Eye Ear Nose & Throat, 5933 Blakeney Park Dr., Suite 200, Charlotte, NC 2827711c. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

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

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.☒ 13b. I am requesting a hearing. A \$25 fee is required.14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature

Title

Email

Date

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



James Neff 251-53-6801
Claimant's Name SSN
1485 Peaches Court, Rock Hill, SC 29730-9510
Address City State Zip
(803) 985-5297
Home Phone Work Phone

Lear's Welding & Fabrication, Inc.
Employer's Name
1869 Willeford Road, P.O. Box 11013, Rock Hill SC 29731
Address City State Zip
Bridgefield Casualty Insurance Company c/o Summit Holdings, Inc.
Insurance Carrier

Preparer's Name: Nicolas L. Haigler, Esquire Law Firm: Sowell Gray Stepp & Laffitte, L.L.C. Preparer's Phone #: (803) 929-1400

The date of injury reported on Form 12A is: 04/12/12 (m/d/yyyy)

Check appropriate section(s). The employer's representative requests a hearing to:

- I. ☐ Stop payment of compensation. Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on (m/d/yyyy).

- II. ☒ Address suspension, termination, or reduction of temporary disability payments for any cause.

- ☒ (a) At any time pursuant to § 42-9-260(E).
☐ (b) After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/suspension is On 10/11/12, Dr. William Lehman, the authorized treating physician, released the claimant from medical treatment based upon claimant's noncompliance with medical treatment.

- III. ☐ Determine if compensation is due pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant reached maximum medical improvement on (m/d/yyyy) (copy of medical report must be attached).

- IV. ☒ Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.

- V. ☐ Determine amount of compensation for claims involving a fatality. (Dependency investigation must be attached).

- ☐ (a) Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
☐ (b) Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

A hearing requested pursuant to this section will be set on an expedited basis

- A \$ 25.00 filing fee and updated Form 18 must be included with an employer's request for a hearing.
- An employer requesting a hearing must include certification that the request has been served on all parties in compliance with R.67-211.

Preparer's Signature: [Signature] Title: Attorney for Employer/Carrier Date: January 15, 2013
Post Office Box 11449, Columbia, SC 29211
Address:

WCC File # 1203594
Carrier File # 967830
Carrier Code # 01067
Employer FEIN 57-1014443

1. Date of injury: 04/12/12 2. Total Weeks of Compensation Paid: 39
month day year

Type: TT From: 04/13/12 To: 01/10/13

Type: _____ From: _____ To: _____

Type: _____ From: _____ To: _____

5. Total Amount Paid (a) Compensation: 16,738.32
(b) Medical (Include Nursing, Hospital Drugs, Etc.): 62,124.06

6. Informal Conference is Requested: ☐ yes ☒ no
(check one)

Diana Jim 1-800-863-2181
Employer's Representative Phone #

01/08/13
Date

Sent to Commission on
01/08/13

WCC FORM # 18 REV. DATE 3/96
53 5829 067830



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

10/11/2012
Patient #: 101124-JN
DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of LEFT CLAVICLE PAIN.

Subjective Transcription

He presents for further follow up regarding work related explosion injury 4/12/12, all of his injuries apparently having recovered other than the left clavicle, nonunion requiring repair with bone graft and use of bone stimulator 7/25/12.

He states that he is using the bone stimulator, although he had been concerned that it is an unknown brand and unknown method of treatment, pulsed electromagnetic fields having not to be effective at least in the tibia. I have been unsuccessful in obtaining the appropriate Exogen for this indication. He states that he has been trying to avoid using the arm but still is not in the sling and admits to not using it. He told my assistant that he had been out deer hunting. He is still having a fair amount of pain.

Previous Health History Form is reviewed and updated from 9/14/12.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3, accompanied by his wife. He is not protecting his left shoulder or arm whatsoever. The incision has healed. There is definite tenderness at the operative site. Neurovascular status is normal.

X-RAY: AP and lordotic views of the left clavicle show a broken plate with recurrence of deformity.

Assessment & Plan

Clavicle fracture (810.00)

Current Plans:

- Out of Work Until Recheck
- FOLLOW UP - Office staff will call with surgery information once approved and scheduled

Assessments Transcription

NONUNION LEFT CLAVICLE FRACTURE STATUS POST REPAIR 7/25/12, WORK RELATED EXPLOSION INJURY 4/12/12, THE LOCKING PLATE BROKEN DESPITE USE OF BMP AND STEM CELL BONE MARROW (IGNITE) AND BONE STIMULATION.

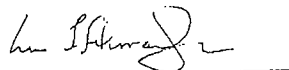
Plan Transcription

Mr. Neff has been completely non-compliant with treatment ever since the surgery, not using his sling, going deer hunting, etc., despite my concerns voice day one regarding the potential of continued non-union and fracture of the plate. I have done all that I can in order to achieve union of the fracture, thereby hopefully improving the overall function of the left arm. I have admonished Mr. Neff regarding his nonadherence to the protocol and his non-compliance. The procedure was difficult in any case to his large size with very little neck, as well as the concerns about his underlying respiratory status, pickwickian and with obstructive sleep apnea. I have suggested that he be referred to another upper extremity surgeon for an opinion and possible surgical revision of the broken plate to another locking plate. Perhaps a stainless steel plate would provide less potential for breakage, and perhaps shortening the clavicle to get better bony apposition would be prudent. I have suggested possibly Dr. Ward or Dr. Shadley Schiffern at OrthoCarolina in this regard.

William L. Lehman, Jr., M.D. / as 801_1661

c: Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #: 967830. Attn: Melissa Kerby, Adjuster. Fax #: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM. Fax #: 704-899-5003



Electronically signed by William .Lehman MD

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1203594

JAMES NEFF,	)	
	)	FULL COMMISSION HEARING
CLAIMANT,	)	PANEL B
vs.	)	
	)	COMMISSIONER BARDEN-CHAIR
LEAR'S WELDING AND	)	COMMISSIONER TAYLOR
FABRICATION,	)	COMMISSIONER CAMPBELL
	)	
AND	)	
	)	
BRIDGEFIELD CASUALTY	)	
INSURANCE,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

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 3:06 P.M.,
MONDAY, SEPTEMBER 15, 2014, SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION, 1333 MAIN STREET, COLUMBIA,
SOUTH CAROLINA 29202.

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

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EXHIBITS

(No Exhibits Proffered)

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

THE COURT REPORTER: Today is September 15, 2014.

This is South Carolina Workers' Compensation Case Number 1203594. This is the case of James Neff, Claimant, versus Lear's Welding and Fabrication, Employer and Bridgefield Casualty Insurance is the Carrier.

The Appellant is the Defendant Represented by Attorney Nicolas L. Haigler. The Respondent is represented by Attorney Everett Hope Garner.

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

THE COURT: And gentlemen, we do not have a transcript in our possession. Would either of you have one?

MR. HAIGLER: I've got a copy of it, I think.

THE COURT: If you're going to rely on the testimony at all, and I think you probably will based on what I've read, I think we're going to need to have it. Thank you so much.

Mr. Haigler, whenever you're ready, sir.

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

BY MR. HAIGLER: Thank you, Commissioners. May it please the Commission. Nick Haigler here on behalf of the Employer and Carrier. Commissioners, this case really comes down to one issue and that's whether an intervening or noncompliance with medical treatment, which in this case took at least two forms, can constitute an intervening accident sufficient to break the chain of causation. The good news in this case is there's no dispute as to whether there was noncompliance with medical treatment. That issue was found by Commissioner McCaskill, it's not been appealed by the Claimant. I don't -- in fact he's admitted it in his testimony; if you'll look on pages 24 to 26 of his hearing proceedings he admitted quite candidly and I would even -- even say proudly, that he was noncompliant with his medical treatment. Let me read to you and I -- I know -- this is the only document I submitted as evidence and I think it's the most compelling document in the record. Dr. Lehman was the authorized doctor that -- the problem at issue here was a surgery this gentleman had on his clavicle. On October 11, 2012 Dr. Lehman said, "Mr. Neff states he has been trying to avoid using his arm but still is not in a sling which he's supposed to be in at this point

in time and admits to not using the sling. He told my assistant he had been out deer hunting." Keep going, look at the objective transcription of the case, the report, "He is not protecting his left shoulder or arm whatsoever." And then if you'll look at the plan; and this is the -- the most compelling statement in the record in my opinion. "Mr. Neff has been completely noncompliant with treatment ever since the surgery; not using his sling, going deer hunting, etc. Despite my concerns voiced day one regarding the potential of a continued non-union and fracture of the plate. I admonished Mr. Neff regarding his non-adherence to the protocol and his noncompliance." Now, if a Claimant is allowed -- and this guy had clavicle surgery and he's deer hunting. Now, I don't hunt, but I know that you have to raise your arms up and use a gun to do so.

COMMISSIONER BARDEN: And the arms were supposed to be by his side as much as possible, correct?

MR. HAIGLER: Correct.

COMMISSIONER BARDEN: In a sling too?

MR. HAIGLER: Correct. Now, there's two issues. One, he was deer hunting; he wasn't supposed to be doing that. Every doctor in this record has said I

wouldn't have had my guy doing that. That's totally noncompliant.

COMMISSIONER BARDEN: It wouldn't be unexpected is what you're saying?

MR. HAIGLER: Correct.

COMMISSIONER BARDEN: Okay.

MR. HAIGLER: Secondly, he wasn't in a sling like he was supposed to be; that's the other issue which I think gets lost in the record. This gentleman admittedly wasn't in a sling, in fact, he told his own expert that "I stopped wearing the sling four weeks" prior to the date where he even knew he was supposed to wear it when he admits "I knew I was supposed to wear it to September 14th, but I stopped wearing it four weeks prior." That's what he told Dr. Schiffern, his own expert. Now when I asked him about that he called Dr. Schiffern a liar, so -- and that's his own expert. This guy -- and -- and when I asked him about deer hunting he said, "Well, of course I was deer hunting, I had to eat." Now, we're not dealing with -- and this is -- and this has also I think been lost, we're not dealing with an intervening accident; we're dealing with an intervening intentional act. That's far past an accident. It wasn't like this gentleman

was involved in a car wreck, it wasn't his fault and his shoulder re-broke, even though I think that would be an inter -- that would be an intervening accident. This guy intentionally did things that he knew he shouldn't have been doing and broke the plate in his shoulder. I don't know -- I don't know where we can be going if my client were responsible for those things. That -- that is -- that is disingenuous at the -- at the least and it's -- it's just completely unacceptable in my opinion. Now, I read that report and I think that's -- I think that's the (inaudible) report, the most important report in this entire record. Let's go through a little bit of the facts here in this case. This guy had surgery on January 25 -- excuse me, July 25th, 2012. Eight days later he goes in, there's an x-ray that shows, according to Dr. Lehman, that the gap wasn't quite what he thought. In other words the gap was closer than he thought it should have been. Six weeks later he goes back in, and this is the important day, September 14th, Dr. Lehman notes -- takes another x-ray and notes, okay, the bone's healing a little bit, stay in your sling. Well, between September 14th and October 11th when Dr. Lehman finds out he had been deer -- he had been deer hunting and not using his sling,

the break -- the plate breaks. That's when it happened. It had not broken before; there's no evidence it had broken before. Dr. Lehman said it hadn't broken before; it broke during that four week period of time. Well, during that four week period of time what was he doing; not using his sling and deer hunting? I think we can draw a reasonable conclusion without even needing medical evidence, which there's no requirement of, that that's what caused his intervening issue. Now, the Hearing Commissioner as well as the Claimant in this case goes to great lengths to indicate there is no doctor who's indicated that the reason for the intervening accident or the plate breaking --

COMMISSIONER BARDEN: Wasn't he limited to sedentary duty?

MR. HAIGLER: Absolutely. I mean --

COMMISSIONER BARDEN: Sedentary activities?

MR. HAIGLER: He shouldn't --

COMMISSIONER BARDEN: Sitting only?

MR. HAIGLER: Commissioner, if you'll read his deposition Dr. Lehman's --

COMMISSIONER BARDEN: I read Lehman's deposition.

MR. HAIGLER: Well, I mean if you read either deposition both doctors say it. He shouldn't be doing

anything with that arm and they both say it.

COMMISSIONER BARDEN: Well, I mean that's even less than walking around and it says just sitting.

MR. HAIGLER: He didn't want him -- and -- and a lot of the issue and you have to meet Mr. Neff to know this, he's a big guy and his neck's big and so there was a lot of concern that if you did too much with that arm we were not going to have a successful situation here. So they wanted him to be sedentary, they wanted him to not be doing much; and that was really the purpose behind those restrictions. But at the very least you've got to stay in your sling, I mean there's no chance of any successful surgery if you don't at least do that. But I'd like to go back to the issue of whether there was a causation statement made by any physician. Now, I'll get into why Dr. Schiffern's deposition -- in his --

COMMISSIONER BARDEN: You don't -- don't like his opinion because he didn't look at the diagnostic -- he didn't look at objective evidence -- you --

MR. HAIGLER: He didn't look at anything. He didn't look at anything. I think I figured that out when I started cross examining him. Now, he took -- he saw the Claimant twice. He admitted that when -- when

he saw the Claimant on both of those occasions he did not know anything about the deer hunting, which means he didn't read the records first of all. Now, when Hope was asking some questions on page six of his deposition Hope asked him, "Did you read the records I sent you?" He said, "Yes, I did." Okay. Well, I started asking him about those records; first record I asked him about is the x-rays. "Well, did you look at any x-rays?" "Well, no." I said, "Well how can you comment that the bone -- there was no healing whatsoever in the bone if you didn't even look at the x-rays?" And he said, "Well, that would make it difficult." I said, "Would you have liked to have seen the x-rays?" "Yes." I said, "Well now are you aware that Dr. Lehman has read the x-rays and said that there was healing?" "Well, if that's what his report says." I said, "Well, you said that there was no evidence according to Dr. Lehman's record." I said, "Well, that's not consistent."

COMMISSIONER BARDEN: Looks like Commissioner McCaskill chose the opinion of Dr. Schiffen because that was the person to whom Dr. Lehman referred?

MR. HAIGLER: And because he's an expert in the upper extremity.

COMMISSIONER BARDEN: But he didn't look at the x-rays?

MR. HAIGLER: That's not all he didn't look at. Not only did he not look at the -- and again, --

COMMISSIONER BARDEN: Tell me what he (inaudible).

MR. HAIGLER: Schiffen's an expert; that doesn't mean he's -- should be given the greatest weight.

COMMISSIONER BARDEN: Right.

MR. HAIGLER: I agree he's an expert. I mean I know he's a good surgeon but that doesn't mean he --

COMMISSIONER BARDEN: But he didn't look at the x-rays and he didn't even know he was hunting; is that what you're --

MR. HAIGLER: It's a fact. I asked him that question, I said, "Well, doctor, you've given these opinions that there's no way it could have been anything else other than it just was doomed to fail basically. Now did you look at the hunting -- did you know that he had been hunting?" "No, I didn't know that." I said, "So today" -- "basically today was the first time you've ever seen that?" "Yes." "But you just testified that you reviewed the records. How is that possible?" Now the other thing is I said -- he also --

COMMISSIONER BARDEN: Can you explain this without becoming (inaudible) on Schiffen's part?

MR. HAIGLER: I think he admitted, "I was given an affidavit and I signed it." He didn't complete it, draw up, you know, an affidavit; it was provided to him. Now, the other issue is he said he read Dr. Lehman's deposition. Dr. Lehman testified to a reasonable degree of medical certainty that the reason -- that the reason that plate broke was because he was noncompliant whether it was deer hunting or the sling or anything else; he testified to that. It's on page 47 in his deposition.

COMMISSIONER BARDEN: I've got it.

MR. HAIGLER: When I asked Dr. Schiffen if he had read that he didn't know what I was talking about. So he didn't read the deposition he also told Mr. Garner that he had read. So I don't think you can -- now whether he's an expert again is irrelevant. The bottom line is he didn't read all this stuff he should have read before he offered his opinions. I don't think those opinions should be given any weight whatsoever, period. The other thing that the Hearing Commissioner noted was that this -- the real issue was whether another surgery will benefit him. Well, that's

arguable first of all, if you read the two depositions. The doctors say, well, he could live with this if he wanted to. So that's arguable. But the only doctor that commented on that to a reasonable degree of medical certainty, "Will it lessen your period of disability?" was Dr. Schiffen who I don't think has any credibility anyway and he said it's 50/50. Well, that doesn't meet the burden. It doesn't meet the burden. There is no opinion, zero in the record, no one asked the question, I didn't ask it, Hope didn't ask it, can you give an opinion to a reasonable degree of medical certainty that it will lessen his period of disability? There's no opinion to that -- in that regard anywhere in the record. I do not know how that came into the Hearing Commissioner's Findings of Fact because there's no evidence of it. Suffice to say, and I think the record's pretty clear about it, this guy was noncompliant; he was intentionally noncompliant with his medical treatment instructions and the most likely reason his plate broke was because of that noncompliance. The timeline supports it, the deposition testimony supports it, Mr. Neff's testimony even supports it. I just don't understand how we could allow this to be the case when -- when we're -- he can

basically do what he wants to do and the Defendants have to pay for this. I understand his clavicle is now in bad shape. That could have been prevented had he done these -- the protocol that was given to him by his doctor; that's all we asked. I think we have the right to that at least. At the very least we have the right to expect the Claimant to do what the doctor tells him to do. The other issue that I would like to address is his neurological --

COMMISSIONER BARDEN: You've run out of time but you'll have three -- go ahead with your thought.

MR. HAIGLER: That's fine. I'll let the -- just quickly Commissioner. The neurological condition was the same issue; he was told not to do the exact things he was doing; the exact things he was doing. But again, there's no opinion that -- that further neurological evaluation or -- or treatment is going to lessen his period of disability.

COMMISSIONER BARDEN: All right.

MR. HAIGLER: Thank you, Commissioners.

THE COURT: Thank you. All right. Mr. Garner.

BY MR. GARNER: Thank you, Commissioner --
Commission. I wish it were that -- everybody probably wishes it were that simple and that cut and dried as

Nick just laid it out to be. Unfortunately it's not. If you read the depositions of -- of Dr. Lehman, regardless of what Dr. Schiffern ultimately said, what his opinion --

COMMISSIONER BARDEN: Didn't Dr. Lehman say, "I think the predominant factor would be the many traumas or the many uses of the arm, but even if we set aside the hunting, his arm is supposed to be -- he's supposed to be sitting; he's not doing that. His arm is supposed to be immobile; he's not doing that and he's out hunting and -- and Lehman says predominant.

I -- how do we --

MR. GARNER: If you cherry pick one particular thing and --

COMMISSIONER BARDEN: No, I'm not --

MR. GARNER: -- and that's what Nick's doing, I think, and I'm going to point out several other areas in Dr. Lehman's --

COMMISSIONER BARDEN: No, on page 27, and I had just circled that last night, but 27 says a substantial -- more likely than not substantial.

MR. GARNER: That's when Nick went through this -- if you look at the whole context he didn't get the answer he wanted to start with so he kept asking

substantial and more likely than not, but Dr. Lehman equivocated before he -- he came back and just said what Nick wanted him to say basically. But if I could point out, Commissioner, --

COMMISSIONER BARDEN: Sure.

MR. GARNER: -- there are several other areas of the deposition where Dr. Lehman was -- was a lot less direct and in -- like I said, regardless of what Dr. Schiffern ultimately said or didn't say.

COMMISSIONER BARDEN: Did he say it's unusual to have a clavicle non-union?

MR. GARNER: He said it's unusual to have a clavicle non-union, but a non-union and a break into the plate are two different things. The non-union was there the whole time.

COMMISSIONER BARDEN: Right.

MR. GARNER: So the question is whether or not the bone was healing to the extent that -- that the plate would have done any good anyway. But what Dr.

--

COMMISSIONER BARDEN: Well, how long -- do we know how long he's been hunting for after the surgery? I mean --

MR. GARNER: Your Honor, he went hunting twice.

Let me go ahead and address something, if I could, about the hunting. Anybody that will come into a doctor's office and tell somebody's staff that they've been out deer hunting when they've got a broken clavicle is something going on their head and that goes back to what point I made in my Brief, that he had a head -- a closed head injury to start with and he did a lot of irrational things. And if you see his testimony --

COMMISSIONER BARDEN: Are you saying that if he is -- had all his cognitive abilities he would have hidden that fact; is that right?

MR. GARNER: Well, he wouldn't have done -- he wouldn't have done it to start with and if he did it he'd --

COMMISSIONER BARDEN: Well, no, you said who would come into his doctor's office and say that he did that?

MR. GARNER: Exactly.

COMMISSIONER BARDEN: I believe what you're saying is he doesn't have the cognitive ability to lie anymore?

MR. GARNER: That's right. Number one, his judgment's real bad and number two, he used -- he admitted it.

COMMISSIONER BARDEN: Okay.

MR. GARNER: But Dr. Lehman -- as I said, Dr. Lehman is not as nearly as forceful and direct as Nick has laid him out to be regardless of what Dr. Schiffern says and if I can go over some particular examples of it.

COMMISSIONER BARDEN: Sure. You can.

MR. GARNER: On page 22 --

COMMISSIONER BARDEN: And whose deposition is that?

MR. GARNER: -- Dr. Lehman's deposition.

COMMISSIONER BARDEN: Okay.

MR. GARNER: Right. Nick asked the question, "The fact that his plate broke is that an indication to you that he's abusing his left arm far outside the restrictions you gave him?" "Well, that's one possibility I guess. The other thing we deal with in orthopedics is if you are dealing with a non-union in any bone and bone is not healing appropriately there is inevitably some force, just an activity of daily living that can lead to the plate breaking."

COMMISSIONER BARDEN: And I agree with you, but then predominant and substantial come after that one -- after page 22. So take me later than predominant

and substantial.

MR. GARNER: All right. The question was --

COMMISSIONER BARDEN: Contributing, on page 29, and I see predominant and I see substantial, but 22 is before, so --

MR. GARNER: I've made my notes and I'm looking here at page 23/24 he believes noncompliance is the reason he has not healed properly. "I thought it was certainly a factor, I couldn't rule out other issues of force that contributed. Which with the questionable quality of the bone stimulation device, bone stimulation never was provided." He asked for one, the one he wanted never was provided and he said specifically in his August 24th letter to the adjuster that he wasn't familiar with that bone stimulator, he wanted another one and they never gave it to him.

COMMISSIONER BARDEN: Well, he didn't care for the kind of plate in the -- titanium versus steel.

MR. GARNER: No, he didn't care for the titanium plate versus steel -- stainless steel, he didn't like that.

COMMISSIONER BARDEN: But he did say after that, the predominant factor.

MR. GARNER: And -- I'm going to get there,

Commissioner.

COMMISSIONER BARDEN: Okay. You just go on.

MR. GARNER: I promise. All right.

COMMISSIONER BARDEN: I'm going to try -- I'm interrupting you too much. Go ahead.

MR. GARNER: "Which is questionable qualities of the bone stimulation device which is not available. I was also concerned about the plate, which is a titanium plate; the strength of the plate is sometimes not as rigid and could be more prone to failure." And the question, "Is that" -- Nick asked him, "Is that the condition or condition caused by this noncompliance with treatment?" "I would say this would be more likely than not." They went on to non-union, which the causes for that are not entirely clear. And you knew -- I think this was my question. "You knew this was going" -- this is on page 35. "You knew this was going to be a difficult case?" "Well, the bone was widely separated." That's Dr. Lehman talking. "The bone fragments were widely separated suggesting there was scar tissue or muscle interposition in the bone ends. There seems to be some biologic difficulty in getting bones to heal in such circumstances. So that was another factor. There was

also a gap basically in the bone which had to be made up. Using bone graft is just not the ideal material to use to get rapid fracture healing. It's much better if you can get the naked bones to abut one against the other." "The gap was there before; is that correct?" "Yes, there's nothing he did by noncompliance or anything to cause that gap to be there in the first place, no."

COMMISSIONER BARDEN: When did he pick up the bale of hay that weighed 25 or 30 pounds and he was supposed to be doing sedentary work? When did he do that?

MR. GARNER: He did that long after anything -- any of this after the hunting and everything.

COMMISSIONER BARDEN: Okay. After the plate was broken?

MR. GARNER: After the plate was broken.

COMMISSIONER BARDEN: Okay.

MR. GARNER: I don't think anybody says that --

COMMISSIONER BARDEN: He's an active person.

MR. GARNER: He -- he tries to be.

COMMISSIONER BARDEN: Yeah.

MR. GARNER: "Looking at it in retrospect now would the steel plate have been preferable?" "Yes." "So it would be a fair statement that you don't

actually know what caused this non-union break into the plate?" "Yes, that's correct. I think it very well can be caused by a number of factors." He admits on page 57 of his deposition that Mr. Neff was completely compliant with his physical therapy. He was asked did he consider the bone stimulator an integral factor in recovery? "Yes." He recommended upper extremity surgery performed evaluated if any surgery was needed.

COMMISSIONER BARDEN: Well, that would be in recovery, but what about the plate breaking?

MR. GARNER: What -- what Nick has done is focused on --

COMMISSIONER BARDEN: Well, I think there are a few issues involved with all this. It's -- it's not just the hunting, it's not just the plate, it's not -- well, I mean I know that's his focus, but --

MR. GARNER: What we -- and I'm not sure I know how to understand your question or exactly what you're asking me, but --

COMMISSIONER BARDEN: Well, go ahead, sir, I'm --

MR. GARNER: That's okay. I think what it all boils down to, what we've got is a treating physician, Dr. Lehman, who tries conservative measures to treat the broken clavicle; that didn't work. He had to do

the surgery; you've got a big man. Both doctors say biology is a major factor in this thing. And Commissioner McCaskill used the term "foundational fact" and that's a good term, I think it fits here and that's what the Carrier wants you -- and the Defendant wants you to ignore. The foundational fact, we've got a man here who was working and a welding tank exploded and blew his shoulder, his neck and his head -- now a closed head, but blew him apart basically. And I -- he certainly didn't do everything he should have done to try to get well. The doctor admitted that he could have -- he reported to the -- if we're talking about self reporting as he self reported hunting, he also self reported that he rolled over one night and did something, so the doctor said that could have been a factor. So what we've got here, the Carrier was obstructionist in this case from the very start. They wouldn't pay him at his right comp right; I had to make a Motion to Compel. All that's in the record. Then -- then we get to the situation with the bone stimulator, or with the titanium plate as opposed to the steel -- stainless steel plate and they wouldn't authorize that. We get the situation with the bone stimulator which they tried to give him a cheap off brand, they're

trying to save money. That's what they've done -- trying to do through all this case. They're the ones that have been noncompliant. It's -- and it's all -- so as guilty as Jimmy Neff at least by what they have not done in trying to aid this process. So what they're -- they want you to believe is Jimmy Neff had some grand scheme not to get well. That's nonsensical.

COMMISSIONER BARDEN: Well, I don't -- well, maybe that has been argued. Maybe that has.

MR. GARNER: Well, that's -- that's just my characterization of what they've said. They want you to ignore the fact that what's caused him to be in the position he was in he got blown up on the job.

COMMISSIONER TAYLOR: Well, no, I mean we're looking forward. I mean I see he's trying to -- the point -- even if -- even with the other factors do you really request that we ignore the fact that he didn't do anything that the doctors want him to do?

MR. GARNER: Well, I don't --

COMMISSIONER TAYLOR: I mean are we really supposed to just look that part over?

MR. GARNER: No, but I think you have to compare it with everything else that happened in the case with workers' --

COMMISSIONER BARDEN: Well, I think then what your argument is is the Carrier didn't supply the type of -- or they were a week late on the bone stimulator and perhaps it wasn't the one the doctor wanted and they got, but you're saying that excuses the restrictions and the hunting and the non sedentary, is that -- I mean that's kind of what I heard you say that they were --

MR. GARNER: I -- I don't say it excuses it per se, but it --

COMMISSIONER BARDEN: But you said we should compare -- compare that --

MR. GARNER: Right.

COMMISSIONER BARDEN: -- (inaudible).

MR. GARNER: Right. A number of factors that could have gone in here and to just hone in on the hunting and the other things without even considering what the -- what the Carrier did and didn't do I think is -- is un -- totally unfair to the Claimant. He didn't ask to be in this position and he got hurt on the job and it's -- it's -- I lost my train of thought there for a moment. It certainly -- they want you to speculate --

COMMISSIONER BARDEN: Didn't Dr. Lehman, on page

69, say that it -- he can't say that the bone -- I'm sorry. I'm being rude and taking care of the clock. That the bone stimulator -- he can't state that that was a contributing factor -- he can't say that -- probably.

MR. GARNER: No, I don't think he ever said that.
I --

COMMISSIONER BARDEN: On page 69?

MR. GARNER: The first thing he mentioned in his letter of August 24th to the Carrier was to pay -- to provide the bone stimulator and that might have been a factor, may have been the thing that --

COMMISSIONER BARDEN: A factor, but don't we have to look at predominant, substantial, that type of thing? Isn't that the focus, not a factor?

MR. GARNER: We're going to focus in on the hunting for a moment. There's no evidence as to what he actually did when he was hunting. He -- he testified he didn't raise his shoulder, he shot with -- with the other -- over in -- had the gun on the other shoulder and all that. And I asked one of the doctors -- both doctors that it's not the fact -- hunting sounds ominous, I realize that. If you go hunting when you've got a clavicle injury, well, what

do you do when you hunt? He went and sat and just shot. I don't -- there's no evidence -- there's nothing -- if there was some medical evidence they could go out there and get a doctor to come in and evaluate these records and say I'll say to a reasonable degree of medical certainty that his non -- "noncompliance" caused him to be in this situation they would have done it. They didn't they -- what they're trying to do is tear down Dr. Schiffern who Dr. Lehman deferred to admittedly and he --

COMMISSIONER BARDEN: Well, why -- I just -- it's baffling to me that Dr. Schiffern is -- is giving an opinion as an expert but doesn't even look at the diagnostics and doesn't -- he says -- and if what Mr. - - and I need to re-read that testimony, but --

MR. GARNER: I would think --

COMMISSIONER BARDEN: And for him -- what -- you know, he didn't look at the diagnostics, didn't look at the x-rays and then rendered an opinion.

MR. GARNER: Well, and it's -- again, Dr. Schiffern is really just rubber stamping what Dr. Lehman said. He -- they don't know what caused it.

THE COURT: Okay. All right. Thank you. Mr. Haigler.

BY MR. HAIGLER: Just briefly, Commissioner. You hit the nail on the head regarding the stimulator. Now I -- and if you read page three -- if you look at page three which is -- of our APAs, the last page of our APAs which is actually the prescription, there's never a specific mention of what kind of bone stimulator was asked to be given to him so we gave him a bone stimulator. When I asked -- of course, as you mentioned, when I asked Dr. -- I didn't know that was going to become an issue and when it did become an issue I asked Dr. Lehman about it and he said, "Well, I have no idea whether it was better or worse, it just wasn't the one I had in mind." Well, that's not the insurance company's fault. Regarding the plate, Mr. Garner just mentioned to you that we refused to provide the plate. If you'll read page 50 of Dr. Lehman's deposition he clearly says, "The plate was my call. I'm the one who decided on the plate, not anyone else." Let's see -- "Who makes the choices as to what model and size hardware to be used at that point?" "That's my decision." Page 50, line 11 through 13. "So is this a reflection of what you ordered to be done?" "This is the hardware that I used at the time of the surgery, yes." We didn't do anything to deny that

hardware for him. We did -- we did nothing. We provided him the surgery in a very timely fashion and we provided him a bone stimulator. I don't understand what I'm missing here and frankly, I don't need to come up with evidence that he was noncompliant and the noncompliance caused the breakage even though I have, that report from 10/11/12 kind of speaks for itself. Dr. Lehman was pretty clear that "He didn't do anything I asked him to do after that surgery even I told him point blank from "day one" that he should have been; he didn't do it." So that record speaks for itself, Commissioner. And the last thing I'd like to address is the fact -- and Commissioner Taylor referenced it, the fact that we seem to be ignoring the fact that this guy had a serious injury. We're not ignoring that at all, he did have a serious injury. Unfortunately that's -- you still have the requirement, I think, or the obligation to abide by what your physicians tell you to do in order to make yourself better. If you're getting worse because you didn't follow his instructions I think that breaks the chain of causation in my opinion, Commissioner. You look like you have a question.

COMMISSIONER BARDEN: No, I was just looking. I

had made a note last night that Dr. Lehman said that there needed to be extreme protection of the clavicle, I thought. I wrote that down anyway.

MR. HAIGLER: You did.

COMMISSIONER BARDEN: And I'm thinking --

MR. HAIGLER: He said that several times in his deposition.

COMMISSIONER BARDEN: Okay. And that was the Claimant's -- okay. All right.

MR. HAIGLER: Thank you, Commissioners.

THE COURT: Thank you. That concludes this proceeding.

(The hearing concluded at 3:30 p.m.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

CERTIFICATE

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

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 29
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 12TH DAY OF JANUARY,
2015.

CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JANUARY 18, 2015

Cora Bruton
Court Reporter
131 Browning Court

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

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1203594

James B. Neff,	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	TRANSCRIPT OF PROCEEDINGS
Lear's Welding & Fabrication,	)	
Inc., Employer,	)	November 14, 2013
	)	
and	)	
	)	
Bridgefield Casualty Insurance	)	
Company, Carrier,	)	
	)	
Defendants.	)	
_____	)	

 This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, Rock Hill City Hall, 155 Johnston Street, Rock Hill, South Carolina, on Thursday, November 14, 2013.

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1 THE COURT: This is November 14, 2013. This
2 is the case of James B. Neff vs. Lear Welding and
3 Fabrication. And, Mr. Haigler, it's got -- it says
4 Fabrication I after that. Is there more to the name?

5 MR. HAIGLER: There's an Inc. after that.

6 THE COURT: Inc. Okay. You know it doesn't
7 have but so many spaces for the characters. Lear
8 Welding and Fabrication, Inc. The carrier is
9 Bridgefield Casualty Insurance Company. The claimant
10 is represented today by Everett H. Garner, and the
11 employer/carrier are represented by Nicolas L. Haigler.

12 The Workers' Compensation Commission File
13 Number is 1203594. The claimant has an average weekly
14 wage of \$615.27 with a corresponding compensation rate
15 of \$410.20.

16 This is an admitted case. Correct
17 characterization, gentlemen?

18 MR. HAIGLER: That's correct.

19 THE COURT: Admitted. Objections to
20 jurisdiction, venue, or APA submissions?

21 MR. GARNER: No objections. I previously
22 stated the SLED report.

23 THE COURT: Right. We removed the SLED
24 report in the pre-hearing and we removed an affidavit
25 from Dr. Schiffen in the pre-hearing conference. So

1 those have been excluded. Any other objections?

2 MR. GARNER: No, Your Honor.

3 MR. HAIGLER: I just want to ask a question.
4 Should we put on the record that he's got the right to
5 depose --

6 THE COURT: We're going to do that after we
7 handle objections.

8 MR. HAIGLER: I'm sorry.

9 THE COURT: That's all right.

10 MR. HAIGLER: I didn't know if that was part
11 of the objections. No other objections, Your Honor.

12 THE COURT: All right. I also decided in the
13 pre-hearing conference or ruled in the pre-hearing
14 conference, however you want to say that, that I am
15 going to leave the record open for Mr. Garner or
16 Mr. Haigler should they either decide that they wish to
17 depose Dr. Schiffen during the next 30 days. We're
18 going to leave the record open for that reason and that
19 reason only.

20 All right. The Commission file becomes a
21 part of the record with the exception of self-serving
22 declarations and unstipulated medical reports.

23 And I believe I dotted all the I's there. We
24 have both a 50 and a 21 we're addressing in this
25 hearing. The 50 was first. So, Mr. Garner, if you

1 would, please, sir, place your client's position on the
2 record.

3 MR. GARNER: Yes, sir, Commissioner. Thank
4 you. I represent Jimmy Neff who was injured in a
5 welding explosion on April 12, 2012. He was treated
6 conservatively by Dr. Lehman, an authorized treating
7 physician, for a period of time. He underwent a
8 surgery to install a metal titanium plate in his --
9 because of a broken clavicle. Of course he had
10 multiple other injuries, but that turned out to be the
11 most significant and most lingering.

12 That surgery ultimately -- that hardware
13 ultimately failed and failed surgery. And based
14 thereon, we have -- are endeavoring -- Mr. Neff would
15 like to have additional surgery to correct the problem
16 and he has in that regard consulted with Dr. Schiffern
17 who was the recommended surgeon by the treating
18 physician, Dr. Lehman.

19 We are here on our Form 50 requesting that
20 the Commissioner order that this surgery be paid for by
21 the carrier since there is a -- the underlying cause of
22 all the problems that he had with his clavicle was an
23 on-the-job injury and that there is insufficient
24 evidence of any intervening causes which would break
25 the chain of causation and, therefore, the carrier

1 should be responsible for that surgery.

2 THE COURT: All right. Mr. Haigler.

3 MR. HAIGLER: Thank you, Commissioner. I'm
4 here on behalf of Lear's Welding and Bridgefield
5 Casualty. This is -- we filed a Form 21 to terminate
6 temporary total compensation which has been ongoing
7 basically since this accident. The reason for that is
8 what we believe to be one of two reasons. One,
9 complete medical non-compliance and/or refusal,
10 constructive refusal of medical treatment based on
11 Dr. Lehman's October 2012 report that we have
12 submitted. I think both parties have submitted.

13 And, secondly, because of an intervening
14 accident which were -- or accidents which are
15 described -- is or are described in that report
16 specifically and which we believe has actually been
17 admitted by the claimant and it's clearly documented
18 quite specifically in Dr. Lehman's report of October
19 2012 that Mr. Neff was deer hunting during a period of
20 time with a rifle during a period of time where he was
21 unequivocally under restrictions by his doctor to not
22 be using his left arm in any way, shape, or form and to
23 be using a sling to kind of hold that left arm due to
24 the fact that he had had surgery on his plate, clearly
25 instructed to him in all the reports -- prior reports

1 that he was clearly under those restrictions and we
2 believe admittedly in his deposition and likely here
3 today has admitted to not being compliant with those
4 restrictions. I don't think there's any disputing that
5 fact.

6 On that basis, we believe that it's -- and I
7 would point out that while I believe that his
8 non-compliance was the conscious effort on his part, I
9 don't know that it necessarily matters with regard to
10 whether he had an intervening cause of his current
11 condition and/or medical non-compliance. It's really
12 irrelevant for the purposes of the law. The bottom
13 line is there's an intervening cause for why he's
14 currently in the condition that he's in and he's
15 currently requesting surgery. It has nothing to do
16 with the work accident and totally with the fact that
17 he was non-compliant with the medical treatment whether
18 it was intentional or not.

19 So we believe that he's no longer entitled to
20 temporary total disability benefits as of October the
21 11th, 2012. We would request a credit for all benefits
22 paid since that date. We do not believe that he's
23 entitled to further medical treatment. We do not
24 believe that he's entitled to any further disability
25 benefits or indemnity benefits under 42-9-30 or any

1 other statute awarding permanent disability.

2 THE COURT: October 11th, '12?

3 MR. HAIGLER: Correct, sir. Correct, Your
4 Honor. And we would also ask that you make a
5 credibility finding with regard to the claimant.

6 As for the other injuries that he had, we
7 believe that he's reached maximum medical improvement
8 for those issues and, in fact, to our knowledge has not
9 treated for any of them in over a year. So I don't
10 know that those are really even in dispute today.

11 That's our position, Your Honor. Thank you.

12 THE COURT: Let's go off the record for just
13 a second.

14 (Off the record.)

15 THE COURT: Anything else, Mr. Garner?

16 MR. GARNER: One thing briefly that we did
17 not discuss in the conference prior to the hearing,
18 Commissioner. Nick just mentioned that there are no
19 other issues as far as any other medical problems.
20 There is an outstanding issue about neurological
21 condition and there have been attempts by the carrier
22 to send him to a neurologist, but they haven't
23 accomplished that. So I think that's still -- of
24 course we say he hasn't reached maximum medical
25 improvement in any regard -- in regard to the clavicle

1 or the neurological situation.

2 THE COURT: Anything else, Mr. Haigler?

3 MR. HAIGLER: If I may briefly respond to
4 that. Our position regarding non-compliance and any
5 trauma goes directly to any neurological issues he may
6 have as well. He had had some neurological testing
7 done before the non-compliance became evident in
8 October of 2012 when he was specifically asked to avoid
9 loud noises and wear hearing protection. I think he
10 told the testing doctor that he did in fact deer hunt,
11 and so they had told him to wear protection and avoid
12 loud noises, I assume the gun that you carry when you
13 hunt.

14 Of course subsequent to that during the next
15 six weeks, he went hunting numerous times in his own
16 testimony and admitted he did not wear hearing
17 protection during the times -- always during the time
18 he was hunting. That's in his deposition. He admitted
19 that. So I don't think there's any issue -- well, any
20 issue that he has neurologically, again, we would say
21 is not caused by the accident. There's a superceding
22 cause to that which would be his deer hunting again.

23 In addition, he's not received any evaluation
24 and/or treatment for those problems in over a year. We
25 did try earnestly to find a neurologist to see him in

1 South Carolina and could not find one. And I literally
2 mean we tried every single one and apparently -- and
3 even Dr. Lehman said this in his deposition, there are
4 no neurologists that treat workers' comp patients in
5 South Carolina that we can find. But even with that
6 treatment, it did not change our position that it
7 wasn't related. We were trying to get an opinion on
8 that to be honest with you and just haven't been able
9 to do it. But I don't know that we even need it, to be
10 honest with you. In fact, in his last report with
11 Dr. Schiffern, Dr. Schiffern notes that he doesn't have
12 any neurological problems very clearly. So our
13 position is that that is also resolved and there's no
14 causation evidence to causally relate it any longer.

15 And that's our position on that. Thank you,
16 Commissioner.

17 THE COURT: Anything else, Mr. Garner?

18 MR. GARNER: No, Commissioner.

19 THE COURT: All right. Mr. Garner, are you
20 ready for us to hear from your witness?

21 MR. GARNER: Yes, Your Honor.

22 THE COURT: All right. Two things. Speak up
23 loudly enough so we can all hear you. This is not the
24 optimum situation because it's a council chamber and
25 not a hearing room. This young lady is making the

1 record. She has to hear you, both of the attorneys
2 have to hear you, and I have to hear you.

3 THE WITNESS: That's fine.

4 THE COURT: The second thing is real simple.
5 A yes or no question, give us a yes or no answer. I
6 have a tendency to shake and nod my head all the time.
7 She has to actually put that in the record if you do
8 that. Uh-huh, unh-unh easily misunderstood. So if
9 you're asked a yes or no question, please give us a yes
10 or no answer.

11 THE WITNESS: Yes, sir.

12 (JAMES BREECE NEFF, being duly sworn to tell
13 the whole truth, testified as follows:)

14 THE COURT: Please state and spell your full
15 name for the record.

16 THE WITNESS: James Breece Neff. J-A-M-E-S.
17 B-R-E-E-C-E. Neff, N-E-F-F.

18 THE COURT: All right. Thank you, sir.
19 Mr. Garner.

20 MR. GARNER: Thank you, Commissioner.

21 DIRECT EXAMINATION

22 BY MR. GARNER:

23 Q You go by Jimmy; is that correct?

24 A Yes, sir.

25 Q Jimmy, where do you live?

1 A 1485 Peaches Court, Rock Hill, South Carolina.

2 Q How long have you lived there?

3 A November of '01.

4 Q Who lives there with you?

5 A Me and my three children and my wife. Well,
6 girlfriend/fiance.

7 Q You have three children. What are their ages?

8 A The three at home are 14, 11, and 10.

9 Q How old are you, Jimmy?

10 A I just turned 43 last Tuesday.

11 Q How tall are you?

12 A About five-nine.

13 Q How much do you weigh?

14 A Two-ninety, 285, 290.

15 Q Did you suffer an on-the-job accident on April 12,
16 2012?

17 A A very serious, major accident.

18 Q At that time about how much did you weigh?

19 A About the same.

20 Q What happened to your weight after the accident?

21 A Blew up to 345 from lack of mobility and I quit
22 smoking, gained weight.

23 Q And you've since lost some of that weight back?

24 A Went all the way back to the date of accident
25 weight, I guess.

1 Q How did you manage to lose all that weight?

2 A Changed my diet, went on the low carb thing, was
3 walking. I guess that's about it. Trying to be active.
4 I've always been active. I'm an outdoor person.

5 Q You were under medical treatment at that time; is
6 that correct? After the accident, you were --

7 A Oh, yes, yes, yes, yes.

8 Q Was it recommended to you that you try to lose
9 weight and stop smoking?

10 A The neurologist said that it would help.
11 Dr. Lehman never told me anything.

12 Q Tell the Commissioner how the accident happened as
13 you recall from April 12, 2012.

14 A I was given a fuel tank to weld that had come back
15 because the first man had welded it, didn't do it, and it
16 was leaking. I don't know what was in the fuel tank. I
17 guess they said it was a diesel tank. So, okay, I don't
18 like welding on stuff like that. There are procedures.
19 Welding doesn't have procedures like that.

20 I know you got to get rid of what's in it. And I
21 put a dye chaser in it to find the leak which was flammable.
22 When it came to, okay, there's a hole, I didn't even need
23 it. I could see the hole. They let it go back out with a
24 BB size hole and said it was fixed. We did it right because
25 we did it twice at Lear's.

1 So I get it and I asked my supervisor, Bill
2 Boulware, let me purge this tank and remove the fumes and
3 the oxygen out of it. His words was, no, it cost too much
4 money. Why I listened to the man? I should have gotten my
5 tools and left.

6 I made one weld. It held. He came up to me. I
7 said, "I'm going to put a little bit more on it, Bill, but I
8 need to purge it." He said, "You'll be fine, you'll be
9 fine," and he walked off. Next thing I know, I'm being woke
10 up and getting in an ambulance. It blew up. Broke my left
11 wrist, my left elbow, my left collarbone, five ribs all the
12 way around, my C7 in my neck, stab wounds here, stitches for
13 here. I refused them. I don't know why. Cut here. And I
14 don't remember everything else. The ringing of the ears.

15 They actually looked at me and said, "You're not
16 supposed to be here. You should be dead." Whatever it was
17 in the ambulance, they do the flashlight in the eyeballs and
18 they said, "Get the helicopter. Get the helicopter." And I
19 said, "Whoa, just call my wife. I got the wind knocked out
20 of me. I'll be all right." No. I got flown to Charlotte
21 and I wasn't all right and I'm still not all right.

22 Q Detail the treatment that you got after that,
23 medical treatment.

24 A They left me in the hospital for four days, I
25 think. They said I needed surgery on this collarbone. And

1 why they didn't do it, I don't know. I had a half inch --
2 three-eighths half inch gap in it. I said, "Where is the
3 bone at?" And they said, "It's gone." I said, "I've only
4 been here for 30 minutes."

5 MR. HAIGLER: I'm going to object to anything
6 that the doctors told you or anything -- he can't
7 testify to that.

8 THE COURT: That's hearsay.

9 THE WITNESS: No, this is what they told me
10 in the hospital.

11 THE COURT: I understand that, sir. But
12 they're not here -- that's just legal terminology.
13 They're not here for Mr. Haigler to cross-examine. So
14 you can't tell me what they told you. You can state
15 the facts of what your situation was.

16 THE WITNESS: I was left in the hospital for
17 four days. I came home. They found for me to go to
18 Dr. Lehman's office. I went to Dr. Lehman's office.
19 They did an x-ray. I don't remember what -- of my
20 collarbone and he said he didn't know how I was alive.
21 He really didn't.

22 MR. HAIGLER: I need to object to that as
23 well.

24 MR. GARNER: Commissioner, that's the
25 treating physician. That's an agent of the defendant.

1 THE WITNESS: When he walked in the room --

2 MR. GARNER: Jimmy, Jimmy, Jimmy. Just wait
3 a minute.

4 MR. HAIGLER: Again, I can't -- I just object
5 to him telling -- saying anything that Dr. Lehman told
6 him. That's my objection.

7 THE WITNESS: I don't get it.

8 MR. HAIGLER: He's most certainly not an
9 agent of the defendant.

10 MR. GARNER: He's the authorized treating
11 doctor.

12 BY MR. GARNER:

13 Q Anyway, Jimmy, just testify to what you did and
14 what they did for you without saying what somebody said to
15 you.

16 A I'm trying to think. They didn't do anything.
17 They just said, "Wow, you're alive. I've never seen a man
18 that bruised before." That was seven days after the
19 accident, maybe, and they didn't go home. They scheduled me
20 for physical therapy to try and get -- I was black and blue.
21 I got the pictures if you want to see them.

22 Q The pictures have been submitted for evidence.

23 A Okay. And I went through physical therapy. I was
24 never given any handwritten thing that I signed for
25 anything. I was --

1 Q What treatment did you get from Dr. Lehman?

2 A Eventually surgery.

3 Q To start with -- to start with, what did he do?

4 A Nothing.

5 Q When you say nothing, did you go see him and he
6 checked your situation or what?

7 A Yeah, he just checked -- said you got a broken
8 collarbone. So I knew that.

9 Q So you ultimately had surgery?

10 A I ultimately had surgery.

11 Q On the collarbone?

12 A On the collarbone. The only bone they said they
13 could fix.

14 Q And that's on the left side?

15 A The left clavicle.

16 Q Are you right-handed or left-handed?

17 A Right-handed.

18 Q So when was that surgery?

19 A I don't remember. Late June, late July.

20 Q Of 2012?

21 A Of 2012.

22 Q Dr. Lehman performed that surgery?

23 A To the best of my ability, yes. He said he did.

24 Q Prior to that surgery, did Dr. Lehman prescribe a
25 sling for you?

1 A No.

2 Q Did you at some point have a -- did he prescribe a
3 sling at some point?

4 A He gave me one after surgery. But he never said,
5 "Here, you need to wear this for this amount of time." I
6 woke up, came to, had a sling on, and walked out of the
7 hospital basically.

8 Q Did he or anybody in his office instruct you on
9 how to use the sling?

10 A No.

11 Q What did you think the sling was for?

12 A Not much of anything.

13 Q Did you wear it for a period of time during that?

14 A I wore it all the way up until he told me to stop
15 wearing it in September.

16 Q You say "all the way up." All the way up from
17 when?

18 A From day out -- from when I woke up from the
19 surgery until one of the hospital -- the doctor's visit in
20 September.

21 Q From your perspective, was that sling doing you
22 any good?

23 A No.

24 Q Explain that.

25 A Well, I had a broke neck on the right side. I'm a

1 big man with a big left arm that was pulling on that. So I
2 didn't understand why I got a broke neck and an arm hanging
3 off of it, but I did -- I made best with what I could do. I
4 wasn't given any how to -- what would help me sleep, what
5 would be the ways to sleep, how to diet, just anything. We
6 finally asked was there something on our own that we could
7 do to help speed up the process, and he said a thousand
8 milligrams of calcium and Vitamin D. So I got
9 over-the-counter calcium and Vitamin D.

10 Q So you got that in response to Dr. Lehman's
11 instructions?

12 A That's -- that's all I was ever really told.

13 Q You said you went through physical therapy.
14 Dr. Lehman prescribe that?

15 A I think so.

16 Q Did you go to all the sessions that were
17 prescribed for you?

18 A Yes, yes.

19 Q And that failed, so you ultimately had the
20 surgery?

21 A I wouldn't say it failed. It helped a lot of neat
22 ways of helping you move. I mean, where is the book on how
23 to act when you get blown up and you live to tell about it?
24 I can't -- you know, I can't tell anyone how I feel, how I'm
25 going to feel, how to make my bones heal from that. That's

1 impossible. You can get blown up at work. It's not
2 illegal. It happens.

3 Q Did Dr. Lehman continue to treat you and did you
4 go see him periodically after the surgery?

5 A We seen him all the way up till October 11th. He
6 said nothing from that visit to that visit to that visit.
7 Every visit after -- from the week after surgery to the
8 11th, I had a large gap in my collarbone. The next time,
9 large gap. Next time, large gap. When am I going to have a
10 collarbone? Oh, it's fine. It's fine. And he said one
11 day, oh, it might be something there.

12 MR. HAIGLER: Objection.

13 THE COURT: You can't tell me what someone --

14 THE WITNESS: I don't know.

15 BY MR. GARNER:

16 Q Was a bone stimulator prescribed for you?

17 A Yes.

18 Q What happened with that?

19 A A woman called, said, "I want to bring your bone
20 stimulator." Okay. I got the bone stimulator. She showed
21 me how to use it. Okay. I used it.

22 Q Had Dr. Lehman prescribed it before -- at some
23 period of time before that?

24 A I can't swallow. He provided a bone stimulator
25 through what he wanted. And after I got that bone

1 stimulator, an hour later another person called and said,
2 "We want to make a time to get your bone stimulator." I
3 said, "I just got it." She said, "No, we didn't send no one
4 there." I told her whoever the woman's name who brought it
5 over and showed me how to use it. She goes, "She don't work
6 for us. She's the insurance company."

7 MR. HAIGLER: Commissioner, I've got to
8 object. That's all hearsay.

9 THE COURT: You can't tell me what someone
10 told you, sir.

11 THE WITNESS: What do you mean?

12 BY MR. GARNER:

13 Q The bone stimulator, what kind of experience did
14 you have with it once you got it?

15 A Nothing.

16 Q What does that mean?

17 A It didn't do anything.

18 Q Explain what that means, "It didn't do anything."

19 A It did not heal the non-union gap -- the half inch
20 gap in between my collarbone.

21 Q Did you use it like you were instructed to?

22 A All the way up till he told me not to use it. He
23 said stop that on the 11th. It wasn't doing any good.

24 Q Why did you go see Dr. Lehman on October 11, 2012?

25 A Because I was blown up at work.

1 Q What happened to make you go on that day? What
2 problems were you having right before that?

3 A What do you mean?

4 Q What problems were you having to make you go to
5 the doctor on that day?

6 A Oh, the day of -- oh, that was just a regular
7 checkup, but we were going to tell him I was having bad
8 problems. I think the plate broke -- the plate broke
9 because the bone never healed.

10 Q When did you realize at least you thought the
11 plate had broken?

12 A I knew I was in bad shape that morning. I
13 couldn't sit up out of the bed. I had to have my wife sit
14 me up. She helped me. And when I rolled up, I could hear
15 it squeak. I could hear metal squeaking in my head. I
16 thought I was going nuts, you know. I don't know how you're
17 supposed to act when you get blown up at work. There's not
18 a guideline or a rule book, you know. I thought I was going
19 nuts until I asked Dr. Schiffen would I be able to hear
20 that metal rubbing in my neck. He said I can hear it.
21 People on the outside of me. But I hear it because it's
22 inside my body or I feel it, however. But I can feel it.

23 Q Was there one particular morning that you woke up
24 and thought it had broken?

25 A I thought I might have done something the day or

1 two before because I heard it squeak. But when I got up the
2 morning of the 11th, I knew there was something wrong.

3 Q The morning of the 11th, you're talking about
4 October 11, 2012?

5 A Yeah.

6 Q And that's when you had the last appointment with
7 Dr. Lehman?

8 A Right.

9 Q What did Dr. Lehman do for you on that occasion?

10 A Oh, he told me that -- he told me, the wife, and
11 the nurse, he said, "I'm going to fix this man. We need to
12 order twice as much of the" -- whatever it was he put in me
13 the first time that disappeared in less than a week and he
14 was thinking maybe a thicker plate, but that doesn't matter.

15 Q Have you done everything you could to try to get
16 well?

17 A As best as you can for a man to get blown up and
18 not supposed to be alive. I've done darn good, I think.

19 Q Now, did you -- are you a deer hunter?

20 A Yes, I'm a deer hunter.

21 Q When does deer hunting season start in this area?

22 A In our area, September 15th and runs through
23 January 1.

24 Q During the time that you were being treated by
25 Dr. Lehman and prior to October 11, 2012, did you do some

1 hunting?

2 A Yes.

3 Q Describe what you actually did as far as your
4 hunting is concerned.

5 A I met my brother and I took my children with me.
6 We walked down the road on the fields that we're allowed to
7 hunt, sat down in a lounge chair. That's it. No more, no
8 less.

9 THE COURT: Did you climb in the deer stand?

10 THE WITNESS: No. I can't.

11 BY MR. GARNER:

12 Q Did you fire your gun?

13 A Yes.

14 THE COURT: What kind of gun do you hunt
15 with?

16 THE WITNESS: Thirty ought six and a black
17 powder rifle.

18 THE COURT: What kind of recoil on both those
19 weapons?

20 THE WITNESS: My ten-year-old shoots them.
21 They don't bother him. It ain't broke him down.

22 BY MR. GARNER:

23 Q Did you rest your gun against your right shoulder?

24 A Just my right.

25 Q What did you do with your left hand?

1 A Because of the way it always hurt and I still do
2 it today, I kind of just let it ride on my belly.

3 Q How did you support the end of the barrel of the
4 gun?

5 A One arm.

6 Q The court reporter can't pick up what you're
7 showing. Describe how you did it.

8 A Oh, I just held it with one arm. I mean, I don't
9 know how to describe to shoot a rifle.

10 Q During deer season -- during the time prior to
11 seeing Dr. Lehman on October 11th, how many times did you
12 fire your gun?

13 A Lehman, twice. Two different guns.

14 Q And how do you know that?

15 A I only hit two deer.

16 THE COURT: So you killed both deer?

17 THE WITNESS: What do you mean?

18 THE COURT: You killed both -- you shot
19 twice?

20 THE WITNESS: No one told me what I could do.

21 THE COURT: That's not my question.

22 THE WITNESS: I was about to lose my house
23 and my van, so I went to hunt to eat.

24 MR. GARNER: Jimmy, Jimmy.

25 THE COURT: Just answer my question. You

1 went hunting?

2 THE WITNESS: Right.

3 THE COURT: You fired twice?

4 THE WITNESS: At different times.

5 THE COURT: At different times. You killed
6 two deer?

7 THE WITNESS: Yes, different times.

8 THE COURT: Did you load those deer?

9 THE WITNESS: My brother and my sons.

10 THE COURT: Did you help them?

11 THE WITNESS: No.

12 BY MR. GARNER:

13 Q Now, did you go -- after October 11th, did you
14 hunt some more?

15 A Yes.

16 Q Was there any difference in the activities that
17 you just described and how you shot the gun?

18 A Not at all.

19 Q Was there any difference in who loaded the deer?

20 A Different kids did the loading.

21 Q Did you do any loading?

22 A No.

23 Q Did you do any deer stand climbing?

24 A No.

25 Q Now, did you -- there's a videotape that's being

1 introduced into evidence of you engaging in some activities
2 at Lowe's.

3 A Right.

4 Q Do you recall that?

5 A Yes.

6 Q What did you do?

7 A Picked up a bale of hay.

8 Q How many hands did you use to pick it up?

9 A Both of them.

10 Q Was your wife with you?

11 A Uh-huh.

12 Q Is that yes?

13 A Yes, she was with me. She picked one up. I
14 picked the other one. Maybe there was three. I don't know.

15 Q Do you have any idea how much those weigh?

16 A Twenty-five, 30 pounds.

17 Q Did your wife pick it up without any problem?

18 A Oh, yeah.

19 Q Did you subsequent to that go to an auto parts
20 place? Do you remember raising the hood on your vehicle?

21 A Oh, you mean closing the trunk on my Honda?
22 That's an old lady's car. That's what it's for. It's made
23 for that. Made -- I mean, I can move my arms. But if you
24 notice, I don't have a left shoulder anymore. It don't
25 work. I can't shrug my shoulders. It doesn't work. It's

1 broke. I don't know how to -- it's broke.

2 Q You haven't seen Dr. Lehman since October 11,
3 2012; is that correct?

4 A Yes, sir.

5 Q What have you done to try and get the situation
6 fixed?

7 A I went to the doctor he recommended. I went to
8 Dr. Schiffern.

9 Q How many times have you been to Dr. Schiffern?

10 A I have seen, on my account, twice. And I took my
11 son there now, so I saw him three different times.

12 Q But twice for you?

13 A Just twice for me.

14 Q What did Dr. Schiffern do when you were there?

15 A He shook my hand and said he's never met anyone
16 that's ever been blown up and lived to tell about it. He
17 said --

18 MR. HAIGLER: Can I object again to what he's
19 telling --

20 THE COURT: You can't tell me what someone
21 told you.

22 THE WITNESS: The man shook my hand, told
23 me --

24 THE COURT: You can't tell me that.

25 THE WITNESS: Okay. He said that --

1 MR. HAIGLER: I object.

2 THE COURT: You can't tell me that.

3 MR. GARNER: What did he do?

4 THE COURT: Sir --

5 THE WITNESS: X-rayed me --

6 THE COURT: If you would let your attorney
7 ask you a question and answer it, that probably will
8 help you to get what you want in the record without
9 doing what I can't allow you to do.

10 THE WITNESS: It would probably be easier if
11 I hadn't been blown up and had a severe concussion and
12 my head don't work.

13 BY MR. GARNER:

14 Q Let's go on to that. Have you had problems with
15 your thinking?

16 A Tons.

17 Q Did you have any problem before you got blown up?

18 A No.

19 Q Describe to the Commissioner the type problems you
20 have with your head and your thinking.

21 A See colors, see spots, paranoia. I thought there
22 was people breaking into my house. A lot extreme short-term
23 memory loss. I'm terrible about that. I put my keys down,
24 I can't find them. I put my coffee cup down, I can't find
25 it. I ask the kids where are we going, and they say take us

1 to school, Daddy.

2 Q Did you see a neurologist for a period of time for
3 those problems?

4 A Yes.

5 Q Who was that?

6 A I don't remember their names.

7 Q At the Neurological Institute in Charlotte?

8 A There was two doctors. One left and wasn't very
9 informative at all. And the second one, he was the one that
10 tried to help me the most.

11 Q What did they do for you at the neurological
12 clinic?

13 A He finally prescribed, which I never got, some
14 type of therapy to help with the memory loss, the vertigo.
15 I didn't mention I got the vertigo too. The room is going
16 around and around now as I speak.

17 Q Did you stop seeing the neurologist in Charlotte?

18 A I was forced to stop seeing the neurologist.

19 Q What does that mean?

20 A They told me I couldn't see a doctor anymore.
21 They wouldn't pay for it anymore.

22 MR. HAIGLER: I'm going to object to what
23 they said.

24 THE COURT: You can't tell me what they said.

25 THE WITNESS: Mr. Haigler said I couldn't see

1 the doctor.

2 BY MR. GARNER:

3 Q Hold on a minute. You stopped seeing -- did you
4 want to continue seeing that neurologist in Charlotte?

5 A Yes.

6 Q Were you allowed to do so?

7 A No.

8 Q Do you have health insurance?

9 A No.

10 Q Have you had to pay Dr. Schiffern out of your
11 pocket?

12 A Yes.

13 Q And is this the same Dr. Schiffern referred to by
14 Dr. Lehman in his deposition he wanted to refer you to?

15 A Best of my ability, it is.

16 Q Jimmy, why did you go deer hunting when you have a
17 shoulder problem?

18 A I was on the verge of losing my house and my van
19 and the state said we won't help you sell your house, sell
20 your van. So it's a dollar a bullet for 30, 40 pounds of
21 meat. Do the math. \$2 a pound for meat. And it must work.
22 My children are healthy. They're intelligent and big.

23 THE COURT: The two deer that you went with
24 your brother and your children, right?

25 THE WITNESS: Yes, sir. My brother is a

1 police officer and I have two sons.

2 THE COURT: And you shot two deer? The two
3 deer you killed, you shot them?

4 THE WITNESS: Not at the same time.

5 THE COURT: I understand.

6 THE WITNESS: Okay.

7 THE COURT: You said you fired twice. Both
8 of those hit the mark? Both of those killed deer?

9 THE WITNESS: Lucky as you could be. One of
10 them. The other one almost ran over me and my son. I
11 really didn't -- it was the most amazing thing I had
12 ever seen as a deer hunter. If it wasn't for dumb
13 deer, I wouldn't kill deer. Let's put it that way.

14 THE COURT: So you killed one?

15 THE WITNESS: Two deer hunting before the
16 11th, yes.

17 THE COURT: You shot two deer before the
18 11th? That's what I'm trying to get at.

19 THE WITNESS: Yes. No one told me that I
20 could not hunt, no one told me that I could not go to
21 the grocery store, no one told me I couldn't do -- I
22 couldn't take aspirin in a self-medicated way.
23 Nobody -- there's no paperwork, there's no
24 prescription. I signed nothing. I don't know how to
25 explain it.

1 BY MR. GARNER:

2 Q Let me ask you this --

3 A Regardless of anything --

4 Q After you went hunting, did the clavicle area hurt
5 you any more than before you went hunting?

6 A Well, I hadn't hunted since last year and it still
7 hurts. It's broke.

8 Q You didn't answer my question. Immediately before
9 hunting, you felt like going hunting obviously. Did it hurt
10 your left shoulder area or your left clavicle area by
11 actually going out there hunting and pulling the trigger?

12 A No. It's always been hurting. I don't understand
13 the --

14 Q Did it hurt any more after you went hunting?

15 A It hurt no more. It hurt no less. This cold
16 weather has got it feeling funny this morning, but they
17 said -- I was instructed that because there's a non-union,
18 you have live nerve endings in between --

19 MR. HAIGLER: I'm going to object to anything
20 they told you. I object to whoever they are.

21 BY MR. GARNER:

22 Q Don't testify to what somebody told you.

23 A Okay. Well, then that's what's happening.

24 Q Just answer my question. You want to go to the
25 neurologist to be further evaluated for your mental problem?

1 A Yes. I need something done for that. Yes, I do.

2 Q And as we sit here now, what problems are you
3 having from that standpoint?

4 A From the concussion was the ringing of the ears,
5 the vertigo, the short-term memory -- short-term memory
6 loss. Sometimes you see spots, sometimes colors in one eye
7 and not the other. It's the craziest thing I've ever
8 experienced. I don't know how to explain it. The only way
9 to do it is go get yourself blown up and we'll compare notes
10 if you live to tell about it. I'm sorry I lived, but here I
11 am.

12 Q And you're not wearing the sling right now?

13 A No. I was advised that -- well, Lehman told me
14 not to wear it in September 2012. He said go --

15 MR. HAIGLER: Object to what Dr. Lehman told
16 you.

17 THE WITNESS: I was referred to --

18 THE COURT: You can't tell me what anyone
19 told you.

20 THE WITNESS: I was referred to --

21 MR. GARNER: Hold on, Jimmy. He's testifying
22 why he's not wearing it. That's not hearsay.

23 MR. HAIGLER: The reports speak to whether
24 Dr. Lehman and Dr. Lehman's testimony speaks to whether
25 he did or didn't tell him to wear the sling. It is

total hearsay for him to testify.

MR. GARNER: He can testify from his perspective why he's not wearing the sling.

THE COURT: I'll let him do that.

BY MR. GARNER:

Q Why are you not wearing the sling?

A I was told not to. I was referred to by more than one doctor not to. It will lead into more trouble by -- I need the movement and on top of all this happened was because of the other injuries on the same side, my left wrist, my left elbow, I couldn't broke them in a worse place. If I put me in a sling, it would mean that my wrist and my elbow could have grown together. I don't know.

Q Dr. Lehman and Dr. Schiffern have recommended you have additional surgery to correct the problem?

A Right.

Q Do you want to do that?

A Right. Yes, sir. I want to be fixed -- my collarbone fixed.

MR. GARNER: That's all I have, Commissioner.

THE COURT: All right. Please answer Mr. Haigler's questions.

CROSS-EXAMINATION

BY MR. HAIGLER:

Q Mr. Neff, we talked a little bit -- we'll get into

1 your collarbone in a few minutes, but we talked a little bit
2 about some of the other injuries that you had during your
3 accident. I think you mentioned your neck, your left wrist,
4 your left elbow, and your ribs; is that correct?

5 A Keep going.

6 Q Okay. Well, those are the ones that you've
7 alleged for this hearing, so I'm sticking to those. You've
8 not received medical treatment for any of those problems
9 since you last saw Dr. Lehman, have you?

10 A I was never given any medical treatment from
11 Dr. Lehman for those injuries.

12 Q Yes or no?

13 A No.

14 Q The question was, you have not received any
15 treatment from anyone since you last saw Dr. Lehman for any
16 of those problems, correct?

17 A No.

18 Q You sat through Doctor -- in fact, you're not even
19 asking Commissioner McCaskill today to award you medical
20 treatment for those body parts, are you? You're not even
21 asking for that today, are you? You're only asking for
22 treatment for your -- for any neurological problems that
23 you're having and your clavicle; is that correct?

24 A That's enough, isn't it? Yes, that's what I want.

25 Q Yes or no?

1 A Yes.

2 Q Okay. And, in fact, you actually sat through
3 Doctor -- do you remember Dr. Lehman's deposition? I think
4 you were actually there, weren't you?

5 A When he told me I'm not released.

6 Q No, no.

7 A He's not going to release me. Yes, I was there.

8 Q No, no, no. When we deposed him. When we took
9 his deposition at night, your attorney and I was there and
10 there was a court reporter there and Dr. Lehman gave
11 testimony. Do you remember being there for that?

12 A Yes. He said I'm not released. I need surgery.

13 Q Okay. Will you please answer my question,
14 Mr. Neff? Just answer my question --

15 A I did.

16 Q -- yes or no, were you at the deposition?

17 A Yes, I was there at the deposition.

18 Q Thank you. Do you remember Dr. Lehman clearly
19 testifying that you had reached what we call maximum medical
20 improvement with regard to your neck, your left wrist, your
21 left elbow, and your ribs? Do you remember him testifying
22 to that?

23 MR. GARNER: Commissioner, all that is in the
24 deposition, and he doesn't know what that means.

25 THE WITNESS: All I know is Dr. Lehman said

1 I'm not released, I need surgery, I'm referred to
2 Dr. Schiffern.

3 THE COURT: Answer Mr. Haigler's question.

4 THE WITNESS: I don't know any other than
5 what you're asking. That's my answer. I don't know.
6 I don't know.

7 BY MR. HAIGLER:

8 Q Before we go any further, Mr. Neff, you're going
9 to have to answer my questions or we are going to be here
10 all afternoon. I'm serious. Just answer my questions.
11 That's all I'm asking you to do.

12 A I got till 3:00.

13 Q Have you received -- you haven't received any
14 treatment for these body parts I just mentioned, have you,
15 since you last saw a doctor; is that fair?

16 A Out of pocket? You mean --

17 Q Have you received any medical treatment for your
18 neck, left wrist, left elbow, or ribs since you last saw a
19 physician? Any medical treatment? Have you received any
20 treatment?

21 A I was never given any at all to begin with.

22 MR. HAIGLER: Commissioner, I would please
23 ask that you --

24 THE WITNESS: Sir, I don't understand the
25 question. I'm not --

1 THE COURT: Sir, you are going to have to
2 answer Mr. Haigler's questions.

3 THE WITNESS: I don't understand it.

4 THE COURT: Mr. Garner, do you want to
5 counsel your client?

6 MR. GARNER: And, Commissioner, beg your
7 indulgence because --

8 THE COURT: I have been indulgent.

9 MR. GARNER: I know you have. Obviously he's
10 got some emotional things going on and we contend it's
11 a result of the accident. However, I understand that
12 he's got to testify.

13 Listen to Mr. Haigler's questions. Respond
14 yes or no if you can. If you don't know something, say
15 you don't know. If you don't remember, say you don't
16 remember. But answer his questions.

17 THE WITNESS: I don't understand the
18 question.

19 MR. GARNER: Let him ask one.

20 BY MR. HAIGLER:

21 Q You sustained injuries, and I think you testified,
22 to your neck?

23 A Right.

24 Q To your left elbow?

25 A Right.

1 Q To your left wrist?

2 A Right.

3 Q And to your ribs? You broke some ribs?

4 A Right.

5 Q You have not received any medical treatment for
6 those body parts since you last saw Dr. Lehman; is that
7 correct?

8 A No.

9 Q You have not?

10 A No.

11 Q Thank you. Now, you saw -- you actually had
12 surgery on your clavicle. I think we've established that
13 was July 25th of last year; is that right?

14 A If that was the date, I guess. I don't remember
15 exactly.

16 Q Okay. And you followed up with Dr. Lehman a few
17 times after that procedure; is that correct?

18 A Well, all the way through October, yes, quite a
19 few.

20 Q And he gave you a sling to wear after the
21 procedure; is that correct?

22 A Yes.

23 Q And he told you -- and I'm reading his first
24 report.

25 MR. HAIGLER: This is Pages 19 and 20 of the

1 claimant's APA, Commissioner, specifically Page 20.

2 BY MR. HAIGLER:

3 Q I'm reading his report and it looks like he said
4 to you, "Continue extreme protection of the area." He says,
5 "I recommended continued extreme protection of the area."
6 Do you remember that area being your left clavicle?

7 A He told me that then. He told me in September I
8 didn't need to wear it.

9 Q Okay. I'm asking you on August the 2nd. This is
10 what's in his report. Do you dispute what's in his report
11 that he told you that?

12 A He didn't tell me anything. He never did. And
13 that's what I'm trying to point. I didn't get any good -- I
14 didn't get the best health care I think I could have
15 received. Let's put -- I didn't receive bad health care
16 because I'm alive.

17 THE COURT: Mr. Neff, you need to answer Mr.
18 Haigler's --

19 THE WITNESS: Yes.

20 THE COURT: -- question, please, sir.

21 THE WITNESS: I don't know.

22 BY MR. HAIGLER:

23 Q Just listen to my questions and then respond. He
24 gave you a sling, didn't he?

25 A Yes.

1 Q So you would -- I mean, I think we can all agree
2 that the reason he gave you the sling was to protect your
3 clavicle; is that fair?

4 A If that's what it was for.

5 Q What did you think it was for?

6 A Honestly, it was junk. I couldn't believe I was
7 given such low budget health care.

8 Q All right. Did you have any other -- certainly
9 Dr. Lehman didn't tell you to move your arm around like
10 you've been doing today? He didn't tell you to do that, did
11 he?

12 A Of course he did. He sent me to...

13 Q He can't answer for you, Mr. Neff.

14 A I'm thinking what you call it.

15 Q He told you to move your arm around after your
16 surgery?

17 A He said wear it. And then in September, he said
18 don't wear it.

19 Q I'm talking about initially after your surgery.
20 He told you not to use your arm, didn't he?

21 A Right.

22 Q Thank you. That's all I needed you to say. And
23 then you also saw him on August --

24 A No, he didn't tell me not to use my arm. He
25 didn't tell me anything. Then he told me in September don't

1 use the clavicle. He said a bunch of different things that
2 I wasn't -- I didn't understand through him.

3 Q Okay. And I think we've already established --
4 I'm not going to ask the question for the sake of time, but
5 we've already established that you were at his deposition.
6 Do you remember him testifying on numerous occasions that he
7 told you to wear that sling and that you were to be wearing
8 that sling even after the September appointment when you're
9 saying he told you not to?

10 A No. He said I'm surprised he's not wearing it, I
11 believe is what he said. And I followed what he told me
12 not -- he told me in September not to wear it, but that's
13 all hearsay. I can't prove anything other than he told you
14 in that deposition that I'm not released and I need surgery.
15 I need surgery.

16 MR. HAIGLER: I'm on Page 18 of his
17 deposition -- of Dr. Lehman's deposition, Commissioner.
18 BY MR. HAIGLER:

19 Q Do you remember sitting there when he testified
20 that as of the September visit when you just said that he
21 told you that you didn't need to wear that sling anymore, do
22 you remember him testifying in his deposition when I asked
23 him, "Should he still have been wearing the sling at that
24 point?" And he responded one word, "Yes." Do you remember
25 that testimony on Page 18 in his deposition? Do you

1 remember that?

2 A No. I remember in September he said, "You don't
3 -- don't wear it. You're fine. You'll be all right."

4 THE COURT: Just answer Mr. Haigler's
5 question, please, sir.

6 BY MR. HAIGLER:

7 Q Can you explain, Mr. Neff, why the next time you
8 saw him that he told you and wrote in his report that you
9 had been completely non-compliant with using your sling if
10 he had just told you not to wear it? Does that make any
11 sense to you?

12 A None of it makes sense to me.

13 Q Okay. Now, you were also -- you also talked about
14 a bone stimulator that you were provided a prescription for.
15 Do you remember that?

16 A Uh-huh.

17 Q Yes?

18 A Yes.

19 MR. HAIGLER: That's Page 24, Commissioner,
20 of the claimant's APA. May I approach, Commissioner?

21 THE COURT: That will be fine.

22 BY MR. HAIGLER:

23 Q Is this a copy of that prescription, Mr. Neff?

24 A I don't know. I never saw it.

25 Q You've never seen the prescription?

1 A No.

2 MR. HAIGLER: Okay. Commissioner, I'm going
3 to -- well, that's fine.

4 BY MR. HAIGLER:

5 Q Will you hold that, please? This is your
6 attorney's evidence that he submitted on your behalf. Does
7 that say your name right there?

8 A It's got my signature on it? No, I didn't see it.
9 I mean, I don't know. I didn't know. I don't know. I
10 don't know.

11 Q Just hold the document, please, Mr. Neff.

12 A No. Get away from me.

13 MR. HAIGLER: I would like that noted in the
14 record, Commissioner, he just asked me --

15 THE COURT: So noted.

16 MR. HAIGLER: -- to not approach him.
17 Commissioner, I will point out for the record since
18 Mr. Neff won't answer my questions that the bone
19 stimulator prescription only says bone stimulator. It
20 does not -- it's not specific in any way, shape, or
21 form as to what kind of stimulator that was to be
22 provided.

23 MR. GARNER: And, Commissioner, I'm going to
24 interject right here. If you will read the deposition,
25 all that is explained.

1 MR. HAIGLER: It is.

2 MR. GARNER: Rather than picking and
3 choosing.

4 BY MR. HAIGLER:

5 Q Now, Mr. Neff, you remember seeing -- I think you
6 remember seeing Dr. Schiffern. The first time you saw him
7 was in February of 2013; is that right?

8 A Correct.

9 Q And according to his report, you told him that you
10 came out of your sling and started using your left arm
11 after, quote, four weeks after your surgery which would have
12 been July 22nd -- or, excuse me, August 22nd based on my
13 math?

14 A I don't remember saying anything to him. I
15 remember telling him what I've been through, what I've told
16 y'all today. No more, no less.

17 Q Do you dispute what's in his report?

18 A I don't know. I can't dispute what's in his
19 report. It's his report.

20 Q Fair enough.

21 A It happened. I don't know. I can't remember.

22 Q Okay.

23 A He said, "What were you given?" I held up the
24 sling, and that's all hearsay.

25 Q Just answer my question. Did you -- do you

1 dispute his report where he says that --

2 A Yes, I dispute his report because I was told one
3 thing and they're telling you another and I can't say
4 anything about it.

5 Q Okay. Let me ask you this, then. If his report
6 is accurate and this is a doctor you went to see and you've
7 submitted as evidence -- I didn't submit this as evidence --
8 and Dr. Schiffern's report says that you stopped using your
9 sling before -- according to the dates, before you even went
10 back for your follow-up visit after your surgery on
11 August 24th?

12 A I know I never said that. I know that's a lie.

13 Q All right. Fair enough. But you -- but even four
14 weeks is still way before the September note where you --

15 A I was told --

16 Q Would you agree that four weeks is still basically
17 five weeks before the September note when Dr. Lehman
18 apparently told you, according to you, not to use it
19 anymore? You had stopped using it weeks before already, is
20 that not true, based on Dr. Schiffern's report? Would you
21 not agree with that?

22 A Doesn't matter. I don't know. Doesn't matter at
23 all. I need surgery. I'm not released from Dr. Lehman. I
24 was sent to Dr. Schiffern.

25 Q Fair enough.

1 A Due to the fact that I'm here because I need the
2 surgery and for no other reason.

3 Q Now, I think you've testified and admitted that
4 you actually did go deer hunting before the October visit
5 when you saw Dr. Lehman; is that fair?

6 A Yes.

7 Q And, in fact, you told me that you had been deer
8 hunting about 11 or 12 -- about a dozen times during --
9 prior to the time I deposed you which was in December of
10 last year, but you had been deer hunting about 12 times; is
11 that fair?

12 A By the time deer season started until the time of
13 my deposition, my deposition which was in --

14 Q December of 2012.

15 A A dozen times. Not from the 1st to October 11th,
16 no.

17 Q And I think you just testified that --

18 A I shot two deer within --

19 Q Mr. Neff, let me --

20 A -- October 1st and --

21 Q -- ask my question.

22 A -- October 11th, yes.

23 Q I think you testified a few minutes ago that the
24 reason you were deer hunting was to provide for your family
25 and because no doctor told you you couldn't do it; is that

1 fair?

2 A Yes, that's exactly right.

3 Q Okay.

4 A That's not a crime.

5 Q Okay. Now, I don't know if you remember this, but
6 when I deposed you back in that December appointment, you
7 told me that the reason you stopped deer hunting, even
8 though you say a doctor told you not to do it, you told me
9 in your deposition under oath that the reason you stopped
10 deer hunting is because someone told you, I guess a neighbor
11 or someone, that you were being investigated. Do you
12 remember telling me that?

13 A I don't remember.

14 Q You don't remember making that statement?

15 A No, I don't remember.

16 MR. HAIGLER: Commissioner, I'm going to
17 submit the claimant's deposition based on the fact that
18 I need to show him his deposition. Commissioner, I'm
19 on Page --

20 THE COURT: Mr. Garner, you don't have any
21 objection to your client's deposition coming in, do
22 you?

23 MR. GARNER: No.

24 MR. HAIGLER: Page 53 of that deposition.
25

BY MR. HAIGLER:

Q Mr. Neff, I'm on Page 23 (sic), I'm on Line 23 or 22 and I said -- what was my question starting right here? Will you read that, please?

A "You have not been -- you have not been since three weeks ago?"

Q Okay. And your answer to me was what?

A "About three weeks ago. My neighbors called and said somebody was investigating I was deer hunting with their husband and I was welding and I was doing this and I haven't done anything since."

Q Okay.

A That don't make any sense.

Q Okay. But based on what you testified, the reason you hadn't been deer hunting since about three weeks ago is that you got a call from a neighbor saying you were being investigated for deer hunting?

A When, last year?

Q Correct.

A Oh.

Q Do you remember that phone call?

A No.

Q You don't remember that?

A No.

Q Even though you testified to it?

1 A I don't remember a lot -- I didn't remember what
2 you looked like until I see you. I don't remember what you
3 look like --

4 Q Yes or no?

5 MR. GARNER: Just answer the question.

6 BY MR. HAIGLER:

7 Q No, you don't remember that testimony?

8 A No, I don't.

9 Q Now, Mr. Neff, you remembered a lot of what
10 apparently Dr. Lehman and Dr. Schiffern and these other
11 physicians told you last year? You remember all that
12 information, don't you?

13 A Some of it. Not all of it. Some of it.

14 Q You're pretty clear and adamant today, though,
15 that he told you at least in September you didn't need to
16 wear that sling anymore?

17 A I remember that.

18 Q Okay. So you remember that detail, but you don't
19 remember your testimony that you gave --

20 A Right.

21 Q -- even sooner than that?

22 A I don't remember the names for weeks at times, the
23 name for physical therapy.

24 Q Yes or no, Mr. Neff?

25 A No, I don't remember.

1 Q Thank you. Now, you also testified a few minutes
2 ago that you woke up on the morning of the 10th -- excuse
3 me, October 11th, the day you went to see Dr. Lehman for the
4 last time, and you said you didn't feel -- something didn't
5 feel right. Do you remember that?

6 A (Witness nods head.)

7 Q Is that yes? You just testified to that. Do you
8 remember that?

9 A Yes, I remember.

10 Q Okay. Now, you also -- do you remember telling me
11 in your deposition last year that you actually went deer
12 hunting the morning that you -- that October 11th morning?
13 Do you remember that?

14 A Right, right. I'm not lying.

15 Q Okay. So the morning you got up and didn't feel
16 well, you still went deer hunting?

17 A I'm going to the doctor to get checked afterward,
18 so obviously I'm not going to go to the emergency room when
19 I got an appointment that morning. I'm going to see him and
20 let him know something is wrong. Something is wrong.

21 Q Okay. My question, Mr. Neff, is did you go
22 hunting the --

23 A Yes.

24 Q -- morning that you just testified --

25 A Yes.

1 Q -- you felt something wrong with your shoulder?

2 A Yes.

3 Q All right. And what time do you go hunting in the
4 morning?

5 A We got there right at 7:00, I think, maybe.

6 Q Did you take your children?

7 A Yeah, I take my children. But not that morning.

8 Q Did they have school that day?

9 A Not that morning.

10 Q Because they had to go to school?

11 A Probably, yes.

12 Q Okay. Now, do you remember -- and I don't know if
13 you remember this or not. You saw Doctor -- we've talked
14 about this September visit. Do you remember seeing
15 Dr. Lehman on that September visit, the infamous one where
16 he told you not -- apparently told you not to use your
17 sling? Do you remember that visit?

18 A I guess.

19 Q Okay. Well, you remember him telling you not to
20 use the sling?

21 A I don't know what visit it was in or what day. I
22 didn't have a log or a journal on everything.

23 Q But you remember going to see him when he told you
24 not to use the sling; is that fair?

25 A What happened? I don't remember anything.

1 Q Okay. So you don't remember him telling you that
the x-ray showed that your fracture had actually started to
2 heal slightly at that point in time September 2012? You
don't remember him telling you that? It's in his report on
Page 25 of the claimant's APAs.

6 A Yes, sir, I remember him saying it might be
7 something. Might.

8 Q Okay. Fair enough.

9 A Might is on the chicken's you know what.

10 Q Okay. Mr. Neff, the next time you saw him -- the
11 next time you saw him, your plate was broken; is that
12 correct?

13 A So it broke between September and October,
14 correct.

15 Q Okay. And during that period of time, you were
16 deer hunting, weren't you?

17 A No, it wasn't deer season.

18 Q It wasn't? You just testified earlier that deer
19 season started on September the 14th.

20 A It started October 1 and ends the 11th. I went
21 twice. I testified to that. So between that September
22 issue -- that September and October, did I say that right,
23 it broke.

24 Q Okay. And you were deer hunting during that
25 period of time, were you not? Yes or no, Mr. Neff? You

1 were deer hunting during that period of time between those
2 two points? You were deer hunting?

3 A Right.

4 Q At least one time?

5 A Right.

6 Q Deer hunting requires you to fire a gun, does it
7 not?

8 A Correct.

9 Q And I assume based on the two weapons that you've
10 described that you use more than one hand to fire those
11 weapons; is that fair?

12 A I can.

13 Q Okay. And you did during that period of time use
14 both hands to fire that weapon?

15 A One.

16 Q You used one hand?

17 A One arm.

18 Q Can you provide any evidence of that?

19 A Can you?

20 Q Have you provided the guy that you said went with
21 you to come in here and testify --

22 A My brother.

23 Q -- that you used one arm? Is he here to testify
24 to that?

25 A No.

1 Q So we're supposed to believe you?

2 A You believe -- like they're supposed to believe --

3 Q Yes or no?

4 MR. GARNER: That's not a proper question.
5 We're supposed to believe you?

6 THE COURT: Let's move on from that.

7 THE WITNESS: Well, I know my ten-year-old
8 shoots them and it didn't break his collarbone.

9 BY MR. HAIGLER:

10 Q Mr. Neff, I think you testified based on the
11 Commissioner's question that both times you fired the
12 weapon, you actually killed a deer; is that fair?

13 A Right.

14 Q And you didn't haul the deer off either time?

15 A No.

16 Q Okay. Now, you also remember that Doctor -- I
17 assume you do because you were there, that Dr. Lehman
18 testified -- I asked him what it would require to break that
19 plate. Do you remember that?

20 A No.

21 Q You don't remember that. You don't remember him
22 testifying that it would take considerable, repetitive
23 force -- considerable force to break that kind of plate?

24 A That's hearsay, I guess.

25 Q Do you remember him testifying to that?

1 A On hearsay, I guess. Yes, I guess.

2 Q You do remember?

3 A It's not what I was told.

4 Q Okay. Now, you also -- and I think you testified
5 a little bit about this. You also had some treatment in
6 August of last year, August 2012, an examination as far as
7 your brain goes, your neurological issues, your concussion.
8 Do you remember that treatment where you went to see people
9 and they were giving you suggestions and testing you and
10 things of that nature?

11 A I was never tested.

12 Q You don't remember being tested?

13 A I was never tested.

14 Q All right.

15 A I was told that --

16 Q Mr. Neff, you've never been tested, yes or no?

17 A No. There is no test for a concussion.

18 THE COURT: Mr. Neff, just answer the
19 question.

20 BY MR. HAIGLER:

21 Q Now, I'm on Pages 128 through 131 of claimant's
22 APAs or 132 of claimant's APA where you saw an ENT in
23 Charlotte, ear, nose -- eyes, ears, nose, and throat. Do
24 you remember seeing that kind of doctor?

25 A Yes.

1 Q And you complained of ringing in your ears. Do
2 you remember telling him that?

3 A Yes.

4 Q And do you remember him telling you in his
5 instructions to avoid loud noise exposure and wear hearing
6 protection? Do you remember him telling you that?

7 A No.

8 Q Okay. If it's in his report, do you dispute that
9 he told you?

10 A No. It's in his report, it's in his report.

11 Q And do you remember having a hearing test
12 conducted?

13 A Yes.

14 Q You do remember that?

15 A Yes.

16 Q All right. So you did have that test?

17 A Right. I do remember that.

18 Q Okay. And was that because -- do you remember
19 that being because according to your doctors that some of
20 your symptoms could have been caused by any hearing loss you
21 may have suffered?

22 A The loud boom made my ears ring.

23 Q I understand. Do you remember telling -- I assume
24 you remember telling the person that conducted that report
25 that you have a history of also industrial noise exposure.

1 I don't know whether that's the accident or prior exposure,
2 but do you remember telling the doctor that and recreational
3 gunfire without using hearing protection, remember telling
4 the doctor that you did that?

5 A Right, right.

6 Q Fair enough. And --

7 A I did tell him I wore ear plugs when I shoot. I
8 do wear ear plugs when I'm shooting.

9 Q Okay. And he also told you to avoid loud noises
10 and wear hearing protective devices? Do you remember the
11 doctor telling you that after that test?

12 A Right.

13 Q Okay. Fair enough.

14 A Which is no different than I've done all my life.

15 Q Mr. Neff, do you remember testifying when I asked
16 you in your deposition, do you remember telling me that you
17 don't wear ear plugs when you hunt all the time?

18 A Not all the time. Don't shoot all the time
19 either.

20 Q Okay. You just told me under oath that you always
21 wear hearing protection. Do you or don't you when you hunt?

22 A Yes, I wear hearing protection when I hunt.

23 Q Not always, though?

24 A Not always.

25 Q Okay. So sometimes when you shoot that gun,

1 you're not wearing hearing protection?

2 A Most of the time. Ninety percent of the time,
3 yes. But I don't do much shooting. I'm not allowed to.

4 Q Why is that?

5 A I don't know. I'd like to know why. It's not
6 illegal, is it? I didn't break the law.

7 MR. HAIGLER: Bear with me, Commissioner, I
8 may be finished. Just one second, please.

9 BY MR. HAIGLER:

10 Q The times that you went hunting before Dr. Lehman
11 released you, you didn't wear ear plugs on those occasions,
12 did you?

13 A No, not those two particular days.

14 Q So would you agree that based on what those two
15 doctors told you, the two ENTs, about wearing hearing
16 protection, that you violated those restrictions? Do you
17 agree with that?

18 A I didn't violate them. There's nothing to
19 violate.

20 Q They told you to wear --

21 A It's not illegal. I mean, I don't understand the
22 whole thing. I take care of myself. I wear my protection.

23 Q Answer this question, Mr. Neff: They told you to
24 wear hearing protection in loud environments?

25 A Right.

1 Q And they also knew that you hunted. And after
2 that, they told you to wear hearing protection? Yes or no?

3 A Yes, they would tell anyone that. Right.

4 Q Fair enough. And you then went hunting admittedly
5 what you just said after that and did not wear hearing
6 protection?

7 A Not always, right.

8 Q Those two occasions you just testified, you didn't
9 have hearing protection? Is that a yes?

10 A Dr. Goldberg --

11 Q Yes or no, Mr. Neff?

12 A Yes, yes.

13 Q Thank you.

14 A Dr. Goldberg examined me and said --

15 Q That's all.

16 A -- I showed a boom.

17 THE COURT: Mr. Neff, that's it.

18 BY MR. HAIGLER:

19 Q So you admit to being -- that you did not follow
20 the instructions of that ENT, is that fair, to wear
21 hearing -- for those two events, you did not follow those
22 instructions. Do you agree with that?

23 A I guess, yes. I guess.

24 Q Okay. And Dr. Lehman told you to wear your sling
25 all the way up until that October appointment, then I assume

1 you agree that you didn't do that? If he did tell you that,
2 do you agree you didn't do it?

3 A If he did that. If he told me to, I would do what
4 he told me to. But he didn't tell me to do that.

5 Q My question to you is if he did tell you that,
6 then you weren't compliant; is that fair?

7 A I was compliant because I did what he told me.

8 Q All right. Fair enough.

9 A I don't understand the question. Yes, I did what
10 Dr. Lehman told me. Dr. Lehman didn't tell me anything.

11 Q You haven't --

12 A I don't know how to explain that.

13 Q Mr. Neff, just let me ask my questions. You
14 haven't had anybody examine you for any neurological
15 problems in the last seven months, have you?

16 A No.

17 Q But you did see Dr. Schiffern on June 20th, didn't
18 you?

19 A Right.

20 Q Do you remember telling him on that appointment
21 that you weren't having any neurological problems?

22 A I did tell him I was having neurological problems.

23 Q So you dispute what's in his report that you
24 didn't have dizziness?

25 A I am having dizziness. I am suffering from

1 vertigo still. I still have the constant ringing in the
2 ears that drives me nuts that I didn't have until I got
3 blown up at work. The short-term memory, it's a mess. I
4 get -- I get -- nevermind.

5 Q Let me ask my questions. On Page 134 of this
6 report that your attorney submitted on your behalf under
7 neurological, he wrote, "No dizziness," on June 20th. He
8 actually made a finding of that. Do you dispute that, that
9 you weren't having dizziness? Do you dispute that?

10 A Maybe wasn't then. I'm dizzy now.

11 Q I'm dizzy now. Now, we've talked about -- just a
12 few more questions. We talked about the surveillance that
13 we've got of you going to Lowe's and changing your air
14 filter in your car and things of that nature. Do you
15 remember all that?

16 A Uh-huh.

17 Q Yes?

18 A Yes, I remember all of that.

19 Q And you were throwing that bale of hay, were you
20 not? You tossed it into your truck?

21 A No, I did not throw it in the -- no, I did not.

22 Q You didn't throw it?

23 A I don't think I did.

24 Q Okay. Well, the video will show what it shows.
25 You at least picked it up and put it in your truck in some

1 form or fashion; is that fair?

2 A So did my wife, yes. So it's not impossible. I
3 mean --

4 Q So you can use your left arm to do that?

5 A My left arm is fine. It's the collarbone that's
6 broke.

7 Q Okay. But you can pick up a bale of with your
8 left upper extremity?

9 A No, I need two arms.

10 THE COURT REPORTER: I didn't hear his
11 answer. I'm sorry.

12 THE COURT: Repeat your answer, please.

13 THE WITNESS: I need both arms to pick up
14 stuff. I can't just manhandle something one arm.

15 BY MR. HAIGLER:

16 Q But you did do it?

17 A I can do it, yes.

18 Q You can also reach up and shut the trunk of a car,
19 can you not?

20 A Not all the way. But, yes, I can reach up. Yes.

21 Q Have you seen the video that I'm referring to?

22 A Yes -- no, I've never seen the video. I mean...

23 Q You admit you did that on that day, that you
24 lifted it up to shut your wife's hatchback?

25 A I drove here too.

1 Q Fair enough.

2 A I'm not dead. I'm just broke. I want to get
3 fixed. I pay taxes.

4 THE COURT: Mr. Neff --

5 MR. GARNER: Jimmy, answer the questions.

6 BY MR. HAIGLER:

7 Q In the deposition of Dr. Lehman --

8 A I'm done.

9 Q In the deposition of Dr. Lehman --

10 A I'm nervous. I'm itchy. I'm feeling -- can we
11 call it?

12 MR. GARNER: Are you about through, Nick?

13 MR. HAIGLER: I have one more question -- two
14 more questions.

15 BY MR. HAIGLER:

16 Q In the deposition of Dr. Lehman, right here
17 today -- in fact, every time I've ever seen you -- you've
18 never had that sling on including that video. Would you
19 agree with that?

20 A Why would I wear it when they told me --

21 THE COURT: Please answer his question.

22 BY MR. HAIGLER:

23 Q Yes or no?

24 A No, I don't wear the sling because I was told not
25 to by Dr. Lehman, September 12. And the doctor he referred

1 me to, Dr. Schiffern, said --

2 Q Yes or no, Mr. Neff?

3 A -- don't wear it. No, I don't wear it. I was
4 told not to.

5 Q The last question I have for you is if you don't
6 need to wear the sling, if you're able as you just
7 demonstrated, put your arm above your head in front of this
8 Commissioner, if you're able to do things like pick up bales
9 of hay, if you're able to shut your wife's hatchback, walk
10 around without any assisted device and have gotten basically
11 no medical treatment whatsoever other than two evaluations
12 in the last year, if you're able to live that kind of life
13 and deer hunt, by the way, to provide for your family, why
14 can't you go to work?

15 A Why can't I go to work?

16 Q Answer that question.

17 A Because I'm not released by the doctor because you
18 stopped it and the doctor won't release me. To my knowledge
19 I have to be released by a doctor for me to sign off, and I
20 can't do it because I need surgery to fix a broken bone
21 because I am an iron worker. I need to be able to pick me
22 up. That's 300 pounds plus.

23 Q And there's no other job you can do other than
24 that?

25 A No one is going to hire me.

1 Q Fair enough.

2 A They say what's wrong? You're broke.

3 MR. HAIGLER: Thank you.

4 THE COURT: All right. Mr. Garner.

5 MR. GARNER: Just briefly, Commissioner.

6 REDIRECT EXAMINATION

7 BY MR. GARNER:

8 Q The same report that Mr. Haigler referred to of
9 Dr. Schiffern, Page 134, where it says no dizziness, it
10 refers to tingling. Did you have tingling? Do you have
11 tingling?

12 A Yes, sometimes. Yes.

13 Q Where? Where?

14 A It's all over.

15 Q How about burning sensation?

16 A Bad right here. (Witness indicates.)

17 Q And numbness?

18 A Yes, my left hand will go numb sometimes.

19 Q Did you voluntarily stop seeing a neurologist for
20 these problems or any of your other problems?

21 A No, I never volunteered to stop seeing my doctors.
22 I was told I couldn't see them. So I went on my own accord.
23 Why I've waited for -- we're -- we are ten minutes away from
24 it being 19 months and two days from when I got blown up and
25 the only thing that's left to be fixed --

1 THE COURT: You need to answer your
2 attorney's questions.

3 BY MR. GARNER:

4 Q Did you have any -- you testified to paranoia,
5 vertigo, broken and shattered clavicle, memory loss. Did
6 you have any of those problems before this on-the-job
7 accident?

8 A No.

9 Q And even though some of the questions indicated
10 otherwise, it's undisputed that you need this clavicle
11 surgery; is that correct?

12 A Correct.

13 Q And you want to have it?

14 A Correct.

15 Q And you want to go to the doctor that Dr. Lehman
16 recommended to get it done?

17 A Dr. Schiffern, yes.

18 MR. GARNER: That's all, Commissioner.

19 MR. HAIGLER: Nothing further.

20 THE COURT: All right. Thank you, sir.
21 Anything else from either party?

22 MR. HAIGLER: Nothing, Your Honor.

23 MR. GARNER: No, sir.

24 THE COURT: All right. That concludes this
25 hearing. Thank y'all very much.

(The hearing concluded at 11:45 a.m.)

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1 CERTIFICATE OF REPORTER

2
3 I, Kimberly T. Power, Court Reporter and Notary
4 Public for the State of South Carolina at Large, do hereby
5 certify:

6 That the foregoing transcript of proceedings was
7 taken before me on the date and at the time and location
8 stated on Page 1 of this transcript; that the witness was
9 duly sworn to testify to the truth; that the testimony of
10 the witness and all objections made at the time of the
11 proceeding were recorded stenographically by me and were
12 thereafter transcribed; that the foregoing transcript of
13 proceedings as typed is a true, accurate, and complete
14 record of the proceedings made at the time to the best of my
15 ability.

16 I further certify that I am neither related to nor
17 counsel for any party to the cause pending or interested in
18 the events thereof.

19 Witness my hand, I have hereunto affixed my
20 official seal this 10th day of March, 2014, Richland County,
21 South Carolina.

22
23 _____
24 Kimberly T. Power, Court Reporter
25 Notary Public for the State of South Carolina
My Commission Expires: 07/22/2015

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.:1203594

JAMES NEFF,)
)
Claimant,)
)
v.)
)
LEAR'S WELDING & FABRICATION,)
)
)
Employer.)
-----)

COPY

DEPOSITION OF
SHADLEY C. SCHIFFERN, M.D.

Wednesday, January 8, 2014
3:04 p.m. - 3:59 p.m.

The deposition of SHADLEY C. SCHIFFERN, M.D., taken on behalf of the Plaintiff at OrthoCarolina, 1915 Randolph Road, Charlotte, North Carolina, on the 8th day of January, 2014, before Rebekah Gervin Creel, Nationally Certified Verbatim Reporter and Notary Public in and for the State of North Carolina, pursuant to Notice of Deposition and/or agreement of counsel.



CREEL COURT REPORTING, INC.
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(803) 252-3445 / (800) 822-0896

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EXHIBITS

Plaintiff's Exhibit Number One	7
(Affidavit of Dr. Schiffern, M.D.) 3 pp.	
Plaintiff's Exhibit Number Two	20
(Dr. Schiffern's Clinical Notes) 7 pp.	

STIPULATIONS

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

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby waived.



CREEL COURT REPORTING, INC.
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1 SHADLEY C. SCHIFFERN, M.D., having been duly sworn,
2 deposes and testifies as follows:

3 DR. SCHIFFERN - EXAMINATION BY MR. GARNER:

4 Q: Dr. Schiffern, my name is Hope Garner, and I
5 represent James Neff who you have seen as a
6 patient, I believe, in his workers'
7 compensation case. I'm sure you have had your
8 deposition taken before.

9 A. I have.

10 Q. Okay. Would you state your name for the
11 record, please.

12 A. Shadley C. Schiffern.

13 Q. And you are a medical doctor; is that correct?

14 A. Yes, sir.

15 Q. What type of medical doctor are you, Dr.
16 Schiffern?

17 A. Orthopedic surgeon.

18 Q. Do you have a subspecialty within orthopedic
19 surgery?

20 A. I do. I'm a shoulder and elbow specialist.

21 Q. Okay. Are you actively engaged in the practice
22 of medicine at this time?

23 A. Yes, sir.

24 Q. And where do you practice medicine?

25 A. I practice at OrthoCarolina in Charlotte, North



1 Carolina.

2 Q. And how long have you been in that practice?

3 A. I've been in OrthoCarolina for about four years
4 now.

5 Q. And, prior to that, did you have a practice
6 somewhere else?

7 A. I did. I practiced at Northeast Orthopaedics
8 in Concord, North Carolina since 2006. So
9 about three years before that.

10 Q. How long, total, have you been in the active
11 practice of orthopedic medicine?

12 A. About seven and a half years.

13 Q. Are you board certified?

14 A. Yes, sir.

15 Q. In what?

16 A. Orthopedic surgery.

17 Q. Okay. Is there a subspecialty certification in
18 upper extremity surgery?

19 A. There's not.

20 Q. Explain how you come to call yourself a
21 subspecialist in upper extremity surgery.

22 A. Sure. After completing my orthopedic surgery
23 residency, I did a one-year shoulder and elbow
24 fellowship in Dallas, Texas at the completion
25 of my residency.



1 Q. Now, in this particular case, you know James
2 Neff?

3 A. I do.

4 Q. And have you seen him personally?

5 A. I have.

6 Q. On how many occasions have you seen him?

7 A. I believe two or three. I'll look at my notes.
8 I saw him in February of 2013, June of 2013,
9 and those might have actually been the only
10 two. I think two times.

11 Q. Okay. What did he present to you when he first
12 came to you?

13 A. Mr. Neff was referred to me for evaluation of
14 a left clavicle non-union with a broken plate
15 as well.

16 Q. You say he was referred to you. Do you know
17 who referred him?

18 A. Dr. William Lehman from Carolina Orthopaedic
19 Associates, I believe.

20 Q. Neither I, nor any other lawyer referred Mr.
21 Neff to you; is that correct?

22 A. No, not that I'm aware of.

23 Q. Have we ever met before?

24 A. No.

25 Q. Have I ever represented a patient of yours, to



1 your knowledge?

2 A. Not to my knowledge.

3 Q. Okay. Have you reviewed any other
4 documentation in addition to your personal
5 examination of Mr. Neff?

6 A. I have.

7 Q. And what documentation is that?

8 A. I reviewed clinic notes from Dr. Lehman's
9 office and also reviewed a deposition that Dr.
10 Lehman gave in this case.

11 Q. Did you also view a videotape of which
12 purported to be of Mr. Neff's activities?

13 A. Yes, I did.

14 Q. Okay. And did you prepare an affidavit or
15 provide information that resulted in the
16 preparation of an affidavit in regard to this
17 matter?

18 A. Yes, I did.

19 Q. I'm going to hand you a document and see if you
20 recognize it.

21 A. I do.

22 Q. Is that the affidavit that you prepared or
23 provided the information for the preparation
24 of?

25 A. Yes, sir.



1 MR. HAIGLER: Do you mind if I see that? Same thing?

2 MR. GARNER: Same thing.

3 Q. We can go ahead and mark that as an exhibit.
4 Now, where did you get the information that
5 resulted in the preparation of this affidavit,
6 Dr. Schiffern?

7 Plaintiff's Exhibit Number 1 was marked for
8 identification purposes.)

9 A. From review of the medical records from Dr.
10 Lehman's office and review of his deposition,
11 review of the video, photographs or videos of
12 Mr. Neff himself.

13 Q. And what is Mr. Neff's history, as far as this
14 injury; as you understand it?

15 A. As I understand, Mr. Neff was involved in a
16 work-related injury as a welder, which happened
17 in April of 2012. There was an explosion while
18 welding at the welding shop, and that he
19 suffered multiple injuries. As reported to me
20 a closed-head injury, a cervical spine fracture
21 at the C-7 vertebrae, multiple rib fractures,
22 a wrist injury, an elbow injury, and then this
23 clavicle fracture; so multiple injuries.

24 Q. Was the clavicle fracture the only thing that
25 you evaluated him for?



1 A. Yes, sir.

2 Q. And had surgery been performed on Mr. Neff's
3 clavicle prior to your seeing him?

4 A. Yes, sir.

5 Q. And was that performed by Dr. Lehman?

6 A. Dr. Lehman.

7 Q. And when was that done?

8 A. I believe it was July 23, 2012.

9 Q. Okay. Did you review the records of --

10 A. Of the operation?

11 Q. -- the operation?

12 A. Yes.

13 Q. Did you find anything unusual about it?

14 A. No, nothing unusual.

15 Q. All right. Was there an explanation in Dr.
16 Lehman's record as to why he waited from April
17 12th until July 23rd to perform the surgery?

18 A. Yes, there was. Dr. Lehman's initial
19 evaluation of the fracture he felt was a
20 fracture very minimal to non-surgical
21 treatment. And so he treated Mr. Neff without
22 surgery and followed him over a period of
23 months. Unfortunately, the fracture did not
24 heal. And, according to Dr. Lehman's notes,
25 was still showing evidence of incomplete



1 healing. And so the decision was made to treat
2 the fracture surgically at that time.

3 **MR. GARNER:** Before I forget, at this time I'd like
4 to present Dr. Schiffern as an expert in the
5 field of orthopedic surgery with a subspecialty
6 in upper extremity surgery.

7 **MR. HAIGLER:** No objection from the defense.

8 Q. Would this delay make the surgery -- complicate
9 the surgery in anyway or make it more
10 difficult?

11 A. Yes.

12 Q. In what respect?

13 A. Once the fracture is this far out, there is
14 always some scar tissue or some fibrous tissue
15 that starts to form within the bone ends and
16 makes it a little bit more difficult to get
17 good solid bone contact when the fracture is
18 repaired.

19 Q. Did it appear from the record in which you
20 reviewed, that that was the case with Mr. Neff?

21 A. That's what it appeared from Dr. Lehman's
22 reports as I reviewed it.

23 Q. Was there bone grafting actually required in
24 Mr. Neff's situation?

25 A. There was.



1 Q. Explain how bone grafting is different from any
2 other type of repair in this surgery.

3 A. In fracture cases like this, where this has
4 been a fracture that does not heal, a lot of
5 times there will be a gap still between the
6 bone and fragments when everything is repaired.
7 And, so, adding bone graft is one way to try
8 and stimulate a healing response within the
9 body, so adding some structural support; in
10 some cases even adding some biological
11 substitute to help that bone heal. So, not
12 done on every single fracture, mostly done in
13 cases like this where the fracture is showing
14 difficulty healing before.

15 Q. What is the ideal situation as far as
16 juxtaposition of the bone ends?

17 A. Ideally, in any case of fixing these fractures,
18 we want to get bony apposition; bone ends
19 together.

20 Q. Means they're actually physically touching, the
21 bone ends --

22 A. Correct.

23 Q. -- without grafting?

24 A. Correct.

25 Q. Was that the case here?



1 A. I can't comment on it because I wasn't there
2 and I didn't have a chance to review any of the
3 x-rays that Dr. Lehman took. But from Dr.
4 Lehman's reports, there was always a gap noted
5 at the fracture site, and he was not able to
6 get the ends completely aligned and even at the
7 time of his surgery.

8 Q. Did that ever change throughout the course of
9 his treatment, that you know of?

10 A. Not according to his records.

11 Q. Now, what caused that gap to be there in the
12 first place?

13 A. I don't think anybody can know for sure.

14 Q. What was the precipitating event for the injury
15 then, as your understanding?

16 A. Well, I believe, Mr. Neff's injury at work with
17 the explosion caused his fracture. And why the
18 fracture didn't heal, there's many different
19 reasons.

20 Q. All right, maybe referring to your affidavit,
21 and you mentioned several different reasons and
22 you cited some opinions in the affidavit
23 itself, if I could point you to paragraph 6-A.
24 And you state, "In regard to the clavicle
25 injury, the gap between the bones as cited by



1 Dr. Lehman never showed any signs of healing."

2 Is that correct?

3 A. That's correct.

4 Q. Explain what you mean by that, please.

5 A. Dr. Lehman noted that there was a gap at the
6 time of surgery. And in his serial
7 radiographs, x-rays, and follow-up, that gap
8 never really changed that I can tell from his
9 records over the next three months until the
10 plate broke; meaning there was no additional
11 bone formation noted in that area.

12 Q. All right. Section B, you said, "Given the
13 radiograph appearance, non-union of the
14 clavicle and resultant hardware failure was
15 predictable regardless of any extraneous
16 circumstances." Why was it predictable in your
17 opinion?

18 A. Because I don't -- I didn't see it from his
19 reports. Again, I -- this is not me being able
20 to review any of the x-rays that were taken
21 back at the time that there was any bony
22 contact present between those fractured
23 fragments. And when there's a gap present, no
24 matter whether we fix it rigidly with hardware
25 or not, it's a race between the body filling in



1 that area with bone or there being enough
2 motion and causing fatigue of the hardware and
3 it failing. And, I think, I would be worried
4 in any case where there's that much of a gap
5 that there's a high likelihood of failure right
6 from the start.

7 Q. And your last part of that sentence you state,
8 "Predictable regardless of any extraneous
9 circumstances." What are you specifically
10 referring to there?

11 A. I believe that Mr. Neff -- that the non-union
12 and failure of his surgical repair was
13 predictable regardless of any physical activity
14 that he was doing or anything that he -- any
15 activity he's participated in.

16 Q. Would that include hunting?

17 A. I believe so.

18 Q. Would that include not using a sling all the
19 time?

20 A. Yeah, I believe. Correct.

21 Q. Do you have these opinions to a reasonable
22 degree of medical certainty?

23 A. I do.

24 Q. Do you feel that this surgery was doomed and
25 the hardware was doomed for failure, regardless



1 of what Mr. Neff did in this case?

2 A. I do.

3 Q. And do you believe that to a reasonable degree
4 of medical certainty?

5 A. I do.

6 Q. I see you said, "A bone stimulator requested
7 and prescribed by Dr. Lehman was utilized due
8 to failure of progressive healing and was a
9 sign of lack of progress from a healing
10 standpoint." Extrapolate on that, please.

11 A. Bone stimulators are used to try and encourage
12 or start a healing response in cases where a
13 fracture is not healing. A bone stimulator is
14 not something that we routinely use in these
15 situations. So the fact that Dr. Lehman felt
16 it was necessary to order a bone stimulator
17 also leads to the fact that he was worried
18 about the lack of progress and healing.

19 Q. Do you use bone stimulators from time to time
20 in your practice?

21 A. I do. Sure.

22 Q. Did you note from Dr. Lehman's records and
23 deposition about the situation and him
24 requesting a bone stimulator of a certain type
25 and getting another?



1 A. I did. I saw that.

2 Q. And you do you have an opinion about that?

3 A. No. I don't have enough knowledge about the
4 different types of stimulators to know one
5 better than another.

6 Q. Did you note that he expressed some
7 dissatisfaction with the not getting --

8 A. I do. I'm aware that he was not -- this was
9 not the one that he particularly wanted, and I
10 did note that from his records.

11 Q. Paragraph D, you say, "Any physical activities
12 (hunting or lifting and so forth) as alluded to
13 or illustrated in the documentation were remote
14 in time and would not constitute any
15 significant factor in the failure of the
16 healing process." What are you referring to
17 there or what do you mean by that statement?

18 A. I believe that, looking at the video of these
19 activities, this -- the activities that were
20 described took place a couple of months -- I
21 want to say two or three months -- after the
22 time of surgery. And, by the time these
23 activities had taken place, there was already
24 documentation that the fracture was not showing
25 signs of healing. I think if Mr. Neff had gone



1 out and done this type of activity right off
2 the bat, right out of surgery, I think it could
3 play a role. But the fact that it was so far
4 along, I he -- his fracture was already going
5 down the road of non-union and failure in the
6 time frame that the activities were documented.

7 Q. So would it be your opinion that this alleged
8 non-compliance, as it's referred to, was not
9 the cause of the non-union?

10 A. That's my opinion.

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

13 A. It is.

14 Q. And, let me just ask you at this point, you
15 said Dr. Lehman referred Mr. Neff to you. Does
16 Dr. Lehman refer a number of patients to you?

17 A. Some, yes.

18 Q. Okay. Are you --

19 A. I couldn't tell you a number.

20 Q. Are you the Shadley Schiffern that's referred
21 to in his notes where he said he referred --

22 A. Yes.

23 Q. -- to a Dr. Ward or a Dr. Schiffern --

24 A. Yes, sir.

25 Q. -- is that you? Okay. All right. We'll just



1 go ahead. And paragraph E you said, "At the
2 current time, Mr. Neff is experiencing
3 significant pain and physical difficulties and
4 is in need of additional surgery to effect
5 maximum healing." Is it your opinion that the
6 surgery would tend to lessen his problem?

7 A. I think there's a good chance; although, as I
8 told Mr. Neff, I think, you know, this is a
9 very challenging problem at the current time.
10 And there's no guarantee that another surgery
11 is going to, you know, have a hundred percent
12 success rate. But, I think, the chance of it
13 healing now at this point without surgery are
14 slim to none.

15 Q. Would you recommend the surgery?

16 A. I would.

17 Q. And what type of hardware did Mr. Lehman use in
18 this surgery?

19 A. He used a, I believe, it was a bio -- Bio
20 (phonetic) was the company -- a contoured
21 clavicle plate.

22 Q. Was this a titanium plate?

23 A. It was titanium.

24 Q. Okay. Is a steel plate sometimes used in this
25 type of surgery?



1 A. It is.

2 Q. Is steel stronger and less likely to break?

3 A. Steel is biomechanically stronger than
4 titanium.

5 Q. What do you consider the best course of action
6 for Mr. Neff at this point, you indicated the
7 surgery, any further evaluation or --

8 A. I think, I talked to Mr. Neff when I first met
9 him, I think the options really are continue
10 living with the clavicle the way it is or, you
11 know, the next step, from a treatment
12 standpoint surgically, would be to remove his
13 broken plate, to clean out the non-union site,
14 put the bone fragments together with some type
15 of compression, to add some bone graft from his
16 pelvis and iliac crest bone graft, and to
17 replat the fracture, and try and give it back
18 stability and try and bring some biology from
19 the graft up to the site. I would probably
20 also consider, you know, use of a synthetic
21 protein called bone morphogenic protein that
22 has been showed to help stimulate healing in
23 these cases. And kind of everything we could
24 possibly do to biologically improve the healing
25 situation at the fracture site.



1 Q. Let me ask you this question. In your seven
2 and a half years of practice, how many of these
3 type of surgeries do you think you have
4 performed, would you estimate?

5 A. Fractures like Mr. Neff's, probably a handful;
6 five, maybe.

7 Q. How often do you perform surgery of the upper
8 extremity?

9 A. Three days a week, three or four a day.

10 Q. And that is confined totally to upper extremity
11 surgery?

12 A. All upper extremity; all shoulder and elbow.

13 Q. I noted in Dr. Lehman's deposition he referred
14 to other difficulties with Mr. Neff's large
15 size. Would that be a factor --

16 A. I do believe it makes it more difficult, yes.

17 Q. Would it have made the surgery more difficult
18 at the time Dr. Lehman did it?

19 A. Yes, sir.

20 Q. And very little neck, I'm assuming that's very
21 little neck surface.

22 A. Yes, sir. It makes it more difficult to work
23 over into the clavicle on the medial side.

24 Q. From your review of the records and evaluation
25 of all the documentation and the treatment of



1 Mr. Neff in this case, was -- did he do
2 anything or fail to do anything, in your
3 opinion, that caused this non-union?

4 A. No.

5 Q. And you state that to a reasonable degree of
6 medical certainty?

7 A. I do.

8 Q. Now, we will go ahead and mark your records.
9 Could you identify these, your office notes
10 from your treatment of Mr. Neff?

11 **Plaintiff's Exhibit Number 2 was marked for**
12 **identification purposes.)**

13 A. Yes, sir.

14 Q. I'll go ahead and mark those.

15 **MR. GARNER:** You got those, Nick?

16 **MR. HAIGLER:** Yes, as long as they're --

17 **MR. GARNER:** Yes.

18 **MR. HAIGLER:** -- between February and June.

19 A. February and June, yeah.

20 Q. That's all I have at this time, Dr. Schiffern.
21 Thank you.

22 A. Okay.

23 **DR. SCHIFFERN - EXAMINATION BY MR. HAIGLER:**

24 Q. Dr. Schiffern, my name is Nick Haigler. I
25 represent his employer in this matter. I just



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1 need to be clear, but let me go through a few
2 things with you. You brought in with you a
3 folder, I think. Are those the documents you
4 were provided --

5 A. Yes, sir.

6 Q. -- before you initially saw him?

7 A. Yeah.

8 Q. Okay. And this affidavit that you completed,
9 did you do this? Did you draft this or was
10 this sent to you in draft form?

11 A. It was sent to me and then I edited it.

12 Q. Okay. Was is sent to you in a form that you
13 could edit?

14 A. I don't recall.

15 Q. Okay. But you didn't personally draft this --

16 A. No.

17 Q. -- is that fair?

18 A. Yeah.

19 Q. Okay. But you, I assume, based on what you
20 have just testified, that you still agree with
21 everything that's in here?

22 A. I do.

23 Q. Okay. The documents that you were provided,
24 was there a cover letter or anything that went
25 along with that?



1 A. I have a cover letter that came with the
2 transcript of the deposition and the disc
3 containing the video surveillance.

4 Q. Do you mind if I see that letter?

5 A. Sure. I scratched and scribbled all over it.

6 Q. That's fine. Okay. You indicated in your
7 direct testimony that you have not met Mr.
8 Neff's attorney before today. Have you had any
9 conversations with him before that?

10 A. We had. We spoke on the telephone, yes.

11 Q. How many times has that occurred?

12 A. Once or twice; I don't recall.

13 Q. Did you have one after -- it says, "Contact me
14 after you review these documents." Did you
15 have a conversation with him after you did
16 that?

17 A. I don't recall.

18 Q. Did you charge him for any conversations you
19 had?

20 A. I believe we did, yes.

21 Q. Okay. So there would be documentation from
22 that --

23 A. Yes.

24 Q. -- to that extent, as far as whatever you
25 charged him --



- 1 A. Yes.
- 2 Q. -- the dates on which you had the
- 3 conversations.
- 4 A. Yeah.
- 5 Q. Did you have a conversation with his attorney
- 6 in preparation for this deposition?
- 7 A. No.
- 8 Q. Do you know the last time you talked to him?
- 9 A. I don't.
- 10 Q. Fair enough. And you were provided -- let me
- 11 make sure I'm clear -- you were provided Dr.
- 12 Lehman's records?
- 13 A. Yes.
- 14 Q. Dr. Lehman's deposition?
- 15 A. Yes.
- 16 Q. And a videotape from June of 2013?
- 17 A. Yes.
- 18 Q. June of 2013; is that right?
- 19 A. Yes.
- 20 Q. Were you provided any other documents?
- 21 A. No.
- 22 Q. Were you provided the operative note?
- 23 A. Yes.
- 24 Q. Were you provided scans, x-ray scans?
- 25 A. No.



1 Q. Do you think it would have been important to
2 look at the actual x-ray scans?

3 A. Yes.

4 Q. But you weren't provided those, were you?

5 A. I was not.

6 Q. Okay. Do you do independent medical
7 evaluations?

8 A. I do.

9 Q. Do you typically request any scans be brought
10 in so you can actually review the scans?

11 A. I do.

12 Q. Do doctors typically have or sometimes have
13 different opinions as to what -- may be
14 different from the radiologist's opinion, maybe
15 even doctors can form their own different
16 opinions --

17 A. Yes.

18 Q. -- orthopedic doctors, as to what scans, x-rays
19 may actually show?

20 A. Yes, sir.

21 Q. So I'd assume it would be possible then that
22 Dr. Lehman's opinion as to what the x-ray
23 showed, may have been different from yours --

24 A. Yes.

25 Q. -- if you had actually seen the scans; is that



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1 fair?

2 A. Yes, sir.

3 Q. But we won't know that because you haven't seen
4 them; is that right?

5 A. That's correct.

6 Q. All right. Is there any reason why you didn't
7 ask for those x-rays before conducting the
8 evaluation?

9 A. No.

10 Q. Was it obvious what you needed to do? ~~X~~

11 A. Yes.

12 Q. Okay. Is there any doubt he needs a procedure?

13 A. No.

14 Q. Okay.

15 A. Not in my opinion.

16 Q. Fair enough. You commented, I think, one of
17 the first things you said that -- when you were
18 commenting about the surgery that Dr. Lehman
19 performed and you said that there was nothing
20 unusual in the operative note, does that mean
21 that the surgery that he performed was
22 reasonable given the circumstances?

23 A. Yes.

24 Q. In other words, conservative care didn't help?

25 A. Correct.



1 Q. So it was time to do surgery?

2 A. Correct.

3 Q. And you also commented that the delay between
4 the actual accident and the surgery would make
5 healing more difficult, regardless of any other
6 factors --

7 A. Correct.

8 Q. -- is that fair?

9 A. That's fair.

10 Q. Okay. We are now almost a year, and by the
11 time you would do surgery, would be probably a
12 year and a half post-failure of the plate in
13 October, 2012. How much harder would it be for
14 surgery to be successful? If it was doomed in
15 three months after the accident and we're now
16 almost two years after the accident, how much
17 more doomed would it be?

18 A. It's hard to quantify, but definitely more
19 difficult.

20 Q. Okay. More difficult than even it would have
21 been in July of 2012?

22 A. Yes, sir.

23 Q. Is there a less than a 50 percent chance this
24 is going to help him, regardless of how good of
25 a surgeon you are?



1 A. I believe so. I believe it's probably about 50
2 percent, give or take, and I told Mr. Neff that
3 directly.

4 Q. If he's not -- well, let me ask you this
5 question. When you perform operations such as
6 these, do you give your patients very specific
7 instructions?

8 A. Yes.

9 Q. Do this, don't do this, under any
10 circumstances?

11 A. Yes.

12 Q. If you did the surgery that you're
13 recommending, would you give him such
14 instructions?

15 A. I would.

16 Q. Okay. What kind of instructions would you
17 give?

18 A. We typically would put him in a sling for about
19 six weeks after surgery and allow him just to
20 do real gentle range of motion type activities
21 only while he's in the sling. But, otherwise,
22 the sling would be on, you know, all the time;
23 sleep in the sling, it would come off to
24 shower, to bathe, having physical therapy to be
25 working on range of motion. But I wouldn't



1 allow him to do any physical activity within
2 the first six weeks. At six weeks, you know,
3 as we followed along and got to the six-week
4 mark, we would be checking x-rays periodically.
5 If it looked like things were healing
6 appropriately, I would let him out of the sling
7 at that point and, you know, let him start
8 using the arm more and more --

9 Q. If you got --

10 A. Sorry.

11 Q. I didn't mean to interrupt you.

12 A. That's fine.

13 Q. If you got to the six-week point and he weren't
14 healing appropriately or healing very slowly or
15 slowly or not at all, would you then say, okay,
16 you need to stay in the sling a little longer?

17 A. Potentially. It's a case-by-case basis, but,
18 you know --

19 Q. Is that out of a question?

20 A. It's not out of the question, no.

21 Q. Is it conceivable, if not likely, that Mr.
22 Neff, given his body, having his obesity, his
23 neck stature, that he may be one of those
24 patients that would require additional time in
25 a sling?



1 A. It's possible.

2 Q. Is the way he's made, is that one of the kind
3 of people that creates issues for you?

4 A. No, not necessarily, no.

5 Q. Okay.

6 A. I don't think that plays a huge role in it.

7 Q. All right.

8 A. It makes the surgery more difficult. But the
9 healing, I don't think it has huge -- plays a
10 huge role in it.

11 Q. Now, what was the surgery that Dr. Lehman
12 performed, specifically? Do you know that off
13 the top of your head?

14 A. I don't know what he coded it as. I mean, open
15 reduction and internal fixation of the clavicle
16 non-union with -- he used iliac crest aspirate,
17 and then a bone graft, a bone graft substitute
18 or bone graft synthetic mixed together with
19 plate and screw fixation.

20 Q. Is that similar to what you would do?

21 A. Yes. I personally would probably lean more
22 towards using autogenous bone graft. But
23 that's a -- it's certainly dealer's choice,
24 it's surgeon-by-surgeon preference and what
25 you're trained with. And so, I think, what Dr.



1 Lehman did was very appropriate and --

2 Q. Fair enough.

3 A. -- I wouldn't argue with anything he did.

4 Q. Okay. Were you aware -- I'm reading your first
5 note in February of 2013. I assume that's the
6 first time you saw him?

7 A. Yes, sir.

8 Q. And I'm reading your history of present
9 illness. Did you get this information from the
10 patient? How did you get this?

11 A. From the patient.

12 Q. Directly?

13 A. Directly from the patient.

14 Q. Okay. Do you take this down or does --

15 A. I take it down.

16 Q. -- some nurse? Okay. I'm reading page 1 and
17 it's page 135 of claimant's APAs for the
18 record. That doesn't mean anything to you,
19 Doctor --

20 A. Okay.

21 Q. -- it will to the Commissioner. About halfway
22 down that first paragraph in history of present
23 illness, patient states, "He wore a sling for
24 four weeks' time." I assume that to be mean he
25 wore it four weeks post-op?



1 A. Post-op.

2 Q. And, based on what you just said, that would be
3 less time than what you would have recommended,
4 is that --

5 A. I typically decide based on the fracture
6 pattern, based on the stability, somewhere
7 between four to six weeks is typically my
8 approach to it.

9 Q. Okay.

10 A. I've had some fractures like this that we have
11 let come out at three weeks. So it's not
12 absolute. I think, when I answered to you six
13 weeks for this particular case, there's no
14 question I would put him in it for six weeks
15 because it's more complex.

16 Q. Okay.

17 A. I think that's a decision Dr. Lehman probably
18 made after surgery, and I don't know exactly
19 what Dr. Lehman told him as far as how long he
20 needed to wear it for.

21 Q. Okay, and I assume you have this document, this
22 is page 19 of Plaintiff's APAs, 19 and 20,
23 particularly, page 20.

24 A. The date on that?

25 Q. It's August 2, 2012. Do you have that report?



1 A. I think I do, yes.

2 Q. Page 2 is specifically what I'm interested in.

3 A. August 2nd, yeah.

4 Q. Would you agree this would have been about a
5 week post-op, give or take a couple of days?

6 A. Yes, sir.

7 Q. Okay. Page 2, Dr. Lehman told him, "With
8 continued extreme protection of the area due to
9 the area of bone loss, and the need to get
10 things more adequately healed before he
11 stresses the repair."

12 A. Correct.

13 Q. Anything unreasonable about that?

14 A. No.

15 Q. Now, do you have a 9/14 report?

16 A. I believe so. I do, yeah.

17 Q. And that would have been -- if his surgery was
18 July 25th, that would have been, what, seven
19 weeks post-op?

20 A. Seven weeks.

21 Q. Give or take. Under the x-ray portion of this;
22 do you see that?

23 A. I do.

24 Q. And you didn't see this x-ray; is that right?

25 A. I did not see this x-ray.



1 Q. Does Dr. Lehman note that the actual fracture
2 seems to be cooperating perhaps a little bit?

3 A. He does, yes.

4 Q. Does it mean it looks like it may have been
5 healing as opposed to the prior x-ray --

6 A. It does, yes.

7 Q. -- in some form -- is it fair to say some
8 doctors may quantify that amount of healing
9 differently?

10 A. Yes.

11 Q. Okay. So, I think, you put in your affidavit
12 that -- I'm on 6-A. "The gap between the bone
13 as cited by Dr. Lehman never showed any signs
14 of healing." Would you agree that's somewhat
15 inconsistent with what that x-ray --

16 A. I would agree.

17 Q. Okay. And so you would, at least with regard
18 to this 9/14 report, and what you said in your
19 affidavit -- and by the way, I'm not calling
20 you a liar -- I'm just saying your affidavit is
21 somewhat inconsistent with what this 9/14
22 reports; is that fair?

23 A. Sure.

24 Q. Okay.

25 A. I would say, you know, despite that, he still,



1 you know, he still has him in a bone
2 stimulator, which if he thinks -- if he thought
3 it was healing, I don't know why he would have
4 him in a stimulator, but --

5 Q. Okay. Would a stimulator not continue to
6 stimulate the union of bones?

7 A. It does, yes.

8 Q. Even with natural healing?

9 A. Yes.

10 Q. So if he was looking to just continue to
11 stimulation --

12 A. Sure.

13 Q. -- it wouldn't have been necessarily
14 unreasonable?

15 A. No, it's not unreasonable.

16 Q. Now, you read Dr. Lehman's deposition, I think
17 you've said.

18 A. I did.

19 Q. Were you aware that he testified that as of
20 this September 14th, seven weeks post-op, he
21 instructed Mr. Neff to still be in that sling
22 all the time?

23 A. Yes.

24 Q. Are you aware of that?

25 A. Uh-huh (affirmative response).



1 Q. Okay. Given the nature of where he was, is
2 that necessarily unreasonable?

3 A. No.

4 Q. Would you have recommended the same thing?

5 A. Uh-huh (affirmative response); very likely I
6 would have.

7 Q. Is it fair to say, that based on this x-ray
8 that's from this 9/14 report, that the plate
9 was still together, it had not broken?

10 A. Based on Dr. Lehman's report on it, yes.

11 Q. Again, you haven't seen the x-ray?

12 A. Yes. Correct.

13 Q. Would you have expected Dr. Lehman to put in
14 here that the plate had broken, would that --

15 A. Yes.

16 Q. -- made sense to you, he would put that in
17 there?

18 A. Yes.

19 Q. The next report is the 10/11 report.

20 A. Okay.

21 Q. October 11th.

22 A. Uh-huh (affirmative response).

23 Q. And I assume you have seen that report?

24 A. I've seen it.

25 Q. Now, when he came to see you in February, did



1 he tell you that he had been deer hunting
2 before his plate broke?

3 A. No.

4 Q. But you had his report, so if that were in this
5 report you would have seen it; maybe not?

6 A. I don't think I --

7 Q. Knew about it?

8 A. -- read the entire report, no.

9 Q. Okay. When you saw him in February of 2013,
10 did you know that he had been deer hunting
11 before his plate broke?

12 A. No, I did not.

13 Q. All right. When you saw him in June of this
14 year did you know that he had been deer hunting
15 before?

16 A. I don't believe so, no.

17 Q. When did you become aware of the deer hunting;
18 the admitted deer hunting?

19 A. I don't recall.

20 Q. Sometime after June?

21 A. Sometime after June.

22 Q. June of this past year?

23 A. Yes.

24 Q. June of '13?

25 A. I believe so.



1 Q. Okay. Now, if you performed the procedure that
2 you're recommending, which is -- can we say
3 that it's somewhat similar to what Dr. Lehman
4 did, you would say that?

5 A. Yes.

6 Q. If you perform that procedure, would you want
7 Mr. Neff conducting -- or deer hunting with a
8 rifle against orders to be in a sling?

9 A. Not if --

10 Q. In other words, if you had told him to be in a
11 sling, like you have described --

12 A. Right.

13 Q. -- would you want him deer hunting?

14 A. Not if it was still in that period of time when
15 he was supposed to be in a sling, no, I would
16 not.

17 Q. Okay. Would conducting those type of
18 activities against your orders, could those
19 things cause a plate to break or cause the
20 surgery to fail?

21 A. Yes, it could.

22 Q. Otherwise, you wouldn't give him those
23 instructions; is that right?

24 A. Sure.

25 Q. Would you consider if a patient of yours, or



1 Mr. Neff, for example, if you did the procedure
2 and he came and if the surgery had failed, and
3 you had found out that between the time you
4 last saw him and when he came in the surgery
5 had failed he told you he had been deer
6 hunting, would you consider that non-
7 compliance?

8 A. I would.

9 Q. Would you want to treat that patient any
10 longer?

11 **MR. GARNER:** Object. Irrelevant.

12 Q. Would you consider discharging the patient?

13 A. No, probably not.

14 Q. Okay. Would it cause you hesitancy to do
15 another surgery?

16 A. It would probably cause hesitancy --

17 Q. Considering this would be the third surgery --

18 **COURT REPORTER:** I'm sorry. What was that last
19 comment?

20 A. I said it would probably cause hesitancy.

21 **COURT REPORTER:** Thank you.

22 Q. Were you aware that Dr. Lehman testified in his
23 deposition that (the (most likely) cause of the
24 fracture of that plate was his deer hunting?

25 A. Yes.

Not true



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1 **MR. GARNER:** I object because I don't think that's
2 an accurate expression of what he said.

3 **Q.** Doctor, I'm going to ask you to turn page -- is
4 that the deposition?

5 **A.** Yes, sir.

6 **Q.** Okay. I'm on page 27 of his deposition.

7 **A.** Twenty-seven, yes.

8 **Q.** If you will start on line 3. I asked him, "In
9 your opinion, could using a rifle to deer hunt,
10 or using a rifle period and not using the sling
11 as instructed, could those two things cause the
12 plate to break?" He answered, "Yes." Do you
13 agree with that?

14 **A.** Agree.

15 **Q.** And I asked him, again, "Is that an opinion to
16 a reasonable degree of medical certainty?" And
17 he said, "Yes." Do you agree with that?

18 **A.** Yes.

19 **Q.** Okay. Then I asked him, "In your opinion, I'm
20 asking you to state this to a reasonable degree
21 of medical certainty, in your opinion, is the
22 condition that you found him in on October 11,
23 2012, as far as his left clavicle goes, is that
24 condition or was that condition caused by his
25 non-compliance with the treatment." Mr. Garner



1 objected to the form of the question. He said,
2 "I'm sorry. Can you repeat the question." I
3 said, "The question is, more likely than not,
4 was the condition of his left clavicle on
5 October 11th, caused by his non-compliance of
6 treatment. He asked the question, "That the
7 plates's broken?" And I said, "Yes." And he
8 said, "That would be a substantial factor." I
9 asked him, "More likely than not?" And he
10 said, "Yes." I said, "Is that opinion to a
11 reasonable degree of a medical certainty?" And
12 he said, "Yes." Did I represent that
13 correctly?

14 A. Yes.

15 Q. Do you have any reason to dispute what his
16 testimony is?

17 A. I don't.

18 Q. Okay. If he was asked by Dr. Lehman
19 specifically, as Dr. Lehman testified in his
20 deposition, to use that sling during the period
21 of time which he was deer hunting and was not
22 doing so, as he admitted under oath to the
23 Commissioner a few weeks ago, would that not be
24 non-compliance with Dr. Lehman's --

25 A. It would be.



1 Q. -- instructions? And could that, according to
2 Dr. Lehman, could that non-compliance have
3 caused his plate to break?

4 A. It certainly could have.

5 Q. You don't disagree with that testimony?

6 A. I don't, no.

7 Q. Would you agree that -- Doctor, and I'm reading
8 your affidavit, if I'm reading it correctly,
9 and I may or may not be, but I'm reading it
10 correctly for you to have said that that's not
11 your opinion?

12 A. That's not my opinion. I mean, I think, in
13 some ways are we, you know, the whole -- some
14 of the questions, are you talking about the
15 actual event of the plate breaking or the
16 underlying problems, which is the bone didn't
17 heal? The bone didn't heal; therefore, the
18 plate is going to break at some point.

19 Q. Okay.

20 A. I mean, there's only so long a metal plate can
21 fatigue without solid bone healing before it's
22 going to break. So could his -- could being
23 active or doing activities precipitate hardware
24 failing, yes, I mean, it can. (Was that the
25 reason though that the clavicle didn't heal?)



(No, I don't feel so; that's not my opinion.)

Q. Okay. Now, he told you that he stopped using the sling after four weeks. That's what he told you?

A. Uh-huh (affirmative response).

Q. Yes?

A. Yes, he did.

Q. Okay. Four weeks would have been around the 25th of August, 24th of August?

A. Right.

Q. Which was six, seven weeks prior to when he actually went in on October 11th when Dr. Lehman discovered the plate broken; is that correct?

A. Correct.

Q. So if he was not using the sling and he was instructed to do so until October 11th, that would have been six to seven weeks of non-compliance; would you agree with that?

A. Yeah, I think so.

Q. Could that six to seven weeks of non-compliance have caused the plate to break?

A. It could have contributed to it. I wouldn't say -- I can't say that it absolutely caused it; it could contribute to it.

Q. Now, we went over the reports -- at the time



1 the September report from Dr. Lehman, which was
2 the report just prior to the one when we found
3 the plate broken --

4 A. Correct.

5 Q. -- you agreed earlier that the x-ray taken on
6 that day did show that the -- at least,
7 according to Dr. Lehman -- that the bones were,
8 in some form, coming together?

9 A. According to Dr. Lehman.

10 Q. Okay. And then the next time Dr. Lehman saw
11 him two and a half weeks later, his plate was
12 broken?

13 A. Uh-huh (affirmative response).

14 Q. Fair enough?

15 A. Correct.

16 Q. If Mr. Neff admitted that it was between that
17 September appointment and that October
18 appointment that he started doing the deer
19 hunting, if that's what he testified to -- the
20 frequency of the deer hunting is up for debate
21 -- but he certainly admitted doing it, (raising
22 a rifle and shooting,) doesn't it make sense
23 that that's the likely thing that caused it?
24 I mean, isn't that the event that could have
25 precipitated the plate breaking?



1 A. I think it could have contributed to the reason
2 why the plate broke. But, again, I don't feel
3 like that's the reason why the thing didn't
4 heal, why it wasn't healed, why it wasn't solid
5 bony healing --

6 Q. So if he was already healing in September,
7 wouldn't it be reasonable to think that had he
8 continued to comply with the instructions of
9 Dr. Lehman, that it may have continued to heal?

10 A. It's possible.

11 Q. But we don't know that?

12 A. We don't know.

13 Q. We never know. Is there anyway --

14 A. I don't think anybody --

15 Q. -- even as an upper extremity expert, to make
16 that opinion?

17 A. Correct.

18 Q. No way to do that?

19 A. Right.

20 Q. Now, I'm looking under D of your affidavit
21 number 6-D. You indicate that any physical
22 activities and you put in quotations -- or
23 excuse me, parentheses -- (hunting and lifting,
24 etc.) as alluded to or illustrated in the
25 documentation were remote in time. What do you



1 mean by that?

2 A. Were later on after the initial surgery.

3 Q. "And would not constitute any significant
4 factor in the failure of the healing process"?

5 A. Correct.

6 Q. Can you explain what that means, just that
7 sentence.

8 A. Yeah. I think that, you know, if his fracture
9 was going to heal we should have been seeing
10 signs of the bone healing early on within the
11 first month to six weeks. And if he had gone
12 right out after surgery and started doing these
13 things, I think, that could have played a
14 significant role in that. The fact that there
15 was already evidence that there still was a gap
16 in there, that there still wasn't solid bony
17 healing, I don't think that any activity that
18 he was doing made that lack of healing happen.

19 Q. But we did have evidence of it improving, of it
20 closing, according to --

21 A. Well, according to Dr. Lehman.

22 Q. But you haven't seen the x-rays?

23 A. I haven't seen the x-rays.

24 Q. Okay. Would you agree --

25 A. It's hard to comment.



1 Q. -- that it's kind of hard for you to comment on
2 that?

3 A. It is. I agree.

4 Q. Well, if you can't comment, then we have to
5 rely on Dr. Lehman; do you agree?

6 A. Agree.

7 Q. I mean, you haven't seen the x-rays?

8 A. Sure.

9 Q. So, at least according to Dr. Lehman, there was
10 evidence in that first six-week period that his
11 non-union was started to come together in some
12 amount?

13 A. Sure.

14 Q. The next sentence you put in here is, "The
15 fracture was showing signs of non-union and
16 failure of healing long before Mr. Neff engaged
17 in any alleged hunting activity." If it was
18 starting -- if the last report before he
19 engaged in these activities showed it coming
20 together, that wouldn't necessarily be signs of
21 failing, would it; be signs of it coming
22 together?

23 A. Agree.

24 Q. Let me ask you this question. Doctor, did you
25 actually thoroughly review the deposition and



1 the notes provided from Dr. Lehman?

2 A. I read through them.

3 Q. And did you read every single word?

4 A. Probably, not.

5 Q. Is it possible you may have missed the
6 testimony that I showed you?

7 A. Possible.

8 Q. You didn't know about the deer hunting before,
9 at least you didn't read the deer hunting part
10 in the notes?

11 A. No.

12 Q. Is it fair to say that it's difficult to give
13 opinions, such as D and A when -- if you didn't
14 actually review all of the records?

15 A. That's fair.

16 Q. Would you agree that it's difficult to give
17 opinions as to what the most probable cause of
18 the failure was without reviewing all the
19 records and reviewing the actual x-ray scans,
20 which you weren't provided? Do you agree with
21 that?

22 A. That's fair.

23 Q. Is that a yes?

24 A. Yes.

25 Q. Okay. And, again, you wouldn't have



1 recommended your patient deer hunt during the
2 time frame that Mr. Neff was deer hunting;
3 would you agree with that?

4 A. Agree.

5 Q. Again, just going basically on your report that
6 he told you in your first time you saw him that
7 he had come out of that sling in four weeks,
8 would you agree that that's against Dr.
9 Lehman's orders according to his reports?

10 A. According to what Dr. Lehman's notes say.

11 Q. Okay. Would you have had asked him -- if you
12 were treating him in that scenario, would you
13 have asked him to come out -- would you have
14 wanted him to come out of the sling in four
15 weeks?

16 A. Depends on what the x-rays shows.

17 Q. If the x-ray showed that there was not any
18 healing at that point in time --

19 A. I likely would have kept him in it for longer.

20 Q. Okay. And would you agree that there's less
21 than a 50 percent change that this next
22 surgery, no matter how good of a surgeon you
23 are, is going --

24 A. I'd say it's about 50/50.

25 Q. Is that a opinion to a reasonable degree of



1 medical certainty?

2 A. Yes, sir.

3 Q. Thank you. Those are all the questions I have
4 for you.

5 **DR. SCHIFFERN - RE-EXAMINATION BY MR. GARNER:**

6 Q. Dr. Schiffern, in regard to the bone stimulator
7 from your review of the documents, did Dr.
8 Lehman ever get the bone stimulator that he
9 wanted for Mr. Neff?

10 A. No, sir.

11 Q. Why would he have wanted or needed a bone
12 stimulator under these circumstances?

13 A. A bone stimulator is typically ordered when
14 there is concern about fracture healing. So
15 it's ordered to stimulate the fracture to heal.

16 Q. And, from your review, was it indicated that
17 Dr. Lehman did not -- ultimately, did not get
18 the one that he wanted for Mr. Neff?

19 A. That's correct; in the notes.

20 Q. And in regard to the September 4th note of Dr.
21 Lehman, I believe, he indicated that Mr. Neff
22 had only been using the bone stimulator for one
23 week, and he further indicates -- I'll direct
24 you to that -- I can't find it myself -- that
25 an alternative vendor was apparently authorized



1 by workers' comp and I'm not familiar with this
2 particular device. Does that indicate that
3 he's having frustration with getting what he
4 wants from the workers' comp people?

5 A. I would assume so from his notes.

6 Q. That indicates, even though he had prescribed
7 it a month or a month or more before, that he
8 only had gotten it one week before; is that
9 correct?

10 A. Yes.

11 Q. All right. Now, as far as the deer hunting --
12 are you a deer hunter?

13 A. No, sir.

14 Q. It's not deer hunting itself that's the issue
15 here. It's the activities you engage in while
16 deer hunting, if you're hunting, correct?

17 A. Correct.

18 Q. Did Dr. Lehman have any information other than
19 what Mr. Neff actually told himself about what
20 his activities were in regard to the deer
21 hunting?

22 A. Not that I'm aware of.

23 Q. In your opinion, after review everything that
24 you have reviewed in this case -- let me ask
25 you this. Did you get everything you thought



3 A. I would certainly like to see the images
4 myself, the x-rays. *why didn't he*
he didn't

6	A. Sure.

9 -

11 Q. -- in that affidavit? And are they stated to
12 a reasonable degree of medical certainty?

14 Q. And despite what's been brought to your
15 attention today, are they still your opinions?

17 Q. Are they still your opinions to a reasonable
18 degree of medical certainty?

20 Q. In your opinion, did deer hunting or any
21 activities associated with deer hunting have
22 anything to do with the failure of the hardware
23 or the non-union in this case?

25 Q. Okay. And you testified that you or no other



1 surgeon could know for sure what caused this
2 non-union or failure. Dr. Lehman couldn't know
3 either, could he --

4 A. No.

5 Q. -- regardless of how much information he had;
6 is that correct?

7 A. There's a lot of factors that play into why a
8 bone doesn't heal.

9 Q. Okay. Is it your opinion that non-union was --
10 made a distinction between the non-union and
11 the failure of the hardware; is that correct?

12 A. Yes, sir.

13 Q. Is it your opinion that the non-union had
14 occurred and was going to cause the hardware to
15 fail regardless of what Mr. Neff did or did not
16 do?

17 A. That's my opinion.

18 Q. And that's still your opinion?

19 A. Uh-huh (affirmative response).

20 Q. Is that --

21 A. Yes, sir.

22 Q. And you were asked about the extended delay up
23 until now, some year and a half after Dr.
24 Lehman had released Mr. Neff and, I think, he
25 last saw him on October 12, 2012, I believe.



1 At that time, if you had been -- if Mr. Neff
2 had been referred to you, as Dr. Lehman
3 requested, would you have been willing and
4 ready to undertake his surgery at that time?

5 A. Yes, sir.

6 Q. And do you believe and still believe that
7 surgery is the most viable alternative for
8 improving his condition?

9 A. I do.

10 Q. That's all I have for you, Doctor. Thank you
11 very much, sir.

12 **DR. SCHIFFERN - RE-EXAMINATION BY MR. HAIGLER:**

13 Q. Doctor, you would agree though that Dr. Lehman
14 in his deposition testified that in his opinion
15 the most likely reason for his failure, the
16 surgical failure, was the non-compliance?

17 A. I do agree that that's Dr. Lehman's opinion.

18 Q. Okay. Now, there was some questions about the
19 bone stimulator and what Dr. Lehman actually
20 wanted. I'm going to show you -- this is page,
21 I think, it's page 24 of Plaintiff's APAs,
22 that's actually the prescription that was
23 written by Dr. Lehman; would you agree with
24 that?

25 A. Yes, sir.



1 Q. Anywhere on there does it say what kind of bone
2 stimulator he wanted? *His notes & depo do*

3 A. No, it does not.

4 Q. Thank you. And this is page 32, I guess it is,
5 the numbers are cutoff. Well, it's the second
6 page of 10/11/12 report, if you will look at
7 that.

8 A. Sure. Yes.

9 Q. The very first sentence, will you read that,
10 please.

11 A. "Mr. Neff has been completely non-compliant
12 with treatment ever since the surgery, not
13 using his sling, going deer hunting, etcetera,
14 despite my concerns voiced day one regarding
15 the potential of continued non-union and
16 fracture of the plate."

17 Q. Based on that sentence, does Dr. Lehman report
18 that he had been non-compliant since the day of
19 surgery?

20 A. Yes, he does.

21 Q. Had you seen that sentence before today?

22 A. Yes, I had.

23 Q. Because you reviewed the report?

24 A. Yes, sir.

25 Q. I guess my question is, how in the world can,



1 if he had been non-compliant since surgery, how
2 in the world can we have any other conclusion
3 other than his non-compliance was the reason
4 the surgery failed?

5 A. Well, I think that the reason why the bone
6 didn't heal there's a lot of factors that could
7 go into bone healing. And, primarily, the
8 number one reason is biology. And, you know,
9 I think that regardless of what he did or what
10 he didn't do, compliance-wise, I think, you
11 know, his bone wasn't healing. It didn't heal.
12 And I personally don't -- it's my opinion that
13 any activity he did, did not cause that.

14 Q. Okay. If you do the surgery that you're
15 recommending and he's non-compliant from day
16 one, are you going to be surprised if it fails?

17 A. No. I think it contributes to it, but --

18 Q. Thank you, Doctor.

19 A. Sure.

20 **DR. SCHIFFERN - RE-EXAMINATION BY MR. GARNER:**

21 Q. And is the opinions you stated as the upper
22 extremity specialist that Dr. Lehman tried to
23 refer Mr. Neff to, you are that person; is that
24 correct?

25 A. Yes, sir.



1 Q. And you're the person that are expressing these
2 opinions after reviewing Dr. Lehman's notes and
3 so forth?

4 A. Yes, sir.

5 Q. In regard to that October 12, 2012 note where
6 he indicates non-compliance, that's a
7 subjective determination based on his opinion
8 at that time; is that correct?

9 A. Yes, sir.

10 Q. There was no indication, in any prior record to
11 that, of any non-compliance, was there?

12 A. I don't recall.

13 Q. Okay. Is the reason Jimmy Neff is in the
14 situation he's in because he was injured on the
15 job in an explosion in the information that you
16 have?

17 A. Yes, sir.

18 Q. So if not for that, he would not be where he
19 is; is that correct?

20 A. That's my opinion.

21 Q. That's all. Thank you, Doctor.

22 **MR. HAIGLER:** Thank you, Doctor.

23 A. Thank you.

24 **MR. HAIGLER:** I appreciate it.

25 **(There being no further questions, the deposition**



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concluded at 3:59 p.m.)

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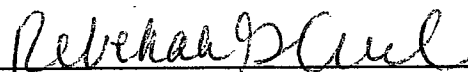


CERTIFICATE

This is to certify that the deposition of **SHADLEY C. SCHIFFERN, M.D.**, consisting of Fifty-Seven (57) pages, is a true and correct transcript of the testimony given by said deponent after being duly sworn; said deposition was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on January 14, 2014.



Rebekah Gervin Creel
Notary Public No. 19942760095

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1203594

JAMES NEFF,
EMPLOYEE,
CLAIMANT,
VS.
LEARS WELDING AND
FABRICATION,
EMPLOYER,
AND
SUMMIT HOLDINGS
CARRIER,
DEFENDANT.

DEPOSITION OF:
WILLIAM LEHMAN, L.M.D
JANUARY 16, 2013

Deposition on the oral examination of WILLIAM
LEHMAN, L.M.D, reported by Krista M. Gibson, Verbatim
Court Reporter and Notary Public in and for the State
of South Carolina; said deposition taken pursuant to
notice and in accordance with the South Carolina Rules
of Civil Procedure, at the Offices of Carolina
Orthopaedic Surgery Associates, 118 Professional Park
Drive, Rock Hill, South Carolina, on Wednesday, the
16th day of January, 2013, scheduled for 6:30 p.m. and
commencing at the hour of 6:49 p.m.

APPEARANCES:

Representing the Employee:

MR. EVERETT H. GARNER, ESQUIRE
Holler Dennis Corbett Ormond
Plante and Garner
1777 Bull Street
Columbia, South Carolina 29201

Representing the Employer's Insurance Carrier:
(Summit Holdings)

MR. NICOLAS L. HAIGLER, ESQUIRE
Sowell, Gray, Stepp, Laffitte, LLC
1310 Gadsden Street
Columbia, South Carolina 29201

Also Present:

Mr. & Mrs. James Neff

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Court Reporter's note:

-- indicates interruption; incomplete phrases;
unfinished sentences.

1 This deposition is taken in accordance with
2 the South Carolina Rules of Civil Procedure.

3 It is agreed and stipulated by the deponent
4 and respective counsel that the reading and signing of
5 the deposition by the deponent is expressly not waived.

6 WHEREUPON:

7 WILLIAM LEHMAN, L.M.D., being duly sworn and
8 cautioned to speak the truth, the whole truth and
9 nothing but the truth, testifies as follows:

10 EXAMINATION BY MR. HAIGLER:

11 Q. Dr. Lehman, please state your full name for
12 the record.

13 A. William Lewis Lehman, Jr.

14 Q. Okay. Dr. Lehman, my name is Nick Haigler
15 and I represent Leers Welding in Mr. James Neff's
16 worker's compensation claim. I know you've been
17 deposed before because I've deposed you a few times.
18 Off the record, the attorney for Mr. Neff and myself
19 agreed that we would stipulate to your qualifications
20 as a Board Certified Orthopaedic Surgeon; is that
21 correct?

22 MR. GARNER: That's correct.

23 Q. Okay. So, I won't go into your
24 qualifications but, just for the record, where do you
25 practice currently?

1 A. Carolina Orthopaedic Surgery Associates in
2 Rock Hill, South Carolina, mainly. We have several
3 offices but that's our main office.

4 Q. Okay. And during the course of your practice
5 you had an opportunity to treat Mr. Neff and, correct
6 me if I'm wrong, I believe the first date of that
7 treatment, at least with regard to this worker's comp
8 claim, was April 21st, 2012; is that right?

9 A. Yes, sir.

10 Q. Okay. And when he came to see you on that
11 day -- I'm going to try to streamline through this a
12 little bit, if I can. He had multiple issues at this
13 point but what were his issues, as far as you
14 understood them to be, from a medical treatment
15 standpoint?

16 A. Medical treatment. Well, in terms of the
17 injuries described to me, at the time of his initial
18 visit, were those of multiple traumas which included
19 closed head injury with vertigo and blurry vision, a C7
20 spinous process fracture at the top of the spine, or
21 the neck, multiple rib fractures, left clavicle
22 fracture, left elbow fracture. I believe it was a left
23 elbow fracture. And, a left ulnar styloid fracture,
24 which is at the wrist.

25 Q. Okay. Did you conduct your own determination

1 of whether those were his actual injuries, or did you
2 get that information from somewhere else?

3 A. I reviewed multiple x-rays, as well as a CD,
4 of those injuries.

5 Q. Okay. So, were you able to confirm them as
6 described?

7 A. Yes.

8 Q. Okay. And how did you -- if you can, instead
9 of me going through every report, I'm going to go
10 through every injury and you can just kind of tell me
11 what you did. How did you treat his neck and cervical
12 fracture at C7?

13 A. It did not appear that that particular
14 fracture required any specific treatment, other than
15 giving the bone a chance to heal. It was a stable
16 injury. It did not require a brace or, certainly, any
17 surgery.

18 So, the treatment was simple observation and
19 assessment of any symptoms that Mr. Neff might have in
20 terms of -- which might suggest that there was
21 incomplete healing. But, overall, I believed this
22 could heal uneventfully.

23 Q. Okay. That was my next question. As of the
24 last time you saw him, was he still having problems
25 with that fracture or had that fracture healed, as best

1 you understood it?

2 A. I felt that that fracture had healed.

3 Q. Okay. Was there any residual impairment as a
4 result of that fracture?

5 A. No.

6 Q. Okay. Is that opinion stated to reasonable
7 degree of medical certainty?

8 A. Yes.

9 Q. Okay. So, had he reached MMI with regard to
10 that fracture?

11 A. Yes.

12 Q. Okay. With regard to the rib fractures, what
13 was your prognosis for those and what was your
14 treatment plan for those?

15 A. Basically, the rib fractures were felt to be
16 stable. They did count for a fair amount of pain
17 during the early course of treatment, but those
18 fractures appeared to heal uneventfully. There was no
19 specific permanent impairment from the rib fractures.

20 Q. Okay. Has he reached MMI, as to those rib
21 fractures, as far as you know?

22 A. Yes, I believe --

23 Q. In your opinion?

24 A. -- he has reached MMI, most probably.

25 Q. Okay. And with regard to the left elbow

1 fracture, how did you treat that and what was your plan
2 for that?

3 A. That was a trochlear fracture. It was
4 relatively minor as far as I remember. Again, that was
5 an injury that required no specific treatment, other
6 than some immobilization, as far as I remember. The
7 soreness and the pain experienced from Mr. Neff at the
8 left elbow, I believe, gradually resolved and required
9 no specific additional treatment.

10 Q. Okay.

11 A. And I believe he reached maximum medical
12 improvement in that regard. I believe that was a
13 radial head fracture and I basically suggested early
14 range of motion in order to avoid stiffness at the
15 elbow. And I believe during his course of treatment,
16 which I do believe required some therapy or at least
17 some exercises, his elbow range of motion did recover.

18 Q. Which report are you looking at to reference
19 that?

20 A. Basically, 5/30/2012.

21 Q. Okay.

22 A. And to get an x-ray that showed a fracture
23 which was not displaced. Likely, only for physical
24 therapy to restore motion. And as far as I'm aware,
25 the elbow motion pretty much did heal.

1 Q. I'm actually looking at your 7/12 report. Do
2 you have that?

3 A. Oh, yes.

4 Q. In front of you?

5 A. Normal range of motion, some residual
6 tenderness at the radial head.

7 Q. And that's regarding the left elbow, correct?

8 A. Yes.

9 Q. Okay.

10 A. And I believe that has recovered
11 uneventfully.

12 Q. Okay. Any residual impairment from that
13 injury?

14 A. No --

15 Q. From the left elbow injury?

16 A. Not that I'm aware.

17 Q. Okay. It looks like he also had a left wrist
18 injury, an ulnar styloid fracture; is that correct?

19 A. Yes.

20 Q. And, I'm reading, again, your seven -- it
21 happens to be the one I'm on, your July 12th, 2012
22 report. Did you indicate that his wrist should become
23 asymptomatic?

24 A. Yes.

25 Q. And is currently non-tender. Is that your

1 notation?

2 A. Yes.

3 Q. Okay. Has he reached maximum medical
4 improvement for the left wrist fracture?

5 A. Yes, as far as I'm aware. Of course, one
6 caveat would be that I have not seen Mr. Neff, I
7 believe, in some time. Not since, I believe --

8 Q. I believe it was October 11th, 2012; is that
9 right?

10 A. Yes, yes.

11 Q. Have you seen him since then?

12 A. I have not seen him since then, but basically
13 my understanding was that the ulnar styloid fracture
14 became asymptomatic and required no further treatment.

15 Q. As of that date, October 11th? Let me ask it
16 this way. As of October 11th, were you still treating
17 the left wrist?

18 A. No.

19 Q. Okay. So, would he have reached maximum
20 medical improvement, by that date, for the left wrist
21 injury?

22 A. Yes.

23 Q. Okay. Was there any residual impairment as
24 of that date?

25 A. Not that I'm aware of.

1 Q. Okay. Are those opinions, with regard to the
2 neck, the wrist, the elbow and the ribs, stated to a
3 reasonable degree of medical certainty?

4 A. Yes.

5 Q. Okay. With regard to any neurological injury
6 that he may have had, did you defer that treatment to
7 someone else?

8 A. Yes. I believe those injuries, I was hoping,
9 would be dealt with through one of the neurologists.

10 Q. Okay. Is that something you can treat here
11 or is that something you refer out?

12 A. Well, that type of condition, the blurry
13 vision, the vertigo and so forth, those would generally
14 be referred out to someone else, such as a neurologist.

15 Q. Fair enough. The other injury is the left
16 clavicle injury. Is that correct, doctor?

17 A. Yes.

18 Q. Okay. And what was your -- how did you want
19 to treat that injury initially -- what was your plan
20 when you initially saw him?

21 A. I believe the initial treatment was
22 conservative. In most circumstances, a clavicle
23 fracture would be expected to heal. And, I guess, the
24 operative indications would be, of course, an open
25 fracture. One which is widely displaced and shortened,

1 leading to deformity. Neither of those conditions was
2 present, so I was hoping that this fracture would heal
3 with just observation and conservative treatment.

4 Q. Okay. Do you know why that did not happen,
5 and why surgery was indicated at some point, or
6 necessary?

7 A. Well, at a certain point in time, generally
8 after a three month period of time with no evidence of
9 healing or perhaps, let's say, two months time with no
10 evidence of progression to healing, we can then
11 diagnose a nonunion or a delayed union.

12 In that circumstance additional treatments
13 are indicated. That would be operative, of course. It
14 would be bone stimulation with a bone stimulator.
15 Those kinds of treatments.

16 I don't know exactly why Mr. Neff's clavicle
17 went on to a nonunion, but it did not show any
18 progression to healing and therefore I felt that
19 surgical treatment was indicated.

20 Q. Is that fairly unusual for that to be the
21 case? For there to be no union of the bone?

22 A. Yes. It's fairly unusual, yes.

23 Q. Okay. When you initially saw him and during
24 the course of conservative treatment, was he advised to
25 use -- did he have restrictions on the use of that left

1 arm or that left upper extremity?

2 A. Yes. I believe I suggested that Mr. Neff use
3 a sling or some immobilization of that. So, obviously,
4 you can't use a cast on a broken clavicle.

5 So, we're forced to use second best
6 treatment, I guess, which would be the use of an arm
7 sling or a figure of eight sling, of some sort, to give
8 a chance for the fracture to heal.

9 Q. Okay. Is it important that the patient use
10 that sling in order to avoid a nonunion type issue? I
11 mean, is that the reason you give them the sling?

12 A. Yes.

13 Q. Okay. If a patient weren't using that sling,
14 would that possibly be a reason why the nonunion
15 occurred?

16 A. Yes.

17 Q. Okay. All right. And you performed surgery
18 on what date?

19 A. It was July 25th, 2012.

20 Q. Okay. After the surgery, was he given
21 restrictions or did you ask him to continue to use the
22 sling as an immobilization device?

23 A. Yes.

24 Q. How long did you anticipate he would need to
25 have that left arm immobilized?

1 A. Well, until we had evidence that the fracture
2 had stabilized. With sufficient healing, he would not
3 need the sling any further.

4 Q. Okay. Was that your instruction to him? Let
5 me ask you this way. Was your instruction to him, that
6 he would use the sling until you told him otherwise?

7 A. Yes, basically. Yes.

8 Q. Okay. And when I say, use the sling -- when
9 you tell a patient to use the splint or the sling, or
10 whatever you want to call it, does that mean sleep on
11 it, sleep with it, or does that mean use it all the
12 time but in the shower? What do you mean when you say
13 to use it?

14 A. Well, generally -- are you talking about
15 after the surgery?

16 Q. Correct.

17 A. Yeah. Generally --

18 Q. And before. I mean, when you tell a patient,
19 hey, use this, what do you mean? Tell us what you mean
20 as far as that.

21 A. Well, I would say, essentially full-time.
22 It's something where, you know, it's not very effective
23 immobilization. It's something we try to do so that
24 generally we feel that it's often okay for someone to
25 take it off for showers. As long as they don't trash

1 around or fall out of bed, they might not need to use
2 it full-time in bed. But, I would generally advise the
3 patient to use the sling to such an extent that they
4 did not stress the area of the fracture.

5 Q. Okay. How long after surgery does it
6 normally take, in your professional opinion, for the
7 union to occur or for the surgery -- the process of the
8 bone, you know, grafting to the rest of the bone or
9 whatever you put in there. How long does that process
10 normally take, in your opinion?

11 A. Well, in usual circumstance, I would say
12 within six weeks the fracture should be adequately
13 stable. I guess the physiology of bone healing is
14 generally, in the clavicle, fairly rapid. So, in a
15 good circumstance, four weeks might be adequate.

16 Q. Okay. Assuming the person were immobilizing
17 the upper extremity, correct?

18 A. Yes, yes. That's one of the advisories I
19 give a patient.

20 Q. Okay.

21 A. To give it a better chance that it will heal
22 within that time period. It can still heal, even
23 without the immobilization, but it would generally be a
24 slower process.

25 Q. Okay. I'm looking at your August 24th

1 report, which would have been almost, I guess, 30 days
2 post surgery, or about four and a half weeks; is that
3 fair?

4 A. Yes.

5 Q. Okay. Did you perform an x-ray on that day?

6 A. Yes.

7 Q. And what did that x-ray reveal to you?

8 A. It showed satisfactory placement of the
9 hardware, in other words, I felt that the bone had been
10 put back in the proper position. But, there was still
11 a gap noted in the area where the fracture had not
12 united.

13 Q. Were you able to explain the reason that the
14 gap had not -- that the union had not occurred, at that
15 point in time?

16 A. No. However, at four weeks out I would not
17 necessarily have -- in the face of a nonunion, I would
18 not necessarily have been too concerned about a gap at
19 that time. But, it was certainly of concern that I had
20 not yet achieved union of the fracture. I was
21 depending on the hardware and, of course, the bone
22 marrow and the bone graft and the bone stimulator to
23 hasten the process of healing.

24 Q. Okay. Doctor, I'm looking at your 9/14/12
25 report. Is that the next time you saw him?

1 A. Yes, sir.

2 Q. Okay. How was he doing at that point in
3 time, as far as the clavicle goes?

4 A. Well, I guess I mentioned on the previous
5 note that I was concerned about some low grade
6 infection going on. I placed Mr. Neff on some
7 antibiotics. Infection is known to be one reason why
8 bones don't heal as quickly as you would like. But, I
9 saw no evidence of any infection at that point.

10 I don't remember any specific concerns. Mr.
11 Neff was having some pain, but that would be expected.
12 I did note that the incision had healed properly,
13 without obvious deformity, and that the x-ray still
14 showed at least some gap in the area where the fracture
15 was trying to heal.

16 Q. Could you tell whether the gap had closed at
17 all, or was that evident to you by the x-ray?

18 A. I did note that it appeared that the fracture
19 was at least partially healing.

20 Q. Okay. What about the hardware itself, had
21 that been in anyway damaged or was it still intact?

22 A. I believe it was still intact at that time.

23 Q. Okay. Would you have noted something wrong
24 with the hardware, in your report, had there been
25 something wrong?

1 A. Yes.

2 Q. Okay. What was your -- it looks like you
3 asked him to continue using the bone growth stimulator
4 and remain sedentary. Is that a fair summarization?

5 A. Yes.

6 Q. Okay. Were there any other restrictions that
7 you placed on him?

8 A. Not specifically. I don't believe Mr. Neff
9 was able to return back to any sort of light duty. So,
10 he was simply to continue sedentary activity, sitting
11 only. Basically, not using the arm or with very
12 limited use of the arm.

13 Q. Should he have been still in the sling or
14 splint?

15 A. Yes.

16 Q. Okay. And, then, finally Doctor, it looks
17 like the next time you saw him was October the 11th; is
18 that right?

19 A. Yes, sir.

20 Q. Okay. And at this point in time, did he
21 indicate to you that he had -- I'm reading your report
22 -- well, actually, I'll tell you what. The last
23 sentence in your subjective transcription starting
24 with, he states that he has been trying to avoid. You
25 see that sentence?

1 A. Yes.

2 Q. Can you read that sentence, please?

3 A. He states that he has been trying to avoid
4 using the arm but still is not in the sling and admits
5 to not using it.

6 Q. Can you read the next sentence?

7 A. He told my assistant that he had been out
8 deer hunting.

9 Q. Okay. When you say that he is still not
10 using the sling, is that an indication that you had had
11 a conversation with him before about not using sling?

12 A. Yes, I believe so.

13 Q. Okay. Is it troubling to you, as a treating
14 physician, that he was not using the sling and, in
15 fact, admitted it to you?

16 A. Well --

17 Q. I guess my question is, is it hard to treat a
18 patient if they're not -- is it hard to treat him with
19 this particular injury if he's not using the sling?

20 MR. GARNER: Objection to --

21 COURT REPORTER: What was your
22 objection?

23 MR. GARNER: Object to the leading.

24 Q. (By Mr. Haigler) You can answer.

25 A. I was concerned about the nonunion and the

1 fact that we were having a difficult time. And I knew
2 he would have a difficult time getting this to heal,
3 and that's the reason for the bone graft and the bone
4 stimulator in addition to the surgery. So, yes. I
5 was, I guess, trying to slow Mr. Neff down and trying
6 to get him not to use the arm as much as he apparently
7 was.

8 Q. Okay. Would you have recommended that he
9 hunt deer?

10 A. No.

11 Q. Okay. Would have recommended that he use a
12 rifle to hunt deer?

13 A. No.

14 Q. Okay. If he had come into your office and
15 said, Doctor, I've been hunting deer. I want to go
16 hunt deer with a rifle. Would you have said, okay,
17 that's fine, I'm okay with you doing that?

18 MR. GARNER: Object to leading, again.

19 Q. You can answer.

20 A. No.

21 Q. Okay. Was he restricted from doing such
22 activities, such as deer hunting?

23 A. Well, I really wasn't aware, prior to this
24 visit, that Mr. Neff was a deer hunter. But, in
25 general, I would never recommend that hunting deer or

1 using a rifle with the recoil and so forth, and the
2 required positioning of the arms in order to hold the
3 rifle.

4 Q. Okay. Were you aware that he had actually
5 been deer hunting up to a dozen times, before this
6 visit, after his surgery but before this visit in
7 October? Were you aware of that?

8 A. No.

9 Q. Okay. Would activities such as deer hunting,
10 up to 12 times, and using a rifle to do so after
11 surgery -- I guess, in less than a three month period
12 since his surgery. Could that have been a causative
13 factor as to why he wasn't healing appropriately, or as
14 you would have expected?

15 A. Yes.

16 Q. Okay. Did you take an x-ray on this visit on
17 October 11th?

18 A. Yes.

19 Q. Okay. And what did you find on that x-ray?

20 A. The clavicle plate had broken.

21 Q. Okay. Had you seen that in any prior x-ray?

22 A. No.

23 Q. What is that an indication -- what does it
24 take, I guess -- let me ask this question. What does
25 it take to break that type of plate? What kind of

1 activity does it take, or what kind of force does it
2 take?

3 A. It's a -- I believe it's a -- it would take a
4 considerable force, I guess. Or a repetitive force, I
5 guess, in order to break a plate such as that.

6 Q. The fact that the plate broke, is that an
7 indication to you that he was using his left arm far
8 outside of the restrictions that you gave him?

9 A. Well, that's one possibility, I guess. The
10 other thing we deal with, in orthopaedics, is if you're
11 dealing with a nonunion in any bone, and the bone is
12 not healing appropriately, there's inevitably some
13 force, just in the activities of daily living, that can
14 lead to the plate breaking.

15 It's actually one of the easiest way to tell
16 that the bone is not healed properly. So, I guess it's
17 not often -- it can be the extent of force, the actual
18 amount of force applied to the plate. But, it also can
19 be just a lot of repetitive movement across the plate,
20 which then leads to a fatigue fracture of the plate.

21 Q. I understand. Wasn't he restricted from
22 activities of daily living with that left arm, the left
23 upper extremity, per all of your reports since surgery?
24 Wasn't he restricted from doing those type of things?

25 A. Yes.

1 Q. Okay. Did you report on October the 11th,
2 2012, that he had been completely non-compliant with
3 treatment since surgery, including not using his sling
4 and going deer hunting?

5 A. That was certainly my concern, yes.

6 Q. Is that exactly what your report says?

7 A. Yes.

8 Q. Okay. Did you believe that non-compliance
9 was the reason that he had not healed properly?

10 A. I thought it was certainly a factor.

11 Q. Okay.

12 A. I couldn't rule out other issues, of course,
13 that contributed. Which were the questionable quality
14 of the bone stimulation device, which was an off brand
15 and unknown to me.

16 I was not provided by the vendor the
17 specifications or the track record, as it were, of
18 success in using that particular device in such
19 circumstances as nonunion clavicles. So, that was a
20 concern.

21 I was also concerned about the plate, which
22 was a titanium plate. It is more bio-compatible with
23 less chance of infection, but the strength of that
24 plate is sometimes not as rigid. And, I suppose, could
25 be more prone to failure as opposed to the stainless

1 steel plate.

2 But, I think the predominant factor would be
3 just the, I guess, mini trauma or mini use of the arm.
4 Which then lead to a fatigue fracture in the plate.

5 Q. Okay. When you say, mini use, are you
6 including the use of the rifle to deer hunt?

7 A. Yes. That would be one factor, yes.

8 Q. Would you consider that more than a mini use?
9 I mean, what does it require to use a rifle?

10 A. Well, I guess the positioning, in order to
11 hold the rifle, and the recoil. Those are the only
12 factors that I'm really familiar with. I'm not really
13 a deer hunter.

14 Q. Sure, sure.

15 A. I don't know what caliber rifle was used and
16 how many shots were taken and so forth. But,
17 certainly, that would seem to place some stress upon
18 the plate.

19 Q. Did he have restrictions as far as how high
20 he could lift his left arm? In other words, was he
21 allowed to hold a rifle up at eye level, in order to
22 shoot?

23 A. No. That did not -- it would be -- the
24 restrictions were mainly arm at the side, basically.
25 As when somebody is in the shoulder sling.

1 Q. Okay. In other words, that would not have
2 been something you would have wanted him to do; is that
3 fair?

4 A. That's fair.

5 Q. Okay. Doctor, was the reason you discharged
6 him from your -- let me ask you, did you discharge him
7 from your practice?

8 A. No.

9 Q. Okay. Did you recommend that he see another
10 physician?

11 A. Yes.

12 Q. Okay. Do you typically continue to treat
13 patients who are, as you put it, completely non-
14 compliant with treatment?

15 A. Yes. I have on occasion discharged a patient
16 from the practice in said circumstances. But, I felt
17 that I -- I feel in general that I have an obligation
18 to continue to treat a patient, as best I know how,
19 even if they are non-compliant.

20 Q. Okay. Doctor, can you give an opinion to a
21 reasonable degree of medical certainty as to whether --
22 I'll tell you what, let me ask that question in a
23 minute. Were you aware that -- let me ask it this way.
24 He had been using the bone growth stimulator, as of
25 this October visit, for a few weeks; is that fair?

1 A. Yes, I believe so.

2 Q. Okay.

3 A. There was a delay in getting the bone
4 stimulator approved and so forth.

5 Q. Okay. But, had he been using it for a few
6 week period of time before you saw him in October?

7 A. Yes.

8 Q. Okay. Was there any issue with the plate
9 breaking before he came to see you on October 11th?

10 A. No.

11 Q. Okay. When the plate breaks, does that
12 create any kind of additional pain that a patient may
13 not have had before the plate broke?

14 A. Yes. The bone obviously would be unstable.
15 And there would again be a deformity, which would press
16 on the muscles and so forth.

17 Q. Okay.

18 A. So, yes. I think there would be more pain
19 after the plate broke.

20 Q. Okay. Were you aware that Mr. Neff actually
21 went hunting the morning of this visit? Were you aware
22 of that?

23 A. Not specifically.

24 Q. Okay.

25 A. I didn't realize it was that morning, but

1 certainly I knew that he had been doing it at the time
2 of that visit.

3 Q. In your opinion, could using a rifle to deer
4 hunt or using a rifle period, and not using the sling
5 as instructed, could those two things cause the plate
6 to break?

7 A. Yes.

8 Q. Okay. Is that opinion to a reasonable degree
9 of medical certainty?

10 A. Yes.

11 Q. Okay. In your opinion -- and I'm asking you
12 to state this opinion to a reasonable degree of medical
13 certainty. In your opinion, is the condition that you
14 found him in on October the 11th, 2012 as far as his
15 left clavicle goes, is that condition or was that
16 condition caused by his non-compliance with treatment?

17 MR. GARNER: Object to the form of the
18 question.

19 A. I'm sorry. Could you repeat the question?

20 Q. The question is, more likely than not, was
21 the condition of his left clavicle on October the 11th,
22 caused by his non-compliance with treatment?

23 A. That's with the plate broken?

24 Q. Correct.

25 A. I would say that that would be a substantial

1 factor.

2 Q. More likely than not?

3 A. Yes.

4 Q. Okay. Is that opinion stated to a reasonable
5 degree of medical certainty then, more likely --

6 A. Yes.

7 Q. -- than not?

8 A. Yes.

9 Q. Okay. Would you consider -- and I hate to
10 keep going through this but, as you know, we have to
11 mix legal terms with medical terms sometimes. But,
12 would you consider, again, the use of the rifle and the
13 failure to use his sling as instructed by his
14 physician, an intervening cause of his current problem?
15 In other words, a cause in-between the accident and the
16 problems he has now. Would you --

17 MR. GARNER: Object to the form of the
18 question.

19 Q. Can you give an opinion to that?

20 A. I guess that's a legal term. Could you
21 explain that a little bit more?

22 Q. I'll try to rephrase it.

23 A. I want to say the right thing. But, I guess,
24 he did have a fracture. It went on to a nonunion,
25 which the causes for that are not entirely clear. Then

1 he eventually had treatment, which included his
2 surgery, with a delay in the healing process. One of
3 the contributing causes certainly being lack of use of
4 the sling, and perhaps the deer hunting. Which,
5 therefore made it more likely that the plate would
6 break.

7 Q. Okay. Let me ask this question. Does he
8 need further -- I know this may be obvious, but does he
9 need further treatment for the left clavicle?

10 A. Yes.

11 Q. If you were to continue to treat him, what
12 type of treatment would you recommend at this point in
13 time? And, I know you haven't seen him in three
14 months.

15 A. Yeah.

16 Q. But, based on what you saw in October, what
17 would you have recommended?

18 A. Well, as I understand, Mr. Neff continues to
19 have symptoms at the clavicle, suggesting that the
20 clavicle has not healed. And, I guess even with a
21 broken plate, given enough time, it can still heal.
22 But, apparently it has not, or I presume has not. In
23 which case, the nonunion is the source of some
24 disability and pain. Therefore, I do feel that further
25 treatment is required. And that would be, most

1 probably, to take out the plate and place a new plate,
2 maybe a stronger plate, with some additional bone graft
3 and so forth. And hopefully, we could get that
4 fracture healed.

5 Q. Okay. So, potential additional surgery?

6 A. Yes.

7 Q. Okay. In the three month -- when you saw him
8 -- let me ask you this question. When you saw him in
9 October, did you recommend that he continue to use the
10 sling or the splint?

11 A. I don't mention that specifically, but, yes.
12 Just based on the pain alone, I would think the sling
13 would be helpful. But, also -- yeah, it would make
14 sense for him to use the splint, even at that point.

15 I guess there is an off chance that the
16 fracture would heal even with the broke plate. And,
17 also, I did not want to cause any further damage to the
18 surrounding structures with a bone that was basically
19 moving abnormally.

20 Q. Okay. Is it possible that the clavicle could
21 heal, in some form or fashion, during this three month
22 period of time that he's presumably had no treatment?

23 A. It's possible. I don't think it's likely
24 though, just based on how displaced the fracture was
25 and the fact that there was still a considerable gap in

1 the area between the bones, again, for unclear reasons.
2 Unlikely the fracture would heal but still a
3 possibility.

4 Q. Okay. Mr. Neff's in the room today, isn't
5 he?

6 A. Yes.

7 Q. Okay. He's not wearing his sling, is he?

8 A. No.

9 Q. Is that concerning to you or is that of note
10 to you for any reason? I mean, is it concerning to you
11 that he's still not wearing the sling that you've been
12 asking him to wear basically since July?

13 A. Well, it's interesting, yes. I guess it
14 makes me wonder whether the fracture has in fact
15 stabilized or at least partially healed.

16 Q. Okay. If he were still having the same
17 issues that he was having in October, would you have
18 expected him to be still wearing the sling today?
19 Would you expect him to show up in the sling today, is
20 my question.

21 A. Yes. I would say, yes. Although, Mr. Neff
22 did not seem to have as much pain as I would have
23 expected. So, often times, the sling would be based on
24 how much pain someone is having and he may just not be
25 perceiving the pain as much as someone else.

1 Q. Do you prescribe that sling to help with the
2 pain, or do you prescribe it to stabilize the arm so
3 that you don't undo what you've done orthopaedically?

4 A. Well, I guess it's a combination of both.

5 Q. Fair enough.

6 A. Yes.

7 Q. Fair enough. Did you examine or provide any
8 treatment for him for his neurological problems? You
9 commented on some of them in your reports. Did you
10 provide any treatment or examination for those issues?

11 A. I don't believe so.

12 Q. Okay.

13 A. I believe I was. I may be wrong, but I
14 believe that I was trying to get Mr. Neff in to see a
15 neurologist. But, it's very difficult to find a
16 neurologist in this area who will treat worker's
17 compensation cases.

18 MR. HAIGLER: Okay. Those are all the
19 questions I have for you, Doctor. Thank you.

20 EXAMINATION BY MR. GARNER:

21 Q. Dr. Lehman, my name is Hope Garner and I
22 represent Jimmy Neff in his worker's compensation
23 claim, your patient. You are aware that there is an
24 underlying, on-the-job injury which consisted of an
25 explosion of a welding tank; is that correct?

1 A. Yes.

2 Q. And as a result of that, he presented with
3 you and you documented, through talking with him and
4 through reviewing x-rays and so forth, that he
5 sustained multiple orthopaedic injuries as a result of
6 that explosion; is that correct?

7 A. Yes.

8 Q. He also sustained other injuries including,
9 apparently a concussion or neurological type injuries;
10 is that correct?

11 A. Yes.

12 Q. And there's no doubt in your mind that the
13 clavicle injury, the fracture of the clavicle, the
14 breakage, or the separation, or whatever occurred,
15 occurred as a result of that explosion and work related
16 injury; is that correct?

17 A. Yes.

18 Q. And if that had not occurred -- obviously, if
19 he had not experienced a work related injury, he would
20 not have come to you for any of these injuries,
21 including, potentially, the ultimate repair of the
22 clavicle injury; is that correct?

23 A. Yes, sir.

24 Q. In other words, he would not have needed to
25 have his clavicle repaired, would he?

1 A. That's correct.

2 Q. All right. Now, once he came to you and
3 presented these injuries to you, you said that you
4 decided to wait for a period of time to see if the
5 clavicle would heal on it's own; is that correct?

6 A. Yes, it is.

7 Q. Now, during that time scar tissue forms.

8 A. Yes.

9 Q. Does that concern you, that scar tissue would
10 be forming during that time?

11 A. Yes.

12 Q. All right. The longer you wait -- now,
13 obviously you have to balance the decision here as to
14 what to do. But, the longer you wait to do it, does
15 that make it more difficult?

16 A. Yes.

17 Q. And in this particular case it was about two
18 and a half months, after the injury, before the
19 surgery; is that correct?

20 A. Yes.

21 Q. And when you got in there and saw that he
22 needed surgery, you also saw that it wasn't going to be
23 a simple surgery of just putting in a plate. You also
24 needed to do some bone grafting; is that correct?

25 A. Yes.

1 Q. That's not always the case, is it?

2 A. That's correct.

3 Q. And if you put bone grafting in, that makes
4 it more likely that the situation will fail; does it
5 not? Than if you just have the plate in there.

6 A. Well, the reason I elected to use the bone
7 graft was because my impression was that we were going
8 to have trouble getting that cleaned.

9 Q. All right. And you referred earlier in your
10 testimony that you knew this was going to be a
11 difficult case. What did you mean by that?

12 A. Well, the bone was widely separated. The
13 bone fragments were widely separated, suggesting there
14 was some scar tissue or muscle interposition in the
15 bone ends.

16 Again, as I also mentioned, it's unusual to
17 have a clavicle nonunion. The reasons for those aren't
18 clear, but there seems to be some biologic difficulty
19 in getting bones to heal in such circumstances. So,
20 that was another factor.

21 And there was also a gap, basically in the
22 bone, which had to be made up. Using bone graft is
23 just not the ideal material used to get rapid fracture
24 healing. It's much better if you can get the native
25 bones to abut, one against the other.

1 Q. And in this case you were not able to get the
2 native bones to abut, were you?

3 A. No. Not completely, no.

4 Q. The gap was there from the outset; is that
5 correct?

6 A. Yes.

7 Q. There's nothing that he did by non-
8 compliance, or anything, to cause that gap to be there
9 in the first place, was there?

10 A. No.

11 Q. That was caused by a work related injury,
12 wasn't it?

13 A. Yes.

14 Q. Okay. Now, did his weight have anything to
15 do with the difficulty of the situation?

16 A. Well, it made the surgery more difficult.
17 But, weight in itself really doesn't play a great
18 factor in this. It's a non-weight bearing bone. So, I
19 guess weight would not be a major factor.

20 Q. What about the configuration of his neck and
21 shoulder? I believe you commented in one of your
22 records about him having a big, heavy neck, a short
23 neck. Would that be a factor?

24 A. Well, it makes the surgery much more
25 difficult, yes. So, positioning is more difficult and

1 access to the area in a safe manner is more difficult.
2 It takes more time. And, of course, the visualization
3 with the x-ray while putting in the plate is much more
4 difficult.

5 Q. Okay. Now, you referred to the failure to
6 use the sling as one possible contributing factor to
7 the failure situation; is that correct?

8 A. Yes.

9 Q. And you referred to this alleged hunting, or
10 report of hunting, an activity that might go along with
11 that ordinarily, as being a possible factor; is that
12 correct?

13 A. Yes.

14 Q. Of course, when you said hunting you were
15 basing it on how he told you or apparently told your
16 assistant that he'd been hunting. You didn't get any
17 further details about what kind of physical activity he
18 engaged in while hunting, whether or not he sat,
19 climbed a tree stand or anything like that?

20 A. No.

21 Q. Okay. So, you don't know -- obviously, you
22 don't actually know what he was doing?

23 A. That's correct.

24 Q. And you said earlier, I believe, that you're
25 not a deer hunter.

1 A. Correct.

2 Q. Do you know when deer season begins?

3 A. Well, I think it varies by county, but I
4 think it usually starts around December sometime. In
5 Fairfield County, south of here, I think it starts even
6 sooner. Of course it depends on whether you're using a
7 bow and arrow or musket and that sort of thing.

8 Q. Right. All the indications so far in the
9 questioning, in the records and so on, indicate he was
10 using a rifle; is that correct?

11 A. Well, that's -- I don't really know whether
12 he's using a rifle or not.

13 Q. Right, right. Now, what if I told you that
14 the hunting season for using a gun started on October
15 1st? Would you be aware of that one way or another?

16 A. No.

17 Q. Okay. October 1st would be about 10 days
18 before the last time you saw him on October 12th, when
19 you referred to his deer hunting; is that correct?

20 A. Yes.

21 Q. So, if he went deer hunting 12 times in 10
22 days, I mean, obviously that would be unusual, wouldn't
23 it? And he'd probably overexert himself.

24 A. Yes. Again, it just depends on whether he
25 was just sitting in a deer stand trying to find deer,

1 or whether he was actually firing his rifle and so
2 forth.

3 Q. Right. And that would make a difference as
4 to how much pressure he was putting on the injury and
5 what he was actually doing. It's not the fact that he
6 was hunting -- I'm sorry. It's not the fact that he
7 was hunting. It would be the physical activities that
8 he actually engaged in. Would that be fair?

9 A. Yes.

10 Q. And you don't know what that was, do you?

11 A. That's correct.

12 Q. Okay. You referred earlier to a titanium
13 plate, I believe. And they used that because less
14 chance of infection. But would a steel plate --
15 looking at it retrospectively now, have been preferable
16 to have been used in this case?

17 A. Yes.

18 Q. If a steel plate had been used would it have
19 broken, in your opinion?

20 A. That would require some conjecture, but it
21 certainly would be stronger and would less likely
22 break.

23 Q. You also referred to a bone stimulator being
24 a factor that you recommended in healing; is that
25 correct?

1 A. Yes.

2 Q. At what point did you recommend that Mr.
3 Neff start using a bone stimulator?

4 A. As we discussed before, he'd only been using
5 it briefly at the time of one of these visits. But, I
6 do remember that I had requested the bone stimulator a
7 significant time prior to it's actual arrival or being
8 used. There was at least some delay in getting
9 authorization for it's use.

10 Q. All right. That delay wasn't Mr. Neff's
11 responsibility, was it?

12 A. No.

13 Q. Whose responsibility was it?

14 A. Well, we have to go through the adjuster
15 usually.

16 Q. Did you write a written prescription for the
17 bone stimulator? I'm going to show you this document.

18 A. Yes.

19 Q. And that's dated August 24th, 2012; is that
20 correct?

21 A. Yes.

22 Q. Is that the first date that you thought he
23 needed it, or is that the first date that you decided
24 to write a written prescription for it, or do you
25 recall?

1 A. I don't really recall. But, generally it's
2 when I look at the x-ray and see that we don't have
3 progression to healing. We need to do something to
4 increase the chances of that bone healing. Then I
5 write a prescription for the stimulator.

6 Q. Okay.

7 A. So, I guess that would probably be the time
8 when I made the decision that it was needed.

9 MR. GARNER: I'd like to mark this.

10 (Marked Deposition Exhibit No. 1)

11 Q. Was a bone stimulator ultimately provided by
12 the worker's compensation carrier, Dr. Lehman?

13 A. Yes.

14 Q: All right. Was it the one that you wanted?

15 A. No.

16 Q. Why was it not the one that you wanted? What
17 was wrong with the situation?

18 A. Well, it basically had no specifications as
19 to the type of bone stimulation that was used. And
20 there are various types, which include inductive bone
21 stimulation. I wouldn't be the bio-medical expert, but
22 we also use stimulators that require use of ultrasound
23 and so forth.

24 I did not have any specific -- well,
25 basically there were no markings on the stimulator that

1 was received. And I could not look up the brand,
2 basically, to see what exact type and whether this was
3 one that I would recommend to provide optimal chances
4 of results.

5 Q. And what did you do to try to correct that
6 situation?

7 A. Well, I --

8 Q. Did you have a discourse back and forth with
9 the adjuster about that?

10 A. I believe I did write a letter to the
11 adjuster complaining, basically, about this choice of
12 stimulator and was basically told that this is a
13 contract. There is a vendor that the company goes
14 through to -- that it really isn't my decision which
15 type of stimulator is used.

16 Q. So, they said it was not a medical decision,
17 it was their contract decision?

18 A. Yes.

19 Q. And would you consider -- based on the
20 information that you had, would you consider the bone
21 stimulator that they provided to him -- to Mr. Neff, to
22 be an inferior stimulator?

23 A. I can't -- well, that was my impression
24 although I can't really state that to a reasonable
25 degree of medical certainty. All I can say is that it

1 had no markings, no brand, no specifications.

2 So, I guess it's possible that it could have
3 been a better bone stimulator than the one I had
4 anticipated using. But, it was just an unknown.

5 Q. All right. Is that unknown factor -- since
6 the whole situation, as far as the failure, is
7 essentially unknown, would that be another possibility
8 of a contributing factor to the failure of the union?

9 A. Yes.

10 Q. And the breakage of the plate?

11 A. Yes.

12 Q. And that particular situation was
13 precipitated by the worker's compensation carriers
14 decisions; is that correct?

15 A. Yes, basically, in terms of vendors and
16 people on contract and so forth

17 Q. All right. Now, you were apparently so
18 concerned about that situation with the bone stimulator
19 that you did some research, did you not?

20 A. Yes.

21 Q. And did you -- let me show you that document
22 and if you could repeat for the record what that is,
23 please.

24 A. This is a document from the Journal of Bone
25 and Joint Surgery. The date of the article is 2011.

1 It just discusses, well, bone stimulators and the
2 various types. This, of course, deals with tibial
3 shaft fractures, which are the classic bones we deal
4 with with nonunions. They stated that these pulsed
5 electromagnetic field stimulation, which is one type of
6 bone stimulation, their conclusion was that it did not
7 prevent secondary surgical intervention for delayed
8 union or nonunion. In other words, it didn't reduce
9 the need for surgery --

10 Q. All right.

11 A. -- on nonunions.

12 Q. So, is that the type stimulator that he was
13 actually provided?

14 A. I believe so.

15 Q. All right. So, based on that information
16 would you -- is that the stimulator that you would have
17 prescribed for him or recommended for him?

18 A. No.

19 Q. You said you did write a letter, I believe.

20 MR. GARNER: I'm going to mark this,
21 please.

22 (Marked Deposition Exhibit No. 2 & 3)

23 Q. I'm going to show you this, Doctor. Is that
24 the letter that you wrote to the claims adjuster in
25 regard to the bone stimulator situation?

1 A. Yes.

2 Q. Did Jimmy Neff ever get the bone stimulator
3 that you recommended for him?

4 A. Not that I'm aware.

5 Q. Now, you address, in this letter, the
6 specific concerns that you have that you already
7 expressed in your testimony; is that correct?

8 A. Yes.

9 Q. And you also put some handwritten notes at
10 the end, that's in the form of p.s.; is that correct?

11 A. Yes.

12 Q. Okay. And if I can read -- what's that first
13 word?

14 A. Fixation plate.

15 Q. Fixation plate is broken. And you say,
16 perhaps an inadequate bone stimulator played a role; is
17 that correct?

18 A. Played a role, yes.

19 Q. And that's the first thing you mentioned,
20 wasn't it?

21 A. Yes.

22 Q. And you go ahead and say, patient is non-
23 compliant -- is that what it says, non-compliant as
24 well?

25 A. Yes.

1 Q. And by non-compliant, you were talking about
2 the failure to use the sling?

3 A. Yes..

4 Q. And were you talking about anything else at
5 that point? I don't believe you knew about any alleged
6 deer hunting at that point. That didn't come to your
7 attention until the next visit, I believe.

8 A. I believe so.

9 Q. So, is that the only non-compliance you were
10 referring to at that point?

11 A. I believe so.

12 Q. It says, I do not feel confident about
13 further operations; is that right?

14 A. Yes, sir.

15 Q. Plate exchange and re-grafting, so forth,
16 what did you mean by that?

17 A. Well, I guess I just -- it was a difficult
18 surgery. Digging out the plate and redoing it is
19 basically -- especially given Mr. Neff's sleep apnea
20 and then medical issues. I felt that it would be
21 prudent to send him to an upper extremity specialist
22 who ideally would -- well, potentially do a better job
23 than I could about getting this healed without any
24 further delay.

25 Q. So, you don't consider yourself an upper-

1 extremity specialist?

2 A. No.

3 Q. And this was surgery to an upper-extremity;
4 is that correct?

5 A. Yes.

6 Q. And is that why, at that point, you were
7 wanting to possibly refer him to, I believe, Dr.
8 Schiffen? And there was another doctor mentioned, I
9 believe. Are they upper-extremity specialists?

10 A. Yes. I believe his name is Shadley
11 Schiffen. He specifically does only upper-extremity
12 work.

13 Q. And based on what you know about Mr. Neff's
14 situation now, is that still your recommendation, that
15 he see an upper-extremity specialist?

16 A. Yes. I think that I would feel more
17 comfortable if he did see Dr. Schiffen or someone with
18 that particular additional training. To at least
19 provide an opinion about the best course of action.

20 Q. And the basic reason he needs this, at this
21 point, is because he suffered a work related injury; is
22 that correct?

23 A. Yes.

24 Q. Doctor, I'm looking at your final report.
25 The last time you saw him was on October 11th, 2012.

1 MR. HAIGLER: Did you submit this?

2
3 MR. GARNER: Yeah, I'm sorry.

4 Q. Midway of the plan transcription, which would
5 be on the second page. You said that the procedure was
6 difficult in case due to his large size, you've already
7 referred to that, with very little neck. As well as
8 concerns about his underlying respiratory status. What
9 was your concern there?

10 A. Well, he had this problem called sleep apnea,
11 which basically means that he doesn't breath very well.
12 General anesthesia, which is required for surgery, does
13 carry a certain amount of risk.

14 Q. And the next word, pickwickian. I have no
15 idea what that means.

16 A. Well, it's just a -- it's called obesity
17 hypoventilation syndrome. People who simply are large
18 in size sometimes don't breathe as deeply as they
19 should and so tend to get low on oxygen levels. And,
20 it's something that occasionally leads to someone being
21 placed on a respirator for a period a time after
22 surgery and so forth.

23 Q. All right. You further say, perhaps a
24 stainless steel plate would provide less potential for
25 breakage and perhaps shortening of clavicle to get

1 better boney apposition would be prudent. So, those
2 are two things that had not been done up until that
3 point; is that correct?

4 A. Yes, sir.

5 Q. Was it your opinion, at that point, that if
6 you could do those two things, or one of them, that he
7 would have a better -- that Mr. Neff would have a
8 better chance of a successful repair of the problem?

9 A. Yes, sir.

10 Q. Do you still feel that way?

11 A. Yes.

12 Q. Do you feel that way to a reasonable degree
13 of medical certainty?

14 A. Yes.

15 Q. If I'm reading your note correctly, you said
16 you have suggested possibly Dr. Ward or Dr. Shadley
17 Schiffen so you would feel more comfortable, rather
18 than you undertaking that, to refer him to one of those
19 doctors?

20 A. Yes, sir.

21 Q. Who are upper-extremity specialists?

22 A. Yes, sir.

23 Q. And he has not seen an upper-extremity
24 specialist, has he?

25 A. No.

1 Q. In one of your reports and also the -- let me
2 show you this document, doctor. This is the implant
3 sheet. Okay. I'm going to show you a document that is
4 titled implant -- have you gotten it yet?

5 A. She has it.

6 (Marked Deposition Exhibit No. 4)

7 Q. Oh, she's got it. Okay. The implant sheet.
8 Is that something prepared at the hospital in regard to
9 the surgery?

10 A. Yes.

11 Q. Now, who makes the choices as to what model
12 and size hardware is used at that point?

13 A. That's my decision.

14 Q. So, is this document a reflection of what you
15 ordered to be done?

16 A. This is the hardware that I used at the time
17 of surgery, yes.

18 Q. How did you come to the decision to use that
19 particular hardware?

20 A. I've had experience with this hardware. It
21 has the bone graft material, as well, there. But, the
22 hardware you are referring to, the drill bits, the
23 screws and so forth, are made by a company which has a
24 specific plate that is used -- metal plate and screws
25 that are used for fractures of this nature. It's pre-

1 contoured. It has locking screws, which is a stronger
2 construct. So, basically, this specific hardware is
3 specifically indicated for clavicle fractures,
4 including nonunions.

5 Q. Is that manufactured and -- BioMet is the
6 manufacturer; is that correct?

7 A. Yes.

8 Q. Are there other manufacturers that make this
9 thing?

10 A. Yes.

11 Q. Is AccuMed one of them?

12 A. Yes.

13 Q. Have you used them?

14 A. Yes. Not for the clavicle plate.

15 Q. And this was a composite titanium, as opposed
16 to stainless steel; is that correct?

17 A. Yes.

18 Q. Did I mark -- I already marked that. Okay.
19 Now, this was the left clavicle; is that correct,
20 Doctor?

21 A. Yes.

22 Q. And you are aware that Mr. Neff is right-
23 handed; is that correct?

24 A. I believe so, yes.

25 Q. Do you know whether or not his dizziness and

1 vertigo and neurological problems have resolved?

2 A. No.

3 Q. You would defer to the neurologist on that
4 issue?

5 A. Yes.

6 Q. Based on his injuries, do you think he'd ever
7 be able to go back to work as a welder?

8 A. Well, most of his injuries have resolved, at
9 least from an orthopaedic standpoint. And, again, I
10 can't comment about his closed head injury or
11 neurologic issues.

12 I would say that with a symptomatic nonunion
13 of the clavicle, it would be difficult to perform all
14 of the essential functions of a welder.

15 Q. Now, you were asked earlier by defense
16 counsel about any impairments to the various injuries,
17 the elbow, the wrist and so forth. You haven't been
18 asked to do an impairment rating, have you?

19 A. No.

20 Q. On those issues?

21 A. No.

22 Q. And, so, you haven't reviewed your records or
23 films or anything with an eye toward providing any
24 impairment rating, have you?

25 A. No.

1 Q. And you haven't put anything in any of your
2 records about an impairment or lack of impairment, have
3 you?

4 A. No.

5 Q. And how many years experience do you have
6 performing these type surgeries?

7 A. Surgical treatment of clavicle fractures has
8 only recently become, I guess you could say, popular,
9 in the sense that the indication for such surgery has
10 been clarified a little bit more lately. Especially in
11 terms of shortening and deformity.

12 And, of course the plates used for them are
13 much more effectively used pre-contoured. Easier to
14 put in, lower profile, so they don't cause as many
15 symptoms.

16 So, I would say that for the first -- it's
17 really hard to say, but I would say that I've been
18 doing these kinds of surgeries for at least 10 years.

19 Q. And during that 10 year period you've seen
20 nonunion of a clavicle injury before, haven't you?

21 A. Yes.

22 Q. And you've seen it in cases where, as far as
23 you knew, the patient was totally compliant?

24 A. Yes.

25 Q. And you referred to, I believe, biological

1 factors earlier; is that correct?

2 A. Yes.

3 Q. Biological means something innate in the
4 person. That's not related to activity, is it?

5 A. Correct.

6 Q. Okay. So, would it be a fair statement that
7 you don't actually know what caused this nonunion and
8 breakage of the plate?

9 A. Yes, that's correct. I think it very well
10 may be caused by a number of factors.

11 Q. Would you just go ahead and enumerate all the
12 factors that you've considered?

13 A. Well, certainly over use, the fracture gap,
14 lack of immobilization I guess, the fractured gap --

15 Q. Let me interrupt you. The fractured gap,
16 meaning the distance between the two ends at the time
17 of the injury?

18 A. Yes, sir.

19 Q. Go ahead, sir.

20 A. Infection, even low grade infection.
21 Underlying medical issues such as diabetes or weak bone
22 osteoporosis can slow down the healing process. Those
23 are the issues that come to mind.

24 Q. All right. So, the failure to use the sling.
25 Are you aware that he did use the sling for five or

1 six weeks, everyday, for the period of time after it
2 was given to him by either the hospital or you?

3 A. Yes, I did --

4 MR. HAIGLER: I'll object. That calls
5 for speculation as to whether he used it every day. He
6 has no idea about that. You can answer though.

7 Q. If he used it every day for five or six weeks,
8 would that be helpful?

9 A. Yes.

10 Q. Now, I just want to go briefly through some
11 of your records, Doctor, to ask you about some specific
12 inserts if I could.

13 I'm looking at your record of -- actually,
14 it's the first one, April 21st. Have you got that?

15 A. Yes, I do.

16 Q. Under plan transcription. You indicated at
17 that point, he probably needs neurologic follow-up
18 regarding his closed head injury as he is continuing to
19 have some symptoms; is that correct?

20 A. Yes.

21 Q. Did you undertake to try to help him get that
22 neurologic follow-up, or what did happen after that?
23 Did you talk with the adjuster or case nurse about it?
24 That would be a more direct question.

25 A. As I mentioned, it is often difficult to find

1 any -- I'm well aware that the local neurology groups
2 do not see worker's compensation patients, basically.

3 And I do seem to remember that I did discuss
4 with a case manager whether we could see if we could
5 find somebody in Charlotte who would be an appropriate
6 referral source.

7 Q. Do you recall what feedback you got from the
8 case manager or the adjuster or the carrier about that?

9 A. Well, in the note of 5/8/2012, the case
10 manager stated that they may have a possibility with
11 Carolina's Medical Center Neurology, but the
12 appointment was still pending.

13 Q. I was going to bring you forward to that.
14 You said under your plan transcription, I strongly
15 recommended that he follow-up with neurology; is that
16 correct?

17 A. Yes.

18 Q. But at that point, based on his injury, he
19 had not yet had an appointment with a neurologist.
20 That had not been arranged by the carrier; is that
21 correct?

22 A. Yes, sir.

23 Q. Did you feel that the longer they waited on
24 that, the more problem that he would have?

25 A. I --

1 MR. HAIGLER: I object. That's outside
2 the scope of his expertise.

3 Q. Based on your assessment, at that time, of
4 his need for it. You can answer the question.

5 A. Yes --

6 MR. HAIGLER: Same objection. You can
7 answer.

8 A. Potentially, yes.

9 Q. Doctor, in your May 30th, 2012 -- again,
10 under plan transcription, you refer to the clavicle.
11 And, then, you go on to say that in terms of his other
12 issues the main problem would be to get therapy
13 involved. What other issues were you referring to
14 specifically?

15 A. I don't specifically enumerate those there.
16 I believe I was referring to the orthopaedic problems
17 of the radial head fracture and the need to work on
18 range of motion.

19 Q. Are you -- I'm sorry.

20 A. Go ahead.

21 Q. Are you aware that he did in fact go to that
22 physical therapy?

23 A. Yes, I believe so.

24 Q. And you never got any indication that he was
25 non-compliant with the therapy regimen, did you?

1 A. No.

2 Q. And I don't believe you made any mention of
3 the non-compliance, related to the sling, until the
4 October 12th report, did you?

5 A. No.

6 Q. So, you had never receive any information or
7 had any indication during the course of these number of
8 visits, prior to October 12th, that he was not using
9 the sling?

10 A. That's correct.

11 Q. Otherwise you would have put it in the
12 record, wouldn't you?

13 A. Yes.

14 Q. I'm going to take you to your July 26th, 2012
15 note, Doctor. Under subjective transcription. This is
16 one day post-surgery; is that correct?

17 A. Yes.

18 Q. And there was some problem with bleeding
19 about the operative site at that point; is that
20 correct?

21 A. Yes.

22 Q. What problem would that indicate was going
23 on?

24 A. I think this was an unscheduled visit by Mr.
25 Neff the day after the surgery because he, I believe,

1 had saturated his dressing. There was some bleeding
2 about the area and that's not unusual -- well, it's not
3 unusual to have at least some bleeding after this
4 injury because the bone is so close to the skin. There
5 was no active bleeding at that time, but I was
6 concerned about some infection and so forth.

7 Q. I'm going to bring you forward to your August
8 2nd, 2012, office note, please. Under subjective
9 transcription, again.

10 You refer to a problem with bleeding again,
11 he still had considerable swelling and a fair amount of
12 pain. And you made the specific statement, he may have
13 turned over accidentally on his shoulder creating some
14 new difficulties. Would that be based on something he
15 told you?

16 A. Yes.

17 Q. And during the course of ordinary sleeping,
18 it's certainly possible and even likely that a person
19 may roll over on an injured member; is that correct?

20 A. Yes.

21 Q. And that could cause accidental injury to
22 that member?

23 A. Yes.

24 Q. That would not be considered non-compliance,
25 obviously.

1 A. That's correct.

2 Q. Okay. Would you consider a possible factor,
3 in the ultimate nonunion and breakage of the plate, the
4 fact that he may have rolled over accidentally at some
5 point in time or more than one time?

6 MR. HAIGLER: Object. It calls for
7 speculation.

8 A. Yes, possibly.

9 Q. The patient can't live in a bubble can they,
10 Doctor?

11 A. No.

12 Q. Let me bring you forward to your August 24th,
13 2012 report note. Under plans transcription, Page 2.
14 You state specifically, I'd strong suggested a bone
15 stimulator to hopefully get union before the plate
16 breaks; is that correct?

17 A. Yes.

18 Q. Were you at that point specifically concerned
19 about his plate breaking?

20 A. No, but I just -- as I had previously
21 mentioned, when a fracture remains at a nonunion there
22 is a certain amount of stress on the plate. And then
23 sometimes it's a race between union of the fracture and
24 plate breakage. And, as I mentioned, I've seen that
25 happen in the past --

1 Q. That was your next statement, which I have
2 seen happens; is that correct?

3 A. Yes, yes.

4 Q. And you've seen that happen in the presence
5 of total compliance with wearing a sling, or no
6 activity, or immobilization, or whatever, haven't you?

7 A. Yes.

8 Q. Looking forward to your September 14th, 2012
9 note please, Doctor. Under subjective transcription,
10 you referred to the bone growth stimulator and said,
11 he's been using the bone growth stimulator for the past
12 week only. Was that based on your information that he
13 had just received it one week prior?

14 A. I believe so. I'm not absolutely positive
15 but I think that -- because I mentioned that I think
16 there was a delay in receiving this bone growth
17 stimulator. So, even though the prescription was
18 written for 8/24, he'd only been using this for about a
19 week.

20 Q. And you thought it was important. As of
21 8/24, you strongly recommended that he have it as of
22 that time; is that correct?

23 A. Yes.

24 Q. And then, you received a letter October 2nd,
25 2012, from the adjuster, questioning -- do you have

1 that?

2 A. No.

3 (Marked Deposition Exhibit No. 5)

4 Q. Let me slide that to you. That's October
5 2nd, 2012.

6 Q. Who does that letter refer you to -- it
7 indicates that they had received the script for the
8 bone growth stimulator, which had been dispensed. It
9 doesn't specify a time. But, what are they questioning
10 there, what is the adjuster questioning?

11 A. Well, the adjuster says that they received a
12 prescription for the stimulator and that TMS, I guess
13 that's the provider, had provided to Mr. Neff.

14 And then she was concerned that the following
15 week she received another script for a specific bone
16 growth stimulator and I guess there was just -- the
17 adjuster felt that that was the proper bone growth
18 stimulator and somebody thought that -- they talked to
19 somebody in the office and they said that it was okay.
20 And then, they got the script from the one that I was
21 familiar with a week later. I guess she was just
22 confused about what was going on.

23 Q. Is that why you wrote your letter of October
24 2nd? I think we marked the October 2nd letter already.
25 Is that why you wrote that letter?

1 A. Yes.

2 Q. And, again, did you receive any further
3 response or was that recommended growth stimulator ever
4 provided, to your knowledge?

5 A. To my knowledge, no.

6 Q. Let's go forward to your October 11th, 2012,
7 note, Doctor. Which I believe would be the final time
8 you say him; is that correct?

9 A. Yes, sir.

10 Q. Okay. You referred to, under subjective
11 transcription and the last phrase in the first
12 paragraph, nonunion requiring repair with bone graft
13 and use of bone stimulator, July, 12th, 2012.

14 So, you considered the bone stimulator an
15 intricate factor in the recovery; did you not?

16 A. Yes.

17 Q. He states that he is using the bone
18 stimulator, although he had been concerned, as an
19 unknown brand and an unknown method of treatment,
20 having it not to be effective, at least in the tibia.

21 So, Mr. Neff himself, was expressing concern
22 about the effectiveness of that bone stimulator. Is
23 that what that means?

24 A. I'm not -- I guess I had discussed that issue
25 with Mr. Neff. I'm not sure that he's the one that

1 specifically knew much about these electromagnetic
2 fields, but --

3 Q. Right. But apparently he expressed some
4 concerned --

5 A. Yeah.

6 Q. -- and that's why you recorded it.

7 A. Yeah.

8 Q. All right.

9 A. And you said, I have been unsuccessful in
10 obtaining the appropriate Exogen for this indication.
11 What exactly does that mean?

12 Q. Well, the Exogen is my preferred bone growth
13 stimulator. Which has proven effectiveness in such
14 nonunions of the clavicle.

15 A. So, the last time you saw him you still had
16 not been successful in getting the carrier to provide
17 the bone stimulator that you recommended; is that
18 correct?

19 Q. That's correct.

20 A. And there is no question that, for whatever
21 reason, Mr. Neff has not achieved maximum medical
22 improvement for his clavicle injury, has he?

23 Q. That would be my impression, yes.

24 A. And to have any hope of reducing the problem
25 or ameliorating the problem, or reducing this permanent

1 disability, he would need this surgery or at least to
2 be evaluated for the surgery, would he not?

3 Q. Yes.

4 A. And do you think he actually needs the
5 surgery?

6 Q. It's very likely that he will, yes, need the
7 surgery to remove the broken plate and to provide
8 minute fixation and possibly additionally bone
9 grafting.

10 A. And you would recommend that the upper-
11 extremity surgeons perform that evaluation and perform
12 that surgery; is that correct?

13 Q. Yes.

14 A. And the reason he needs that is because he
15 got hurt on the job; is that right?

16 Q. Yes.

17 MR. GARNER: Thank you, Doctor.

18 RE-EXAMINATION BY MR. HAIGLER:

19 Q. Just a couple follow-up, Doctor. I don't
20 think we'll be here much longer. Just quickly, while
21 I'm thinking about it. There was some testimony
22 earlier about the nature of the drill bit, the drill,
23 the screws and the plates that you used to perform the
24 operation back in July. Do you recall that?

25 A. Yes.

1 Q. All right. Was there or is there any
2 question in your mind that those were the appropriate
3 items to use for that particular surgery?

4 A. No.

5 Q. All right. Doctor, I'm also looking at, or
6 was looking at, the report from 9/14. Can you turn to
7 that report in your notes?

8 A. Yes, sir.

9 Q. Did you note that he had begun using the bone
10 growth stimulator -- excuse me, a bone growth
11 stimulator on this visit?

12 A. Yes. I believe he had been using it for
13 maybe a week.

14 Q. Okay. And, did you take an x-ray on this
15 visit?

16 A. Yes.

17 Q. And am I right, I believe you testified
18 earlier, that on this visit the x-ray showed that there
19 had been some closure of the nonunion; is that fair?

20 A. Yes.

21 Q. Okay. Could that have been the result of the
22 bone growth stimulator, or at least in part a result of
23 the bone growth stimulator?

24 A. Yes. That's possible, although he had only
25 been using it for about a week. It takes a little

1 longer but, yes, it could have played a factor.

2 Q. Sure. Correct me if I'm wrong, but was the
3 next time you saw him on the October 11th appointment?

4 A. I believe so.

5 Q. Okay. The note that you wrote to the
6 insurance adjuster, dated October 2nd, 2012, I'm
7 reading the p.s. part. You note that the fixation
8 plate has broken. How did you know that?

9 A. Well, that's because I dictated the letter
10 and then -- that's there. I don't remember what date
11 that is, but then they send it back to me and I always
12 have to revise it or, you know, I always have to fix
13 the typos. And in the interim, before it was actually
14 sent out, that's when the p.s. went in there.

15 Q. Okay. So, you didn't send this out. Are you
16 saying that you sent this out after that October 11th
17 appointment, or on that day, or after?

18 A. Yeah.

19 Q. Okay.

20 A. Yes, sir.

21 Q. Okay. I was just making sure. I was
22 wondering how you would have possibly known that.

23 A. Yeah, yeah.

24 Q. Okay. That answers that question. You also
25 were provided, or you provided, to look at today, a

1 prescription signed on 08/24.

2 A. Yes, sir.

3 Q. All right. What did that prescription ask
4 for?

5 A. Bone stimulator.

6 Q. Okay. You weren't specific, were you, as to
7 what kind of stimulator you wanted?

8 A. No.

9 Q. Okay. So, when the adjuster gets this, would
10 she have had any way to know what type of stimulator to
11 provide the patient --

12 A. No.

13 Q. -- based on this?

14 A. Not based on that.

15 Q. Okay. And you also testified I believe,
16 correct me if I'm wrong, that you really aren't sure
17 whether the one that was provided is better, worse or
18 indifferent, compared to the one that you would have
19 preferred to use, correct?

20 A. That's correct.

21 Q. So if that's the case, Doctor, can you really
22 comment as to whether the bone growth stimulator was in
23 any way a contributing factor to where we are today?
24 If you don't know whether it was better or worse or
25 indifferent?

1 A. Only in the sense that the research that I
2 did -- I did believe that it was a pulse
3 electromagnetic field and that is an inferior product..
4 I believe that's what it was, but I can't state most
5 probably, yes. That's correct.

6 Q. Okay. You also commented a little bit about
7 -- you were also given -- you were also asked some
8 question about whether the stimulator had been provided
9 to date and you weren't aware; is that fair?

10 A. That's correct.

11 Q. Post-break of the plate, would the bone
12 growth stimulator have been of any consequence? Would
13 it have helped at all after the plate had broken?

14 A. It may have provided some help. It certainly
15 is not necessarily a great a help given the fact that
16 the bones were widely separated at that point.

17 Q. Is the bone growth stimulator a device that's
18 used once you've positioned the bones as you want them,
19 in a surgical intervention type setting, to help
20 further increase the union of the bones? Is that fair
21 or am I misstating that?

22 A. Well, no. You can use it after surgery, yes.
23 But you can also use it to avoid surgery, you know. It
24 can be used when one appreciates or sees a nonunion
25 developing. And it does seem to have some effect on

1 healing and they, in some cases, can avoid surgery if
2 it is effective.

3 Q. Okay. At this point, and by this point I
4 mean October 11th when he came to see you, you
5 recommended he see another surgeon. I guess my
6 question is, did you recommend that he continue to use
7 the bone growth stimulator or did you recommend that he
8 go see a specialist for the upper extremity, to
9 consider further surgical options?

10 A. I don't really remember whether I
11 specifically told him to continue the bone stimulator.
12 But, I did recommend he see Dr. Schiffern or Ward, who
13 are surgeons, for the potential of fixation of the
14 plate -- removal of the broken plate and re-fixation of
15 the bone.

16 Q. Okay. Doctor, if he saw you on September
17 14th and was using a bone growth stimulator and, based
18 on your x-ray, had some beginning process of union of
19 the bone. And you didn't see him again until October
20 the 11th, where we note for a fact, based on his
21 testimony, that he was doing some sort of activities in
22 the interim, and based on your report non-compliant.
23 Is it fair to say that the most likely reason for the
24 issue that you saw in October, was his non-compliance?

25 MR. GARNER: Object to the form of the

1 question.

2 A. I can only say that it was a factor. But I
3 can't apportion that as being the absolute most
4 proximate -- most important factor. In other words,
5 it's difficult to apportion to what extent the non-
6 compliance played a factor in the development of the
7 plate breakage. Although, I think it was an important
8 factor.

9 Q. Okay. And you also mentioned earlier, I
10 think you were discussing some factors, you mentioned
11 infection; is that right?

12 A. Yes.

13 Q. Have you ever diagnosed him with an
14 infection?

15 A. No, I was just concerned about the
16 possibility.

17 Q. Okay. Fair enough. You also testified that
18 you've seen a break of the plate with people with total
19 compliance with all things you ask the patient to do;
20 is that fair?

21 A. Yes.

22 Q. Okay. That wasn't the case in this case
23 though, was it? There wasn't total compliance with
24 your instructions, was there?

25 A. That's correct.

1 Q. So, that scenario would not be -- well,
2 strike that. Doctor, you prescribed a non-specific
3 stimulator, at least based on your prescription, on the
4 24th of August, fair enough?

5 A. Yes.

6 Q. Okay. And then he came to see you on
7 September 14th and you noted that he had been using
8 that stimulator for about a week.

9 A. Yes, sir.

10 Q. Which we'll say was seven days prior,
11 September 7th.

12 A. Yes.

13 Q. Fair?

14 A. Yes.

15 Q. Is it also fair to say that September 7th is
16 about two weeks after you initially prescribed it?

17 A. Yes, sir.

18 Q. I'm sure you know how insurance works. But,
19 given the way insurance works, is a two week lapse in
20 time necessarily unreasonable?

21 A. No.

22 Q. Is it unusual?

23 MR. GARNER: I object to that being
24 outside of his knowledge.

25 A. No.

1 MR. HAIGLER: Thank you, Doctor. Those
2 are all the questions I have..

3 RE-EXAMINATION BY MR. GARNER:

4 Q. Just a few in follow-up, Doctor.

5 A. All right.

6 Q. You didn't prescribe a bone stimulator prior
7 to his surgery, did you?

8 A. No.

9 Q. So, if it would have benefitted him, the fact
10 that he didn't have any benefit from that was not his
11 non-compliance or his problem at all, was it?

12 A. No.

13 Q. You did, in your letter of October 2nd, point
14 out what you thought were problems, to the adjuster,
15 with this bone stimulator that they did provide; is
16 that correct?

17 A. Yes.

18 Q. And did they correct those problems or do
19 anything to assuage your questions about that
20 situation?

21 A. No.

22 Q. You were asked about the not being in total
23 compliance in this case. You cannot say that the plate
24 would not have broken, even if there had been total
25 compliance, can you?

1 A. No.

2 MR. GARNER: Thank you.

3 RE-EXAMINATION BY MR. HAIGLER:

4 Q. Just a couple follow-ups, I promise. You
5 were sent a letter, and I believe it's marked as an
6 exhibit, from Summit -- from the insurance adjuster,
7 asking for -- according to your words, it appeared she
8 was confused; is that fair?

9 A. Yes.

10 Q. Okay. And based on the letter that we've
11 been over numerous times, I think you testified
12 earlier, you don't actually know when this letter was
13 sent to her, do you? Do you actually know when this
14 was sent to the adjuster?

15 A. Well, actually, since there is a p.s. on
16 there and it is handwritten, I wanted to get it out
17 without retyping and sending it out. So, I would say
18 it was sent out right after I noted that the plate was
19 broken.

20 Q. Okay. So, in other words, the insurance
21 company was not notified of the clarification to clear
22 up the confusion, as to the bone growth stimulator,
23 until after the plate broke; is that fair?

24 A. Yes.

25 MR. HAIGLER: Thank you, Doctor.

1 MR. GARNER: For the record, there is no
2 received date stamped on here that I see. Do you see
3 one, Doctor? Where it might have been received by the
4 insurance company?

5 THE WITNESS: No.

6 MR. GARNER: That's all. Thank you.

7 MR. HAIGLER: Thank you, Doctor. Sorry
8 to keep you so late.

9 Further deponent sayeth not.

10 (There being no further questions, the deposition
11 concluded at 8:31 p.m.)
12
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Certificate of Reporter

I, Krista M. Gibson, Court Reporter and
Notary Public in and for the State of South Carolina at
large, hereby certify that I reported the deposition of
WILLIAM LEHMAN, L.M.D, on Wednesday, the 16th day of
January, 2013, that the witness was first duly sworn by
me and that the foregoing 75 pages constitute a true
and correct transcription of my stenomask report of the
said deposition.

I further certify that I am neither attorney
nor counsel for, nor related to or employed by any of
the parties connected with this action, nor am I
financially interested in said cause.

I further certify that the original of said
transcript was thereafter sealed by me and delivered to
Nicolas Haigler, Esquire, 1310 Gadsden Street,
Columbia, South Carolina, who will retain this sealed
original transcript and shall be responsible for filing
same with the court prior to trial or any hearing which
might result in a final order on any issue.

In witness whereof, I have set my hand and
seal this 1st, day of February, 2013.

Krista M. Gibson, Court Reporter
My commission expires June 20, 2022

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC File No. 120354

JAMES NEFF,)
)
 Claimant,)
)
 vs.)
)
 LEAR'S WELDING &)
 FABRICATION, INC.,)
)
 Employer,)
)
 -and-)
)
 BRIDGEFIELD CASUALTY)
 INSURANCE CO.,)
 C/O SUMMIT HOLDINGS, INC.,)
)
 Carrier)
)
 Defendants.)
)

DEPOSITION OF JAMES BREECE NEFF

(Taken by Defendants)

Columbia, South Carolina

Monday, December 3, 2012

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By Mr. Garner 61

INDEX OF EXHIBITS

(No Exhibits Proffered)

1 I'll just wear a pair of jeans and a shirt.

2 Q. Okay.

3 A. Maybe a light jacket or a heavy jacket.

4 Q. Do you wear a hat or anything like that?

5 A. Sometimes. Mainly just a face mask.

6 Q. Okay.

7 A. I don't like wearing ball caps, and
8 we've been -- my little boy loves to just go with
9 me, and we go sit on the ground -- take a lounge
10 chair and sit on the ground.

11 Q. Okay. You said you've been hunting
12 about a dozen times?

13 A. (No audible response)

14 Q. Is that a yes?

15 A. Yes.

16 Q. Since your surgery?

17 A. Yes.

18 Q. When is the last time you went hunting?

19 A. October 11th.

20 Q. You haven't been since then?

21 A. No -- since about three weeks ago.

22 Q. You have not been since three weeks ago?

23 A. About three weeks ago. My neighbors
24 called and said somebody was investigating and was I
25 deer hunting with their husband and was I working

James Neff v. Lear's Welding & Fabrication
W.C.C. File No: 1203594

INDEX TO APA SUBMISSIONS

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Exhibits

Dr. William L. Lehman deposition transcript

Dr. Shadley Schiffern deposition transcript (being taken
on October 30, 2013) and will be submitted

Five (5) color pictures of Claimant

Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

Patient Name: JAMES NEFF
Date of Birth: 11/03/1970, 41 y
Account: 101124JN
Date: 04/20/2012

DATE OF INJURY: 04/12/2012.

EMPLOYER: Leers Welding and Fabricators Inc.

PATIENT'S WORK PHONE: (803) 789-3194 803-324-7359

EMPLOYER'S ADDRESS: 1869 Willford Road Rock Hill, S.C. 29730

APPOINTMENT AUTHORIZED BY: Melissa Kerby, adjuster

DATE VERIFIED: 04/20/2012.

COMP CARRIER: Summit

COMP TELEPHONE #: (800) 863-2151 ext. 4225.

W/C FAX #: (770) 718-9490 ext.

COMP CARRIER ADDRESS: P.O. Box 600 Gainesville, Ga 30503

CLAIM #: 967830

CASE MANAGER:

VERIFICATION TAKEN BY: Kim

REFERRED BY: CMC in Charlotte, Melissa Kerby the adjuster made appt

NATURE OF INJURY: Patient was welding a gas tank and it exploded sending him 8 feet into the air and slammed him into a fork lift. Patient has L wrist fx, L elbow fx, rib fractures and fx collar bone.

X-RAYS: X-Rays.

SCHEDULED TO SEE: William L. Lehman, Jr., M.D.

Melissa,
Please review
notes/order for ~~Neuro~~
Neurologist. Call
me with approval
& whom you would
like me to schedule
him with.

Thanks!
Dixie
x226

GA57076 - 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

04/21/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents with a complaint of multiple fractures: c-spine, left wrist, ribs, left clavicle.

Subjective Transcription

This 41 year old man presents for orthopaedic evaluation and follow up regarding a work related incident to his upper body and left arm on 4/12/12. He works for Lears Welding and Fabricating where he has been employed since August 2011, though he previously worked for them as a welder and fabricator about a year prior. He states that he was welding a fuel tank as a favor for the supervisor, or owner. The tank apparently had some leaks, therefore, a red dye penetrant was placed into the tank to check for leaks. The tank did not have any diesel fuel within. He was doing one final weld, when the tank exploded, forcing the back of his upper body and head against the forklift behind. He was taken to Carolinas Medical Center Trauma Unit by helicopter, and stayed there for approximately four days. He underwent multiple x-rays and neurologic monitoring, as he did have a loss of consciousness. I do not have any records from CMC but a CD is available documenting multiple CT scans and plane films, which showed no acute injury to the brain, an abnormality at C7 of the cervical spine, left clavicle injury, left ulnar styloid fracture, left elbow fracture probably at the radial head or the lateral proximal ulna. He also had bilateral rib fractures involving five ribs. He was placed in a left arm sling as well as a left wrist splint, and once his respiratory status and his mentation were felt to be stable, he was discharged for further follow up and outpatient. He had extensive bruising over the anterior chest and still had some difficulty with breathing. He does have vertigo and blurry vision consistent with his concussion.

Health History Form is on the chart and reviewed with him, including medications and allergies. He is allergic to Erythromycin and codeine. Past Surgery: None noted. He did not require any surgery during his admission to CMC. Medications include Morphine sulfate ER 30 mg bid, Percocet 10 as needed pain, as well as a couple of stool softeners and Albuterol inhaler. Social History: He smokes a pack and a half of cigarettes for the past 20 years. He does drink 6 to 12 beers daily. He is married. Family History: Noncontributory. Review of systems: Otherwise negative.

NEFF, JAMES

Page 1 / 3

GA57076 - 3

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3, accompanied by his wife. General exam does show extensive bruising in a horse shot configuration from the right shoulder across the anterior chest and to the left shoulder but also bruising extending down into the left breast. He does have pleuritic breathing difficulties though his oxygenation appears to be satisfactory. Capillary refill is good. He does not appear to be dyspneic. There is tenderness and swelling particularly about the left anterior shoulder. Shoulder range of motion is limited bilaterally because of pain but particularly on the left side. There is no obvious shoulder deformity or instability. At the left elbow, there is a definite abrasion in the olecranon area. Elbow range of motion appears to be satisfactory. There is no gross bony deformity or instability. Pronation and supination are limited on the left, less so on the right. There is tenderness and swelling about the left wrist. Neurologic status to both upper extremities is normal. There are no pathologic reflexes. Hand and finger range of motion appears to be reasonably good. There is no focal neurologic deficit in the upper and lower extremities and gait is reciprocal heel to toe.

X-RAY: Multiple x-rays as well as CD are reviewed. There does appear to be a slightly displaced left ulnar styloid fracture. Left shoulder is normal but there is a clavicle abnormality possibly, an AC joint injury. There does appear to be either a lateral trochlear bony fragment at the left elbow or radial head fracture, both of these nondisplaced with satisfactory joint stability and alignment.

Cervical spine films do suggest a C7 spinous process injury but it is completely stable. The CD films are difficult to interpret and are quite small, and I need to get the report regarding the results of these studies.

Chest film does suggest multiple rib fractures.

Assessment & Plan**Unspecified Diagnosis**Current Plans:

- Out of Work Until Recheck

Neck Pain (723.1)Current Plans:

- REFERRAL / CONSULT (ADD COMMENTS); Routine (refer to neurologist for evaluation for concussion, vertigo)

Assessments Transcription

EXPLOSION INJURY WITH MULTIPLE TRAUMA, INCLUDING CLOSED HEAD INJURY WITH PERSISTENT SYMPTOMS OF VERTIGO AND BLURRY VISION, PROBABLE C7 SPINOUS PROCESS FRACTURE, MULTIPLE RIB FRACTURES, LEFT CLAVICLE FRACTURE WITH POSSIBLE AC JOINT INJURY, STABLE ELBOW FRACTURE, LEFT ULNAR STYLOID FRACTURE.

GA57076 - 4

Plan Transcription

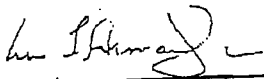
He is overall doing remarkably well given his multiple injuries. He probably needs neurologic follow up regarding his closed head injury as he is continuing to have some symptoms. He can use the left wrist splint and sling as necessary, though these injuries appear to be relatively stable. The rib fractures will simply have to heal. He probably needs follow up rib detail. He will continue his current medications, though he had side effects from Morphine and should definitely continue the Percocet as needed pain. I will see him back in three weeks when hopefully I will have more information regarding his treatment at CMC, re-x-ray of symptomatic areas at that time.

William L. Lehman, Jr., M.D. / as 20401

Work Status: He will remain out of work until recheck. His multiple injuries preclude even light duty activity at this time.

c: Summitt, P.O. Box 600, Gainesville, GA 30503

Claim #967830 Attn: Melissa Kerby, Adj. fax: 770-718-9490



Electronically signed by William L. Lehman

NEFF, JAMES

Page 3 / 3

Patient Name: JAMES NEFF
Date of Birth: 11/05/1970
Account: 101124-JN

Date: 04/21/2012

To Whom It May Concern:

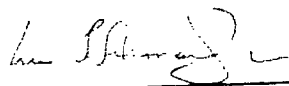
JAMES NEFF was treated in our office on 04/21/2012. He was discharged at 11:51:49 AM. Please excuse JAMES for this appointment.

Work Restrictions / Additional Instructions

Out of Work Until Recheck

If unable to accommodate restrictions patient should be out of work until next scheduled appointment.

If you have further questions regarding the patient's work status you must talk with the patient and have them contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.



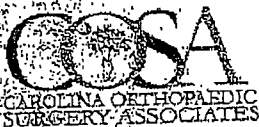
William L. Lehman



William L. Lehman, Jr., M.D.
William G. McCarthy, Jr., M.D.
Michael F. Heinig, M.D.
Matthew A. Schwartz, M.D.
W. Scott James, III, M.D.
E. Neal Powell, Jr., M.D.
James N. Rentz, Jr., M.D.

For Appointments Please Call 803-329-3130 or 803-286-8443
Rock Hill • Lancaster • Fort Mill • Indian Land

E-mail: Orthopaedic@compurium.net Website: www.C-OSA.com



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

Procedure Order

Ordering Site

ROCK HILL
134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130
Fax: (803) 329-2611

Report Date: 04/24/2012

Patient Information

JAMES NEFF
435 PEACHES CT
ROCK HILL, SC 297309510
(803) 985-5297
Gender: Male Date of Birth: 11/05/1970 SSN (last 4 digits): 6801

Patient Insurance Information

AMERISURE DNS (800) 532-6230
Group #NONE
Plan #251536801

Procedures Ordered

REFERRAL / CONSULT (ADD COMMENTS)

Note: refer to neurologist for evaluation for concussion, vertigo
Diagnosis: Neck Pain (723.1)
Ordered by: William L. Lehman

End of Procedures Ordered

Electronically signed by William L. Lehman

Patient #: 101124-JN

DOB: 11/05/1970 (41 years)

Page 1 / 1

Tuesday, April 24, 2012

Faxifax Message# 1040243.901 04-25-12 14:45 FROM

FROM:

GA56054 - 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

05/08/2012 10:31 AM

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of LEFT RIB PAIN.

Additional complaints:

Recheck of LEFT WRIST PAIN.

Recheck of LEFT CLAVICLE PAIN.

Recheck of CERVICAL SPINE PAIN.

Subjective Transcription

This very pleasant 41 year old man presents for follow up orthopaedic evaluation regarding an explosion injury which occurred while welding a fuel tank on 4/12/2012, affecting the upper body and left arm. This included a closed head injury with vertigo and blurry vision, C7 spinous process fracture, multiple rib fractures, left clavicle fracture, as well as left elbow fracture and left wrist fracture of the ulnar styloid. He presents today for further follow up, still having some ringing in his ears, as well as dizziness. He has yet to see a neurologist, as most neurologists in the area will not see Workers Compensation injuries. The case manager states that they may have a possibility with CMC neurology, the appointment still pending.

In terms of the left wrist, all of his symptoms are doing better. His left shoulder still extends down to the collar bone and anterior chest with some swelling immediately adjacent to the left breast. He had some soreness about his neck, and his left elbow is also sore. He remains out of work.

Health History Form is on the chart and reviewed with him, including medications and allergies.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3. Vital signs are stable. He is accompanied by his wife, and his case manager joins us later.

He does have some dizziness with gait and stability. At the left wrist, there is some tenderness and swelling at the ulnar styloid, but it is improved. At the left shoulder, he continues to have swelling and tenderness but no gross neurologic deficit involving the left arm. His neck is sore but there is no specific neurologic deficit identified. The left elbow has some loss of extension, but overall alignment and stability seem to be improved.

NEFF, JAMES

Page 1 / 2

GA56054 - 3

Assessment & Plan**Unspecified Diagnosis**Current Plans:

- Norco 10-325MG, 1 (one) Tablet every six hours, as needed for pain, #35, 05/08/2012, No Refill. Active.
- Out of Work Until Recheck

Neck Pain (723.1)Current Plans:**Elbow Pain (719.42)**Current Plans:

- PT - EVAL AND TREAT (97001); Routine (PT TO NECK AND LEFT ELBOW EVAL AND TREAT ULNAR STYLOID FX, RADIAL HEAD FX MULTIPLE TRAUMA)

Assessments Transcription

MOBILE TRAUMA INCLUDING HEAD TRAUMA WITH EARLY REHABILITATIVE EFFORTS INITIATED.

Plan Transcription

I strongly recommended that he follow up with CMC Neurology regarding the dizziness and vertigo. In terms of the left wrist ulnar styloid fracture, I recommended a Livingston splint, and if this is not adequate, we will go to a forearm splint. In terms of the left shoulder, x-rays do show complete displacement of the clavicle fracture, but it seems to be optimal length, thus we are hopeful this will heal without evidence of nonunion. In terms of the neck, there is some soreness and tenderness consistent with whiplash injury, but I doubt that this is going to require any major intervention. In terms of the left elbow, x-rays of the left elbow do show more of an acute on chronic radial head fracture and this should heal uneventfully, addressing basically early range of motion. His range of motion to the left elbow is actually quite good, but he may require a little bit of therapy to restore normal range of motion and strength. I did suggest formal therapy to the neck, as well as the left shoulder, splinting of the left wrist as necessary. Due to the aggregate of his injuries, it is unlikely that he will return back to work at the present time. I will see him back in three weeks to reassess his condition.

William L. Lehman, Jr., M.D. / as 20851

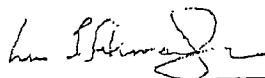
Work Status: Due to the absence of light duty and his multiple trauma issues, it is likely he will need to remain out of work for an additional period of time.

c: Summitt, P.O. Box 600, Gainesville, GA 30503

Claim #967830 Attn: Melissa Kerby, Adj. fax: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188

Attn: Beth Barnes, RN, CCM fax: 704-899-5003



Electronically signed by William L. Lehman

NEFF, JAMES

Page 2 / 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

Patient Name: JAMES NEFF
Date of Birth: 11/05/1970
Account: 101124-JN
Date: 05/08/2012

To Whom It May Concern:

JAMES NEFF was treated in our office on 05/08/2012. He was discharged at 11:44:29 AM. Please excuse JAMES for this appointment.

Work Restrictions / Additional Instructions

Out of Work Until Recheck

If unable to accommodate restrictions patient should be out of work until next scheduled appointment.

If you have further questions regarding the patient's work status you must talk with the patient and have them contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.

William L. Lehman

NEFF, JAMES

Page 1 / 1



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF
05/30/2012 02:11 PM
Patient #: 101124-JN
DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of Neck Pain.

Additional complaints:

Recheck of LEFT ELBOW PAIN.

Recheck of LEFT CLAVICLE PAIN.

Recheck of LEFT WRIST PAIN.

Subjective Transcription

He presents for further follow up regarding his multiple trauma sustained 4/12/12 leading to multiple injuries. He does have an employment with neurologist at the neurological institute on 6/11/12. Nevertheless, his dizziness and vertigo have overall improved. There is still some soreness at the ulnar styloid fracture but he has discontinued the splint. His left elbow still has some loss of extension from the radial head fracture. The main clavicle is the main issue with definite pain much more than at the anterior sternum and the sternoclavicular joint. He still has some neck pain, especially when he sneezes and he does have some limited range of motion. He has not had any physical therapy as the adjuster apparently has to wait and see what might happen with the dizziness.

Health History Form is on the chart and reviewed with her, including medications and allergies.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3, accompanied by his wife. He remains severely overweight. Vital signs are unchanged. He lacks about 5 degrees of extension to the left elbow. Neck range of motion is somewhat limited. Neurovascular status is completely normal. At the left shoulder, there is evidence of non-union and hypersensitivity about the clavicle.

X-RAY: AP and lordotic view of the clavicle show non-union, widely displaced. He notes two previous injuries when he was in 10th grade but has had no problems since that time.

In terms of the left elbow, AP and lateral views do show definite radial head fracture which was not particularly displaced and is likely in need for treatment mainly with therapy.

Assessment & Plan
Unspecified Diagnosis

Current Plans:

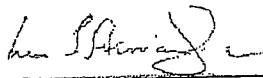
- Out of Work Until Recheck

Plan Transcription

In terms of the clavicle, it does appear that some sort of fixation with bone grafting will be required in order to union of the fracture which is quite sensitive. This ideally will improve his overall level of function. In terms of his other issues, the main problem would be to get therapy involved. I think this would be quite helpful.

Work Status: In the absence of any light duty on a sedentary basis, I recommended he remain out of work.
William L. Lehman, Jr., M.D. / as 21325

c: Summitt, P.O. Box 600, Gainesville, GA 30503
Claim #967830 Attn: Melissa Kerby, Adj. fax: 770-718-9490
Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188
Attn: Beth Barnes, RN, CCM fax: 704-899-5003



Electronically signed by William L. Lehman

Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

Patient Name: JAMES NEFF
Date of Birth: 11/05/1970, 41 y
Account: 101124JN
Date: 05/30/2012

SURGERY AUTHORIZATION

PATIENTS PRIMARY INSURANCE: Wo Workers Compensation #5
PHYSICIAN: WILLIAM L. LEHMAN, JR., M.D.

DIAGNOSIS: clavicle fracture

PROCEDURE: ORIF LEFT CLAVICLE

TIME REQUIRED: 90 minutes

LOCATION: Center for Orthopaedic Surgery (we think this is georgia w/o note sure if it will cover
implant at cos

WORKERS COMP: YES.

SURGERY CLEARANCE

***** SURGERY INFORMATION *****

PLACE OF SERVICE:

ADMIT:
DATE OF SURGERY:
OFFICE H&P DATE:
FACILITY H&P DATE:
1ST POST OP:
POSTED WITH:
PATIENT NOTIFIED:
DATE:

***** VERIFICATION - AUTHORIZATION *****

PRIMARY COVERAGE

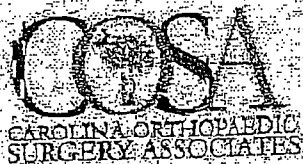
***** ESTIMATE *****

Page 1 of 1

06/11/2012 09:18:57
P00002/00006 F-841
T-307

FROM:

FastFax Message# 1080486.901
06-11-12 09:06 FROM-



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

Patient Name: JAMES NEFF
Date of Birth: 11/05/1970
Account: 101124-JN

Date: 05/30/2012

To Whom It May Concern:

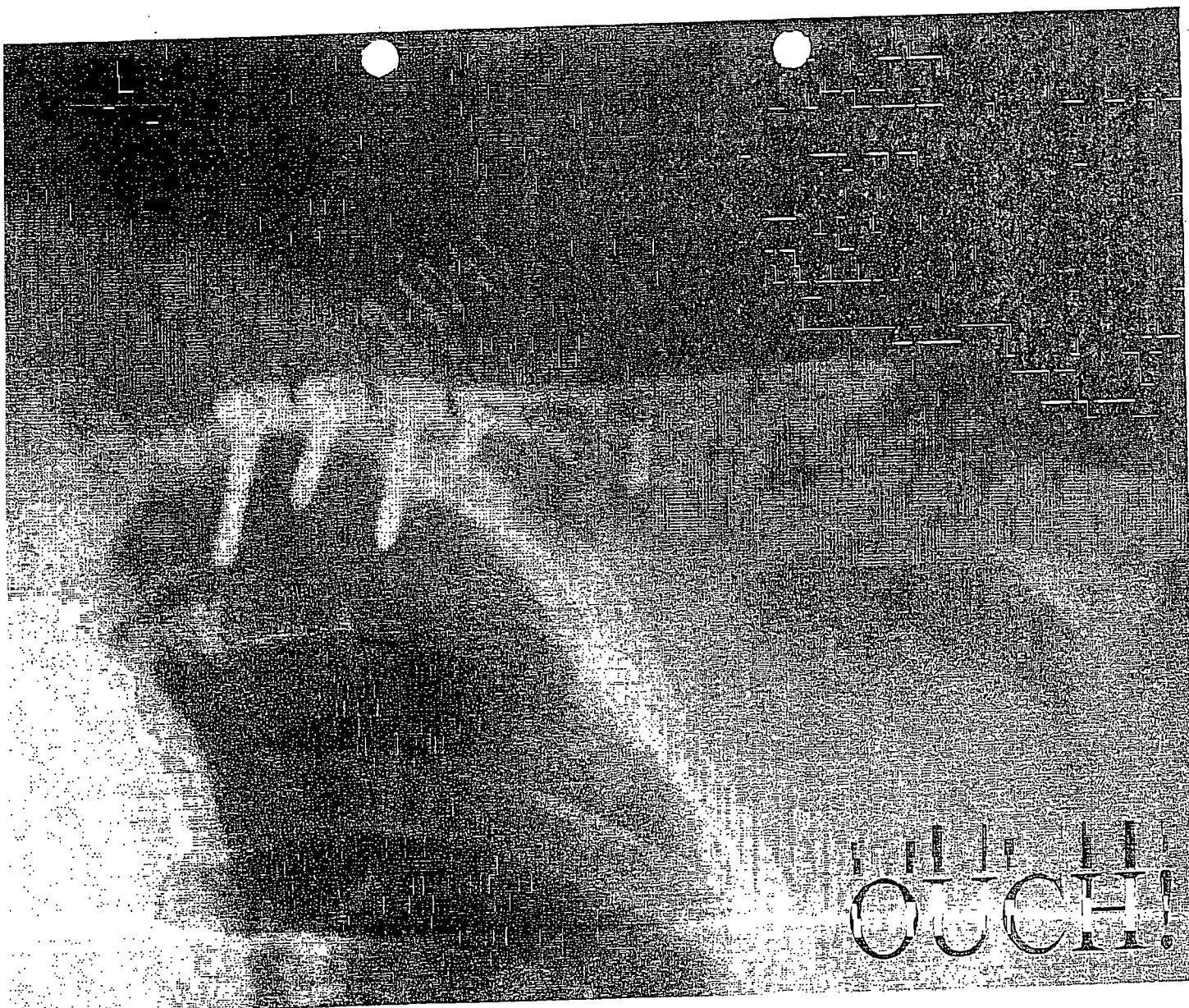
JAMES NEFF was treated in our office on 05/30/2012. He was discharged at 03:11:57 PM. Please excuse JAMES for his appointment.

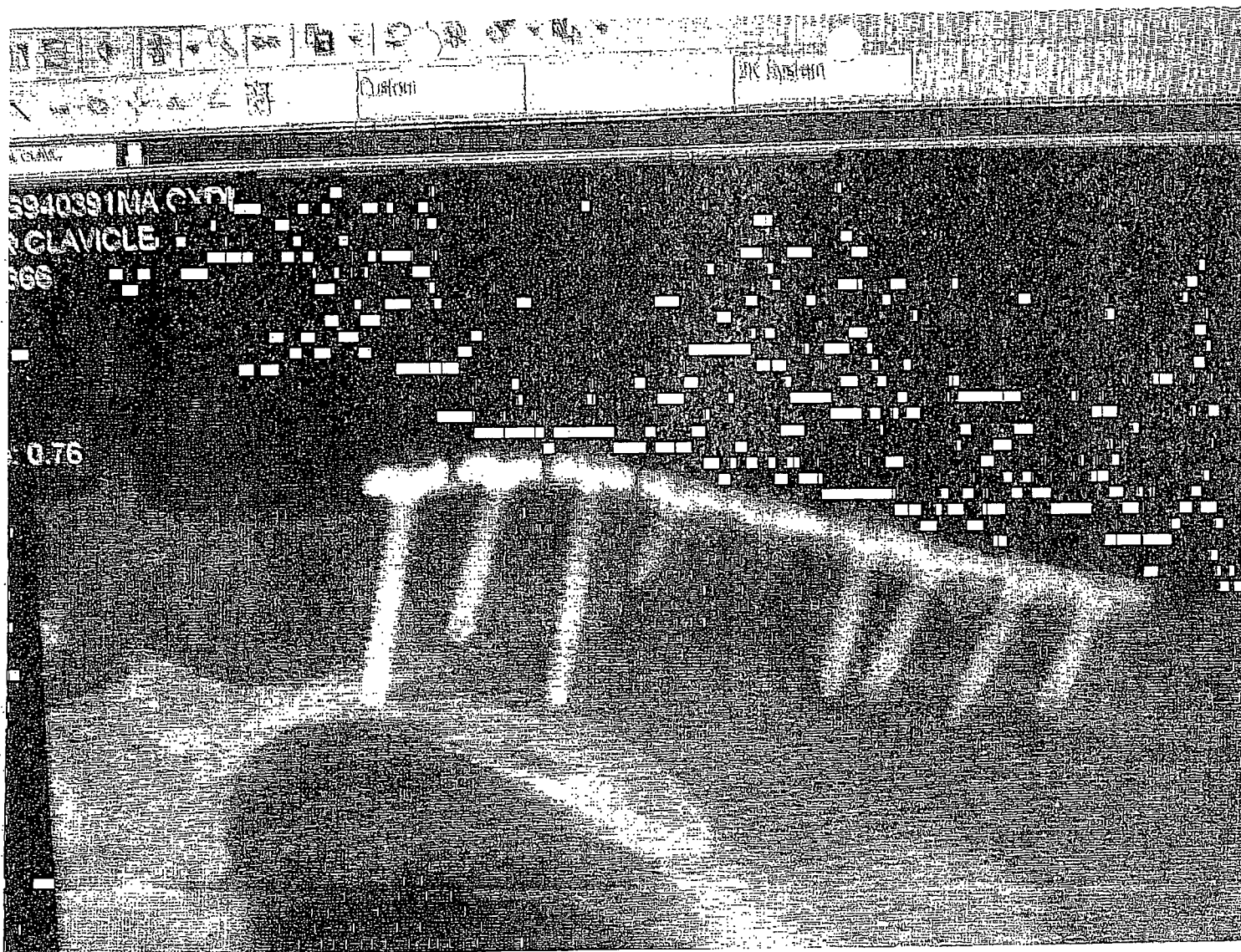
Work Restrictions / Additional Instructions

Out of Work Until Recheck

If you are unable to accommodate a patient's request for a date and time for the scheduled appointment, please contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.

William L. Lehman





GA57041 - 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

07/12/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male seen today for HISTORY AND PHYSICAL. Note for "H&P":
orif left clavicle

Subjective Transcription

He presents for further follow up regarding multiple trauma sustained 4/12/12 stating that he is overall improved from multiple trauma, though he continues to have pain at the left shoulder and anterior chest. He had an appointment with a neurologist who basically stated that there was no way one could test for any residuals of the concussion, or whether the concussion had actually occurred. The actual injury was the result of an explosion which occurred while he was welding a fuel tank. He has no records regarding his appointment with the neurologist. He continues to have ringing in his ears as well as dizziness.

Previous Health History Form is reviewed and updated from 5/30/12.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3. There is no focal neurologic deficit. His cognitive functions seem to be OK. He does continue to have some neck pain and somewhat limited range of motion, though he has a very short and large neck. The left elbow shows restoration and normal range of motion, though he had some residual tenderness at the radial head. The left wrist is currently non-tender. The wrist had an ulnar styloid fracture which generally should become asymptomatic.

Assessment & Plan**Unspecified Diagnosis****Current Plans:**

- Out of work until August 22, 2012.

Assessments Transcription

MULTIPLE TRAUMA RELATED TO EXPLOSION INJURY 4/12/12, RECOVERING LEFT ELBOW RANGE OF MOTION STATUS POST RADIAL HEAD FRACTURE; HEALING LEFT WRIST ULNAR STYLOID FRACTURE; CLOSED HEAD INJURY WITH RECENT NEUROLOGIC EVALUATION, INCONCLUSIVE; CONTINUED LEFT CLAVICLE NON-UNION WITH PERSISTENT SYMPTOMS.

NEFF, JAMES

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GA57041 - 3

Plan Transcription

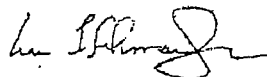
I don't what else I can suggest regarding the dizziness and tinnitus other than perhaps see a ENT specialist. I did obtain x-rays of the left clavicle, and there is questionable dissolution of the clavicle and may make it difficult to provide adequate stabilization. I should have bone graft available. Comprehensive history and physical completed for ORIF with bone grafting of the left clavicle 7/25/12. The risks, goals and alternatives were discussed at length and he wishes to go ahead with the procedure and has signed informed consent.
William L. Lehman, Jr., M.D. / as 22211

c: Summitt, P.O. Box 600, Gainesville, GA 30503

Claim #967830 Attn: Melissa Kerby, Adj. fax: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188

Attn: Beth Barnes, RN, CCM fax: 704-899-5003



Electronically signed by William L. Lehman

GA58096 - 2

CAROLINA ORTHOPAEDIC SURGERY ASSOC, PA
Phone: 803-329-3130 Fax: 803-329-2611

Patient Name: JAMES NEFF
Encounter Date: 7/26/2012
Patient #: 101124-JN
Gender: Male
DOB: 11/5/1970
Race: White
Language: Undefined
Marital Status: Married

Subjective Transcription

He presents one day status post ORIF of nonunion left clavicle which was performed with a locking plate and bone graft on 07/25/2012. He is having some problems with bleeding about the operative site.

Past History
Please see 10 point system review.

Objective Transcription

Mr. Neff is alert and conversant, accompanied by his wife. Upon remove of the bandage, there is some bleeding which has occurred underneath the bandage. There is no active bleeding currently.

Assessment Transcription

ORIF NONUNION CLAVICLE 07/25/2012, WITH SOME POST-OPERATIVE BLEEDING, NOW DECREASED.

Plan Transcription

His dressing was changed and I placed him on Bactrim DS hoping to avoid any infection. I will see him back as appointed unless he has any further problems in the meantime.
William L. Lehman, Jr., M.D. /vm 801_0113

c: Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #967830. Attn: Melissa Kerby, Adj. Fax #: 770-718-9490
Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM. Fax #: 704-899-5003

GA58096 - 3

CAROLINA ORTHOPAEDIC
SURGERY ASSOCIATES134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611**JAMES NEFF**

08/02/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male seen today for POST OP followup. Note for "POST OP": left clavicle

Subjective Transcription

He presents for first post-operative follow up regarding left clavicle nonunion, status post ORIF with bone graft, bone marrow aspirate left iliac crest with ostial inductive graft 07/25/2012. He did come in earlier this week or late last week with problems with bleeding about the bandage. The bleeding has stopped although he still has considerable swelling and a fair amount of pain. He may have turned over accidentally on his shoulder creating some renewed difficulties.

Past History

Please see PMSH

Objective Transcription

Mr. Neff is alert and conversant, oriented x 3. Vital signs noted and essentially unchanged. There is swelling above the area of the incision. There is no bleeding, some redness noted about the operative site though no definite evidence of any drainage or infection.

X-ray, AP and lordotic of the left clavicle, show satisfactory placement of hardware, an 8-hole locking plate with satisfactory alignment. The bone graft seems to be properly placed. The gap at the nonunion is less than I would have expected.

Assessment & Plan**Unspecified Diagnosis****Current Plans:**

- Minocycline HCl 100MG, 1 (one) Tablet two times daily, #20, 08/02/2012, No Refill. Active.
- Out of Work Until Recheck

Assessments Transcription

REPAIR OF NONUNION, LEFT CLAVICLE FRACTURE 07/25/2012.

NEFF, JAMES

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GA58096 - 4

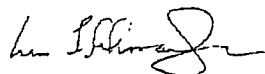
Plan Transcription

Due to the redness about the incision and what probably is a small hematoma, I recommended staples to come out, Minocycline 100mg bid, with continued extreme protection of the area due to the area of bone loss and the need to get things more adequately healed before he stresses the repair. Since he is a welder and there is no light duty he will have to remain out of work. I will see him back in three weeks for further follow up.

William L. Lehman, Jr., M.D. /vm 801_0062

c; Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #: 967830. Attn: Melissa Kerby, Adjuster.
Fax #: 770-718-9490

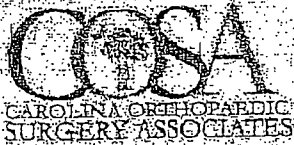
Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM.
Fax #: 704-899-5003



Electronically signed by William .Lehman MD

NEFF, JAMES

Page 2 / 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

Patient Name: JAMES NEFF
Date of Birth: 11/05/1970
Account: 101124-JN

Date: 08/02/2012

To Whom It May Concern:

JAMES NEFF was treated in our office on 08/02/2012. He was discharged at 09:57:12 AM. Please excuse JAMES for this appointment.

Work Restrictions / Additional Instructions

Out of Work Until Recheck

If unable to accommodate restrictions patient should be out of work until next scheduled appointment. If you have further questions regarding the patient's work status you must talk with the patient and have them contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.

William L. Lehman

has an appointment with

☒ William L. Lehman, Jr., M.D.	☐ W. Scott James, III, M.D.
☐ William G. McCarthy, Jr., M.D.	☐ E. Neal Powell, Jr., M.D.
☐ Michael F. Reising, M.D.	☐ James N. Rentz, Jr., M.D.
☐ Matthew A. Schwartz, M.D.	

On 8-24-12 at 8:45

Preauthorizations for visits are the patients' responsibility - please contact your Primary Care Physician if authorization is required.

If you are unable to keep your appointment please give 24 hours notice. Failure to cancel appointment is subject to No Show Fees.

GA58756 - 2



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

08/24/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of LEFT CLAVICLE PAIN.

Subjective Transcription

He is now one month out from repair of non-union and overall is doing well. He states that there is still pain but his shoulder is symmetrical.

Previous Health History Form is reviewed and no changes are noted.

Objective Transcription

The incision is now nicely healed. I was worried about infection. He has been on Minocycline but this has resolved. Overall alignment looks good.

X-RAY: AP and lordotic view of the left clavicle shows satisfactory placement of hardware, but there is a definite gap in the area of the nonunion. I had placed bone marrow and bone marrow stem cells and bone graft.

Assessment & Plan**Unspecified Diagnosis**Current Plans:

- Out of Work Until Recheck

Assessments Transcription

REPAIRED NONUNION LEFT CLAVICLE FRACTURE 7/25/12, STATUS POST EXPLOSION INJURY WITH CONCUSSION AND MULTIPLE RIB FRACTURES, THE GAP AT THE NONUNION SITE BEING OF SOME CONCERN REGARDING HARDWARE FAILURE AND CONTINUED NONUNION.

NEFF, JAMES

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GA58056 - 3

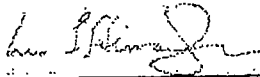
Plan Transcription

He will remain out of work in the absence of any light duty. I had strongly suggested a bone stimulator to hopefully get union before the plate breaks, which I have seen happen. He will take calcium and Vitamin D supplementation. I will see him back in three weeks for follow up of re-x-ray of the clavicle.

William L. Lehman, Jr., M.D. / as 801_0583

c: Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #: 967830. Attn: Melissa Kerby, Adjuster.
Fax #: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM.
Fax #: 704-899-5003



Electronically signed by William L. Lehman MD

NEFF, JAMES

Page 2 / 2

Attention Paula Clay

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES, P.A.
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 1201 Colonial Chateaus, Lancaster, SC 29720 (803) 256-3443
 1890 W. Hwy. 160, Fort Mill, S.C. 29716 (803) 548-2224

T.G. Fleischer, MD	DEA# A79605873	E.N. Powell, Jr., MD	DEA# A71675303
W.L. Lehman, Jr., MD	DEA# A7164078	M.E. Hering, MD	DEA# A77841330
W.S. James, III, MD	DEA# B70222997	D.H. McQueen, III, MD	DEA# A76856376
W.G. McCarthy, Jr., MD	DEA# B70241363	J.N. Reniz, Jr., MD	DEA# B71787125

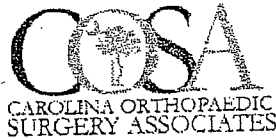
NAME James Neff DATE 8/24/12
 R

Bone Stimulator
 nonunion left clavicle

Case # 967830

LABEL
 Rx III Y1 2 3 4 NR
William L. Lehman, Jr.
 M.D.
 DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

Prescriptions will not be refilled after office hours or on weekends



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2611

JAMES NEFF

09/14/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of LEFT CLAVICLE PAIN.

Subjective Transcription

He presents for further follow up regarding explosion injury occurring 4/12/12, having healed the closed head injury, rib fractures, as well as the wrist problem. He has been using a bone growth stimulator for the past week only. An alternative vendor was apparently authorized by Workers Comp, and I am not familiar with this particular device. He is still having pain but is now on no medications.

Previous Health History Form is reviewed and updated from 8/24/12.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3. Vital signs are unchanged. The incision is well healed. There is no obvious deformity seen. There is no motion at the fracture site.

X-RAY: AP and lordotic views of the left clavicle do show the gap at the fracture fragments but it is mainly inferior, and I do see a comminuted piece of the fracture at this point which seems to be incorporating perhaps a little bit.

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Out of Work Until Recheck
- Follow up in 1 month or as needed

Assessments Transcription

EXPLOSION INJURY 4/12/12, OVERALL DOING WELL, STATUS POST LEFT CLAVICLE FRACTURE NONUNION, REPAIR 7/25/12 WITH LOCKING PLATE.

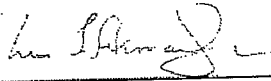
Plan Transcription

He will continue use of the bone growth stimulator. He could pursue sedentary activity is such were available, but would require sitting work only and limited use of the left arm. Such activity is apparently not available. He will continue calcium and Vitamin D supplementation. I will see him back in 3 to 4 weeks for follow up x-ray hoping for further evidence of union of the fracture.

William L. Lehman, Jr., M.D. / as 801_1069

c: Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #: 967830. Attn: Melissa Kerby, Adjuster. Fax #: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM.
Fax #: 704-899-5003



Electronically signed by William Lehman MD



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CLAIMS CENTER

October 2, 2012

Carolina Ortho Surgery Assoc.

Dr. Lehman

134 Professional Park Dr.

Rock Hill, SC 29732

(P)803-329-3130 (F)803-329-2611

RE: 967830 James B. Neff

Dear Dr. Lehman,

Thank you for your treatment for Mr. James Neff. I received a script for a bone growth stimulator, which TMS has dispensed. I have attached a copy of the script that we received. A week later they received another script for a specific bone growth stimulator. The provider called your office and spoke with the nurse inquiring if the dispensed bone growth stimulator was appropriate and was told yes, but now Mindy from Bioventas is calling stating that you want him to have something else. Per the 9/14/12 office note, you stated that the IW has been using the bone growth stimulator for the past week, and you were not familiar with this unit. IW to continue to use of the bone growth stimulator, with no mention of wanting to change the unit. Please advise if the dispensed unit is appropriate for use and if not please advise why.

If you have any questions, please feel free to give me a call.

Thanks for your help.

Melissa Kerby, CWCP

Loss Time Claims Adjustor

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Pulsed Electromagnetic Field Stimulation for Acute Tibial Shaft Fractures

A Multicenter, Double-Blind, Randomized Trial

Sam Adie, BSc(Med), MBBS, MSpMed, MPH, Ian A. Harris, MBBS, MMed(Clin Epi), FRACS, PhD,
Justine M. Naylor, BAppSc, PhD, Hamish Rae, MBBS, MMed(Clin Epi), Alan Dao, MBBS,
Sarah Yong, MBBS, MIPH, and Victoria Ying, BSc

Investigation performed at the Orthopaedic Department, Liverpool Hospital, Liverpool, New South Wales, Australia

Background: Tibial shaft fractures are sometimes complicated by delayed union and nonunion, necessitating further surgical interventions. Pulsed electromagnetic field stimulation is an effective treatment for delayed unions and nonunions, but its efficacy in preventing healing complications in patients with acute fractures is largely untested. The purpose of this pragmatic trial was to determine whether adjuvant pulsed electromagnetic field therapy for acute tibial shaft fractures reduces the rate of surgical revision because of delayed union or nonunion.

Methods: In a double-blind randomized trial involving six metropolitan trauma hospitals, 259 participants with acute tibial shaft fractures (AO/OTA type 42) were randomized by means of external allocation to externally identical active and inactive pulsed electromagnetic field devices. Participants were instructed to wear the device for ten hours daily for twelve weeks. Management was otherwise unaltered. The primary outcome was the proportion of participants requiring a secondary surgical intervention because of delayed union or nonunion within twelve months after the injury. Secondary outcomes included surgical intervention for any reason, radiographic union at six months, and the Short Form-36 Physical Component Summary and Lower Extremity Functional Scales at twelve months. Main analyses were by intention to treat.

Results: Two hundred and eighteen participants (84%) completed the twelve-month follow-up. One hundred and six patients were allocated to the active device group, and 112 were allocated to the placebo group. Compliance was moderate, with 6.2 hours of average daily use. Overall, sixteen patients in the active group and fifteen in the inactive group experienced a primary outcome event (risk ratio, 1.02; 95% confidence interval, 0.95 to 1.14; $p = 0.72$). According to per-protocol analysis, there were six primary events (12.2%) in the active, compliant group and twenty-six primary events (15.1%) in the combined placebo and active, noncompliant group (risk ratio, 0.97; 95% confidence interval, 0.86 to 1.10; $p = 0.61$). No between-group differences were found with regard to surgical intervention for any reason, radiographic union, or functional measures.

Conclusions: Adjuvant pulsed electromagnetic field stimulation does not prevent secondary surgical interventions for delayed union or nonunion and does not improve radiographic union or patient-reported functional outcomes in patients with acute tibial shaft fractures.

Level of Evidence: Therapeutic Level I. See Instructions to Authors for a complete description of levels of evidence.

The tibial diaphysis is the most frequently fractured long bone and is the one that is most susceptible to delayed union and nonunion because of its precarious blood supply and minimal soft-tissue cover. Complications resulting from delayed healing often necessitate revision surgery, with resultant substantial patient morbidity and socioeconomic

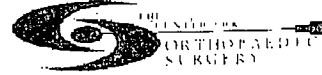
Disclosure: None of the authors received payments or services, either directly or indirectly (i.e., via his or her institution), from a third party in support of any aspect of this work. One or more of the authors, or his or her institution, has had a financial relationship, in the thirty-six months prior to submission of this work, with an entity in the biomedical arena that could be perceived to influence or have the potential to influence what is written in this work. No author has had any other relationships, or has engaged in any other activities, that could be perceived to influence or have the potential to influence what is written in this work. The complete **Disclosure of Potential Conflicts of Interest** submitted by authors are always provided with the online version of the article.



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James N. Rénz, Jr., MD

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L. Neal Powell, Jr., MD
Donald H. McQueen, III, MD

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October 2, 2012

Ms. Melissa Kerby
Summit, CWCP
Claims Adjuster
P.O. Box 600
Gainesville, GA 30503-0600

RE: James B. Neff
Claim No.: 967830

Dear Ms. Kerby:

I am in receipt of your letter dated October 2, 2012 requesting clarification regarding the bone growth stimulator which I recommended on behalf of Mr. James Neff. Mr. Neff has undergone surgical treatment of a non-union to the left clavicle.

I requested a bone growth stimulator to help resolve the non-union to Mr. Neff's left clavicle. I am familiar with the results of the bone growth stimulator manufactured or distributed by Bioventus, which reports a greater than 80% positive result in bony union of clavicle fracture non-unions.

Mr. Neff presented to the office on 9/14/2012 with a bone growth stimulator, which contained an unfamiliar trademark, with no documentation of its authenticity, nor any documentation of its efficacy.

Since the current bone growth stimulator lacks any documentation, nor any technical support, I cannot comment regarding the current unit's efficacy in this clinical indication, and thus cannot guarantee whether this unit will be helpful in achieving bony union of this clavicle fracture, which both of us are highly interested in achieving as quickly as possible.

A number of companies provide bone growth stimulators, which are not equivalent in terms of documented efficacy, length of time for daily use to be effective, nor the type or nature of the pulsed magnetic fields required to achieve bone union.

If you can provide proper documentation of efficacy, or proper technical support, I will be glad to evaluate and compare the efficacy of these two units, such that I can make a rational evaluation regarding the appropriate use of a specific unit.



Thomas G. Fleischer, MD
William G. McCarthy, Jr., MD
James N. Rentz, Jr., MD

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Ms. Melissa Kerby
RE: James Neff
October 2, 2012
Page 2

If you require further clarification, please do not hesitate to contact me.

Sincerely,

William L. Lehman, Jr., M.D.

fax to: 770-718-9490

P.S. fixation plate has broken
perhaps an inadequate bone stimulator played a role?

Pt. is non-compliant as well

I do not feel confident about further operations / plate exchange
+ re-grafting
etc.

Consider referral to Dr. Shadley Shiffert

Orthocareline Charlotte NC

JAMES NEFF

10/11/2012

Patient #: 101124-JN

DOB: 11/05/1970

History of Present Illness

The patient is a 41 year old male who presents for a recheck of LEFT CLAVICLE PAIN.

Subjective Transcription

He presents for further follow up regarding work related explosion injury 4/12/12, all of his injuries apparently having recovered other than the left clavicle, nonunion requiring repair with bone graft and use of bone stimulator 7/25/12.

He states that he is using the bone stimulator, although he had been concerned that it is an unknown brand and unknown method of treatment, pulsed electromagnetic fields having not to be effective at least in the tibia. I have been unsuccessful in obtaining the appropriate Exogen for this indication. He states that he has been trying to avoid using the arm but still is not in the sling and admits to not using it. He told my assistant that he had been out deer hunting. He is still having a fair amount of pain.

Previous Health History Form is reviewed and updated from 9/14/12.

Objective Transcription

Mr. Neff is alert and conversant, oriented X 3, accompanied by his wife. He is not protecting his left shoulder or arm whatsoever. The incision has healed. There is definite tenderness at the operative site. Neurovascular status is normal.

X-RAY: AP and lordotic views of the left clavicle show a broken plate with recurrence of deformity.

Assessment & Plan

Clavicle fracture (810.00)

Current Plans:

- Out of Work Until Recheck
- FOLLOW UP - Office staff will call with surgery information once approved and scheduled

Assessments Transcription

NONUNION LEFT CLAVICLE FRACTURE STATUS POST REPAIR 7/25/12, WORK RELATED EXPLOSION INJURY 4/12/12, THE LOCKING PLATE BROKEN DESPITE USE OF BMP AND STEM CELL BONE MARROW (IGNITE) AND BONE STIMULATION.

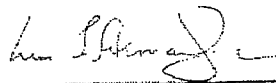
Plan Transcription

Mr. Neff has been completely non-compliant with treatment ever since the surgery, not using his sling, going deer hunting, etc., despite my concerns voice day one regarding the potential of continued non-union and fracture of the plate. I have done all that I can in order to achieve union of the fracture, thereby hopefully improving the overall function of the left arm. I have admonished Mr. Neff regarding his nonadherence to the protocol and his non-compliance. The procedure was difficult in any case to his large size with very little neck, as well as the concerns about his underlying respiratory status, pickwickian and with obstructive sleep apnea. I have suggested that he be referred to another upper extremity surgeon for an opinion and possible surgical revision of the broken plate to another locking plate. Perhaps a stainless steel plate would provide less potential for breakage, and perhaps shortening the clavicle to get better bony apposition would be prudent. I have suggested possibly Dr. Ward or Dr. Shadley Schiffert at OrthoCarolina in this regard.

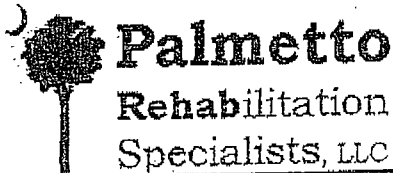
William L. Lehman, Jr., M.D. / as 801_1661

c: Summitt, P.O. Box 600, Gainesville, GA 30503. Claim #: 967830. Attn: Melissa Kerby, Adjuster. Fax #: 770-718-9490

Wright Rehab, 213 River Park North Drive, Woodstock, GA 30188. Attn: Beth Barnes, RN, CCM.
Fax #: 704-899-5003



Electronically signed by William Lehman MD



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Initial Evaluation

Date of Visit: 06-06-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE

James Neff, a 41 year old male presents to therapy upon referral of William L. Lehman, Jr., M.D.. This 41 yo male reports on 4/12/12 he was throw across the shop and struck a forklift when a tank he was welding exploded. He reports he sustained Fxs to the neck, left clavicle, radial head, ulnar styloid process, and many ribs. The patient says the most recent x-rays to the elbow and clavicle showed they were not healed. Surgery is to be scheduled soon for the Fx clavicle. The patient also reports his vision blurs when he looks to the right and sees "stars" when he looks to the left.

Presenting Problems:

Pain is rated 5-7/10. The pain is worst in the left clavicle, ribs and left UE. The patient rates his pain a 5 on a scale of 0 to 10.

Reviewed PMH

OBJECTIVE FINDINGS:

Objective Findings	Side	Initial	Goal	Comment
DASH		50.8		
Elbow Extension AROM L		-16		
Elbow Extension MMT L		NT		
Elbow Flexion AROM L		124		
Elbow Flexion MMT L		NT		
Forearm Pronation AROM		64		
Forearm Pronation MMT		NT		
Forearm Supination AROM		36		
Forearm Supination MMT		NT		
Shoulder Flexion AROM L		90		
Shoulder Flexion PROM L		101		
Shoulder Abduction AROM L		78		
Shoulder Abduction PROM L		91		

Shoulder External Rotation AROM L	64		
Shoulder External Rotation PROM L	73		
Shoulder Internal Rotation AROM L	61		
Shoulder Internal Rotation PROM L	68		
Wrist Flexion AROM L	36		
Wrist Flexion PROM L	42		
Wrist Flexion MMT L	NT		
Wrist Extension AROM L	49		
Wrist Extension PROM L	52		
Wrist Extension MMT L	NT		
Forearm Pronation AROM L	64		
Forearm Pronation MMT L	NT		
Forearm Supination AROM L	36		
Forearm Supination MMT L	NT		

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						10

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

ASSESSMENT:

This 41 yo male reports on 4/12/12 he was throw across the shop and struck a forklift when a tank he was welding exploded. He reports he sustained Fxs to the neck, left clavicle, radial head, ulnar styloid process, and many ribs. The patient says the most recent x-rays to the elbow and clavicle showed they were not healed. Surgery is to be scheduled soon for the Fx clavicle. The patient also reports his vision blurs when he looks to the right and sees "stars" when he looks to the left. The patient is referred to PT to improve his AROM, strength and function according to his Fx healing. The patient's rehab potential is excellent. The patient's discharge prognosis is excellent. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

The patient's treatment will include electrical stimulation, Hot/Cold Pack, manual therapy, neuromuscular re-education, TENS fitting and therapeutic exercises. We will develop a home exercise program. James will be seen 2 times per week for 12 weeks for a total of 24 visits.

Thank you for your referral. We will keep you updated on this patient's progress.



Palmetto Rehabilitation Specialists, LLC

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Daily Note

Date of Visit: 06-13-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Feeling a little better today. The neurologist said he had a concussion.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						18
Therapeutic Exercise per flow sheet						25

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

ASSESSMENT:

Better tolerance to gentle stretching today. Did well with all exercises.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

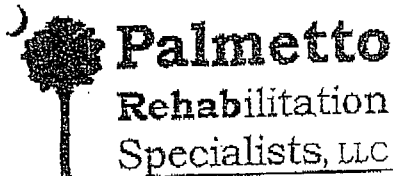
PLAN:

James will continue therapy as prescribed.

Best regards,

Jay Burdette, PT

This document was electronically signed on 06-13-12 by Jay Burdette, PT. License #: SC5454



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Daily Note

Date of Visit: 06-15-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. "Sore as usual today".

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						18
Therapeutic Exercise per flow sheet						28

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

ASSESSMENT:

Did well today. PROM improving.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		



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Daily Note

Date of Visit: 06-20-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Still having pain in the left upper quadrant, especially the left clavicle and rib cage.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						18
Therapeutic Exercise per flow sheet						30

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

ASSESSMENT:

Did well today. PROM improving. Felt a little better after Rx. Left shoulder PROM improving

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLS.	Discharge		



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Daily Note

Date of Visit: 06-22-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Each week he has less left upper quadrant pain.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						18
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

ASSESSMENT:

Doing well slowly increasing his exercise level.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		

Return patient to full work duties.

Discharge

PLAN:

James will continue therapy as prescribed.

Best regards,

Jay Burdette, PT

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Daily Note

Date of Visit: 06-25-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: RJ Bates, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Complaint of soreness in L chest but states L collarbone, elbow and wrist are getting better.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

The patient appears motivated. The patient's progress towards goals is good. The patient's tolerance to treatment is good. States feeling better after manual stretching and exercises for ROM.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		

Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

James will continue therapy as prescribed.

Best regards,

RJ Bates, PT

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Daily Note

Date of Visit: 06-27-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: RJ Bates, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. No new complaints. Reports performing standing wand exercises at home.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

The patient appears motivated. The patient's progress towards goals is good. The patient's tolerance to treatment is good. Good tolerance to exercises performed.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		

Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

James will continue therapy as prescribed.

Best regards,

RJ Bates, PT

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Daily Note

Date of Visit: 07-03-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Pt said his clavicle surgery is scheduled 7/24/12.

OBJECTIVE FINDINGS:

Full UE sensation, although he has a small area on the left medial edge of the breast that is numb. Pt has pain from the ribs when he moves. Functional deficits include working, lifting anything with the left hand, getting dressed, driving, reaching overhead, washing his hair, using the left hand for most activities.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

The patient appears motivated. The patient's progress towards goals is good. The patient's tolerance to treatment is good. Good tolerance to exercises performed.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 3 weeks.	3 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		

Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

James will continue therapy as prescribed.

Best regards,

Jay Burdette, PT

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Re-evaluation

Date of Visit: 07-06-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE

James Neff, a 41 year old male presents to therapy upon referral of William L. Lehman, Jr., M.D.. This 41 yo male reports on 4/12/12 he was throw across the shop and struck a forklift when a tank he was welding exploded. He reports he sustained Fxs to the neck, left clavicle, radial head, ulnar styloid process, and many ribs. The patient says the most recent x-rays to the elbow and clavicle showed they were not healed. Surgery is to be scheduled soon for the Fx clavicle. The patient also reports his vision blurs when he looks to the right and sees "stars" when he looks to the left.

Presenting Problems:

Pain is rated 1-3/10. The pain is worst in the left clavicle and ribs. The patient rates his pain a 1 on a scale of 0 to 10.

Reviewed PMH

OBJECTIVE FINDINGS:

Objective Findings	Side	Initial	Last	Current	Goal	Comment
DASH		50.8		51.6		
Elbow Extension AROM L		-16				
Elbow Extension MMT L		NT				
Elbow Flexion AROM L		124				
Elbow Flexion MMT L		NT				
Forearm Pronation AROM		64				
Forearm Pronation MMT		NT				
Forearm Supination AROM		36				
Forearm Supination MMT		NT				
Shoulder Flexion AROM L		90				
Shoulder Flexion PROM L		101				
Shoulder Abduction AROM L		78				
Shoulder Abduction PROM L		91				

Shoulder External Rotation AROM L	64				
Shoulder External Rotation PROM L	73				
Shoulder Internal Rotation AROM L	61				
Shoulder Internal Rotation PROM L	68				
Wrist Flexion AROM L	36				
Wrist Flexion PROM L	42				
Wrist Flexion MMT L	NT				
Wrist Extension AROM L	49				
Wrist Extension PROM L	52				
Wrist Extension MMT L	NT				
Forearm Pronation AROM L	64				
Forearm Pronation MMT L	NT				
Forearm Supination AROM L	36				
Forearm Supination MMT L	NT				

Full PROM as well as full functional left UE AROM. Functional deficits include working, lifting anything with the left hand. He is now able to wash his hair, use the left UE to dress and light ADL as long as there is no weight.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

This 41 yo male reports on 4/12/12 he was thrown across the shop and struck a forklift when a tank he was welding exploded. He reports he sustained Fxs to the neck, left clavicle, radial head, ulnar styloid process, and many ribs. The patient says the most recent x-rays to the elbow and clavicle showed they were not healed. Surgery is to be scheduled soon for the Fx clavicle. The patient also reports his vision blurs when he looks to the right and sees "stars" when he looks to the left. The patient is referred to PT to improve his AROM, strength and function according to his Fx healing.

7/6/12 Scheduled for left clavicle surgery 7/25/12. Left UE AROM and function steadily improving each week. Pain lower. Needs continued Rx to rebuild his strength and function to be able to return to full duty. The patient's rehab potential is excellent. The patient's discharge prognosis is excellent. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks	Met	
Pain is decreased 25% in 3 weeks.	3 weeks	Met	

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		
Increase AROM to WNLS.	Discharge		

Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

The patient's treatment will include electrical stimulation, Hot/Cold Pack, manual therapy, neuromuscular re-education, TENS fitting and therapeutic exercises. We will develop a home exercise program. James will continue therapy 2 times a week for 12 weeks.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Jay Burdette, PT

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Daily Note

Date of Visit: 07-10-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a 7 out of 10. Sore today for no known reason.

OBJECTIVE FINDINGS:

Full PROM as well as full functional left UE AROM. Functional deficits include working, lifting anything with the left hand. He is now able to wash his hair, use the left UE to dress and light ADL as long as there is no weight.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

The patient appears motivated. The patient's progress towards goals is good. The patient's tolerance to treatment is good. Took more stretches to get him to full PROM today because of the pain.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks	Met	
Pain is decreased 25% in 3 weeks.	3 weeks	Met	

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		

Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		

PLAN:

James will continue therapy as prescribed.

Best regards,

Jay Burdette, PT

This document was electronically signed on 07-10-12 by Jay Burdette, PT. License #: SC5454



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Daily Note

Date of Visit: 07-12-12
Patient Name: Neff, James
Patient #: 00013691
Location: Palmetto Rehab
Date of Birth: 11-05-1970
Age: 41

Therapist: Jay Burdette, PT
Referring MD: William L. Lehman, Jr., M.D.

Date of Onset: 04-12-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

SUBJECTIVE:

The patient reports today's pain a out of 10. Left chest pain continues to be the worst pain. Pt to be away on vacation, then he has clavicle surgery.

OBJECTIVE FINDINGS:

Full PROM as well as full functional left UE AROM. Functional deficits include working, lifting anything with the left hand. He is now able to wash his hair, use the left UE to dress and light ADL as long as their is no weight.

ACTIVITY LOG:

Activities	Comment	Status	Sets	Reps	Weight	Time
Manual therapy						15
Therapeutic Exercise per flow sheet						32

HEP-gentle, painfree AROM to the shoulder, wrist and hand.

Able to do supine punches today. 6/15/12

Added standing wand exs. 6/25/12

ASSESSMENT:

The patient appears motivated. The patient's progress towards goals is good. The patient's tolerance to treatment is good. Felt better after RX.

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks	Met	
Pain is decreased 25% in 3 weeks.	3 weeks	Met	

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 50%.	Discharge		

Increase AROM to WNLs.	Discharge		
Reduce pain to 0-2/10 level	Discharge.		
Return patient to full work duties.	Discharge		

PLAN:

James will continue therapy as prescribed.

Best regards,

Jay Burdette, PT

This document was electronically signed on 07-12-12 by Jay Burdette, PT. License #: SC5454



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PLAN OF CARE

Date of Visit: 08-14-12	Name: Neff, James	Acct #: 00013691
Location: Palmetto Rehab	Date of Birth: 11-05-1970	Date of Onset: 04-12-12
Referral Source: William L. Lehman, Jr., M.D.		Certification Period: 07-06-12 - 08-05-12

Diagnosis:

719.42 PAIN JOINT UP/ARM
723.1 CERVICALGIA
813.05 FX RADIUS HEAD-CLOSED
V57.1 PHYSICAL THERAPY NEC

ASSESSMENT:

This 41 yo male reports on 4/12/12 he was throw across the shop and struck a forklift when a tank he was welding exploded. He reports he sustained Fxs to the neck, left clavicle, radial head, ulnar styloid process, and many ribs. The patient says the most recent X-rays to the elbow and clavicle showed they were not healed. Surgery is to be scheduled soon for the Fx clavicle. The patient also reports his vision blurs when he looks to the right and sees "stars" when he looks to the left. The patient is referred to PT to improve his AROM, strength and function according to his Fx healing.

7/6/12 Scheduled for left clavicle surgery 7/25/12. Left UE AROM and function steadily improving each week. Pain lower. Needs continued Rx to rebuild his strength and function to be able to return to full duty.

8/10/12 Received a call from the insurance company to say Jimmy's Rx was cancelled by his physician. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient.

REHAB POTENTIAL:

The patient's rehab potential is excellent.

PLAN:

Initiate therapy 2 times per week for the next 12 weeks for the following treatments:

The patient's treatment will include electrical stimulation, Hot/Cold Pack, manual therapy, neuromuscular re-education, TENS fitting and therapeutic exercises.

OBJECTIVE FINDINGS:

Objective Findings	Side	Initial	Last	Current	Goal	Comment
DASH		50.8				
Elbow Extension AROM L		-16				
Elbow Extension MMT L		NT				
Elbow Flexion AROM L		124				
Elbow Flexion MMT L		NT				
Forearm Pronation AROM		64				
Forearm Pronation MMT		NT				
Forearm Supination AROM		36				
Forearm Supination MMT		NT				

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Shoulder Flexion AROM L	90				
Shoulder Flexion PROM L	101				
Shoulder Abduction AROM L	78				
Shoulder Abduction PROM L	91				
Shoulder External Rotation AROM L	64				
Shoulder External Rotation PROM L	73				
Shoulder Internal Rotation AROM L	61				
Shoulder Internal Rotation PROM L	68				
Wrist Flexion AROM L	36				
Wrist Flexion PROM L	42				
Wrist Flexion MMT L	NT				
Wrist Extension AROM L	49				
Wrist Extension PROM L	52				
Wrist Extension MMT L	NT				
Forearm Pronation AROM L	64				
Forearm Pronation MMT L	NT				
Forearm Supination AROM L	36				
Forearm Supination MMT L	NT				

Full PROM as well as full functional left UE AROM. Functional deficits include working, lifting anything with the left hand. He is now able to wash his hair, use the left UE to dress and light ADL as long as their is no weight.

GOALS:

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks	Met	
Pain is decreased 25% in 3 weeks.	3 weeks	Met	

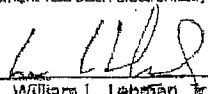
Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge	Open	
Improved functional outcome score 50%.	Discharge	Open	
Increase AROM to WNLs.	Discharge	Open	
Reduce pain to 0-2/10 level	Discharge	Open	
Return patient to full work duties.	Discharge	Open	

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Jay Burdette, PT

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William L. Lehman, Jr., M.D.


Date

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From: unknown Page: 4/4 Date: 8/15/2012 3:10:46 PM

I certify the need for these services furnished under this plan of treatment while under my care.

Please sign the above plan of care for James Neff, and return to:

Palmetto Rehab
6237 Carolina Commons Drive Ste 305
Indian Land, SC 29707-6014

Phone: (803) 802-5505 Fax: (803) 802-5520

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222 South Herlong Avenue
Rock Hill, South Carolina 29732
(803) 329-1234

PATIENT NAME: NEFF, JAMES B
MEDICAL REC#: M000254395
ACCT #: E74632191

BIRTHDATE: 11/05/1970
ADM/SVC DATE: 07/25/12
DISCHARGE DATE:

OPERATIVE/PROCEDURE NOTE

DATE OF SERVICE: 7/25/12

PREOPERATIVE DIAGNOSIS: Nonunion left clavicle fracture.

POSTOPERATIVE DIAGNOSIS: Nonunion left clavicle fracture.

PROCEDURE: Open reduction and internal fixation, left clavicle with aspiration of bone marrow left iliac crest and osial inductive bone graft.

SURGEON: William Lehman, M.D.

ANESTHESIA: General endotracheal.

ANESTHESIOLOGIST: Robert Start, M.D.

COMPLICATIONS: None.

OPERATIVE INDICATION: This 41-year-old man was involved in a work-related explosion injury from a chemical tank, which he was cleaning. He sustained multiple orthopedic injuries as well as "head injury," the incident occurring in 4/2012. He has healed most of his injuries, but has had a persistent nonunion at the left clavicle, which is severely symptomatic. There has been no radiographic evidence of any healing suggesting pseudoarthrosis, probably atrophic, with clinical severe hypomobility at the fracture site.

DESCRIPTION OF PROCEDURE: After satisfactory administration of a general endotracheal anesthetic, a bolster was applied to the posterior left hip, the area around the left iliac crest. He was then prepped and draped in the usual fashion. A bone marrow biopsy needle was placed at the iliac crest and placed within the inner and outer tables of the ilium, 20 mL of bone marrow elements being aspirated. This was then mixed with an "ignite" and osteoconductive as well as osteoinductive material. This was then placed aside, the aspiration site then being cleansed and dried and covered with a Primapore dressing.

A 2 g of Ancef were administered intravenously as prophylaxis. The patient was then brought to the beach chair position using the shoulder board with careful protection of pressure points. The left anterior shoulder and superior chest were then isolated with an impervious U-drape, the left clavicular area then being prepped and draped in the usual fashion. An incision along the normal contour of the clavicle was carried down to the fracture, its

PATIENT NAME: NEFF, JAMES B
MEDICAL REC#: M000254395
LOCATION: CDS
PROVIDER: William Lehman Jr MD

OPERATIVE/PROCEDURE NOTE

Page 1 of 2

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222 South Herlong Avenue
Rock Hill, South Carolina 29732
(803) 329-1234

clear fluid being removed without evidence of any purulent matter, suggesting an atrophic pseudoarthrosis. There was considerable scar tissue since the fracture occurred approximately 3 months ago. The fracture ends were debrided with a curette and rongeur in order to create the normal anatomy and remove any scar tissue and callus around the fracture ends. The fracture ends were mobilized carefully with an elevator and the fracture nonunion site then being reduced as anatomically as possible, with his typical contours of the clavicle in a sigmoid alignment. A Biomet locking precontoured low profile plate was then applied, approximately 7 holes in length. This plate appeared to conform to the normal contours of the clavicle. I placed a nonlocking bicortical screw on either side of the fracture, nonunion, providing an intermittent contact of the plate against the bone. Additional locking screws were then applied in the usual manner. The wound was irrigated, hemostasis assured, whereupon the bone graft material was placed around the fracture site, both superior and inferior and in particular at the 1 cm area of the bone deficiency between the fracture ends. I did make an attempt to obtain as much contact as possible between the proximal and distal ends of the fracture. The fascia was then reapproximated over the clavicle construct. A 0 Vicryl suture, then used 2-0 Vicryl to the subcutaneously followed by staples to the skin. Incision was cleansed and dried followed by a Primapore dressing and an arm sling was applied. The patient was then brought to the supine position, transferred to his hospital bed, whereupon he was awakened and extubated without complication and taken to recovery room in good condition.

Dictated by: WILLIAM LEHMAN, MD

TR:WL/BN
DD:07/25/2012 21:00 EDT
DI:07/25/2012 22:33 EDT
Dictation ID: 6961942/Confirmation #: 2600860

Copies to: LEHMAN
Lehman Jr, William MD

William Lehman Jr MD
Electronically Signed by:

PATIENT NAME: NEFF, JAMES B
MEDICAL REC#: MOC0254395
LOCATION: CDS
PROVIDER: William Lehman Jr MD

OPERATIVE/PROCEDURE NOTE

Page 2 of 2

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Piedmont Medical Center



IMPLANT SHEET

Manufacturer's Name:

Model #:

Size:

Lot #:

WRIGHT Wright Medical Technology, Inc.
5277 Alford Road | Adamsville, TN 38502

REF: 676P2000
LOT: 1408132
IGNITE® Power Mix
PROCEDURE KIT
VOLUME: 20cc
DONOR ID: 184483
DATE ASSIGNED: 2011-10-18 2016-08
STERILE 1 R
ATTACH TO PATIENT RECORD

Manufacturer's Name:

Model #:

Size:

Lot #:

Biomet
Distal Humeral Lt Plate 131218203 X1
3.5mm Cortical Screw Quantity: 131218026 X1
3.5mm Lock Cort. Screw Exp. Date: 186135010 X1
186135014 X1
186135016 X1
186135018 X1
186135022 X1

Manufacturer's Name:

Model #:

Size:

Lot #:

2.7 Drill bit 214227070 X1
2.5 Drill bit 829029070 Quantity: X1
Exp. Date: 8150-37-018 X1
3.5 X 18 Cort. Screw 8150-37-020 X1
3.5 X 20 Cort. Screw

Manufacturer's Name:

Model #:

Size:

Lot #:

Quantity:

Exp. Date:

Manufacturer's Name:

Model #:

Size:

Lot #:

Quantity:

Exp. Date:

SIGNATURE

Robert Dwyer

TIME 1017

DATE 7/25/12

Implant Form for OR



ACCT#E74632191 MR # M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William 07/25/2012
PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

10/28/2011 2:22:00 AM

EZ-8006

PIEDMONT MEDICAL CENTER				PIEDMONT INTRA-OPERATIVE RECORD			
Patient Name	Conf #	Med Rec	Account				
Patient: NEFF, JAMES	1559643	000254395	074632191				
Date & Procedure Room	Room	Start	End				
07/25/2012 - OR 10	In: 08:10 Out: 10:17	Start: 08:30 End: 10:10					

ISOLATION PRECAUTIONS

ISOLATION TYPE:

TYPE [UNIVERSAL PRECAUTIONS]

PRE-OP

PATIENT FORMS:

☒ OPERATIVE CONSENT ☒ TIME OUT CHECKLIST ☒ HISTORY AND PHYSICAL ☒ LIST VALUABLES []

ALLERGIES:

ALLERGIES REPORTED [] ☒ ASA
OTHER: [ERYTHROMYCIN]

VERIFICATION LIGHT SOURCES AND INSUFFLATION DEVICES:

VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON,
INSUFFLATION DEVICE ON: [NA]
VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON, LIGHT SOURCE(S)
TURNED ON: [NA]

ASSESSMENT / PLAN:

☒ NURSING ASSESSMENT COMPLETED
☒ INDIV. PLAN OF CARE DEVELOPED & INITIATED

INTRA-OPERATIVE CARE

RHY:

PATIENT IDENTIFICATION:

☒ VERBAL ☒ ARMBAND ☒ BIRTHDAY

TRANSPORTED TO O.R.:

MODE: [STRETCHER]

PRE-OP PAIN ASSESSMENT:

PAIN LEVEL [0] REASON UNABLE TO ASSESS PAIN LEVEL: []

Medication Description	Amount	Route	Time	By	DATE
[] Ancel	1gm	INTRINS	08:30	md	07/25/2012
[] Ancel	2gm	INTRAVENOUS	08:20	anesthesia	07/25/2012

Anesthesiologist	Anesthetist	Anesth type	ASA Rating
START-MD, ROBERT	BREWER-AA, JODY	GENERAL	2

Pre-Op Diagnosis:	FRACTURED LEFT CLAVICLE		
Surgeon(s)	LEHMAN, WILLIAM		
Assisting:			
Procedure Description:	OPEN REDUCTION AND INTERNAL FIXATION LEFT FRACTURED LEFT CLAVICLE WITH BONE GRAFT		
Post-Op Diagnosis:	SAME		
Complications:			
Personnel Name	Role	In time	Out time
[] BRAGG, ROGER	CIRCULATING RN	08:10	10:17
[] MARTIN, WESLEY	SCRUB TECH	08:10	10:17
[] HOLLY ROBBINS	COMPANY REP / SALES REP	08:10	10:10
[] RYDER WITTER	COMPANY REP / SALES REP	08:10	10:10

Piedmont Medical Center

INSTRUCTIONS FOR CARE AFTER SURGERY



Date of Discharge 7/25/12 Time 1235 Accompanied by girlfriend
 Method of Discharge: ☐ Ambulatory ☒ Wheelchair ☐ Stretcher ☐ Other
 Children and neonates discharged in appropriate child seat ☐ Yes ☐ Other
 Disposition: ☐ Home ☐ Other ☐ Report called to
 IV D/C Prior to Discharge: ☒ Yes, tip intact ☐ Other

DISCHARGE INSTRUCTIONS:

Medication/Dose	Times to take daily	Continue as before	Prescription given	Information given
<u>Pericort 10/325</u>	<u>1-2 tabs every 4 hrs as needed for pain</u>			
<u>Bactrim DS</u>	<u>1 tab 2x/day</u>	<u>(antibiotic)</u>		

Keep dressing clean & dry (both) until return to Dr.
Wear sling
No lifting, pushing, pulling with left arm

Diet: ☐ Resume normal diet ☒ Other advance diet
 Activity: ☐ No restrictions ☐ Resume same activity ☐ See procedure specific instructions
 Wound Care: ☐ N/A ☐ Sutures/Staples/Steri-Strips/ Drain remain in place ☐ Other
 Dressing: ☒ Do not change ☐ Change every ☐ Other
 Home Equipment: ☒ No ☐ Yes, list sling (Provider to instruct @ delivery)
 Notify MD for: ☐ Excessive pain or swelling, chills, excessive bleeding, drainage or rash, fever > 101,
 any questions or concerns at: 329-3130 (office phone number)
 Consulting Agencies: ☐ Home Health ☐ None
 Follow-up Appointment: ☐ None ☐ You need to make return appointment _____ weeks to Dr.
 Appointment Scheduled For: 8/2/12 8:45 AM with Dr. Lehman
 PATIENT/PERSONAL BELONGINGS/HOME MEDICATIONS RETURNED TO PT. ☐ NONE ☒ YES
 I understand how to care for myself/my family member, when to call the doctor and have received my personal belongings.

[Signature]
 Signature of Patient/Family Member

[Signature]
 Signature of Nurse



DOB: 11/05/1970

ACCT# E74632191 MR # MD00254395
 NEFF, JAMES B 41Y M
 Lehman, Jr, William 07/25/2012
 PIEDMONT MEDICAL CENTER



NEFF, JAMES B 07/25/2012
ACCT# E74632191 DOB: 11/05/1970 M 41Y
MR# M000254395 Lehman Jr, William

PIEDMONT MEDICAL CENTER

Routine Orthopedic Orders

Place of Service:

☐ Carolina Surgical Center

☒ Piedmont Medical Center

Admit As:

☒ Outpatient

☐ Inpatient

☐ Observation

☐ TBA

Inpatient days: #

Patient Name:

James Neff

Date of Birth:

11/5/70

DIAGNOSIS:

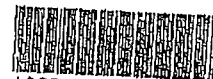
1. clavicle fracture
- 2.
- 3.

Date/Time	Physician's Orders	Nurses Initials
7/25/12	PRE-OP ORDERS	
1600	1. Procedure: ☒ Left ☐ Right ☐ Bilateral open reduction internal fixation left clavicle with bone graft 2. Preferred Anesthesia ☐ Local ☐ Mac ☐ Regional ☐ General 3. Special Equipment Required: clavicle plate 4. NPO after midnight 5. Anesthesia interview 6. Labs per anesthesia CBC BMP	
7/25/12	POST-OP ORDERS	
1000	1. Discharge per Anesthesia 2. Elevate involved extremity 3. Call if problems arise 329-3130 4. Prescription on chart 5. Weight bear status ☐ N/A ☐ NWB ☒ WBAT ☐ Crutches 6. Sling ☐ N/A ☐ No ☒ Yes 7. Ice to affected area ☐ N/A ☒ No ☐ Yes 8. See routine post-op instructions 9. Follow up appointment in office on/days: Aug 2 8:45 AM	

Physician Signature:

[Signature]

noted 7/25/12 12:15



ACCT#E74832191 MR # M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William 07/25/2012
PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

RUN DATE: 07/24/12
RUN TIME: 0948
USER: MCDANIELD

Piedmont Medical Center
222 South Herlong Avenue, Rock Hill, SC 29732
Specimen Inquiry

PAGE 1

PATIENT: NEFF, JAMES B

ACCT: E74632191

LOC: ODS

U: M000254395

AGE/SX: 41/M

ROOM:

REG: 07/25/12

REG DR: Lehman Jr, William MD

STATUS: PRE CLI

BED:

DIS:

Specimen: 0712:H00262R

Collected: 07/12/12-1503 Status: COMP Req: 01721557
Received: 07/12/12-1606 Subm Dr: Lehman Jr, William MD

Ordered: CBC

Test	Result	Flag	Reference
CBC			
WBC	7.7		4.8-10.8 K/MM3
RBC	4.85		4.7-6.1 M/MM3
HGB	15.3		14.0-18.0 G/DL
HCT	44.5		42.0-52.0 %
MCV	91.7		80.0-94.0 FL
MCH	31.5	H	27.0-31.0 PG
MCHC	34.3		33.0-37.0 G/DL
RDW	14.7	H	11.5-14.5 %
PLT	239		150-400 K/MM3
MPV	9.6		7.4-10.4 FL

7.24.12 1022
FAXED
ame
prep

** END OF REPORT **

RUN DATE: 07/24/12
RUN TIME: 0948
USER: MCDANIELD

Piedmont Medical Center
222 South Herlong Avenue, Rock Hill, SC 29732
Specimen Inquiry

PAGE 1

PATIENT: NEFF, JAMES B
REG DR: Lehman Jr, William MD

ACCT: E74632191
AGE/SX: 41/M
STATUS: PRE CLI

LOC: ODS
ROOM:
BED:
U: M000254395
REG: 07/25/12
DIS:

Specimen: 0712:C00362R
Collected: 07/12/12-1503 Status: COMP Reg: 01721557
Received: 07/12/12-1606 Subm Dr: Lehman Jr, William MD

Ordered: BASIC METAB

Test	Result	Flag	Reference
BASIC METAB			
SODIUM	142		133-145 mmol/L
POTASSIUM	4.0		3.5-5.0 mmol/L
CHLORIDE	103		95-105 mmol/L
CO2	27		22-32 mmol/L
BUN	15		8-26 MG/DL
GLUCOSE	91		70-105 MG/DL
CREATININE	1.1		0.6-1.1 MG/DL
CALCIUM	9.7		8.9-10.3 MG/DL
ANION GAP	12		8.0-16.0 mmol/L
OSMO, CALCULATED	284	L	285-325 mOSM/L
EGFR (NON) -MDRD	> 60		>60 ML/MIN
EGFR (AA) -MDRD	> 60		>60 ML/MIN

7.24.12 1022
FAXED
ams
prep

** END OF REPORT **

Anesthesia Pre Operative Assessment



ANE PRE ASS

Please circle or check where appropriate

1. Planned surgical procedure colectomy Left Colic
 Surgeon Lehman

2. Previous major operations / dates NO

3. History of a complication from or reaction to anesthesia in you or any relative ☒ Yes ☐ No

4. If yes, explain NAUSEA

5. Current Medications please refer to Medication Reconciliation Form or Inpatient MAR

Medication(s) reviewed ☐ Yes ☒ No

6. Medication Allergies (include resulting reactions)

CODINE - Hives Morphine - Stops me up
Erythromycin - NIV

7. Rate the activity level you undertake daily:

- ☒ Eat, dress, walk around at slow to moderate pace
☒ Household tasks, gardening, load/unload car, golf
☒ Climb flight of steps, walk briskly, heavy housework (scrubbing floors, moving furniture), heavy manual labor
☐ Strenuous sports, cycling, swimming

1 MET
 1-4 MET
4-10 METS
 > 10 METS

8. Circulation

- ☐ Stress test ☐ ECHO ☐ Heart cath? When _____
☐ Who is your heart doctor? _____
☐ When did you last see your heart doctor? _____
☐ High blood pressure (hypertension) _____
☐ Angina/chest pains? When _____ ☐ Heart attack? When _____
☐ Congestive heart failure/CHF? When _____
☐ Abnormal heart rhythm/Atrial fibrillation? When _____
☐ Heart valve problem/murmur? When _____
☐ Angioplasty/heart stents? When _____
☐ Pacemaker/defibrillator When was it checked? _____
☐ Open heart surgery? When _____
☐ Stroke ☐ Mini-stroke/TIA? When _____
☐ Carotid surgery? When _____ ☐ Poor circulation/PVD

9. Breathing

- ☐ Recent cold/cough/bronchitis _____
☐ Smoke cigarettes/cigars How many/day? 2-3 per day How Long? 20 yrs
☐ Asthma ☐ Shortness of breath _____
☐ COPD/chronic bronchitis/emphysema: ☐ Home oxygen _____
☐ Obstructive sleep apnea ☐ Use CPAP/BiPAP? _____
☐ Significant snoring ☐ Other NO significant snoring

10. Metabolic/Gastrointestinal

- ☐ Diabetes ☐ Insulin ☐ Oral Meds _____
☐ Chronic kidney failure ☐ Peritoneal dialysis _____
☐ Hemodialysis Last dialysis day _____
☐ Kidney infection/Kidney stones _____
☐ Thyroid disease ☐ Steroid (prednisone) use? When _____
☐ Cancer/chemo Last chemo _____ ☐ Arthritis _____
☐ Acid reflux/GERD/heartburn ☐ Controlled on meds _____
☐ Hiatal hernia ☐ Hepatitis B/C _____
☐ Cirrhosis ☐ Alcohol How many drinks / day _____

11. Neurologic

- ☐ Anxiety ☐ Depression _____
☐ Dementia/Alzheimer's ☐ Seizures _____
☐ Arm or leg pain/weakness/numbness _____
☐ Back pain ☐ Scoliosis ☐ Parkinsonism ☐ Other _____

12. Blood

- ☐ Abnormal bruising/bleeding ☐ Blood clots/DVT _____
☐ Anemia ☐ Sickle cell trait/disease _____
☐ Lupus/sarcoid/autoimmune disease _____
☐ HIV ? Are you on blood thinners/which one _____

13. Obstetric/Female Patients

- ☐ Could you possibly be pregnant? _____
☐ Date of last menstrual period _____
☐ Currently pregnant, due date _____
☐ Gestational diabetes ☐ HTN of pregnancy _____
☐ Twins/Breast/Previous C/S ☐ Other _____

14. Dental

- ☐ Bridge/crowns/caps ☐ Loose Teeth _____
☐ Dentures/partials ☐ TMJ _____
☐ Limited mouth opening ☐ History of difficult airway at previous surgery _____

Patient Signature: [Signature] Date/Time 7/27/12

Interviewer Signature: [Signature] Date/Time 7/27/12

MM-0340-AR-01

Reviewer's Notes

Pertinent Physical Exam:

Ht. 5'9" Wt. 141
 BP 130/90 HR 86 SaO2 98 R 14
 Airway: MPI II III IV ROM neck/jaw: ☒ Good ☐ Limited
 Oral opening ☐ Good ☐ Limited Short thick neck
 Dentition: ☒ WNL ☐ Poor ☐ Loose ☐ Chipped
☐ Dentures/partials ☐ Other _____
 Heart: ☒ WNL ☐ Other _____ Lungs ☒ WNL ☐ Other _____
 Mental status: ☒ WNL ☐ Other _____

Pertinent Labs:

Na 142 K 4.0 Creat 1.1
 Hgb/Hct 15.3/45.5 Plts 239
 PT/PTT _____ INR _____
 EKG/Other _____

ASA I II III IV V VI E

Risks, benefits, alternatives and potential complications of anesthesia were discussed with the patient and/or guardian/POA who agree to proceed with the anesthetic plan.

Anesthesia Plan

☒ GA ☐ MAC ☐ SAB/Epidural
☐ Regional anes/type _____ Other _____

Postop Analgesia

☐ IT Morphine ☐ Epidural catheter
☐ FNS ☐ ISB/Suprav ☐ Other _____

Consider the following:

☐ Awake FOI ☐ Glidescope ☐ AW Car:
☐ Aline ☐ CVP ☐ Other _____
☐ Stress Steroids ☐ B blockers ☐ Reflux precautions
☐ Preop cardiac evaluation

Comments:

PONV
Explosion welding tank April 2011

Initial Reviewers Signature [Signature] Date/Time 7/27/12

Anesthesiologist Signature [Signature] MD Date/Time 7/27/12

Post Anesthesia Evaluation

The patient is examined; the chart and PACU flowsheet are reviewed.

1. Respiratory function: ☒ Stable ☐ Baseline ☐ Other _____
 2. Cardiovascular function: ☒ Stable ☐ Baseline ☐ Other _____
 3. Mental Status: ☒ Stable ☐ Drowsy ☐ Responsive ☐ Baseline ☐ Other _____
 4. Temperature: ☒ Normothermic ☐ Other _____
 5. Pain: ☒ Well controlled ☐ Other _____
 6. PONV: ☒ Absent ☐ Controlled ☐ Other _____
 7. Volume Status: ☒ Stable ☐ Other _____
 8. Other: _____

Signature: [Signature] Time: 1205 Date: 7/27/12

Printed Name: [Signature]



DOB: 11/05/1970

ACCT#E74632191 MR # M000254395
 NEFF, JAMES B 41Y M
 Lehman Jr, William 07/25/2012
 PIEDMONT-MEDICAL-CENTER

Piedmont Medical Center

EZ-1088 PO R10/11

Patient Weight 141 kg Allergies: Codine, Erythromycin

PRE-OPERATIVE Orders:

- ☐ Patient to Holding Area pre-op for placement of _____ (date).
- Obtain pre and intraoperative anesthesia records from _____
- Obtain office notes/tests from: ☐ CCA ☐ Sanger ☐ GHS ☐ Other _____

Diagnostics (Lab, Radiology, etc.): Diagnosis: Pre-Operative Evaluation for Surgery

- ☐ Platelet Count ☐ H/H ☐ BMP ☐ CMP ☐ Serum K+ ☐ PT/PTT/INR ☐ CXR
- ☐ TNS ☐ UCG ☐ EKG ☐ ABG's

DIET:

- *NPO after midnight for solid food and milk products.
- *May have clear liquids until 4 hrs before surgical arrival time.
- *Take only these medications on day of surgery with a sip of water:

- ☐ _____ ☐ _____ ☐ _____
- ☐ _____ ☐ _____ ☐ _____

Pharmacy/IVs:

A review of the medical record for drug allergies should be performed prior to any drug administration. Do not administer any medication to which the patient is allergic.

- On day of surgery, initiate Lactated Ringers on all patients accepting of an IV at KVO-except TURP or ESRO patients, then use Normal Saline @ KVO. May use 1% subcutaneous Lidocaine local anesthesia to start IV on all patients PRN for pain.
- Two (2) large bore IV's for carotid endarterectomy, spinal fusion, radical prostatectomy, nephrectomy, thoracotomy and AAA surgical patients.
- Use EMLA cream for Pediatric patients to start IV pm pain.
- For patients with a preoperative diagnosis of Diabetes Mellitus and receiving treatment for diabetic management: Accucheck-Blood Sugar on initial arrival to OPS. Notify Anesthesiologist for Blood Sugar less than 80 or greater than 220 mg/dl Insulin Sliding Scale per protocol using regular insulin subcutaneous ☐ Low ☐ Standard ☐ High Follow Sliding Scale protocol in OPS/Holding Area

LIP Signature: [Signature] Time: 0642 Date: 7/25/12
LIP Printed Name: _____

DAY OF SURGERY Orders:

- ☐ PT/PTT/INR ☐ BMP ☐ Serum K+ ☐ CBCN ☐ H&H ☐ UCG ☐ _____

Antibiotics/Medication/IVs:

- ☒ Versed 1 mg IV for Pre-Op Anxiety, may repeat 1 time if needed
- ☐ Versed _____ mg in Tylenol elixir _____ mg PO for Pre Op anxiety
- ☒ Pepcid 20mg IV Pre-Op or ☐ Pepcid _____ mg PO Pre-Op for control of gastric acid secretion.
- ☐ Reglan 10mg IV Pre-Op or ☐ Reglan _____ mg PO Pre-Op for gastric emptying or preop nausea.
- ☐ Bicitra 30 ml PO for control of gastric acid secretion.
- ☐ Airway prep for anticipated complicated airway.
- 1. Glycopyrrolate 0.2 mg IV
- 2. Afrin to Nares - 2 sprays in each nostril repeat times 2
- 3. 4ml 4% Lidocaine Nebulized
- ☐ Aprepitant (Eramet) 40 mg PO on arrival to OPS (within 3 hours prior to induction of anesthesia)
- ☐ Albuterol 2.5mg/3 ml Jet-neb breathing treatment for dyspnea/wheezing/rhonchi.
- ☐ Xopenex 1.25 mg/3ml Jet-neb breathing treatment for dyspnea/wheezing/rhonchi.
- ☐ Metoprolol _____ mg PO Pre-Op
- ☐ _____
- ☐ _____
- ☐ _____

LIP Signature: [Signature] Time: 0642 Date: 7/25/12
LIP Printed Name: _____

Pre-Op Orders
Anesthesiology



DOB: 11/05/1970

ACCT#E74832181-MR-#M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William 07/25/2012
PIEDMONT MEDICAL CENTER

3/28/2012 2:48:00 PM

EZ-1086

Patient Weight _____ kg Allergies: _____

General Precautions:

Do not administer analgesics if one of the following conditions exists:

1. Patient is unresponsive.
2. O₂ sat by pulse ox less than 92%.
3. The following respiratory rates are present:
Adults: less than 10/min; Children: 1-2 yrs: less than 18/min; 2-6 yrs: less than 15/min; 6-12 yrs: less than 12/min.
4. Patients with epidural catheters use Epidural orders or Consult anesthesiologist for any additional analgesic needs.
5. Children less than 1 year of age. Consult anesthesiologist regarding administration of analgesic or antiemetic medications. Orders obtained must be documented in pt's chart.
 - Patients remain in Phase I recovery for 15 minutes following IV narcotic administration.
 - Patients remain in Phase II recovery for 20 minutes following oral or IM narcotic administration

Intravenous Analgesics: (Please number preferred order of administration) Notify anesthesiologist prior to using _____ analgesic.

Adults: (All adults and children greater than 12 years of age)

- ✓ Fentanyl (Sublimaze) 25 mcg IV (up to 0.5mcg/kg IV per dose). May repeat 4 times at 5 min. intervals. (Max 100 mcg).
- _____ Morphine _____ mg IV (up to 0.05 mg/kg IV per dose). May repeat 4 times at 5 min. intervals. (Max _____ mg).
- ✓ Hydromorphone (Dilaudid) 0.4 mg IV (up to 0.008 mg/kg IV per dose). May repeat 4 times at 5 min. intervals. (Max 1.2 mg).

_____ Meperidine (Demerol) _____ mg IV (up to 0.25mg/kg IV per dose). May repeat 4 times at 5 min. intervals for pain and/or shivering. (Max _____ mg)

_____ Promethazine (Phenergan) 6.25mg/dose IV at 5min. intervals. (Max 25mg) For narcotic enhancement.
_____ Ketorolac (Toradol) 30mg IV or IM. Do not administer if patient is NSAID/ASA allergic or if patient received dose intraoperatively. Elderly patients (greater than 65 years) or patients with Creatinine over 1.6, reduce dose to 15mg IV or IM.

Children: (1-12 years of age) Consult anesthesiologist for infants less than 12 months old.

- _____ Fentanyl (Sublimaze) _____ mcg IV (0.5 - 1mcg/kg IV up to a max of 50mcg per dose). Fentanyl may be repeated in subsequent doses of one-half the original dose. Repeat doses should be spaced 10 minutes apart. The max total dose is 2mcg/kg or _____ mcg.
- _____ Morphine _____ mg IV (0.05mg/kg IV up to max. of 5mg per dose). May repeat 3 times spaced at least 5 minutes a part. Total dose not to exceed 0.20mg/kg or _____ mg.
- _____ Ketorolac (Toradol) _____ mg IV or IM (0.4 - 1mg/kg IV/IM). Do not administer if NSAID/ASA allergy or dose given intraoperatively.

Oral Analgesics: (Please Number preferred order of administration) May be used in PACU or OPS when tolerating oral intake.

Adults: (All adults and children greater than 12 years of age)

- ✓ Acetaminophen (Tylenol) 1000 mg PO (10mg/kg up to max. of 1000mg per dose).
- _____ Mepergan Fortis(1) PO for moderate pain or pain score less than 5 (Demerol 50mg and Promethazine 25mg).
- _____ Mepergan Fortis(2) PO for severe pain or pain score of 5 or greater (Demerol 50mg and Promethazine 25mg).
- _____ Percocet(1) PO for moderate pain or pain score less than 5
- _____ Percocet(2) PO for severe pain or pain score of 5 or greater
- _____ Oxycodone (OxyIR 5mg) (1) PO for moderate pain or pain score less than 5
- _____ Oxycodone (OxyIR 5mg) (2) PO for severe pain or pain score of 5 or greater
- _____ Prescription Analgesics - The patient may receive one dose of the post operative analgesic Rx by the attending surgeon given 20-30 minutes prior to anticipated discharge.
- _____ Pyridium 200mg PO for dysuria.

Dilaudid 2mg po q4h mod pain
Dilaudid 4mg po q4h mod pain

Children: (1-12 years of age)

- _____ Lorab Elixir _____ ml (up to 0.3ml/kg PO per dose). May repeat to max. dose of 20ml or _____ ml. Each 5ml contains 2.5mg hydrocodone bitartrate/167mg acetaminophen.
- _____ Acetaminophen Elixir _____ mg PO (10mg/kg up to max. of 650mg per dose).
- _____ Acetaminophen w/Codine Elixir _____ ml (up to 0.6ml/kg PO per dose). May repeat to max dose of 10ml or _____ Each 5ml contains 12mg codeine, 120mg of Acetaminophen.

PACU and Phase II Recovery Orders
Anesthesiology

ACCT#E74632191 MR # M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William 07/25/2012
PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

Piedmont Medical Center

EZ-1097 PO R01/12



- Suppository Analgesia:** Do not give to patient with perianal surgery or deformity.
- ☐ Acetaminophen Suppository _____ mg per rectum (35 mg/kg up to a maximum of 1200mg per dose).
Dose may be repeated or used in conjunction with oral acetaminophen.
 - ☐ B&O Suppository (Adults only) 1 per rectum, single dose

Antiemetics: In cases in which patient is excessively sedated post-op or has decreased mental status, please consult anesthesiologist for any antiemetic treatment.

- ☒ Ondansetron (Zofran) 4 mg IV (0.1 mg/kg IV, up to a maximum of 4 mg per dose). This also may be given to outpatients in Phase II recovery and within 30 minutes of discharge. ☐ Do Not give if dose given in preop or OR.
- ☐ Dolasetron (Anzemet) 12.5 mg IV, single dose.
- ☐ Promethazine (Phenergan) _____ mg IV, single dose.
- ☐ Dexamethasone (Decadron) _____ mg IV, single dose.

Children 1-12 years of age:
Ondansetron (Zofran) _____ mg IV (0.05 - 0.1mg/kg per dose, up to max. dose of 4mg/dose).

Diabetic Patients (Accu-check as noted below)

- Obtain Accu-check blood sugar on all diabetics on admission to PACU and on return from PACU to Phase II Recovery. Notify Anesthesiologist for Blood Sugar less than 80 or greater than 200 mg/dl.
- Insulin Sliding Scale per PMC protocol using regular insulin subcutaneous: ☐ Low ☐ Standard ☐ High

Oxygen administration post operatively (Check)

- Oxygen via nasal cannula at 2-3 liters per minute, oxygen mask or face shield at 25-100% to maintain SaO2 greater than 92%.
- ☐ Consult anesthesiologist if the patient appears to require supplemental oxygen upon discharge from Phase II recovery (OPS).
- ☐ May be discharged from Phase I recovery with supplemental oxygen per PACU protocol.

Respiratory Treatments (Check)

- ☐ Albuterol 2.5mg/3ml via Jet Neb breathing treatment for dyspnea/wheezing.
- ☐ Xopenex 1.25mg/3ml via Jet Neb breathing treatment for dyspnea/wheezing.

X-Ray: STAT portable chest x-ray for central line placement if placed by an anesthesiologist. Page 325-0154 when verbal report available.

Urine Output: For catheterized patient, report urine output of < 0.5 ml/kg/hr to anesthesiologist.
In PACU only, may IN & OUT catheterize patient for apparent bladder distension, one time.
On OPS call anesthesiologist for apparent urinary retention or distension.

Discharge:

Discharge patient from PACU per discharge criteria using PARS scores.
If you have any questions or concerns please contact the anesthesiologist.
In case of emergency, orders are granted to administer ACLS protocol.

Signature: _____ M.D. Time: 0645 Date: 7/25/12

Printed Name: RD Starks

Discharge:

- ☐ Discharge from OPS when patient meets OPS-PARS Protocol.
- ☒ Discharge from OPS by Anesthesiologist

If you have any questions or concerns please contact the anesthesiologist.
In case of emergency, orders are granted to administer ACLS protocol.

Signature: _____ M.D. Time: 1205 Date: 7/25/12

Printed Name: RD Starks

PACU and Phase II Recovery Orders
Anesthesiology



DOB: 11/05/1970
ACCT#E74632191 MR # M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William, 07/25/2012
PIEDMONT MEDICAL CENTER

FEDMONT MEDICAL CENTER	
222 South Herling Avenue, Rock Hill, SC 29732	
ACCOUNT # E74532191	NEFF, JAMES B 1485 PEACHES CRT ROCK HILL, SC 29732
MED REC # W000254395	Home Phone: (803) 985-5297 Alt Phone:
Birthdate: 11/05/1970 Age/Sex: 41 M Soc Sec #: XXX-XX-6801	
Adm/Svc Date/Time: 07/25/12 0829 Location: ODS Ref Dr: Lehman Jr, William MD 7706 Att Dr: Lehman Jr, William MD 7706 Adm Dr:	
Status: REG CLI Last I/P Visit: Last O/P Visit: 04/12/12 ER	
PATIENT EMPLOYER UNEMPLOYED PATIENT STREET, PATIENT CITY, SC 11111 (111)111-1111	
Occupation:	
GUARANTOR/RESPONSIBLE PARTY FABRICATING, LEAR'S W 1869 WILLIFORD RD, ROCK HILL, SC 29730 Home Phone: (803) 324-7359	
Relationship: 35 EMPLOYER Soc Sec #:	
PRIMARY INSURANCE SUMMITT- Insured Name: NEFF, JAMES B Relationship: 01 SELF/SAME AS PATIENT Employer: LEARS WELDING 1869 WILLIFORD RD, ROCK HILL, SC 29730	
PO BOX 600, GAINESVILLE, GA 30503 (800) 863-2181 Policy #: 967830 Group #: NGNA Emp Status: 9 UNKNOWN	
SECONDARY INSURANCE Insured Name: Relationship: Employer:	
Policy #: Group #: Emp Status:	
NEXT OF KIN: H: Relationship:	
PERSON TO NOTIFY: PESIK, CHRISTINE 1485 PEACHES CRT, ROCK HILL, SC 29732 H: (803) 985-5297 Relationship: FRIEND	
REASON FOR VISIT: CLAVICLE FRACTURE	
ADMIT REP: EVANSC	
COMMENTS: FROM HX//PGB	
FTP/HSV: 2 56 CTY: 046 INS#1 DOB: 11/05/1970 OCCURRENCES: 11 07/12/12 FIN CLASS: 83 SRC: A INS#2 DOB: 04 04/12/12 SC MARITAL ST: S RACE: 1 ETHNICITY: 2	
TREATMENT AUTH# for INS#1:	
INS#2:	

Piedmont Medical Center

Outpatient Instructions

sticker

You are scheduled for surgery on: 7/25

A Piedmont staff member will call you between 3:30 and 4:30 p.m. the business day before your scheduled procedure to let you know what time to arrive for your procedure. Occasionally, an emergency or cancellation may make it necessary to adjust the time of your surgery. List the best number to reach you: 803 389-9512 May we leave a message? Yes ☐ No ☒

If you are not available, do we have permission to leave your surgery information with anyone else? Yes No

Please list their name and phone number: _____

It is very important that you arrive on time and check in at the admitting desk at the Heart Center OR with the staff in the Women's Center lobby; otherwise, your surgery may be delayed or cancelled.

In preparing for your surgery, it is required that you follow this list. By not doing so, your surgery may be cancelled or delayed.

- DO bring all of your medications, including: prescription, vitamins, patches and over the counter with you the day of surgery.
- DO notify your surgeon if you develop cold symptoms, fever or any other illness prior to surgery.
- DO make our staff aware of any metallic ink tattoos or medical implants/devices you have.
- DO wear loose clothing and low-heeled shoes to the hospital.
- DO bring CPAP machine if you have one, even if you are scheduled for an outpatient procedure.
- DO take a bath or shower the night before, or the morning of surgery with the soap provided (if applicable).
- DO NOT wear metal hair clips or pins.
- DO NOT chew gum or tobacco after midnight before surgery.
- DO NOT smoke the night before or day of surgery. Piedmont Medical Center is a smoke free facility.
- DO NOT eat or drink anything after midnight prior to the day of surgery, unless you are instructed to do so by the anesthesiologist or your surgeon. Please take the following medications with a sip of water the day of your surgery: _____
- DO NOT wear nail polish or apply make-up or perfume the day of surgery.
- DO NOT wear jewelry of any kind to the hospital; please remove body piercings before coming to the hospital.

Other things to plan for:

- You will not be allowed to wear contact lenses or hearing aides during surgery. Please bring eyeglasses and a contact lens/hearing aide case with you.
- Please leave all valuables, including wallet, purse and money at home.
- Patients coming for outpatient procedures will not need pajamas or gowns; please wear loose clothes and low-heeled shoes.
- If you are admitted after surgery, you may bring a robe, hard-sole slippers and personal toiletry items (excluding electrical devices).
- Please make arrangements for the care of minor children. Only two adult visitors are allowed in your pre-op room at one time.

Before your surgery, clarify any questions with your surgeon/physician. If you have questions after you leave your pre-op visit, please call the pre-op interview office at 803-329-6892 between the hours of 7 a.m. and 5 p.m. Monday through Friday.

After your surgery:

- You will not be allowed to drive home from the hospital.
- A responsible adult must escort you home and stay with you for 24 hours.
- Refrain from operating machinery and drinking alcohol for 24 hours.
- Do not make important or critical decisions or sign any legal documents for 24 hours after surgery.
- If you have small children, make arrangements to have someone care for them for 24 hours following general anesthesia.
- Nausea and/or vomiting may occur in the immediate post-operative period. Plan to remain quietly at home the night following your procedure.

****You should notify your physician or go to the Emergency Room if you need further assistance after you leave the hospital.**

I have read, received a copy, have no unanswered questions, and will comply with the above instructions furnished to me.

Patient/Responsible Party signature: James B Neff Date: 7-12-2012

Nursing staff signature: [Signature] Date: 7/12/12



DOB: 11/05/1970

ACCT#E74632191 MR # M000254395
NEFF, JAMES B 41Y M
Lahman Jr, William 07/25/2012
PIEDMONT MEDICAL CENTER

Neff James

ORIF

P346

PMC - HP

- ☒ Piedmont Medical Center
☐ Carolina Surgical Center

SURGERY DATE: 7/25/12
 PATIENT NAME: James Neff DATE OF BIRTH: 11/5/70
 VITAL SIGNS: Blood Pressure: _____ Pulse: _____ Respirations: _____ Temperature: _____
 CHIEF COMPLAINT: chronic non union
 INDICATIONS FOR SURGERY: fracture 7/12/12 w/ fracture non union @ ankle
consent to surgery

REVIEW OF SYSTEMS: INCLUDING HISTORY (past and present) & PHYSICAL EXAMINATION

CHECK APPROPRIATE COLUMN	POSITIVE FINDINGS	NEGATIVE FINDINGS	NOT APPLICABLE
Nervous System		/	
Eyes, Ears, Nose, & Throat		/	
Cardiovascular		/	
Pulmonary		/	
Gastrointestinal		/	
Hepatic		/	
Reproductive		/	
Urinary Tract		/	
Musculoskeletal	/	/	
Endocrine	/	/	
Skin		/	
Psychosocial (Appropriate for age)		/	
Familial Disease		/	
Recent Illness		/	
Social History		/	

5th @ ankle non union pre married Q ED. not de
 Rx: @?
 (M) James
 1st (TAP)
 2 (X-ray)
 6 children

ALLERGIES AND DRUG INTOLERANCES:

Amoxicillin Codeine (No codeine OK)

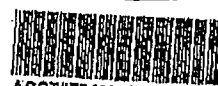
MEDICATIONS: (including past history of steroids)

PAST SURGERY AND ANESTHESIA / RECENT HOSPITALIZATION / LABORATORY DATA:

TRA w/ broken teeth

IMPRESSION: Non union left ankle

PLAN: left ankle ORIF



ACCT#E74632191 MR # M000254385
 NEFF, JAMES B 41Y M
 Lehman Jr, William 07/26/2012
 PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

Time: 1400 Date: 7/25/12
 Physician Signature: William H. Lehman, Jr.
 Physician Name (Printed): William H. Lehman, Jr.

- ☒ Piedmont Medical Center
☐ Carolina Surgery Center



☒ I attest that I have examined the patient, the attached history and physical dated: 2/12/12 has been reviewed, and the contents accurately reflect the patient's condition today without any additions or revisions to the original document.

☐ I attest that I have examined the patient, the attached history and physical dated: _____ has been reviewed, and the contents accurately reflect the patient's condition as of this date with the following revisions:

Time: 06 17

Date: 7/25/12

Physician Signature:

Physician Name (Printed):



07/25/2012

NEFF, JAMES B. 41Y M.

Lehman Jr, William DOB:11/05/1970

~~History & Physical Addendum~~

7/12/2012 4:17:00 PM

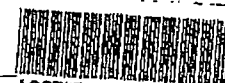
EZ-2002

Piedmont Medical Center



GENERAL INFORMATION		SYSTEMS ASSESSMENT																																				
☐ Patient Name / Amband Verified Mode of Arrival: ☐ Wheelchair ☒ Ambulatory ☐ Stretcher Admitted From: ☐ Home ☒ ED ☐ LTC ☐ Other Accompanied by: <u>Christine</u> (person taking home today) (relationship) Telephone Number for person above: <u>803-389-9513</u> Orientation to Environment: ☐ Patient ☒ Significant Other(s) ☒ Telephone ☐ TV ☐ Call Light ☒ Visitor Policy ☐ Bathroom ☐ Given Copy of Patient Rights ☐ Side rails up ☐ 1 ☐ 2 ☐ Bed Low and Locked Valuables: ☐ Dentures ☐ Upper ☐ Lower ☐ Both ☐ Cup @ bedside ☐ Eyeglasses ☐ Contacts ☐ Hearing Aid (s) ☐ Jewelry ☐ Valuables placed in Security Envelop # ☐ Wheelchair ☐ Walker ☐ Cane ☐ Artificial Limb (s) ☐ Implants ☐ Valuables / Clothes given to <u>Wife</u> ☐ Will keep at own risk, hospital NOT responsible for patient belongings Patient Signature: _____ Staff Signature: <u>W. Harris RN</u> Pain Evaluation (circle) 0 = no pain 10 = worst pain 0 1 2 3 <u>4</u> 5 6 7 8 9 10 (describe) P - What provokes or palliates? Q - Quality: Burning, Aching, Stabbing R - Region on body pain occurs S - Severity (0-10 scale) T - Timing of pain: day, night, continuous Anxiety Evaluation 0 1 2 3 <u>4</u> 5 6 7 8 9 10		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE</th> <th>WNL</th> <th>ABNORMALS</th> </tr> </thead> <tbody> <tr> <td>Cardiac</td> <td>☒</td> <td> ☒ S1 ☐ S2 ☐ Murmur ☐ Click ☐ Pulse irregular ☐ Edema present ☐ Chest Pain ☐ Pulses weak or absent Radial (R) ☐ (L) ☐ Pedal (R) ☐ (L) ☐ </td> </tr> <tr> <td>GI</td> <td>☒</td> <td> ☐ Last BM ☐ Diarrhea ☐ Constipated </td> </tr> <tr> <td>Genitourinary</td> <td>☒</td> <td> ☐ Incontinence ☐ Foley ☐ LMP ☐ N/A ☐ Urostomy </td> </tr> <tr> <td>Musculoskeletal</td> <td>☒</td> <td>☐ Comments _____</td> </tr> <tr> <td>EENT</td> <td>☒</td> <td>☐ Comments _____</td> </tr> <tr> <td>Skin</td> <td>☒</td> <td> ☐ Presence of lesions, bruises or cuts *See Present of Admission Form </td> </tr> <tr> <td>Respiratory</td> <td>☒</td> <td> ☐ Wheezes ☐ Crackles ☐ Cough ☐ Labored </td> </tr> <tr> <td>Neuro</td> <td>☒</td> <td> Weakness Extremities ☐ Left ☐ Right ☐ Disoriented to </td> </tr> </tbody> </table>		TYPE	WNL	ABNORMALS	Cardiac	☒	☒ S1 ☐ S2 ☐ Murmur ☐ Click ☐ Pulse irregular ☐ Edema present ☐ Chest Pain ☐ Pulses weak or absent Radial (R) ☐ (L) ☐ Pedal (R) ☐ (L) ☐	GI	☒	☐ Last BM ☐ Diarrhea ☐ Constipated	Genitourinary	☒	☐ Incontinence ☐ Foley ☐ LMP ☐ N/A ☐ Urostomy	Musculoskeletal	☒	☐ Comments _____	EENT	☒	☐ Comments _____	Skin	☒	☐ Presence of lesions, bruises or cuts *See Present of Admission Form	Respiratory	☒	☐ Wheezes ☐ Crackles ☐ Cough ☐ Labored	Neuro	☒	Weakness Extremities ☐ Left ☐ Right ☐ Disoriented to								
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Blood Glucose Result _____ Date/Time _____ ☐ N/A NPO Status <u>2230 7-24-12</u> PRE-PROCEDURAL INTRAVENOUS ACCESS ☐ Prior Access IV Site _____ Number of attempts _____ ☐ Fluid /Rate _____ ☐ N/A ☐ Initiated by: _____ ☐ Routine Prep ☐ 1% Subcutaneous Lidocaine used at IV site ☐ Saline Lock ☐ See Moderate Sedation Record		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Vital Signs</th> <th>Time</th> <th>Temp</th> <th>BP</th> <th>HR</th> <th>Resp</th> <th>SaO₂</th> <th>Initials</th> </tr> </thead> <tbody> <tr> <td>Pre Op</td> <td><u>0800</u></td> <td></td> <td></td> <td><u>69</u></td> <td><u>78</u></td> <td><u>98</u></td> <td><u>DM</u></td> </tr> </tbody> </table>		Vital Signs	Time	Temp	BP	HR	Resp	SaO ₂	Initials	Pre Op	<u>0800</u>			<u>69</u>	<u>78</u>	<u>98</u>	<u>DM</u>																			
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Outpatient Pre-Procedural Care Record



ACCT#E74632191 MR # M000254395
 NEFF, JAMES B 41Y M
 Lehman Jr, William 07/25/2012
 PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

Piedmont Medical Center



EZ-8020 POS OUT CAR R11/09

DATE: 11/25/12 TIME: 11:20
 ARRIVES TO OPS PER:
☒ Stretcher ☐ Patient Bed ☐ Arms at _____
☒ BAND VERIFIED

FROM:
☐ OR ☒ PACU

Altered Thought Process
 Oriented to:
☒ Time ☒ Place ☐ Person ☐ Situation
☒ Baseline mentation returned

Anxiety
☒ Support person at bedside
☐ Support person not available at this time

Pain Level (as described by patient)
 0 1 2 3 4 5 6 7 8 9 10

Potential For Injury
☒ Fall light within patient reach
☒ Instructions given to request assistance in ambulation
☐ To mother's arms
☐ Side rail up x 1
☐ Side rail up x 2
☐ Bed low and locked

Impaired Skin Integrity *drainage marked*
☒ Dressing dry and intact
☒ Site *large bruise + left hip*

Potential Decreased Cardiac Output (Skin)
☒ Warm
☐ Dry
☐ Cool
☐ Moist

Potential For Altered Tissue Perfusion (Vascular)
☐ N/A
☒ Capillary Refill < 3 seconds
☐ Movement
☐ Sensation
☐ Extremity to IV Pole
☐ Extremity Elevated

Altered Nutrition
☒ Food or fluids offered
☐ NPO

Admitted by R. J. [Signature]

ALTERATION IN FLUID / ELECTROLYTE BALANCE

INFUSION RECORD					
TIME	IV SITE	TYPE	AMT	AMT INFUSED	SITE PAT.
11:20	#800950	LR 2400		50	✓

NURSING INTERVENTION/EVALUATION

DISCHARGE CRITERIA	
OUTPUT	
TIME	URINE EMESIS INITIALS
11:55	05 RW
Altered Thought Process	
☒ Baseline mentation returned	
Pain Level (as described by patient)	
0 1 2 3 <u>4</u> 5 6 7 8 9 10	
Potential For Injury	
☒ Ambulatory, steady gait	
☐ With crutches, steady gait	
☐ Other _____	
Impaired Skin Integrity	
☒ Dressing dry and intact <i>as seen</i>	
☒ IV Site ☐ No s / s infiltration	
☐ Redness ☐ Swelling <i>catheter</i>	
Describe, if applicable <i>intact</i>	
Potential Decreased Cardiac Output	
☒ Vital signs stable ☐ Skin warm / dry	
☒ No excess bleeding or drainage	
Altered Patterns Of Urinary Elimination	
☒ Void (quantity, sufficient) ☐ N/A	
Fluid Volume Deficit, Potential	
☒ Taking PO fluids	
☒ Minimal nausea / vomiting	
Home Maintenance Management	
☐ Post-Op check by physician, etc.	
Dr. <i>[Signature]</i>	
Discharge criteria met at <u>12:30</u>	
Nurse <i>[Signature]</i>	
Anesthesiologist <i>[Signature]</i>	
D/C to car per ☐ W/Chair ☐ Ambulation	
☐ Other _____ at <u>12:35</u>	
Per staff with support person <i>[Signature]</i>	
☐ Volunteer	

11:20 Pac 1 pt report from PACU, A&C 3, VSS, notes
 pain 6/10, previously med
 noted IV in PACU, no
 distention noted, will continue
 monitor ———— RW
 11:55 T & B Re-assist, verbalized
 returned to bedside, VSS,
 states "I'm ready to go
 home", no distention noted
 ———— RW
 12:30 VSS, written & verbalized
 change instructions given
 to pt & D/C Rx, discharged
 via HC no distention noted
 @ 12:35 ———— RW

TIME	TEMP	B/P	PULSE	RESP	O2SAT	TIME	MEDICATION	DOSE	ROUTE	EFFECT	RN INITIALS
11:20	97.9	129/81	72	18	96%						
12:00		140/97	69	16	99%						
12:30	97.8	135/75	73	16	93%						

RN Initials Signature RN Initials Signature
RJ [Signature] _____ _____

POST OUTPATIENT CARE RECORD (OPS)



07/25/2012

ACCT#: E74632191 MR#: M000254395

NEFF, JAMES B 41Y M
 Lehman Jr, William DOB: 11/05/1970

Piedmont Medical Center

* ORIF (L) clavicle & Bone graft from (L) hip



EZ-8401 REC ROO REC R11/09

PATIENT HISTORY		PRE-OP. V.S.		INTRA-OP. INFORMATION		ADMISSION SUMMARY			
CHECK IF APPLIES: ☐ RENAL DISEASE ☐ DIABETES ☐ HYPERTENSION ☐ HEART DISEASE ☐ RESPIRATORY DISEASE ☐ NEUROLOGICAL DISORDER ☐ SEIZURE DISORDER ☐ OTHER		B/P <u>120/80</u> P <u>96</u> TEMP ALLERGIES <u>Penicillin, morphine, codeine, rocuronium</u> WT <u>141</u> KGS Oz Sat PRE-OP H&H <u>15.3/44.5</u>		☐ GENERAL MASK ☐ GENERAL ETT ☐ LOCAL ☐ SPINAL ☐ EPIDURAL ☐ GENERAL LMA ☐ BLOCK SEDATION: <u>Propofol</u> ANTIBIOTICS: <u>Cefazolin 2g 0820</u>		ADMITTED FROM <u>OR</u> VIA: ☐ STRETCHER ☐ PATIENT BED ☐ ARMS SURGEON <u>Dehmer</u> PROCEDURE ADMIT DATE AND TIME <u>7/25/12</u> DISCHARGE TIME <u>1126</u>			
ALTERATIONS IN HEMODYNAMICS									
MONITORS	ALARMS ON	☒ EKG	☐ BLOOD PRESSURE	☐ PULSE OX	☐ A-LINE	CORRELATES WITH NIBP	☐ YES ☐ NO	ARM BAND VERIFIED	☐ YES ☒ NO
LEGEND	TIME	1017	1022	1027	1032	1045	1100	1115	TIME
PULSE •	280								280
NIBP	260								260
SYSTOLIC ▼	240								240
DIASTOLIC ▲	220								220
CUFF	200	✓							200
A-LINE	180		✓	✓	✓	✓	✓	✓	180
AX: AXILLARY	160								160
R: RECTAL	140								140
O: ORAL	120								120
T: TEMPORAL	100								100
RESPIRATIONS	80	26	26	18	16	18	17	15	80
O ₂ SAT	60	96	96	94	96	95	97	95	60
URINE OUTPUT	40	✓	✓	✓	✓	✓	✓	✓	40
EKG RHYTHM	20	50	✓	✓	✓	✓	✓	✓	20
TEMPERATURE	0	97.4	✓	✓	✓	97.4	✓	✓	0
O ₂ TYPE		2L	✓	✓	✓	✓	✓	✓	
OTHER									
NURSE'S SIGNATURE / DATE		INITIALS		NURSE'S SIGNATURE / DATE		INITIALS		NURSE'S SIGNATURE / DATE	

RECOVERY ROOM RECORD

7/24/2012 3:10:00 PM EZ-8401

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07/25/2012

ACCT#:E74632191 MR#:M000254395

NEFF, JAMES B 41Y M
Lehman Jr, William DOB:11/05/1970

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Piedmont Medical Center



EZ-8401 REC ROD REC R11/09

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TIME	NURSES' NOTES	DISCHARGE																																																																																										
1017	Pt to PACU via stretcher to U. Pt Drowsy, responds to all commands, SS CTA sat 94-96% on 2L Ne, resp essentially unlabored. Dsc to (4) clastic and (2) hip GFI, sling in place to (4) arm Pt medicated for pain per MD	TRANSFERRED VIA: <u>Stretcher</u> OXYGEN/EQUIPMENT: <u>2L</u> UPON ARRIVAL TO ROOM PATIENT IS: AWAKE AND/OR AROUSABLE ☐ YES ☐ NO RESPIRATIONS FULL & EVEN ☐ YES ☐ NO SKIN TURGOR GOOD ☐ YES ☐ NO DRESSINGS ☐ YES ☐ NO DRAINS IN PLACE AND PATENT ☐ YES ☐ NO SIDERAILS UP ☐ YES ☐ NO BED IN LOW POSITION ☐ YES ☐ NO CALL BUTTON AT SIDE ☐ YES ☐ NO BP <u>139/69</u> P <u>72</u> TEMP <u>97.9</u> RESP <u>18</u> O ₂ SAT <u>96</u> TIME <u>11:30</u> FAMILY WAITING AREA NOTIFIED <u>yes</u> PACU NURSE: <u>[Signature]</u> RECEIVING NURSE: <u>[Signature]</u>																																																																																										
1031	Pt medicated for pain per MD																																																																																											
1055	Pt family up to date																																																																																											
1130	VSS. Pt drowsy, needs for further medication. OK to go to PACU DMS. Report given to FAM, and																																																																																											
		<table border="1"> <thead> <tr> <th colspan="2">POST ANESTHESIA RECOVERY SCORE</th> <th>IN</th> <th>30 min.</th> <th>OUT</th> </tr> </thead> <tbody> <tr> <td>Able to move 4 extremities voluntarily or on command.</td> <td>-2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Able to move 2 extremities voluntarily or on command and can lift head</td> <td>-1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Able to move 0 extremities voluntarily or on command</td> <td>-0</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Exceptions: patient with prolonged IV block; patients who were immobile preoperatively.</td> </tr> <tr> <td>Able to deep breath & cough freely</td> <td>-2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dyspnea or limited breathing/shallow respirations; may have oral/nasal airway</td> <td>-1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Apneic condition necessitates ventilator or assisted respirations</td> <td>-0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BP 20% of preanesthetic level</td> <td>-2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BP 20-50% of preanesthetic level</td> <td>-1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BP 50% of preanesthetic level</td> <td>-0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fully awake, alert, oriented, or returned to pre-op mental status</td> <td>-2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Follows verbal commands/drifts "off asleep" easily</td> <td>-1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Not responsive or responds only to painful stimuli</td> <td>-0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>94-100%</td> <td>-2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>90-93%</td> <td>-1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>< 90%</td> <td>-0</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td>2</td> <td>2</td> <td>2</td> </tr> </tbody> </table>	POST ANESTHESIA RECOVERY SCORE		IN	30 min.	OUT	Able to move 4 extremities voluntarily or on command.	-2				Able to move 2 extremities voluntarily or on command and can lift head	-1				Able to move 0 extremities voluntarily or on command	-0				Exceptions: patient with prolonged IV block; patients who were immobile preoperatively.					Able to deep breath & cough freely	-2				Dyspnea or limited breathing/shallow respirations; may have oral/nasal airway	-1				Apneic condition necessitates ventilator or assisted respirations	-0				BP 20% of preanesthetic level	-2				BP 20-50% of preanesthetic level	-1				BP 50% of preanesthetic level	-0				Fully awake, alert, oriented, or returned to pre-op mental status	-2				Follows verbal commands/drifts "off asleep" easily	-1				Not responsive or responds only to painful stimuli	-0				94-100%	-2				90-93%	-1				< 90%	-0				TOTAL		2	2	2
POST ANESTHESIA RECOVERY SCORE		IN	30 min.	OUT																																																																																								
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RN SIGNATURE / DATE		INITIALS	RN SIGNATURE / DATE		INITIALS	RN SIGNATURE / DATE		INITIALS																																																																																				
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RECOVERY ROOM RECORD

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Lehman Jr, William DOB:11/05/1970

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ALTERATION IN NEUROVASCULAR STATUS / ANXIETY		ALTERATION IN BRIN INTEGRITY		
NEUROLOGICAL	N/A - NOT APPLICABLE *SEE NURSE'S NOTES	Δ - CHANGE ↑ - UP ↓ - DOWN	✓ - NO CHANGE 1 - DOWN	
	POSITION: S - SUPINE P - PRONE L - LATERAL F - FOWLER'S HOB - HEAD OF BED FOB - FOOT OF BED FL - FLAT	TIME	10 17 1030/005 1100 1115	
	LEVEL OF CONSCIOUSNESS: A - ALERT CO - COOPERATIVE D - DROWSY/AROUSABLE C - CONFUSED NR - NOT RESPONDING		25 45 ✓ ✓ ✓	
	OPEN EYES: 4 - SPONTANEOUS 3 - TO SPEECH 2 - TO PAIN 1 - NO RESPONSE C - CLOSED BY SWELLING		4/1 ✓ ✓ ✓	
	VERBAL RESPONSE: 5 - ORIENTED 4 - CONFUSED 3 - WORDS 2 - SOUNDS 1 - NO RESPONSE		5 ✓ ✓ ✓	
	MOTOR RESPONSE: 6 - OBEYS COMMANDS 5 - LOCALIZED PAIN 4 - WITHDRAWS 3 - FLEXION 2 - EXTENSION 1 - NO RESPONSE		6 ✓ ✓ ✓	
	EXTREMITY: 4 - LIFTS & RESISTS 3 - LIFTS & HOLDS 2 - LIFTS & FALLS 1 - MOVES ON BED 0 - NO MOVEMENT	RUE LUE RLE LLE	4/3 4/4 ✓ ✓ ✓	
	SPINAL LEVEL		na	
	SKIN: W - WARM CL - COOL D - DRY CLY - CLAMMY PK - PINK PL - PALE CY - CYANOTIC J - JAUNDICE MM - MUCOUS MEMBRANES		4/70 ✓ ✓ ✓	
	CIRCULATION	PULSES: R - RIGHT L - LEFT RA - RADIAL BR - BRACHIAL DP - DORSALIS PEDIS PT - POSTERIOR TIBIAL D - DOPPLER 0 - ABSENT 1 - WEAK 2 - NORMAL 3 - BOUNDING	RRA LRA RDP LDP	2 ✓ ✓ ✓
CIRCULATION (SITE)			4/12 ✓ ✓ ✓	
PK - PINK W - WARM CL - COOL CY - CYANOTIC CR - CAP REFILL <3 SEC.			4/12 ✓ ✓ ✓	
AIRWAY: N - NASAL O - ORAL T - TRACHEOSTOMY NAT - NATURAL CS - CHIN SUPPORT OET - ORAL ENDOTRACHEAL TUBE NET - NASAL ENDOTRACHEAL TUBE			pat ✓ ✓ ✓	
RESPIRATIONS: SP - SPONTANEOUS A - ASSISTED C - CONTROLLED SYM - SYMMETRICAL D - DEEP S - SHALLOW L - LABORED U - UNLABORED			16/1 ✓ ✓ ✓	
BREATH SOUNDS: C - CLEAR CO - COARSE R - RALES RH - RHONCHI W - WHEEZE I - INSPIRATORY E - EXPIRATORY EQUAL - RT - RIGHT LF - LEFT BIL - BILATERAL			C/BIL ✓ ✓ ✓	
S - SUCTION C - DB - COUGH + DEEP BREATHE T - TURN			C/DB ✓ ✓ ✓	
ABDOMEN: S - SOFT O - ORESE SF - SEMIFIRM F - FIRM FL - FLAT D - DISTENDED MD - NONDISTENDED			na ✓ ✓ ✓	
VAGINAL BLEEDING: E - EXCESSIVE M - MOD S - SCANT N - NONE			na	
GI / GU		URINE: C - CLEAR A - AMBER Y - YELLOW P - PINK MD - MURPHY DRIP SP - SUPRAPUBIC CATH TO GRAVITY DRG. BL - BLOODY S - SEDIMENT CL - CLOUDY FS - FOLY SMELLING FP - FOLEY PATENT TO GRAVITY DRG.		0 ✓ ✓ ✓
	DRESSING (SITE)		na	
	DRESSING (SITE)		na	
	DRAIN:		na	
	DRAIN:		na	
	P - PATIENT / NP - NONPATIENT / CL - CLAMPED / B - BROWN / T - TAN / C - CLEAR G - GREEN / B - BILE / BL - BLOODY / S - SEROUS / SS - SEROSANGUINEOUS		na ✓ ✓ ✓	
	RN SIGNATURE / DATE	INITIALS	RN SIGNATURE / DATE	INITIALS

RECOVERY ROOM RECORD

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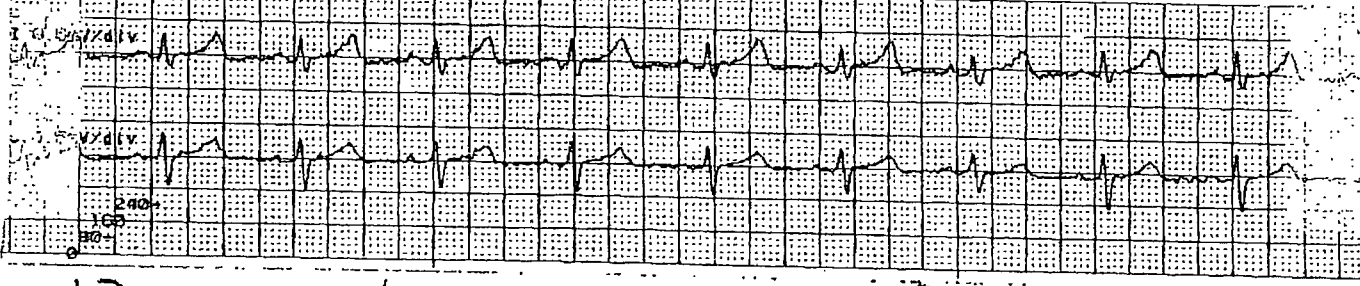


EZ-8401 REC ROO REC R11/09

ALTER IN TEMP		POTENTIAL FOR INJURY		SAFETY INJURY		TIME	
WB - WARM BLANKETS OT - ONE TOUCH WARMING UNIT C - PROVIDE COOLING MEASURES TEMP - q 30 MIN (SEE PAGE 1)		OP - ORIENT PATIENT SR - SIDE RAILS UP PSR - PADDED SIDE RAILS WR - WRIST RESTRAINTS AR - ANKLE RESTRAINTS		P - POSEY SS - SAFETY STRAPS		TIME 1017 1630 1045 1100 1115	
VT		Hgb/Hct		EPIDURAL & PCA			
IMV		NAK		EPIDURAL			
PEEP		CUCO ₂		PCA			
FIO ₂		B.S.		CATH CONNECTED TO DRIP PER DR AT TIME BEGUN			
TIME PH PC O ₂ PO ₂ HC O ₂ BE SAT MD NOTIFIED		BUN/CREAT		SITE DRY & INTACT ON ADM AT DG			
				PORT TAPED TUBING LABELED			
				BASAL BOLUS CONCENTRATION MG=			
				DRUG MIXTURE DELAY MINS			
				TOTAL AMT. INFUSED IN PACU ML/HR			
				BOLUS 1 HR. LIMIT ML/HR			
				TOTAL DOSE IN PACU ML			

Monitor Strip:

12/11/2012 10:20:00 AM, Speed: 25mm/s, Alarm Audio: All on, HR(EGG): 77/min, ECG Size: 1x, Pacemaker: Off, PVC: 0/min, ST(II): 0.6mm, Arrhythmia: Full, SpO2: 94%, PR(SpO2): 78/min, NIBP: 200/100(132)mmHg 10:20, NIBP high.



PR	12 QRS	104	Interpretation	Initials
RN SIGNATURE / DATE	INITIALS	RN SIGNATURE / DATE	INITIALS	RN SIGNATURE / DATE

RECOVERY ROOM RECORD

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07/25/2012

ACCT#: E74632191 MR#: M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William DOB: 11/05/1970

Piedmont Medical Center



EZ-8401 REC ROO REC R11/09

Infusion Record												
Time	IV Site	Type	Amt	Amt Infused	Site Pat	Tubing Labeled		Intake	IV	IVPB	Blood	Other
10:17	20 (B)	LR	1000	600	✓	✓	OR		1000			
							RR		600			
								Output	Urine	NG	EBL/Hemovac	Other
							OR		0		100	
							RR					

MEDICATION RECORD							
TIME	COMPLAINT / VAS	DRUG	DOSE	RT/SITE	PER ORDER OF DR.	EFFECTS OF MED / VAS	INITIALS
10:31	Pain 7/10	Fentanyl	25mcg	IV	Start	no R	(B)
10:36	Pain 7/10	Fentanyl	25mcg	IV	Start	no R	(B)
10:42	Pain 7/10	Fentanyl	25mcg	IV	Start	no R	(B)
10:49	Pain 7/10	Fentanyl	25mcg	IV	Start	no R	(B)
11:01	Pain 7-8/10	Fentanyl	0.4mg	IV	Start	↓ H	(B)

RN SIGNATURE / DATE	INITIALS	RN SIGNATURE / DATE	INITIALS	RN SIGNATURE / DATE	INITIALS
				Shirley Vasquez 7/25	(B)

RECOVERY ROOM RECORD

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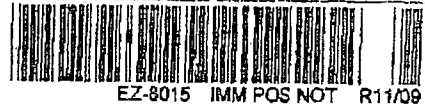
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ACCT#:E74632191 MR#:M000254395
NEFF, JAMES B 41Y M
Lehman Jr, William DOB:11/05/1970

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☒ Piedmont Medical Center

☐ Carolina Surgery Center



Immediate Post-Procedure Note

Physician: Lehman Assistant(s): —

Pre-procedure Diagnosis: non union left clavicle

Post-procedure Diagnosis: same

Procedure: ORIF left clavicle with bone graft

Complications: —

Findings: non union

Estimated Blood Loss: ☒ Minimal or —

Moderate Sedation used? ☐ Yes ☐ No or Anesthesia Used: gen BT Dr. Short

Specimen Removed? ☐ Yes ☒ No If Yes, Then List: —

Recommendations/ Instructions: see orders

Follow-Up Appointment: —

Dictation Number: —

Physician's Signature: Lehman Time: 1000 Date: 7/25/12

Physician's Name: Lehman

Immediate Post-Procedure Note



ACCT#:E74632191 MR#:M000254395

NEFF, JAMES B 41Y M

Lehman Jr, William DOB:11/05/1970

7/12/2012 4:17:00 PM

EZ-8015

Piedmont Medical Center

AAA BBB CCC

EZ-XXXX AAA BBB CCC R04/11

Surgical Services Check List

Pre-op Procedure:	Intra-op "Time out" called	Before Patient leaves the OR
☐ Verify Patient (two identifiers) ☐ With the patient involved, verify Consent Address all blanks, include date/time/signatures Procedure <u>CRIF GUARD</u> Implants/special equipment needed: Surgeon <u>Lehman</u> ☐ *H&P (complete, including updates for 30 day, in the med rec w/in 24hrs AFTER admission/registration BUT PRIOR to surgery/procedure w/ anesthesia - RC.01.03.01-EP4). MRSA History: negative ☒ positive _____ isolation _____ ☐ *Antibiotic selection/time _____ *Beta Blocker given within last 24 hours ☐ No ☐ Yes, time of last dose _____ *Operative Site marked <u>N/A</u> ☐ No ☐ Yes ☐ Non-shave hair removal *DVT Protocol ☐ Teds / SCD *Anticoagulants ☐ No ☐ Yes, time of last dose _____ Blood Glucose: time _____ results _____ Insulin: type _____ time: _____ Comments: _____ Pacemaker/ACID (Pacemaker Rep notified) _____ Latest Med-Rec on chart yes _____ no _____ Telemetry ☐ No ☐ Yes: box location _____ Other Equipment _____ History of Implants _____ Dentures _____ location _____ Glasses _____ location _____ *Blood availability _____ IV Fluids: _____ Name _____ Time/Date: _____ *SCIP/Core Measures	☒ Verify Patient (two identifiers) State patient's name _____ ☒ Read the procedure written on the consent and ask for verification ☒ *Verify Antibiotic given time <u>Acet 26m IV 0820</u> ☒ Area report on any patient specific issues _____ ☒ *Verify VTE prophylaxis if indicated _____ ☒ Verify that initial sponge, instrument and needle count was done ☒ Verify sterility by indicators ☒ Verify that x-rays/implants, special equipment, position requested are available ☐ Site Marked _____ All OR team verbally agree before incision: ☒ Surgeon ☒ Anesthesia, ☒ OR staff. Name: <u>Roger Beatty</u> Time/Date: <u>7/25/12 0830</u> *SCIP/Core Measures	☒ Procedure verified ☒ Specimen(s) verified ☒ Instrument, sponge and needle counts correct Report to PACU Isolation status: no ☒ yes/type _____ Respiratory status: <u>Ext. A&P, O2</u> ☒ Special equipment needed post-op _____ ☐ Any equipment problems? <u>N/A</u> ☐ EBL: _____ Blood products <u>N/A</u> ☒ Foley: yes _____ no ☒ ☒ Drains/Packing _____ Dressing: no _____ If yes/type _____ Anesthesia Type: Gen ☒ Spinal _____ MAC _____ Block _____ Local no _____ If yes type/arm _____ Comments: _____ Name <u>Roger Beatty</u> Time/Date: <u>7/25/12 0935</u> Before Patient leaves PACU ☐ Anesthesia Stop Time <u>1022</u> ☐ Current Pain Score <u>3</u> ☒ Meds Given: <u>IV Dil</u> ☐ Room Air SaO2 <u>97</u> ☐ O2 Required ☐ Yes ☒ No *Foley: ☐ No ☐ Yes, order _____ red dot with insertion date applied to Foley bag _____ ☐ IV Fluids <u>LR</u> output _____ *DVT orders for In-Patient (Start time in 24 hours) ☐ Yes ☒ No <u>N/A</u> Isolation status: ☐ No ☐ Yes/type _____ Name <u>Lehman</u> Date/Time <u>7/25/12 1105</u> *SCIP/Core Measures

Surgical Services Check List

6/1/2012 10:39:00 AM

EZ-XXXX

«Patient»

ACCT#E74832191 MR # M000254395
 NEFF, JAMES B 41Y M
 Lehman Jr, William 07/25/2012
 PIEDMONT MEDICAL CENTER

DOB: 11/05/1970

«Admit Date»

Record Number»

«Age» «Gender»

me» DOB: «Birth Date»

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BRITTNEY DENIO

STUDENT SCRUB TECH

08:10

10:17

Wound Class	Admit Type	Case Type	Disposition
1 WOUND CLASS - CLEAN	OP	ELECTIVE SCHEDULED	PACU

IRRIGATION:

IRRIGATION 1 TYPE [NORMAL SALINE] IRRIGATION 1 LOCATION [FIELD] [X]
WARM IRRIGATION 1 AMOUNT USED [1000ML]IRRIGATION 2 TYPE [] IRRIGATION 2 LOCATION [] IRRIGATION 2
AMOUNT USED []IRRIGATION 3 TYPE [] IRRIGATION 3 LOCATION [] IRRIGATION 3
AMOUNT USED []IRRIGATION 4 TYPE [] IRRIGATION 4 LOCATION [] IRRIGATION 4
AMOUNT USED []

SPECIMENS:

[X] NONE

SPECIMEN #1: []

SPECIMEN #2: []

SPECIMEN #3: []

SPECIMEN #4: []

SPECIMEN #5: [] SPECIMEN #6: [] SPECIMEN #7: [] SPECIMEN #8
[] SPECIMEN #9: [] SPECIMEN #10: []

CULTURES:

[X] NONE

CULTURE #1: []

CULTURE #2: [] CULTURE #3: []

CYTOLOGY:

CYTOLOGY [NO]

INTRA-OP NURSING: ELECTRO-SURGICAL EQUIPMENT

NURSING DIAGNOSIS: RISK FOR INJURY RELATED TO USE OF ELECTRICAL EQUIPMENT

PRIORITY LEVEL:

PRIORITY LEVEL [MEDIUM]

CAUTERY INFORMATION:

CAUTERY TYPE: [MONOPOLAR] CAUTERY UNIT #: [5] CUT SETTING: [0] COAG
SETTING: [45]2ND CAUTERY TYPE: [] CAUTERY UNIT #: [] CUT SETTING:
[] COAG SETTING: []

ELECTRO-DISPERSIVE PAD PLACEMENT: [RIGHT ANTERIOR THIGH]

[X] NO CAUTERY USED

PATIENT OUTCOMES:

[X] SKIN UNDER DISPERSIVE PAD WAS MAINTAINED

[X] NO SIGNS/SYMPTOMS OF BURNS/SHOCK FROM ELECTRICAL SOURCE
ELECTRO SURGICAL COMMENTS: []

INTRA-OP NURSING: COUNTS

NURSING DIAGNOSIS: RISK FOR INJURY RELATED TO RETAINED FOREIGN OBJECT

PRIORITY LEVEL:

PRIORITY LEVEL [LOW]

SHARPS COUNT:

PRE-OP COUNT [RB/WM] 1ST COUNT CORRECT [RB/WM] 2ND COUNT CORRECT
[] FINAL COUNT CORRECT [RB/WM]

SPONGE COUNT:

PRE-OP COUNT [RB/WM] 1ST COUNT CORRECT [RB/WM] 2ND COUNT CORRECT
[] FINAL COUNT CORRECT [RB/WM]

INSTRUMENT COUNT:

PRE-OP COUNT [] 1ST COUNT CORRECT [] 2ND COUNT CORRECT
[] FINAL COUNT CORRECT [] [X] N/A

INCORRECT COUNTS:

PATIENT OUTCOMES:

[X] WOUND CLOSED: ALL SHARPS, SPONGES, INSTRUMENTS ACCOUNTED FOR

PIEDMONT MEDICAL CENTER

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Form - 07/2008

Printed: 07/25/2012 10:22

No Addendums
PIEDMONT INTRA-OPERATIVE RECORD

NEFF, JAMES OP MAIN OR

000254395

11/05/1970 M 41Y

LEHMAN, WILLIAM

074632191

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074632191

INTRATECHNICAL PATIENT ASSESSMENT

NURSING DIAGNOSIS: POTENTIAL KNOWLEDGE DEFICIT AND/OR ANXIETY RELATED TO PLANNED SURGICAL INTERVENTION.

PRIORITY LEVEL:

PRIORITY LEVEL [MEDIUM]

NURSING ACTIONS:

☒ ASSESS & ACCOMMODATE FOR THE PATIENT'S LEVEL OF CONSCIOUSNESS / PSYCHOSOCIAL STATUS / BARRIERS TO COMMUNICATION

EXPLAINED PERI-OPERATIVE ROUTINE PER PROTOCOL [YES]

☒ COMMUNICATE PATIENT'S CONCERNS TO OTHER HEALTHCARE MEMBERS

MESSAGES DELIVERED TO FAMILY @: [POST-OP BY MO]

PATIENT OUTCOMES:

☒ THE PATIENT DEMONSTRATES KNOWLEDGE OF THE PLANNED SURGICAL PROCEDURE

☒ INFORMED CONSENT WAS OBTAINED PRIOR TO THE PROCEDURE

☒ PATIENT DEMONSTRATED ADAPTIVE COPING STRATEGIES

INTRATECHNICAL PATIENT ASSESSMENT

NURSING DIAGNOSIS: POTENTIAL RISK OF SURGICAL WOUND INFECTION.

PATIENT OUTCOMES:

PRIORITY LEVEL [MEDIUM]

NURSING ACTIONS:

☒ MAINTAIN ASEPTIC TECHNIQUE

☒ DRESSING APPLIED ☒ AIRSTRIIP/PRIMAPORE ☒ ARM SLING ☒ SKIN

OTHER DRESSING []

PACKING/TYPE/SITE []

PATIENT OUTCOMES:

☒ SURGICAL WOUND IS APPROPRIATELY DRESSED TO MINIMIZE COMPLICATIONS CONTRIBUTING TO POST OP WOUND INFECTIONS

☒ ASEPSIS IS MAINTAINED THROUGHOUT PROCEDURE

INTRATECHNICAL PATIENT ASSESSMENT

NURSING DIAGNOSIS: POTENTIAL FOR IMPAIRED SKIN INTEGRITY RELATED TO A PRE-EXISTING CONDITION AND/OR SURGICAL PREP SOLUTION.

PRIORITY LEVEL:

PRIORITY LEVEL [MEDIUM]

NURSING ACTIONS:

☒ SKIN CONDITION ASSESSED PRIOR TO SURGERY

DESCRIBE ANY PRE-EXISTING SKIN INTEGRITY COMPROMISE: []

☒ PATIENT OBSERVED FOR PHYSICAL SIGNS OF ABUSE

☒ ADEQUATE TISSUE PADDING AT BONEY PROMINENCES / PRESSURE SITES

SKIN PREP:

PREOPERATIVE SKIN AREA PREPPED: [LEFT ILIAC CREST AND LEFT CHEST, SHOULDER AND ARM]

SKIN PREPPED BY: [MD]

HAIR CLIPPED AROUND INCISION SITE [NO]

PREP SOLUTION:

☒ CHLORAPREP

OTHER PREP: []

PIEDMONT MEDICAL CENTER
Page: 3 of 5

No Addendums
PIEDMONT INTRA-OPERATIVE RECORD

NEFF, JAMES OP MAIN OR

000284396

11/06/1970 M 41Y

LEHMAN, WILLIAM

074632181

Form - 07/2006

Printed: 07/25/2012 10:22

POOLING OF PREP SOLUTION PREVENTED [YES]

ALL MATERIALS SOAKED WITH PREP SOLUTION REMOVED FROM FIELD
PRIOR TO DRAPING [YES]

PREPPED AREA ALLOWED TO DRY BEFORE STERILE DRAPES APPLIED [YES]

PATIENT OUTCOMES:

[X] THE PATIENT'S PRE-OP SKIN INTEGRITY IS MAINTAINED

[X] THE PATIENT IS FREE OF SKIN BREAKDOWN OR TISSUE REACTION

[X] NO PHYSICAL SIGNS OF ABUSE NOTED

INTRA-OP NURSING - POSITIONING

NURSING DIAGNOSIS: POTENTIAL FOR PATIENT INJURY RELATED TO POSITIONING.

PRIORITY LEVEL:

PRIORITY LEVEL [HIGH]

NURSING ACTIONS:

[X] PATIENTS MOBILITY & RANGE OF MOTION ASSESSED

[X] PATIENT POSITION CHECKED BY DOCTOR

[X] PATIENT POSITION CHECKED BY ANESTHESIA

PATIENT POSITION [BEACH CHAIR]

[X] ARMS BY SIDE AND PADDED

[X] SAFETY BELT

SAFETY STRAP PLACEMENT [THIGHS]

[X] O.R. BED WHEELS LOCKED

POSITIONING DEVICES:

ARM BOARDS [BILATERAL] [X] SHOULDER BOARD [X] PILLOW UNDER KNEES SHOULDER
TRACTION [] ELBOW PADS [] HEEL PROTECTORS [] KIDNEY REST
[] ARM SLING [] ARM RESTRAINTS [] LEG RESTRAINTS [] SAND
BAG [] GEL PADS [] TAPE []

FRAMES:

TYPE:

[X] THE PATIENT IS FREE OF INJURY RELATED TO SURGICAL POSITIONING

COMMENTS:

ADDITIONAL POSITIONING COMMENTS: []

INTRA-OP NURSING - PHYSICAL HAZARDS

NURSING DIAGNOSIS: POTENTIAL FOR PATIENT INJURY RELATED TO PHYSICAL HAZARDS.

PRIORITY LEVEL:

PRIORITY LEVEL [LOW]

NURSING ACTIONS:

[X] SUPPLIES & EQUIPMENT INSPECTED FOR SAFETY

[X] ROOM TEMPERATURE CONTROLLED/PATIENT TEMP. MONITORED

PNEUMATIC STOCKINGS:

PNEUMATIC STOCKINGS [NONE] MEASUREMENT: [] SETTINGS:

T.E.D. HOSE:

T.E.D. HOSE [NONE] MEASUREMENT: []

TOURNIQUET UTILIZATION:

APPLIED TO ARM [NA] PRESSURE SETTING: [NA]

APPLIED TO LEG [NA] PRESSURE SETTING: [NA]

TIME UP: [NA] TIME DOWN: [NA] TIME UP: [NA] TIME DOWN: [NA]

APPLIED BY: [NA] TOURNIQUET UNIT#: [NA]

PATIENT OUTCOMES:

[X] PATIENTS BODY TEMPERATURE MAINTAINED WITHIN NORMAL RANGE.

[X] SUPPLIES & EQUIP. AVAILABLE TO PATIENT IN WORKING ORDER

[X] PATIENT IS FREE OF INJURY RELATED TO USE OF EQUIPMENT

PIEDMONT MEDICAL CENTER

Page: 4 of 5

No Addendums

PIEDMONT INTRA-OPERATIVE RECORD

NEFF, JAMES OP MAIN OR

000254395

11/05/1970 M 41Y

LEHMAN, WILLIAM P360

074632191

Form - 07/2008

Printed: 07/25/2012 10:22

INTRA-OP NURSING FLUIDS/DRAINS**NURSING DIAGNOSIS: POTENTIAL RISK FOR ALTERED TISSUE PERFUSION RELATED TO FLUID AND/OR ELECTROLYTE IMBALANCE.**

PRIORITY LEVEL: PRIORITY LEVEL [LOW]
NURSING ACTIONS: DRAIN TYPE [NONE] OTHER DRAIN TYPE: [] SIZE: [] LOCATION:
BLOOD PRODUCTS GIVEN []
NG TUBE [NO] NG INSERTED BY: [] NG TUBE SIZE: [] NG TUBE REMOVED
PRE-OP URINARY CATHETER: [X] NONE
TYPE/SIZE: [] INSERTED BY: []
URINE DESCRIPTION [] OTHER URINE DESCRIPTION: [] IN AND OUT CATH
PRIOR TO SURGERY []
URINE POST-OP: DESCRIBE POST-OP URINE []
OTHER DESCRIPTION OF POST-OP URINE: [] URINE TEMP. IF AVAILABLE:
[] CATHETER REMOVED [] ML'S IN BAG: [NA]
PATIENT OUTCOMES:
[X] FLUID OUTPUT IS WITHIN NORMAL EXPECTATIONS
[X] I.V. SITE PATENT AND SECURED - WRAPPED FOR CHILDREN
OTHER = []
[X] SEE ANESTHESIA/ PERFUSIONIST RECORD

NURSE NOTES ELECTRICAL EQUIPMENT

THERMAL BLANKET: THERMAL BLANKET#: [9] TEMPERATURE SETTING: [43C] BLANKET PLACEMENT [LOWER
BODY] [X] MONITORED PER ANESTHESIA
OTHER EQUIPMENT: INSUFFLATOR #: [] ARTHROSCOPY PUMP #: [] HARMONIC SCALPEL UNIT#: []
[] LIGASURE UNIT/TRIAD #: [] NOVASURE UNIT #: [] MILLINEUM
MACHINE #: [] CRYO MACHINE #: [] NIMS MACHINE #: [] MEDTRONIC XPS
3000 DRILL SYSTEM #: [] HYSTEROSCOPY PUMP #: [] ULTRASOUND MACHINE
#: [] WTOR INSUFFLATOR #: [] LASER #: [] JOULES [] HZ
[] WATTS [] TOTAL KILOJOULES [] COBLATOR II #: [] ARTHREX
OPES #: []

POST-PROCEDURE ASSESSMENT

PAIN SCALE: POST-OP PAIN SCALE / 1-10 [] [X] UNABLE TO ASSESS
SKIN CONDITION: [X] WARM [X] DRY [X] INTACT
LOC: [X] DROWSEY / AROUSABLE
EXPIRED []
PATIENT CONDITION: [X] EXTUBATED [X] O2
TRANSPORT: [X] STRETCHER
NURSING COMMENTS: COMMENTS []
VERIFICATION LIGHT SOURCES AND INSUFFLATION DEVICES:
VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON,
INSUFFLATION DEVICE OFF: [NA]
VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON, LIGHT SOURCE (S)
TURNED OFF: [NA]
POST OPERATIVE DOCUMENTATION: HAND OFF COMMUNICATION PER GUIDELINES GIVEN TO [SHERRIE VESSEY RN] TIME
[1017] PATIENT TEMPERATURE [97.4] EBL [100ML]

7/25

PIEDMONT MEDICAL CENTER				PIEDMONT INTRA-OPERATIVE RECORD			
Patient Name	Conf. #	Med. Rec.	Account				
Patient: NEFF, JAMES	1559643	000254395	074632191				
Date & Procedure Room		Room	Procedure				
07/25/2012 - OR 10		In: 08:10	Start: 08:30				
		Out: 10:17	End: 10:10				

ISOLATION PRECAUTIONS

ISOLATION TYPE: TYPE [UNIVERSAL PRECAUTIONS]

PRE-OP

PATIENT FORMS: ☒ OPERATIVE CONSENT ☒ TIME OUT CHECKLIST ☒ HISTORY AND PHYSICAL ☒ VALUABLES ☐

ALLERGIES: ALLERGIES REPORTED ☐ [X] ASA
OTHER: [ERTHROMYCIN]

VERIFICATION LIGHT SOURCES AND INSUFFLATION DEVICES:

VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON,
INSUFFLATION DEVICE ON: [NA]

VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON, LIGHT SOURCE(S)
TURNED ON: [NA]

ASSESSMENT / PLAN: ☒ NURSING ASSESSMENT COMPLETED
☒ INDIV. PLAN OF CARE DEVELOPED & INITIATED

INTRA-OP PATIENT CARE

RHY: PATIENT IDENTIFICATION: ☒ VERBAL ☒ ARMBAND ☒ BIRTHDAY
TRANSPORTED TO O.R.: MODE: [STRETCHER]
PRE-OP PAIN ASSESSMENT: PAIN LEVEL [0] REASON UNABLE TO ASSESS PAIN LEVEL: ☐

Medication Description	Amount	Route	Time	BY	DATE
[] Ancef	1gm	IRRI/NSS	08:30	md	07/25/2012
[] Ancef	2gm	INTRAVENOUS	08:20	anesthesia	07/25/2012

Anesthesiologist	Anesthetist	Anes. Type	ASA Rating
START-MD, ROBERT	BREWER-AA, JODY	GENERAL	2

Pre-Op Diagnosis:	FRACTURED LEFT CLAVICLE		
Surgeon(s)	LEHMAN, WILLIAM		
Assisting:			
Procedure Description:	OPEN REDUCTION AND INTERNAL FIXATION LEFT FRACTURED LEFT CLAVICLE WITH BONE GRAFT		
Post-Op Diagnosis:	FRACTURED LEFT CLAVICLE		
Complications:			
Personnel Name	Role	In Time	Out Time
[] BRAGG, ROGER	CIRCULATING RN	08:10	10:17
[] MARTIN, WESLEY	SCRUB TECH	08:10	10:17
[] HOLLY ROBBINS	COMPANY REP / SALES REP	08:10	10:10
[] RYDER WITTER	COMPANY REP / SALES REP	08:10	10:10

7/25

BRITTNEY DENIO	STUDENT SCRUB TECH	08:10	10:17

Wound Class	Admit Type	Case Type	Disposition
1 WOUND CLASS - CLEAN	OP	ELECTIVE SCHEDULED	PACU

IRRIGATION:

IRRIGATION 1 TYPE [NORMAL SALINE] IRRIGATION 1 LOCATION [FIELD] [X]
 WARM IRRIGATION 1 AMOUNT USED [1000ML]

IRRIGATION 2 TYPE [] IRRIGATION 2 LOCATION [] IRRIGATION 2 AMOUNT USED []

IRRIGATION 3 TYPE [] IRRIGATION 3 LOCATION [] IRRIGATION 3 AMOUNT USED []

IRRIGATION 4 TYPE [] IRRIGATION 4 LOCATION [] IRRIGATION 4 AMOUNT USED []

SPECIMENS:

[X] NONE

SPECIMEN #1: []

SPECIMEN #2: []

SPECIMEN #3: []

SPECIMEN #4: []

SPECIMEN #5: [] SPECIMEN #6: [] SPECIMEN #7: [] SPECIMEN #8: []
 SPECIMEN #9: [] SPECIMEN #10: []

CULTURES:

[X] NONE

CULTURE #1: []

CULTURE #2: [] CULTURE #3: []

CYTOLOGY:

CYTOLOGY [NO]

INTRA-OP NURSING - ELECTROSURGICAL EQUIPMENT

NURSING DIAGNOSIS: RISK FOR INJURY RELATED TO USE OF ELECTRICAL EQUIPMENT.

PRIORITY LEVEL:

PRIORITY LEVEL [MEDIUM]

CAUTERY INFORMATION:

CAUTERY TYPE: [MONOPOLAR] CAUTERY UNIT #: [6] CUT SETTING: [0] COAG SETTING: [45]

2ND CAUTERY TYPE: [] CAUTERY UNIT #: [] CUT SETTING: []
 COAG SETTING: []

ELECTRO-DISPERSIVE PAD PLACEMENT: [RIGHT ANTERIOR THIGH]

PATIENT OUTCOMES:

[X] SKIN UNDER DISPERSIVE PAD WAS MAINTAINED

[X] NO SIGNS/SYMPTOMS OF BURNS/SHOCK FROM ELECTRICAL SOURCE
 ELECTRO SURGICAL COMMENTS: []

INTRA-OP NURSING - COUNTS

NURSING DIAGNOSIS: RISK FOR INJURY RELATED TO RETAINED FOREIGN OBJECT.

PRIORITY LEVEL:

PRIORITY LEVEL [LOW]

SHARPS COUNT:

PRE-OP COUNT [RB/WM] 1ST COUNT CORRECT [RB/WM] 2ND COUNT CORRECT []
 FINAL COUNT CORRECT [RB/WM]

SPONGE COUNT:

PRE-OP COUNT [RB/WM] 1ST COUNT CORRECT [RB/WM] 2ND COUNT CORRECT []
 FINAL COUNT CORRECT [RB/WM]

INSTRUMENT COUNT:

PRE-OP COUNT [] 1ST COUNT CORRECT [] 2ND COUNT CORRECT []
 FINAL COUNT CORRECT [] [X] N/A

INCORRECT COUNTS:

PATIENT OUTCOMES:

[X] WOUND CLOSED: ALL SHARPS, SPONGES, INSTRUMENTS ACCOUNTED FOR.

PIEDMONT MEDICAL CENTER

Page: 2 of 5

Addendum 1
 PIEDMONT INTRA-OPERATIVE RECORD

NEFF, JAMES OP MAIN OR

000254395

11/05/1970 M 41Y

LEHMAN, WILLIAM

074632191

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7/25

INTRA-OP NURSING - PSYCHOSOCIAL ASSESSMENT

NURSING DIAGNOSIS: POTENTIAL KNOWLEDGE DEFICIT AND/OR ANXIETY RELATED TO PLANNED SURGICAL INTERVENTION.

PRIORITY LEVEL: PRIORITY LEVEL (MEDIUM)

NURSING ACTIONS:
☒ ASSESS & ACCOMODATE FOR THE PATIENT'S LEVEL OF CONSCIOUSNESS / PSYCHOSOCIAL STATUS / BARRIERS TO COMMUNICATION

EXPLAINED PERI-OPERATIVE ROUTINE PER PROTOCOL [YES]
☒ COMMUNICATE PATIENTS CONCERNS TO OTHER HEALTHCARE MEMBERS

MESSAGES DELIVERED TO FAMILY @: [POST-OP BY MD]

PATIENT OUTCOMES:
☒ THE PATIENT DEMONSTRATES KNOWLEDGE OF THE PLANNED SURGICAL PROCEDURE
☒ INFORMED CONSENT WAS OBTAINED PRIOR TO THE PROCEDURE
☒ PATIENT DEMONSTRATED ADAPTIVE COPING STRATEGIES

INTRA-OP NURSING - WOUND MANAGEMENT

NURSING DIAGNOSIS: POTENTIAL RISK OF SURGICAL WOUND INFECTION.

PATIENT OUTCOMES: PRIORITY LEVEL (MEDIUM)

NURSING ACTIONS:
☒ MAINTAIN ASEPTIC TECHNIQUE
☒ DRESSING APPLIED ☒ AIRSTRIP/PRIMAPORE ☒ ARM SLING ☒ SKIN STAPLES
OTHER DRESSING []
PACKING/ TYPE/ SITE []

PATIENT OUTCOMES:
☒ SURGICAL WOUND IS APPROPRIATELY DRESSED TO MINIMIZE COMPLICATIONS CONTRIBUTING TO POST OP WOUND INFECTIONS
☒ ASEPSIS IS MAINTAINED THROUGHOUT PROCEDURE

INTRA-OP NURSING - SKIN PREP

NURSING DIAGNOSIS: POTENTIAL FOR IMPAIRED SKIN INTEGRITY RELATED TO A PRE-EXISTING CONDITION AND/OR SURGICAL PREP SOLUTION.

PRIORITY LEVEL: PRIORITY LEVEL (MEDIUM)

NURSING ACTIONS:
☒ SKIN CONDITION ASSESSED PRIOR TO SURGERY
DESCRIBE ANY PRE-EXISTING SKIN INTEGRITY COMPROMISE: []
☒ PATIENT OBSERVED FOR PHYSICAL SIGNS OF ABUSE
☒ ADEQUATE TISSUE PADDING AT BONEY PROMINENCES / PRESSURE SITES

SKIN PREP:
PREOPERATIVE SKIN AREA PREPPED: [LEFT ILIAC CREST AND LEFT CHEST, SHOULDER AND ARM]
SKIN PREPPED BY: [MD]
HAIR CLIPPED AROUND INCISION SITE [NO]

PREP SOLUTION: ☒ CHLORAPREP

7/25

OTHER PREP: []

POOLING OF PREP SOLUTION PREVENTED [YES]

ALL MATERIALS SOAKED WITH PREP SOLUTION REMOVED FROM FIELD
PRIOR TO DRAPING [YES]

PREPPED AREA ALLOWED TO DRY BEFORE STERILE DRAPES APPLIED [YES]

PATIENT OUTCOMES:

[X] THE PATIENT'S PRE-OP SKIN INTEGRITY IS MAINTAINED

[X] THE PATIENT IS FREE OF SKIN BREAKDOWN OR TISSUE REACTION

[X] NO PHYSICAL SIGNS OF ABUSE NOTED

INTRA-OP NURSING - POSITIONING

NURSING DIAGNOSIS: POTENTIAL FOR PATIENT INJURY RELATED TO POSITIONING.

PRIORITY LEVEL:

PRIORITY LEVEL [HIGH]

NURSING ACTIONS:

[X] PATIENTS MOBILITY & RANGE OF MOTION ASSESSED

[X] PATIENT POSITION CHECKED BY DOCTOR

[X] PATIENT POSITION CHECKED BY ANESTHESIA

PATIENT POSITION [BEACH CHAIR]

[X] ARMS BY SIDE AND PADDED

[X] SAFETY BELT

SAFETY STRAP PLACEMENT [THIGHS]

[X] O.R. BED WHEELS LOCKED

POSITIONING DEVICES:

ARM BOARDS [BILATERAL] [X] SHOULDER BOARD [X] PILLOW UNDER KNEES SHOULDER
TRACTION [] ELBOW PADS [] HEEL PROTECTORS [] KIDNEY REST
[] ARM SLING [] ARM RESTRAINTS [] LEG RESTRAINTS [] SAND
BAG [] GEL PADS [] TAPE []

FRAMES:

TYPE:

[X] THE PATIENT IS FREE OF INJURY RELATED TO SURGICAL POSITIONING

COMMENTS:

ADDITIONAL POSITIONING COMMENTS: []

INTRA-OP NURSING - PHYSICAL HAZARDS

NURSING DIAGNOSIS: POTENTIAL FOR PATIENT INJURY RELATED TO PHYSICAL HAZARDS.

PRIORITY LEVEL:

PRIORITY LEVEL [LOW]

NURSING ACTIONS:

[X] SUPPLIES & EQUIPMENT INSPECTED FOR SAFETY

[X] ROOM TEMPERATURE CONTROLLED/PATIENT TEMP. MONITORED

PNEUMATIC STOCKINGS:

PNEUMATIC STOCKINGS [NONE] MEASUREMENT: [] SETTINGS: [NA] UNIT#:

T.E.D. HOSE:

T.E.D. HOSE [NONE] MEASUREMENT: []

TOURNIQUET UTILIZATION:

APPLIED TO ARM [NA] PRESSURE SETTING: [NA]

APPLIED TO LEG [NA] PRESSURE SETTING: [NA]

TIME UP: [NA] TIME DOWN: [NA] TIME UP: [NA] TIME DOWN: [NA]

APPLIED BY: [NA] TOURNIQUET UNIT#: [NA]

PATIENT OUTCOMES:

[X] PATIENTS BODY TEMPERATURE MAINTAINED WITHIN NORMAL RANGE.

[X] SUPPLIES & EQUIP. AVAILABLE TO PATIENT IN WORKING ORDER

7/25

[X] PATIENT IS FREE OF INJURY RELATED TO USE OF EQUIPMENT

INTRA-OP NURSING: FLUIDS/ DRAINS

NURSING DIAGNOSIS: POTENTIAL RISK FOR ALTERED TISSUE PERFUSION RELATED TO FLUID AND/OR ELECTROLYTE IMBALANCE.

PRIORITY LEVEL: PRIORITY LEVEL [LOW]
NURSING ACTIONS: DRAIN TYPE [NONE] OTHER DRAIN TYPE: [] SIZE: [] LOCATION: []
BLOOD PRODUCTS GIVEN []
NG TUBE [NO] NG INSERTED BY: [] NG TUBE SIZE: [] NG TUBE REMOVED []
PRE-OP URINARY CATHETER: [X] NONE
TYPE/SIZE: [] INSERTED BY: []
URINE DESCRIPTION [] OTHER URINE DESCRIPTION: [] IN AND OUT CATH PRIOR TO SURGERY []
URINE POST-OP: DESCRIBE POST-OP URINE []
OTHER DESCRIPTION OF POST-OP URINE: [] URINE TEMP. IF AVAILABLE: []
[] CATHETER REMOVED [] ML'S IN BAG: [NA]
PATIENT OUTCOMES:
[X] FLUID OUTPUT IS WITHIN NORMAL EXPECTATIONS
[X] I.V. SITE PATENT AND SECURED - WRAPPED FOR CHILDREN
OTHER = []
[X] SEE ANESTHESIA/ PERFUSIONIST RECORD

NURSE NOTES-ELECTRICAL EQUIPMENT

THERMAL BLANKET: THERMAL BLANKET#: [] TEMPERATURE SETTING: [43C] BLANKET PLACEMENT [LOWER BODY] [X] MONITORED PER ANESTHESIA
OTHER EQUIPMENT: INSUFFLATOR #: [] ARTHROSCOPY PUMP #: [] HARMONIC SCALPEL UNIT#: []
LIGASURE UNIT/TRIAD # [] NOVASURE UNIT # [] MILLINEUM MACHINE # []
CRYO MACHINE # [] NIMS MACHINE # [] MEDTRONIC XPS 3000 DRILL SYSTEM # []
HYSTEROSCOPY PUMP # [] ULTRASOUND MACHINE # []
WTOR INSUFFLATOR # [] LASER # [] JOULES [] HZ []
WATTS [] TOTAL KILOJOULES [] COBLATOR II # [] ARTHREX OPES # []

POST PROCEDURE ASSESSMENT

PAIN SCALE: POST-OP PAIN SCALE / 1-10 [] [X] UNABLE TO ASSESS
SKIN CONDITION: [X] WARM [X] DRY [X] INTACT
LOC: [X] DROWSEY / AROUSABLE
EXPIRED []
PATIENT CONDITION: [X] EXTUBATED [X] O2
TRANSPORT: [X] STRETCHER
NURSING COMMENTS: COMMENTS [REMOVED CHECK FOR CAUTERY NOT USED.]
VERIFICATION LIGHT SOURCES AND INSUFFLATION DEVICES:
VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON, INSUFFLATION DEVICE OFF: [NA]
VERBAL VERIFICATION BY CIRCULATING RN AND SCRUB PERSON, LIGHT SOURCE (S) TURNED OFF: [NA]
POST OPERATIVE DOCUMENTATION: HAND OFF COMMUNICATION PER GUIDELINES GIVEN TO [SHERRIE VESSEY RN] TIME [1017] PATIENT TEMPERATURE [97.4] EBL [100ML]



INTRAOPERATIVE PROCEDURAL RECORD SIGNATURE SHEET

PRIMARY CIRCULATOR: Roger B. Bagg M

RELIEF CIRCULATOR: [Signature]

SECOND CIRCULATOR: _____

PRIMARY SCRUB: _____

RELIEF SCRUB: _____

SECOND SCRUB: _____

SURGEON: [Signature]

(SURGEON SIGNATURE DESIGNATES AUTHORIZATION OF MEDICATION ADMINISTRATION
IN THE OPERATING ROOM)

INTRAOPERATIVE PROCEDURAL RECORD SIGNATURE
SHEET



07/25/2012

ACCT#:E74632191 MR#:M000254395

NEFF, JAMES B 41Y M

Lehman, Jr. William DOR:11/05/1970

Medication	Dosage	Route	Date / Time	Oz Sat (if applicable)	Signature
Imena	40m	PO	805		
Versed	1mg	PO	805	96	DA
Versed	1mg	PO	805	96	DA

Nursing Notes: MRSA PROTOCOL *discharge*

MORSE FALL RISK SCREENING		SCORE			SCORE
1. History of falling within 12 months	No = 0, Yes = 25		4. IV / IV Access	No = 0, Yes = 20	
2. Secondary Diagnosis	No = 0, Yes = 15		5. Gait		
			Normal / bedrest / wheelchair	= 0	
			Weak	= 10	
			Impaired	= 20	
3. Ambulatory Aid:			6. Mental Status		
None / bedrest / nurse assist	= 0		Oriented to own ability	= 0	
Crutches / cane / walker	= 15		Overestimates / forgets	= 15	
Furniture	= 30		Limitations		
			Total Score		

No Risk = 0 - 24 Low Risk = 25 - 50 High Risk = 50 or above

Fall Risk Protocol Initiated: ☐ Yes ☐ No ☐ N/A Notes:

PREOPERATIVE NURSING CARE PLAN		
Nursing Diagnosis	Nursing Actions	Patient Outcomes
Potential knowledge deficit related to planned surgical procedure. Risk: ☐ High ☐ Medium ☒ Low	☒ Assess and accommodate for the patient's level of consciousness, psych/social status, and barriers to effective communication ☐ Blind ☐ Hearing impaired ☐ Explain procedures and routine to patient. ☐ Communicate patient's concerns to other healthcare members. ☐ Obtain translator as needed. ☐ Verifies patient/legal guardian's understanding of intended procedure. ☐ Motivates surgeon of need to see patient for any concerns or questions.	☒ Pre patient / guardian verbalizes knowledge of the planned surgical procedure. ☐ Written consent is obtained according to hospital policy.
Potential risk for anxiety related to intended surgery of pre-operative procedures. Risk: ☐ High ☐ Medium ☒ Low	☐ All treatments and procedures are explained to patient prior to planned procedure. ☐ Parent, guardian or significant other is allowed to stay with patient when possible. ☐ Patient's anxiety level is assessed and the surgeon/anesthesiologist is contacted for medication orders or counseling, as needed. ☐ Patient and family are allowed privacy when possible. ☐ Warm and quiet environment is maintained for patient and family. ☐ Children and infants are allowed to take blankets / security objects into the OR / procedural area whenever possible; i.e. pacifiers, toys, etc.	Demonstrated adaptive coping strategies: ☐ Yes ☐ No, see Nurses' Notes

Print Name RN / LPN Wishespoon RN Date / Time 7/27/2012 Signature RN / LPN [Signature]
 Print Name RN / LPN Date / Time Signature RN / LPN

OPS
PRE-PROCEDURAL CARE RECORD

2/29/2012 10:12:00 AM EZ-8012

DOB: 11/05/1970
 ACCT# E74832191 MR # M000254395
 NEFF, JAMES B 41Y M
 Lehman Jr, William 07/25/2012
 PIEDMONT MEDICAL CENTER

DATE: 07/26/12 @ 0006
USER: CAMPBELLK

Piedmont Medical Ctr OE "LIVE"
PATIENT ORDER SUMMARY

PAGE 1

PATIENT: E74632151 - NEFF, JAMES E
UNIT #: M000254395

DATE	TIME	CATEGORY	PROCEDURE	ORDER SET	PRN	QTY	STATUS	DATE	TIME	DRG	DOCTOR	ORDERED BY	CHRG	PRN
07/12/12	1443	REG	INT	0712-0071	ROUT	TRM		07/12/12		LEHMMI	CAMPBELLK	N	OE	W
DIRECTIONS: STOP DATE/TIME: ORDER SET:														
DATE	TIME	USER	DEVICE	EVENT										
1	07/12/12 1443	CAMPBELLK	PMC010103006016	order entered										
2	07/12/12 1443	CAMPBELLK	PMC010103006016	order source is WRITTEN - no signature necessary for entry										
3	07/12/12 1443	System	AMP-BG3	order transmitted										
07/12/12	1526	MIC	CUMRSA	0712-0090	ROUT	CMF		07/12/12 1503		LEHMMI	WITHERSPP	C	OE	W
@Comments to Phlebotomist: OPI														
DIRECTIONS: STOP DATE/TIME: ORDER SET:														
DATE	TIME	USER	DEVICE	EVENT										
1	07/12/12 1526	WITHERSPP	PMC010103011150	order entered										
2	07/12/12 1526	WITHERSPP	PMC010103011150	order source is WRITTEN - no signature necessary for entry										
3	07/12/12 1526	System	AMP-BG3	order transmitted										
4	07/12/12 1528	System	AMP-BG3	order's status changed from TRANS to LOGGED										
5	07/12/12 1528	WITHERSPP	AMP-BG3	order's status changed from LOGGED to IN PRO										
6	07/12/12 0615	WILKINSOS	AMP-BG3	order's status changed from IN PRO to COMP										
07/12/12	1526	LAB	CBC	0712-1430	ROUT	CMF		07/12/12 1503		LEHMMI	WITHERSPP	C	OE	W
@Comments to Phlebotomist: OPI														
DIRECTIONS: STOP DATE/TIME: ORDER SET:														
DATE	TIME	USER	DEVICE	EVENT										
1	07/12/12 1526	WITHERSPP	PMC010103011150	order entered										
2	07/12/12 1526	WITHERSPP	PMC010103011150	order source is WRITTEN - no signature necessary for entry										
3	07/12/12 1526	System	AMP-BG3	order transmitted										
4	07/12/12 1528	System	AMP-BG3	order's status changed from TRANS to LOGGED										
5	07/12/12 1528	WITHERSPP	AMP-BG3	order's status changed from LOGGED to IN PRO										
6	07/12/12 1656	POWELLK	AMP-BG3	order's status changed from IN PRO to COMP										
07/12/12	1526	LAB	BMP	0712-1431	ROUT	CMF		07/12/12 1503		LEHMMI	WITHERSPP	C	OE	W
@Comments to Phlebotomist: OPI														
DIRECTIONS: STOP DATE/TIME: ORDER SET:														
DATE	TIME	USER	DEVICE	EVENT										
1	07/12/12 1526	WITHERSPP	PMC010103011150	order entered										
2	07/12/12 1526	WITHERSPP	PMC010103011150	order source is WRITTEN - no signature necessary for entry										
3	07/12/12 1526	System	AMP-BG3	order transmitted										
4	07/12/12 1528	System	AMP-BG3	order's status changed from TRANS to LOGGED										
5	07/12/12 1528	WITHERSPP	AMP-BG3	order's status changed from LOGGED to IN PRO										
6	07/12/12 1705	OWINGSL	AMP-BG3	order's status changed from IN PRO to COMP										
07/24/12	1101	PHA	<IV>	0725-0061		CMF		07/25/12 0600		LEHMMI	SHARPJ	C	PHA	

DATE: 07/26/12 @ 0006
USER: CAMBELLX

Piedmont Medical Ctr OE *LIVE*
PATIENT ORDER SUMMARY

PAGE 2

PATIENT: E74632191 - NEFF, JAMES B
UNIT #: MD00254395

DATE	TIME	CATEGORY	PAGE NUMBER	ORDER NUM	EXT	QTY	STATUS	DATE	TIME	OLD DOCTOR	ORDERED BY	CHG	FROM

MEDICATION				DOSE		PER		CLINICAL INDICATION	
One Time Medication									
Discontinued 07/25/12 0601									
<Bag 1> Rate: UD									
CEFAZOLIN INJECTION				2000 MG					
STERILE WATER FOR INJECTION				Vol: 20 ML					
ROUTE	SIG	SCHED	PRN REASON	DAYS	HOURS	TOT VOL	BAGS		
IV	.STK-MED	ONE		0	0.03				
Comment: DC'd by SHARPJ									
DATE	TIME	USER	DEVICE	EVENT					
1	07/24/12	1101	SHARPJ	PMC010103011200 order entered in PHA					
2	07/24/12	1102	SHARPJ	AMP-BG3 order's status changed from IN PRO to COMP					
3	07/24/12	1103	PHABKGJOB	AMP-BG3 order edited by PHA					
07/25/12 0748 PHA				<IV>	0725-0695	CMP	07/25/12 0749	LEHMWI 5314H	C PHA
MEDICATION				DOSE		PER		CLINICAL INDICATION	
One Time Medication									
Discontinued 07/25/12 0750									
<Bag 1> Rate: UD									
LACTATED RINGERS				Vol: 1000 ML					
ROUTE	SIG	SCHED	PRN REASON	DAYS	HOURS	TOT VOL	BAGS		
IV	.STK-MED	ONE		0	0.03				
Comment: DC'd by 5314H									
DATE	TIME	USER	DEVICE	EVENT					
1	07/25/12	0748	5314H	AMP-BG1 order entered in PHA					
2	07/25/12	0748	5314H	AMP-BG3 order's status changed from IN PRO to COMP					
3	07/25/12	0749	PHABKGJOB	AMP-BG3 order edited by PHA					
07/25/12 0748 PHA				<MED>	0725-0696	CMP	07/25/12 0750	LEHMWI 5314H	C PHA
MEDICATION				DOSE		PER		CLINICAL INDICATION	
One Time Medication									
Discontinued 07/25/12 0751									
APREPITANT				40 MG					
ROUTE	SIG	SCHED	PRN REASON	DAYS	HOURS	TOT VOL	DOSES		
PO	.STK-MED	ONE		0	0.03				
Comment: DC'd by 5314H									
DATE	TIME	USER	DEVICE	EVENT					
1	07/25/12	0748	5314H	AMP-BG1 order entered in PHA					
2	07/25/12	0748	5314H	AMP-BG3 order's status changed from IN PRO to COMP					
3	07/25/12	0749	PHABKGJOB	AMP-BG3 order edited by PHA					
07/25/12 0748 PHA				XYLONPF142	0725-0697	CMP	07/25/12 0750	LEHMWI 5314H	C PHA

DATE: 07/26/12 @ 0006
USER: CAMPBELLK

Piedmont Medical Ctr OE *LIVE*
PATIENT ORDER SUMMARY

PAGE 3

PATIENT: E74632131 - NEFF, JAMES B
UNIT #: M000254395

DATE	TIME	CATEGORY	PROCEDURE	DATE	TIME	STATUS	DATE	TIME	ORDERED BY	CHRG	FROM

MEDICATION			DOSE		PER CLINICAL INDICATION						
One Time Medication											
Discontinued 07/25/12 0751											
LIDOCAINE-MPY 1% NURSERY											
			2 ML								
ROUTE	SIG	SCHED	PER REASON		DAYS	HOURS	TOT VOL	DOSES			
CAUDAL	.STK-MED	ONE			0	0.03					
Comment: DC'd by 5314H											
DATE	TIME	USER	DEVICE	EVENT							
1	07/25/12 0748	5314H	AMP-BG1	order entered in PEA							
2	07/25/12 0748	5314H	AMP-BG3	order's status changed from IN PRO to COMP							
3	07/25/12 0749	PHABNGJOB	AMP-BG3	order edited by PHA							

07/25/12 0750	PHA	VERS2V	0725-0700	CMP	07/25/12 0751	LEEMWI	5314H	C	PHA
MEDICATION		DOSE		PER CLINICAL INDICATION					
One Time Medication									
Discontinued 07/25/12 0752									
MIDAZOLAM INJECTION		2 MG							
ROUTE	SIG	SCHED	PER REASON	DAYS	HOURS	TOT VOL	DOSES		
AS DIR	.STK-MED	ONE		0	0.03				
Comment: DC'd by 5314H									
DATE	TIME	USER	DEVICE	EVENT					
1	07/25/12 0750	5314H	AMP-BG1	order entered in PEA					
2	07/25/12 0750	5314H	AMP-BG3	order's status changed from IN PRO to COMP					
3	07/25/12 0751	PHABKGJOB	AMP-BG3	order edited by PHA					

07/25/12 1032	PHA	SUB12V	0725-1097	CMP	07/25/12 1033	LEEMWI	1511V	C	PHA
MEDICATION		DOSE		PER CLINICAL INDICATION					
One Time Medication									
Discontinued 07/25/12 1034									
FENTANYL (50 MCG/ML)		2 ML							
ROUTE	SIG	SCHED	PER REASON	DAYS	HOURS	TOT VOL	DOSES		
IM	.STX-MED	ONE		0	0.03				
Comment: DC'd by 1511V									
DATE	TIME	USER	DEVICE	EVENT					
1	07/25/12 1032	1511V	AMP-BG1	order entered in PHA					
2	07/25/12 1032	1511V	AMP-BG3	order's status changed from IN PRO to COMP					
3	07/25/12 1033	PHABKGJOB	AMP-BG3	order edited by PHA					

07/25/12 1047	PHA	DILA2SYR	0725-1125	CMP	07/25/12 1048	LEEMWI	1511V	C	PHA

DATE: 07/26/12 @ 0006
USER: CAMPBELLK

Piedmont Medical Ctr OE 'LIVE'
PATIENT ORDER SUMMARY

PAGE 4

PATIENT: E74632191 - NEFF, JAMES B
UNIT #: M000254395

ORDER	DATE	TIME	CATEGORY	PRESCRIPTION	ORDER #	PRN	QTY	STATUS	SERVICE	DATE	TIME	ORIG DOCTOR	DATECHG BY	CHNG	PROG

MEDICATION	DOSE	PER	CLINICAL INDICATION
One Time Medication Discontinued 07/25/12 1049 HYDROMORPHONE HCL INJECTION	2 MG		
ROUTE SIG	SCHED PRN REASON	DAYS HOURS	TOT VOL DOSES
IM .STX-MED	ONE	0 0.03	
Comment: DC'd by 1511V			
DATE TIME USER	DEVICE	EVENT	
1 07/25/12 1047 1511V	AMP-BG1	order entered in PHA	
2 07/25/12 1047 1511V	AMP-BG3	order's status changed from IN PRO to COMP	
3 07/25/12 1048 PHABRGJOB	AMP-BG3	order edited by PHA	

07/25/12 1236 PHA	<MED>	0725-1412	CMP	07/25/12 1229	LEHMWI	SHARPJ	C	PHA

MEDICATION	DOSE	PER	CLINICAL INDICATION
One Time Medication Discontinued 07/25/12 1230 DESFLURANE	2 EACH		
ROUTE SIG	SCHED PRN REASON	DAYS HOURS	TOT VOL DOSES
INH .STX-MED	ONE	0 0.03	
Comment: DC'd by SHARPJ			
DATE TIME USER	DEVICE	EVENT	
1 07/25/12 1236 SHARPJ	PMC010103011200	order entered in PHA	
2 07/25/12 1237 SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP	
3 07/25/12 1238 PHABRGJOB	AMP-BG3	order edited by PHA	

07/25/12 1236 PHA	DIPR200A	0725-1413	CMP	07/25/12 1229	LEHMWI	SHARPJ	C	PHA

MEDICATION	DOSE	PER	CLINICAL INDICATION
One Time Medication Discontinued 07/25/12 1230 PROPOFOL 1%	200 MG		
ROUTE SIG	SCHED PRN REASON	DAYS HOURS	TOT VOL DOSES
IV .STX-MED	ONE	0 0.03	
Comment: DC'd by SHARPJ			
DATE TIME USER	DEVICE	EVENT	
1 07/25/12 1236 SHARPJ	PMC010103011200	order entered in PHA	
2 07/25/12 1237 SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP	
3 07/25/12 1238 PHABRGJOB	AMP-BG3	order edited by PHA	

07/25/12 1236 PHA	<MED>	0725-1414	CMP	07/25/12 1229	LEHMWI	SHARPJ	C	PHA

DATE: 07/26/12 @ 0006
USER: CAMPBELLK

Piedmont Medical Ctr OE *LIVE*
PATIENT ORDER SUMMARY

PAGE 5

PATIENT: E74632191 - NEFF, JAMES B
UNIT #: M000254395

DATE	TIME	CATEGORY	PROCEDURE	ORDER	USER	PER	QTY	STATUS	DATE	TIME	ORD	DOCTOR	ORDERED	BY	CHNG	FROM

MEDICATION		DOSE		PER		CLINICAL INDICATION	
One Time Medication							
Discontinued 07/25/12 1230		8 ML					
LIDOCAINE-PFS 1% (CR USE)							
ROUTE	SIG	SCHED	PER	REASON	DAYS	HOURS	TOT VOL
IV	.STK-MID	ONE			0	0.03	DOSES
Comment: DC'd by SHARPJ							
DATE	TIME	USER	DEVICE	EVENT			
1	07/25/12 1236	SHARPJ	PMC010103011200	order entered in PEA			
2	07/25/12 1237	SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP			
3	07/25/12 1238	PHABKGJOB	AMP-BG3	order edited by PEA			
07/25/12 1236	PHA	SUBLZV	0725-1415	OMP	07/25/12 1229	LEHMWI	SHARPJ C PHA
MEDICATION		DOSE		PER		CLINICAL INDICATION	
One Time Medication							
Discontinued 07/25/12 1230		5 ML					
FENTANYL (50 MCG/ML)							
ROUTE	SIG	SCHED	PER	REASON	DAYS	HOURS	TOT VOL
IV	.STK-MED	ONE			0	0.03	DOSES
Comment: DC'd by SHARPJ							
DATE	TIME	USER	DEVICE	EVENT			
1	07/25/12 1236	SHARPJ	PMC010103011200	order entered in PEA			
2	07/25/12 1237	SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP			
3	07/25/12 1238	PHABKGJOB	AMP-BG3	order edited by PEA			
07/25/12 1236	PHA	<MED>	0725-1416	OMP	07/25/12 1229	LEHMWI	SHARPJ C PHA
MEDICATION		DOSE		PER		CLINICAL INDICATION	
One Time Medication							
Discontinued 07/25/12 1230		70 MG					
ROCURONIUM BROMIDE (OR USE)							
ROUTE	SIG	SCHED	PER	REASON	DAYS	HOURS	TOT VOL
IV	.STK-MED	ONE			0	0.03	DOSES
Comment: DC'd by SHARPJ							
DATE	TIME	USER	DEVICE	EVENT			
1	07/25/12 1236	SHARPJ	PMC010103011200	order entered in PEA			
2	07/25/12 1237	SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP			
3	07/25/12 1238	PHABKGJOB	AMP-BG3	order edited by PEA			
07/25/12 1236	PHA	DECA4V	0725-1417	OMP	07/25/12 1229	LEHMWI	SHARPJ C PHA

DATE: 07/26/12 @ 0006
USER: CAMPBELLK

Piedmont Medical Ctr OF "LIVE"
PATIENT ORDER SUMMARY

PAGE 6

PATIENT: E74632191 - NEFF, JAMES B
UNIT #: M000254395

DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	BY	DATE	TIME	ORD DOCTOR	ORDERED BY	CHRG	FROM

MEDICATION DOSE PER CLINICAL INDICATION
One Time Medication
Discontinued 07/25/12 1230
DEXAMETHASONE VIAL 4 MG
ROUTE SIG SCHED PRN REASON DAYS HOURS TOT VOL DOSES
IV .STK-MED ONE 0 0.03
Comment: DC'd by SHARPJ
DATE TIME USER DEVICE EVENT
1 07/25/12 1236 SHARPJ PMC010103011200 order entered in PHA
2 07/25/12 1237 SHARPJ AMP-BG3 order's status changed from IN PRO to COMP
3 07/25/12 1238 PHABKGJOB AMP-BG3 order edited by PHA

07/25/12 1236 PHA ZOFR4MGV 0725-1418 CMP 07/25/12 1229 LEHMWI SHARPJ C PHA

MEDICATION DOSE PER CLINICAL INDICATION
One Time Medication
Discontinued 07/25/12 1230
ONDANSETRON INJECTION 4 MG
ROUTE SIG SCHED PRN REASON DAYS HOURS TOT VOL DOSES
IV .STK-MED ONE 0 0.03
Comment: DC'd by SHARPJ
DATE TIME USER DEVICE EVENT
1 07/25/12 1236 SHARPJ PMC010103011200 order entered in PHA
2 07/25/12 1237 SHARPJ AMP-BG3 order's status changed from IN PRO to COMP
3 07/25/12 1238 PHABKGJOB AMP-BG3 order edited by PHA

07/25/12 1236 PHA <MED> 0725-1419 CMP 07/25/12 1229 LEHMWI SHARPJ C PHA

MEDICATION DOSE PER CLINICAL INDICATION
One Time Medication
Discontinued 07/25/12 1230
GLYCOPYRROLATE (OR USE) 0.4 MG
ROUTE SIG SCHED PRN REASON DAYS HOURS TOT VOL DOSES
IV .STK-MED ONE 0 0.03
Comment: DC'd by SHARPJ
DATE TIME USER DEVICE EVENT
1 07/25/12 1236 SHARPJ PMC010103011200 order entered in PHA
2 07/25/12 1237 SHARPJ AMP-BG3 order's status changed from IN PRO to COMP
3 07/25/12 1238 PHABKGJOB AMP-BG3 order edited by PHA

07/25/12 1236 PHA <MED> 0725-1420 CMP 07/25/12 1229 LEHMWI SHARPJ C PHA

PATIENT: E74632191 - NEFF, JAMES B
UNIT #: M000254395

[illegible]

MEDICATION		DOSE	PER	CLINICAL INDICATION			
One Time Medication.							
Discontinued 07/25/12 1230							
NEOSTIGMINE (OR USE)		3 MG					
ROUTE	SIG	SCHED	PRN	REASON	DAYS	HOURS	TOT VOL DOSES
IV	,STK-MED	ONE			0	0.03	
Comment: DC'd by SHARPJ							

	DATE	TIME	USER	DEVICE	EVENT
1	07/25/12	1236	SHARPJ	PMP010103011200	order entered in PHA
2	07/25/12	1237	SHARPJ	RMP-BG3	order's status changed from IN PRO to COMP
3	07/25/12	1238	PHABKGJOR	RMP-BG3	order edited by PHA

07/25/12 1236	PHA	<IV>	0725-1421	CMP	07/25/12 1229	LEHMT	SHAREJ	C	PHA

MEDICATIONS		DOSE	PER	CLINICAL INDICATION			
One Time Medication							
Discontinued 07/25/12 1230							
<Bag 1> Rate: UD							
LACTATED RINGERS		Vol: 1000 ML					
ROUTE	SIG	SCHED	PRN REASON	DAYS	HOURS	TOT VOL	RATE
		ONE		0	0.03		
IV							
Comment: DC'd by SHAREP							

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Comment: DC'd by SHARPJ

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	DATE	TIME	USER	DEVICE	EVENT
1	07/25/12	1236	SHARPJ	PMC010103011200	order entered in EBA
2	07/25/12	1237	SHARPJ	AMP-BG3	order's status changed from IN PRO to COMP
3	07/25/12	1238	PHABKGJOB	AMP-BG3	order edited by PER

3	07/25/12	1238	PHARM	0725-1422	CMP	07/25/12	1229	LEHMI	SEARFJ	C	PHA

MEDICATION		DOSE	PER	CLINICAL INDICATION
One Time Medication				
Discontinued 07/25/12 1230				
<Bag 1> Rate: UD		1 GM		
CEFZOLIN (ANCEF)		Vol: 10 ML		
STERILE WATER FOR INJECTION				
ROUTE	SIG	SCHED	FRQ	REASON
IV	.STX-MED	ONE		
Comment: DC'd by SEARPJ				
			DAYS	HOURS
			0	0.03
			TOT VOL	BAGS

DATE	TIME	USER	DEVICE	EVENT
1	07/25/12	1237	SHAREP	PMCC010103011200 order entered in PBA
2	07/25/12	1237	SHAREP	AMP-BG3 order's status changed from IN PRO to COMP
3	07/25/12	1238	PHABRGJOB	AMP-BG3 order edited by PBA

Run Date: 07/26/12

Piedmont Medical Center Laboratory
222 South Herlong Avenue, Rock Hill, SC 29732
Discharge Summary

Page 1

PATIENT: NEFF, JAMES B
ATTEND DR: Lehman Jr, William MD

DOB: 11/05/1970 ACCT #: E74632191 MR#: M000254395
AGE/SX: 41/M LOCATION: ODS -
STATUS: REG CLI ADM: 07/25/12 DIS:

HEMATOLOGY

Date	07/12/12			Reference	Units
Time	1503				
WBC	7.7			(4.8-10.8)	K/MM3
RBC	4.85			(4.7-6.1)	M/MM3
HGB	15.3			(14.0-18.0)	G/DL
HCT	44.5			(42.0-52.0)	%
MCV	91.7			(80.0-94.0)	FL
MCH	31.5	H		(27.0-31.0)	PG
MCHC	34.3			(33.0-37.0)	G/DL
RDW	14.7	H		(11.5-14.5)	%
PLT	239			(150-400)	K/MM3
MPV	9.6			(7.4-10.4)	FL

CHEMISTRY

Date	07/12/12			Reference	Units
Time	1503				
SODIUM	142			(133-145)	mmol/L
POTASSIUM	4.0			(3.5-5.0)	mmol/L
CHLORIDE	103			(95-105)	mmol/L
CO2	27			(22-32)	mmol/L
BUN	15			(8-26)	MG/DL
GLUCOSE	91			(70-105)	MG/DL
CREATININE	1.1			(0.6-1.1)	MG/DL
CALCIUM	9.7			(8.9-10.3)	MG/DL
ANION GAP	12			(8.0-16.0)	mmol/L
OSMO, CALCULATED	284	L		(285-325)	mOSM/L
EGFR(NON)-MDRD	> 60			(>60)	ML/MIN
EGFR(AA)-MDRD	> 60			(>60)	ML/MIN

** CONTINUED ON NEXT PAGE **

Run Date: 07/26/12

Piedmont Medical Center Laboratory
222 South Herlong Avenue, Rock Hill, SC 29732
Discharge Summary

Page 2

NEFF, JAMES B

ACCT#: E74632191 LOC: ODS -

MR#: M000254395

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
>	07/12/12	1503	12:B0008574R	MRSA		F	<none>

MICROBIOLOGY

NO STAPH AUREUS ISOLATED

** END OF REPORT **

ISSUE DATE: 7/29/12
ISSUE TIME: 14:31

PIEDMONT HEALTHCARE SYS

REPORT-ID: ND0525
PAGE: 1

NAME: NEFF, JAMES B
BIRTHDATE: 11/05/70
ADMIT: 07/25/12
PATIENT TYPE: 2 OUTPATIENT
DISCH CODE: 01 HOME
CODER: LMALOY

ACCT#: 074632191 MR#: 254395
AGE AT ADMIT: 41 YRS SEX: M
DISCH: 07/25/12 LOS: 1
HSV: 56 SURG/INV DIAG OP-NBD
FC: 83 W/C - MNGD CARE
ABST COMPLETION DATE: 07/29/12

REASON FOR VISIT: 719.41 JOINT PAIN-SHLDER

ATTENDING: 07706 (LEHMAN JR, WILLIAM MD)
ADMITTING: 07706 (LEHMAN JR, WILLIAM MD)
REFERRING: 07706 (LEHMAN JR, WILLIAM MD)

SEQ. DIAGNOSIS

1 733.82 NONUNION OF FRACTURE
2 905.2 LATE EFFECT ARM FX
3 E929.8 LATE EFF ACCIDENT NEC
4 E849.9 ACCIDENT IN PLACE NOS
5 530.81 ESOPHAGEAL REFLUX
6 V15.82 HISTORY OF TOBACCO USE

SEQ/EPI/PROCEDURE/PROC DATE/BILLABLE PROVIDER

1	01	79.39 OPN FX RED W INT FIX NEC	7/25/12
		07706 (LEHMAN JR, WILLIAM MD)	
2	01	78.01 BONE GRAFT TO CHEST CAGE	7/25/12
		07706 (LEHMAN JR, WILLIAM MD)	
3	01	41.98 BONE MARROW OPS NEC	7/25/12
		07706 (LEHMAN JR, WILLIAM MD)	

CPT4 CODE/MODIFIER/DATE

23485	OSTEOTOMY CLAV W/WO INT FIXJ	LT	7/25/12
38220	MARROW ASPIRATION ONLY		7/25/12
CHARGE	BASED HCPCS CODE	MODIFIERS	SERVICE DATE
80048	BASIC METABOLIC PANEL CALCIUM		7/12/12
85027	BLOOD COUNT COMPLETE AUTOMATED		7/12/12
A4217	Sterile water/saline, 500 ml		7/25/12
A4565	Slings		7/25/12
C1713	Anchor/screw bn/bn,tis/bn		7/25/12
C1713	Anchor/screw bn/bn,tis/bn		7/25/12
C1713	Anchor/screw bn/bn,tis/bn		7/25/12
J0690	Cefazolin sodium injection		7/25/12
J1100	Dexamethasone sodium phos		7/25/12
J1170	Hydromorphone injection		7/25/12
J2250	Inj midazolam hydrochloride		7/25/12
J2405	Ondansetron hcl injection		7/25/12
J2710	Neostigmine methylslfte inj		7/25/12
J3010	Fentanyl citrate injeciton		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J3490	Drugs unclassified injection		7/25/12
J7120	Ringers lactate infusion		7/25/12
J8501	Oral aprepitant		7/25/12

** END OF REPORT **

DATE: 07/26/12 @ 0010

USER: SHARBY

Piedmont Healthcare PHA ** LIVE **
Medication Discharge Summary Report

PAGE 1

07/26/12

MEDICATION DISCHARGE SUMMARY

Name	MEFF, JAMES H	Admin Date	Age 61
Unit Num	0000254395	Discharge Date	Sex M
Account Num	874632191	Status	REG CLIN
Allergies	Erythromycin-nausea, Codeine-nausea, hives		

ADMINISTRATION PERIOD	START/	
0700 07/24/12 to 0659 07/25/12	STOP	

WATER FOR INJECTION 20 ML
(STERILE WATER FOR INJECTION 20 ML VIAL)
ANCHF 2000 MG
(CEFAZOLIN 1000 MG VIAL)
UD IV .STK-MED/ONS
RX #: 002187227

07/25/12	1101	Order Entry SHARBY
07/25/12	1101	Discontinue STK MED
		0600

ADMINISTRATION PERIOD	START/	
0700 07/25/12 to 0659 07/25/12	STOP	

LACTATED RINGERS 1000 ML
(LACTATED RINGERS 1000 ML BAG)
UD IV .STK-MED/ONS
RX #: 002189722

07/25/12	0748	Discontinue STK MED
07/25/12	0749	

ENDOD (AMPEPITANT 40 MG CAPSULE)
40 MG PO .STK-MED/ONS
RX #: 002189723

07/25/12	0748	Discontinue STK MED
07/25/12	0750	

XYLOCAINE-HBF 1% (XYLOCAINE-HBF 1% 2 ML BIV)
2 ML CAUDAL .STK-MED/ONS
RX #: 002189724

07/25/12	0748	Discontinue STK MED
07/25/12	0750	

VERSED INJECTION (MIDAZOLAM HYDROCHLORIDE 2 MG/2 ML VIAL)
2 MG **AS DIR** .STK-MED/ONS
RX #: 002189731

07/25/12	0750	Discontinue STK MED
07/25/12	0751	

SUBLIMAZE (50 MCG/1ML) (FENTANYL (50 MCG/1ML) 2 ML VIAL)
2 ML IM .STK-MED/ONS
RX #: 002190247

07/25/12	1032	Discontinue STK MED
07/25/12	1033	

*** Continued on Page 2 ***
This document is part of the legal medical record.

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P379

DATE: 07/26/12 @ 0010
USER: SHARPJ

Fidmont Healthcare PHA ** LIVE **
Medication Discharge Summary Report

PAGE 2

07/26/12		Medication Discharge Summary	
Name NEFF, JAMES B	Unit Num M000254395	Account Num R7463191	

ADMINISTRATION PERIOD	START/STOP
07/25/12 0659-07/26/12 (Continued)	

DILAUDID INJECTION (HYDROMORPHONE HCL 2 MG/1 ML SYRINGE)
2 MG IM .STK-MED/ONE
RX #: 002190280

107/25/12 1047 Discontinue STK MED
107/25/12 1048
| |

SUPRAME (DEXFLORAME PER HOUR CHANGE)
2 EACH IM .STK-MED/ONE
RX #: 002190583

107/25/12 1229
107/25/12 1236 Discontinue STK MED
| | 1236 Order Entry SHARPJ

DAPHEVAN 1% (PROPOFOL 1% 200 MG/20 ML BIV)
200 MG IV .STK-MED/ONE
RX #: 002190584

107/25/12 1229
107/25/12 1236 Discontinue STK MED
| | 1236 Order Entry SHARPJ

XILOCAINE-PFS 1% (OR USE) (LIDOCAINE-PFS 1% (OR USE) 10 ML SYRINGE)
8 ML IV .STK-MED/ONE
RX #: 002190585

107/25/12 1229
107/25/12 1236 Discontinue STK MED
| | 1236 Order Entry SHARPJ

SUBLIMAZE (50 MCG/1ML) (FENTANYL (50 MCG/1ML) 2 ML VIAL)
5 ML IV .STK-MED/ONE
RX #: 002190586

107/25/12 1229
107/25/12 1236 Order Entry SHARPJ
| | 1236 Discontinue STK MED

ZEMURON (OR USE) (ROCURONIUM BROMIDE (OR USE) 50 MG/5 ML SYRINGE)
70 MG IV .STK-MED/ONE
RX #: 002190587

107/25/12 1229
107/25/12 1236 Discontinue STK MED
| | 1236 Order Entry SHARPJ

DECADRON VIAL (DEXAMETHASONE 4 MG/1 ML VIAL)
4 MG IV .STK-MED/ONE
RX #: 002190588

107/25/12 1229
107/25/12 1236 Order Entry SHARPJ
| | 1236 Discontinue STK MED

ZOFRAM INJECTION (ONDANSETRON HCL 4 MG/2 ML VIAL)
4 MG IV .STK-MED/ONE
RX #: 002190589

107/25/12 1229
107/25/12 1236 Discontinue STK MED
| | 1236 Order Entry SHARPJ

*** Continued on Page 3 ***
This document is part of the legal medical record.

DATE: 07/26/12 @ 0010
USER: ANHRSJ

Medication Discharge Summary
Medication Discharge Summary Report

PAGE 3

07/26/12

NAME: NEFF, JAMES B

Unit Num M00254395

Account Num E7462101

Medication Discharge Summary

ADDITIONAL INFORMATION	DATE	TIME	LOCATION	STATUS
07/26/12 0010	07/26/12	0010	CONCERNING	1229

NOBIDOL (OR USE) (CYCLOPHOSPHAMIDE (OR USE) 1 MG/5 ML SYRINGES)
0.4 MG IV - STR-MED/ONS
RX #: 002190590

107/25/12 1229
107/25/12 1236 Discontinue STR MED
1236 Order Entry SHARED

NEOTIGAMINE (OR USE) (NEOTIGAMINE (OR USE) 5 MG/5 ML SYRINGE)
3 MG IV - STR-MED/ONS
RX #: 002190591

107/25/12 1229
107/25/12 1236 Discontinue STR MED
1236 Order Entry SHARED

LACTATED RINGER 1000 ML
(LACTATED RINGER 1000 ML BNC)
UD IV - STR-MED/ONS
RX #: 002190592

107/25/12 1229
107/25/12 1236 Discontinue STR MED
1236 Order Entry SHARED

WATER, STERILE 10 ML
(STERILE WATER FOR INJECTION 10 ML VIAL)
MIGER 1 GM
(CEFAZOLIN (MIGER) 1 GM SYRINGE)
UD IV - STR-MED/ONS
RX #: 002190593

107/25/12 1229
107/25/12 1237 Discontinue STR MED
1237 Order Entry SHARED

** Continued on Page 4 **
This document is part of the legal medical record.

DATE: 07/26/12 @ 0010
USER: SHARBY

Medication Discharge Summary Report

PAGE 4

07/26/12

Name: WEEF, JAMES B

Unit Num: MD0058395

Medication Discharge Summary

Account Num: R1632191

Medication Discharge

Medication Discharge

Dispense: WEEF, JAMES B

Dispense: WEEF, JAMES B

Administered By

Dispense: WEEF, JAMES B

Dispense: WEEF, JAMES B

SHARBY - James Sharp, RPh

Dispense: WEEF, JAMES B

Pharmacy

Dispense: WEEF, JAMES B

Dispense: WEEF, JAMES B

Allergy History

Date: 20120712 1502
NMR: Erythromycin added.

OLD:

Dispense: WEEF, JAMES B

ADD

Erythromycin

Date: 20120712 1502
NMR: Erythromycin added.

OLD:

OR AMP

ADD

Codaine

Date: 20120724 1101
NMR: Codaine added.

OLD:

PH. AMP

ACK

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

PAGE 1

Patient	██████████	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Room	
Status	REG CLI	Bed	
		Unit Number	M000254395
		Registered Date	07/25/12
		Discharged Date	

Height	5 ft	9 in	175.26 cm	Body Surface Area	2.69 m2
Weight	311 lb		141.067 kg		

Drug Allergies Erythromycin, Codeine

ADRS

Are you pregnant and not on the OB/GYN floor?
Are you breast-feeding and not on the OB/GYN floor?

Primary Diagnosis:

Secondary Diagnosis:

Date Flu Vaccine Given:

Date PNE Vaccine Given:

Date H1N1 Vaccine Given:

Seasonal Influenza Vaccine

Pneumococcal Vaccine

Clinical Pharmacy Following For (Free Text):

Clinical comment 1

Clinical comment 2

Clinical comment 3

Reason for consult:

Describe suspected ADR:

If OTHER, explain:

Name and location of patient's pharmacy:

***** Home Medications *****

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.
- Medications/Dose/Frequency (continued)

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

- Medications/Dose/Frequency (continued)
- 21.
 - 22.
 - 23.
 - 24.
 - 25.

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PRA ** LIVE **
Medication Administration Summary

PAGE 2

Patient	DEE WAGNER	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Unit Number	M000254395
Status	REG CLI	Room	Registered Date 07/25/12
		Bed	Discharged Date

26.
27.
28.
29.
30.
Medications/Dose/Frequency (continued)

31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
DVT Prophylaxis

RL1000 - LACTATED RINGERS 1000 ML BAG - 1000 ML

Site	Volume	1000	Rate	UD	Duration	UD
Start Date	07/25/12-1229	Stop Date	07/25/12 1230	DC Date	07/25/12-1230	
Ordering Doctor	Lehman Jr, William MD					
Last Bag	1					
Total Dispensed	1	Total Costs	\$0.00	Total Charges	\$0.00	
Rx Number	002190592					

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - DISCONTINUE	by STK MED	Eff: 07/25/12 1230
Items Auto Credited: 0	Doses Auto Credited: 0	
DC COMMENTS:		
DC'd by SHARPJ		
07/25/12 1236 - ENTER	by SHARPJ	
Items Dispensed: 1	Doses Dispensed: 1	
For: 07/25/12 - 1229		

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

PAGE 3

Patient	~~XXXXXXXXXX~~	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Room	
Status	REG CLI	Bed	
		Unit Number	M000254395
		Registered Date	07/25/12
		Discharged Date	

NEFF, JAMES B

E74632191

(Continued)

SUPRANE - DESFLURANE PER HOUR CHARGE

Dose 2 EACH (2 BOTTLES)

Admin Route INH

Start Date 07/25/12-1229

Stop Date 07/25/12 1230

DC Date 07/25/12-1230

Ordering Doctor Lehman Jr, William MD

Total Dispensed 2

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002190583

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - DISCONTINUE

by STK MED

Eff: 07/25/12 1230

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

07/25/12 1236 - ENTER

by SHARPJ

Items Dispensed: 2 Doses Dispensed: 1

For: 07/25/12 - 1229

DIPR200A - PROPOFOL 1% 200 MG/20 ML SDV

Dose 200 MG (20 ML)

Admin Route IV

Start Date 07/25/12-1229

Stop Date 07/25/12 1230

DC Date 07/25/12-1230

Ordering Doctor Lehman Jr, William MD

Total Dispensed 1

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002190584

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - DISCONTINUE

by STK MED

Eff: 07/25/12 1230

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

07/25/12 1236 - ENTER

by SHARPJ

Items Dispensed: 1 Doses Dispensed: 1

For: 07/25/12 - 1229

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

PAGE 4

Patient	NEFF, JAMES B	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Room	
Status	REG CLI	Bed	
		Unit Number	M000254395
		Registered Date	07/25/12
		Discharged Date	

NEFF, JAMES B

E74632191

(Continued)

LIDO1%10ML - LIDOCAINE-PFS 1% (OR USE) 10 ML SYRINGE

Dose 8 ML (0.8 SYRINGES)

Admin Route IV

Start Date 07/25/12-1229

Stop Date 07/25/12 1230

DC Date 07/25/12-1230

Ordering Doctor Lehman Jr, William MD

Total Dispensed 1

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002190585

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - DISCONTINUE

by STK MED

Eff: 07/25/12 1230

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

07/25/12 1236 - ENTER

by SHARPJ

Items Dispensed: 1 Doses Dispensed: 1

For: 07/25/12 - 1229

SUBL2V - FENTANYL (50 MCG/1ML) 2 ML VIAL

Dose 5 ML (2.5 VIALS)

Admin Route IV

Start Date 07/25/12-1229

Stop Date 07/25/12 1230

DC Date 07/25/12-1230

Ordering Doctor Lehman Jr, William MD

Total Dispensed 3

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002190586

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - ENTER

by SHARPJ

Items Dispensed: 3 Doses Dispensed: 1

For: 07/25/12 - 1229

07/25/12 1236 - DISCONTINUE

by STK MED

Eff: 07/25/12 1230

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

Patient **NEFF, JAMES B** Responsible Doctor **Lehman Jr. William MD**
Account Number **E74632191** Location **ODS** Unit Number **M000254395**
Age/Sex **41/M** Room Discharged Date
Status **REG CLI** Bed

(Continued)

NEFF, JAMES B E74632191

ZEM50MGSYR - ROCURONIUM BROMIDE (OR USE) 50 MG/5 ML SYRINGE

Dose 70 MG (7 ML)
Admin Route IV
Start Date 07/25/12-1229 Stop Date 07/25/12 1230 DC Date 07/25/12-1230
Ordering Doctor Lehman Jr. William MD
Total Dispensed 2 Total Costs \$0.00 Total Charges \$0.00
Rx Number 002190587

Discontinue Comments DC'd by SHARPJ

History
07/25/12 1236 - DISCONTINUE by STK MED Eff: 07/25/12 1230
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by SHARPJ
07/25/12 1236 - ENTER by SHARPJ
Items Dispensed: 2 Doses Dispensed: 1
For: 07/25/12 - 1229

DECA4V - DEXAMETHASONE 4 MG/1 ML VIAL

Dose 4 MG (1 ML)
Admin Route IV
Start Date 07/25/12-1229 Stop Date 07/25/12 1230 DC Date 07/25/12-1230
Ordering Doctor Lehman Jr. William MD
Total Dispensed 1 Total Costs \$0.00 Total Charges \$0.00
Rx Number 002190588

Discontinue Comments DC'd by SHARPJ

History
07/25/12 1236 - ENTER by SHARPJ
Items Dispensed: 1 Doses Dispensed: 1
For: 07/25/12 - 1229
07/25/12 1236 - DISCONTINUE by STK MED Eff: 07/25/12 1230
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by SHARPJ

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

Patient	~~NEFF, JAMES B~~	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Unit Number	M000254395
Age/Sex	41/M	Registered Date	07/25/12
Status	REG CLI	Discharged Date	
		Location	ODS
		Room	
		Bed	

(Continued)

NEFF, JAMES B

E74632191

ZOFRANGV - ONDANSETRON HCL 4 MG/2 ML VIAL

Dose	4 MG (2 ML)		
Admin Route	IV		
Start Date	07/25/12-1229	Stop Date	07/25/12 1230
Ordering Doctor	Lehman Jr, William MD	DC Date	07/25/12-1230
Total Dispensed	1	Total Costs	\$0.00
Rx Number	002190589	Total Charges	\$0.00

Discontinue Comments DC'd by SHARPJ

History
07/25/12 1236 - DISCONTINUE by STK MED Eff: 07/25/12 1230
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by SHARPJ
07/25/12 1236 - ENTER by SHARPJ
Items Dispensed: 1 Doses Dispensed: 1
For: 07/25/12 - 1229

ROBIINGSYR - GLYCOPYRROLATE (OR USE) 1 MG/5 ML SYRINGE

Dose	0.4 MG (2 ML)		
Admin Route	IV		
Start Date	07/25/12-1229	Stop Date	07/25/12 1230
Ordering Doctor	Lehman Jr, William MD	DC Date	07/25/12-1230
Total Dispensed	1	Total Costs	\$0.00
Rx Number	002190590	Total Charges	\$0.00

Discontinue Comments DC'd by SHARPJ

History
07/25/12 1236 - DISCONTINUE by STK MED Eff: 07/25/12 1230
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by SHARPJ
07/25/12 1236 - ENTER by SHARPJ
Items Dispensed: 1 Doses Dispensed: 1
For: 07/25/12 - 1229

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

Patient **NEFF, JAMES B** Responsible Doctor **Lehman Jr. William MD**
Account Number **E74632191** Location **ODS** Unit Number **M000254395**
Age/Sex **41/M** Room
Status **REG CLI** Bed
Registered Date **07/25/12**
Discharged Data

(Continued)

NEFF, JAMES B E74632191

NEOS5MG5YR - NEOSTIGMINE (OR USE) 5 MG/5 ML SYRINGE

Dose 3 MG (3 ML)

Admin Route IV

Start Date 07/25/12-1229

Stop Date 07/25/12 1230

DC Date 07/25/12-1230

Ordering Doctor **Lehman Jr. William MD**

Total Charges \$0.00

Total Dispensed 1
Rx Number 002190591

Total Costs \$0.00

Discontinue Comments DC'd by SHARPJ

History

07/25/12 1236 - DISCONTINUE

by STK MED

Eff: 07/25/12 1230

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

07/25/12 1236 - ENTER

by SHARPJ

Items Dispensed: 1 Doses Dispensed: 1

For: 07/25/12 - 1229

ANCE1V - CEFZOLIN 1000 MG VIAL - 2000 MG
in STERW20IV - STERILE WATER FOR INJECTION 20 ML VIAL - 20 ML

Site

Volume 20

Rate UD

Duration UD

Start Date 07/25/12-0600

Stop Date 07/25/12 0601

DC Date 07/25/12-0601

Ordering Doctor **Lehman Jr. William MD**

Last Bag 1

Total Dispensed 1

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002187227

Discontinue Comments DC'd by SHARPJ

History

07/24/12 1101 - ENTER

by SHARPJ

Items Dispensed: 1 Doses Dispensed: 1

For: 07/25/12 - 0600

07/24/12 1101 - DISCONTINUE

by STK MED

Eff: 07/25/12 0601

Items Auto Credited: 0 Doses Auto Credited: 0

DC COMMENTS:

DC'd by SHARPJ

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

Patient ~~NEFF, JAMES B~~ Responsible Doctor Lehman Jr, William MD
Account Number E74632191 Location ODS Unit Number M000254395
Age/Sex 41/M Room Registered Date 07/25/12
Status REG CLI Bed Discharged Date

(Continued)

NEFF, JAMES B

E74632191

ANCE1PB - CEFAZOLIN (ANCEF) 1 GM SYRINGE - 1 GM
in STERW10IV - STERILE WATER FOR INJECTION 10 ML VIAL - 10 ML

Site Volume 10 Rate UD Duration UD
Start Date 07/25/12-1229 Stop Date 07/25/12 1230 DC Date 07/25/12-1230
Ordering Doctor Lehman Jr, William MD
Last Bag 1
Total Dispensed 1 Total Costs \$0.00 Total Charges \$0.00
Rx Number 002190593

Discontinue Comments DC'd by SHARPJ

History
07/25/12 1237 - DISCONTINUE by STK MED Eff: 07/25/12 1230
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by SHARPJ
07/25/12 1237 - ENTER by SHARPJ
Items Dispensed: 1 Doses Dispensed: 1
For: 07/25/12 - 1229

RL1000 - LACTATED RINGERS 1000 ML BAG - 1000 ML

Site Volume 1000 Rate UD Duration UD
Start Date 07/25/12-0749 Stop Date 07/25/12 0750 DC Date 07/25/12-0750
Ordering Doctor Lehman Jr, William MD
Last Bag 1
Total Dispensed 1 Total Costs \$0.00 Total Charges \$0.00
Rx Number 002189722

Discontinue Comments DC'd by 5314H

History
07/25/12 0748 - OV DISP PHA by 5314H
07/25/12 0748 - DISCONTINUE by STK MED Eff: 07/25/12 0750
Items Auto Credited: 0 Doses Auto Credited: 0
DC COMMENTS:
DC'd by 5314H

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

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Patient	NEFF, JAMES B	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Unit Number	M000254395
Age/Sex	41/M	Registered Date	07/25/12
Status	REG CLI	Discharged Date	
Location	ODS		
Room			
Bed			

(Continued)

NEFF, JAMES B E74632191

EMEN40MG - APREPITANT 40 MG CAPSULE

Dose	40 MG (1 CAPSULE)	Stop Date	07/25/12 0751	DC Date	07/25/12-0751
Admin Route	PO				
Start Date	07/25/12-0750	Ordering Doctor	Lehman Jr, William MD	Total Charges	\$0.00
Total Dispensed	1	Total Costs	\$0.00		
Rx Number	002189723				

Discontinue Comments DC'd by 5314H

History		by STK MED	Eff: 07/25/12 0751
07/25/12 0748 - DISCONTINUE			
Items Auto Credited: 0	Doses Auto Credited: 0		
DC COMMENTS:			
DC'd by 5314H			
07/25/12 0748 - OV DISP PHA		by 5314H	

KYLMPF122 - LIDOCAINE-MPF 1% 2 ML SDV

Dose	2 ML (1 SINGLE DOSE VIAL)	Stop Date	07/25/12 0751	DC Date	07/25/12-0751
Admin Route	CAUDAL				
Start Date	07/25/12-0750	Ordering Doctor	Lehman Jr, William MD	Total Charges	\$0.00
Total Dispensed	1	Total Costs	\$0.00		
Rx Number	002189724				

Discontinue Comments DC'd by 5314H

History		by STK MED	Eff: 07/25/12 0751
07/25/12 0748 - DISCONTINUE			
Items Auto Credited: 0	Doses Auto Credited: 0		
DC COMMENTS:			
DC'd by 5314H			
07/25/12 0748 - OV DISP PHA		by 5314H	

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

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Patient	~~NEFF, JAMES B~~	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Unit Number	M000254395
Status	REG CLI	Room	Registered Date 07/25/12
		Bed	Discharged Date

NEFF, JAMES B

E74632191

(Continued)

VERS2V - MIDAZOLAM HYDROCHLORIDE 2 MG/2 ML VIAL

Dose	2 MG (2 ML)		
Admin Route	**AS DIR**		
Start Date	07/25/12-0751	Stop Date	07/25/12 0752
Ordering Doctor	Lehman Jr, William MD	DC Date	07/25/12-0752
Total Dispensed	1	Total Costs	\$0.00
Rx Number	002189731	Total Charges	\$0.00

Discontinue Comments DC'd by 5314H

History		by STK MED	Eff: 07/25/12 0752
07/25/12 0750 - DISCONTINUE			
Items Auto Credited: 0	Doses Auto Credited: 0		
DC COMMENTS:			
DC'd by 5314H			
07/25/12 0750 - OV DISP PHA		by 5314H	

SUBL2V - FENTANYL (50 MCG/1ML) 2 ML VIAL

Dose	2 ML (1 VIAL)		
Admin Route	IM		
Start Date	07/25/12-1033	Stop Date	07/25/12 1034
Ordering Doctor	Lehman Jr, William MD	DC Date	07/25/12-1034
Total Dispensed	1	Total Costs	\$0.00
Rx Number	002190247	Total Charges	\$0.00

Discontinue Comments DC'd by 1511V

History		by STK MED	Eff: 07/25/12 1034
07/25/12 1032 - DISCONTINUE			
Items Auto Credited: 0	Doses Auto Credited: 0		
DC COMMENTS:			
DC'd by 1511V			
07/25/12 1032 - OV DISP PHA		by 1511V	

DATE: 07/26/12 @ 0010
USER: SHARPJ

Piedmont Healthcare PHA ** LIVE **
Medication Administration Summary

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Patient	NEFF, JAMES B	Responsible Doctor	Lehman Jr, William MD
Account Number	E74632191	Location	ODS
Age/Sex	41/M	Room	
Status	REG CLI	Bed	
		Unit Number	M000254395
		Registered Date	07/25/12
		Discharged Date	

NEFF, JAMES B E74632191 (Continued)

DILA2SYR -- HYDROMORPHONE HCL 2 MG/1 ML SYRINGE

Dose 2 MG (1 ML)

Admin Route IM

Start Date 07/25/12-1048

Stop Date 07/25/12 1049

DC Date 07/25/12-1049

Ordering Doctor Lehman Jr, William MD

Total Dispensed 1

Total Costs \$0.00

Total Charges \$0.00

Rx Number 002190280

Discontinue Comments DC'd by 1511V

History

07/25/12 1047 - OV DISP PHA

by 1511V

07/25/12 1047 - DISCONTINUE

by STK MED

Eff: 07/25/12 1049

Items Auto Credited: 0

Doses Auto Credited: 0

DC COMMENTS:

DC'd by 1511V

This is the end of the MAR Summary for Patient E74632191 - NEFF, JAMES B.



The Neurological Institute

7000 Shannon Willow Dr,
Charlotte, NC 28226-1318
(704)372-3714

Patient Name	Mr. James Neff	Account#	115279
Date Of Birth	11/05/1970	Date	07/23/2012

Mr. James Neff is a 41 year old right handed caucasian male who is here for a followup visit.

Chief Complaint Dizziness, Memory Loss

HPI

Quality 1. Quality: vertigo
Severity 1. Severity: 10
Duration 1. Duration: constant
Timing 1. Onset: 4/12/12
 2. Frequency: few times per day
Context 1. Context: injury at work
Modifying Factors 1. Aggravating: prolonged moving, bending over
 2. Alleviating: sitting, laying down, resting

Associated Symptoms 1. Associated symptoms: falls, syncope, memory loss, HA, tinnitus

Pt was welding a tank when it exploded, knocking him 8-12 ft backwards into a forklift. Had scalp lacerations and lost consciousness for 15 min. CT brain WNL (per notes). Diagnosed w/concussion.

He follows up today with improvement in his vertigo, and states that it is now no longer constant, but still riding elevators his problem. He continues to have several events daily but this is quite an improvement over his constant symptoms. Memory loss continues to be an issue, but he is getting ready to undergo surgery for orthopedic injuries. After he has recovered from those, and if his memory problems still continue to be problematic, will address them with evaluation and occupational rehabilitation.

Current Medications Hydrocodone/APAP 10/325mg

Social History No changes since last visit

Review of Systems

Constitutional Negative.
Musculoskeletal Negative.
Neurological dizziness, memory loss.
Psychiatric Negative.

Vitals Blood Pressure : 132/88 (sitting, R arm), Pulse : 82, Height : 175.26 cms, Weight : 144 kgs, BMI : 46.9

Physical Examination



The Neurological Institute

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Patient Name	Mr. James Neff	Account#	115279
Date Of Birth	11/05/1970	Date	07/23/2012
Vitals	Blood Pressure : 132/88 (sitting, R arm), Pulse : 82, Height : 175.26 cms, Weight : 144 kgs, BMI : 46.9		
Constitutional	Well-developed. Well-nourished. Well-appearing.		
Head and Face	Normocephalic. Atraumatic.		
Neck	Supple. Palpation of cervical paraspinal muscles was normal. No lymphadenopathy or thyromegaly.		
Eyes	No proptosis or Ptosis. No lens opacities, conjunctival injection or scleral icterus and Photophobic.		
Ears-Nose-Mouth-Throat	External auditory canals and tympanic membranes appear normal. No nasal or pharyngeal erythema or exudates and Phonophobic.		
Neurological	General Neurologic Examination		
Mental Status	The patient was alert and oriented to time, place and person. Normal attention span. Recent and remote memory were intact. Normal fund of knowledge. Speech and language were intact.		
Cranial Nerve II	Optic discs appeared normal. Normal retinal vessels. Normal visual acuity. Visual fields were full to confrontation.		
Cranial Nerves III-IV-VI	Pupils were equal, round and reactive to light and accommodation. No ptosis. Extraocular muscles were intact.		
Cranial Nerve V	Facial sensation to light touch, temperature and/or pin prick was intact. Normal corneal reflex. Symmetric masseter contraction. Masticatory muscle strength normal.		
Cranial Nerve VII	Face appeared symmetric. No facial weakness.		
Motor	No abnormal movements. Muscle bulk, tone and strength were normal. No pronator drift. Fine finger movements were normal.		
Reflexes	Deep tendon reflexes were normal and symmetric. Negative Babinski.		
Station and Gait	Normal station and gait. Able to walk on heels and toes and tandem walk. Negative Romberg.		
Psychiatric.	Appropriate mood and affect.		

Impression

- Post-concussive syndrome w/main sx of vertigo and memory loss due to concussion sustained at work. He has attended vestibular rehabilitation and his vertigo has improved. Memory loss is still an issue.

Plan

- I will continue his current work restrictions without change. After he has recovered from surgery from his orthopedic issues, we will address his memory problems. If they are still problematic at his next visit in 2 months, we will refer him for occupational therapy and evaluation.
- O. Lee Campbell PA-C
- Supervising physician is T. Hemanth Rao, MD

Problem List



The Neurological Institute

7000 Shannon Willow Dr,
Charlotte, NC 28226-1318
(704) 572-3714

Patient Name Mr. James Neff
Date Of Birth 11/05/1970

Account# 115279
Date 07/23/2012

Onset Date **Problem List**
07/23/2012 Postconcussion Syndrome
07/23/2012 Dizziness

Problem List Type

Chronicity **Comments**

O. Campbell, PA

O. Campbell, PA

Date : 07/23/2012 09:51 AM

CC : 1. Workers Compensation, MD

THE NEUROLOGICAL INSTITUTE
704-372-3714

PAUL R. MACDONALD, M.D.
DEA # BM 8239419

O. LEE CAMPBELL, PA-C
DEA # MC 0987327 LIC # 103762

2219 EAST 7TH STREET
CHARLOTTE, NC 28204

7000 SHANNON WILLOW ROAD
CHARLOTTE, NC 28226

1315 E. SUNSET DRIVE
MONROE, NC 28112

NAME James Neff AGE 6/11/12

ADDRESS _____ DATE 6/11/12

*out of work until next
wpt*

REFILL TIMES

PRODUCT SELECTION PERMITTED _____ DISPENSE AS WRITTEN _____

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW. SECURITY FEATURES LISTED ON BACK.

THE NEUROLOGICAL INSTITUTE
704-372-3714

PAUL R. MACDONALD, M.D.
DEA # BM 8239419

O. LEE CAMPBELL, PA-C
DEA # MC 0987327 LIC # 103762

2219 EAST 7TH STREET
CHARLOTTE, NC 28204

7000 SHANNON WILLOW ROAD
CHARLOTTE, NC 28226

1315 E. SUNSET DRIVE
MONROE, NC 28112

NAME James Neff AGE 6/11/12

ADDRESS _____ DATE 6/11/12

*PT - vestibular rehab
dx PCS*

REFILL TIMES

Paul MacDonald / T. Tucker

PRODUCT SELECTION PERMITTED _____ DISPENSE AS WRITTEN _____

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW. SECURITY FEATURES LISTED ON BACK.



THE
NEUROLOGICAL
INSTITUTE, P.A.

704-372-3714

Provider:

- ☐ T. Hemanth Rao, MD
- ☐ Jan Harris, PA-C
- ☐ Research

- ☒ Paul MacDonald, MD
- ☐ Physical Therapy
- ☐ Infusion

- ☐ Lee Campbell, PA-C
- ☐ EEG Tech

Appointment Location:

☐ Main Office
2219 E 7th Street
Charlotte, NC 28204

☐ Charlotte Office
2607 E 7th Street, Ste 200
Charlotte, NC 28204

☐ Monroe Office
1315 E. Sunset Dr. Suite 201
Monroe, NC 28112

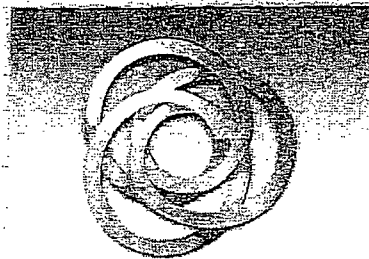
☒ South Charlotte Office
7000 Shannon Willow Dr (Off Hwy 51 between Carmel & Rex)
Charlotte, NC 28226

Appointment Date 7.23.12

Time: 9:45

www.neuro-institute.com

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THE
NEUROLOGICAL
INSTITUTE, P.A.

Paul MacDonald, MD
Board Certified Neurologist

2219 E 7th Street
Charlotte, NC 28204
www.neuro-institute.com



THE
NEUROLOGICAL
INSTITUTE, P.A.
704-372-3714

James
Neff

Provider:

- ☐ T. Hemanth Rao, MD ☐ Paul MacDonald, MD ☐ Lee Campbell, PA-C
☐ Jan Harris, PA-C ☐ Physical Therapy ☐ EEG Tech
☐ Research ☐ Infusion

Appointment Location:

- ☐ Main Office ☐ Charlotte Office
2219 E 7th Street 2607 E 7th Street, Ste 200
Charlotte, NC 28204 Charlotte, NC 28204
- ☐ Monroe Office ☒ South Charlotte Office
1315 E. Sunset Dr. Suite 201 7000 Shannon Willow Dr. (off Hwy-51 between Carmel & Rex)
Monroe, NC 28112 Charlotte, NC 28226

Appointment Date

9.24.12

Time:

945

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THE NEUROLOGICAL INSTITUTE

T. HEMANTH RAO, M.D.
DEA # BR 4252285

LEE O. CAMPBELL, JR., PA-C JAN HARRIS, PA-C
DEA # MC 0987327 LIC # 103762 DEA # MH 0120648 LIC # 101268

2607 EAST 7TH STREET 7000 SHANNON WILLOW ROAD 1315 E. SUNSET DRIVE
CHARLOTTE, NC 28204 CHARLOTTE, NC 28226 MONROE, NC 28112
(704) 372-3714 (704) 927-7300 (704) 225-8777

NAME

James Neff

AGE

ADDRESS

DATE

7/23/12

R

No changes in work
has been seen but his
Vertigo has improved, his
memory loss is still
problematic.

Refill

times

[Signature]

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN

3ANE50E3476



The Neurological Institute

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Patient Name	Mr. James Neff	Account#	115279
Date Of Birth	11/05/1970	Date	09/24/2012

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Pt was welding a tank when it exploded, knocking him 8-12 ft backwards into a forklift. Had scalp lacerations and lost consciousness for 15 min. CT brain WNL (per notes). Diagnosed w/concussion.

He follows up today with improvement in his vertigo and headaches, but continues to have difficulty with memory loss. He is constantly forgetting where he put things, and has lost his keys to his vehicle numerous times. This of course is very common after closed head injury but has not had evaluation yet.

He continues to heal from orthopedic injuries and had surgery in late July. He has been taken out of work by his orthopedic physicians and I will defer to them on this issue.

Current Medications Hydrocodone/APAP 10/325mg Stopped

Review of Systems

Constitutional Negative.
Musculoskeletal Negative.
Neurological memory loss.
Psychiatric Negative.

Vitals Blood Pressure : 164/98 (sitting, L arm), Pulse : 86, Height : 175.26 cms, Weight : 148.4 kgs, BMI : 48.3

Physical Examination

Vitals Blood Pressure : 164/98 (sitting, L arm), Pulse : 86, Height : 175.26 cms, Weight : 148.4 kgs, BMI : 48.3



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Patient Name	Mr. James Neff	Account#	115279
Date Of Birth	11/05/1970	Date	09/24/2012
Constitutional	Well-developed. Well-nourished. Well-appearing.		
Head and Face	Normocephalic. Atraumatic.		
Neck	Supple. Palpation of cervical paraspinal muscles was normal. No lymphadenopathy or thyromegaly.		
Eyes	No proptosis or Ptosis. No lens opacities, conjunctival injection or scleral icterus and Photophobic.		
Ears-Nose-Mouth-Throat	External auditory canals and tympanic membranes appear normal. No nasal or pharyngeal erythema or exudates and Phonophobic.		
Neurological	General Neurologic Examination		
Mental Status	The patient was alert and oriented to time, place and person. Normal attention span. Recent and remote memory were intact. Normal fund of knowledge. Speech and language were intact.		
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Station and Gait	Normal station and gait. Able to walk on heels and toes and tandem walk. Negative Romberg.		
Psychiatric.	Appropriate mood and affect.		

Impression

- Post-concussive syndrome w/main sx of vertigo and memory loss due to concussion sustained at work. His headaches and vertigo have improved, but his memory loss has not improved.

Plan

- I will refer him for occupational rehabilitation given his memory loss do to postconcussive syndrome. I will also suggest or closed head injury program at the Neurological Institute which may be of benefit. He will followup 2 weeks after his occupational rehabilitation evaluation.
- O. Lee Campbell PA-C
- Supervising physician is T. Hemanth Rao, MD

Problem List

Onset Date	Problem List	Problem List Type	Chronicity	Comments
09/24/2012 P401	Memory Loss			



The Neurological Institute

7000 Shannon Willow Dr,
Charlotte, NC 28226-1318
(704)372-3714

Patient Name	Mr. James Neff	Account#	115279
Date Of Birth	11/05/1970	Date	09/24/2012
07/23/2012	Postconcussion Syndrome		
07/23/2012	Dizziness		

O. Campbell, PA

Date : 09/24/2012 10:27 AM

CC : 1. Workers Compensation, MD

[Progress Note] [James Neff] [100978326]

[10/5/2012] Page 1 of 3

Progress Note

Patient Name: James Neff
Patient ID: 100978326
Sex: Male
Birthdate: November 5, 1970

Visit Date: August 27, 2012
Provider: Trevor Goldberg, MD
Location: Charlotte Eye Ear Nose & Throat-Blakeney
Location Address: 5933 Blakeney Park Dr #200
 Charlotte, NC 282775713
Location Phone: (704) 295-3311

Chief Complaint

- ringing in ears

History Of Present Illness

James Neff is a 41 year old White male who is accompanied to the office by his case manager, Beth Barnes. and presents for evaluation of ringing in his ears.

Began after explosion at work 4/12/2012. The tinnitus is overreaching of most of his activities but does not mask in noise. Wife notices he is turning the volume of his TV up. Spent 3 days in hospital at CMC. Lost consciousness and had multiple skeletal injuries, including left wrist fracture, left clavicle fracture and a C7 fracture that did not need surgical intervention. Of note is a 50 pound weight increase since the accident but he did stop smoking. Has been evaluated by neurologist. Has had black out spells, short term memory loss and vertigo.

Past Medical History

Disease Name
 _No Pertinent History

Date Onset **Notes**
 -- --

Past Surgical History

Procedure Name
 NO PREVIOUS SURGERY

Date **Notes**
 -- --

Medication List

Name
 None reported

Date Started **Instructions**
 -- --

Allergy List

Allergen Name
 codeine sulfate

Date **Reaction** **Notes**
 -- hives --

Family Medical History

Disease Name
 _No Pertinent Family History Reported

Relative/Age **Notes**
 / --

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/41	--	--
Tobacco	Former	--/41	--	--

Review of Systems**Constitutional**

Denies: fatigue, fever, difficulty sleeping

[Progress Note] [James Neff] [100978326]

[10/5/2012] Page 2 of 3

Eyes

- o Denies : eye discomfort, changes in vision

HENT

- o Denies : additional symptoms, except as noted in HPI

Cardiovascular

- o Denies : chest pain, irregular heart beats, shortness of breath, shortness of breath while lying flat, lightheadedness

Respiratory

- o Denies : shortness of breath, hoarseness, cough

Gastrointestinal

- o Denies : choking on liquids, difficulty swallowing, heartburn, nausea, GERD, reflux

Genitourinary

- o Denies : kidney stones, pain or burning with urination, urgency, urinary tract infection

Integument

- o Denies : new skin lesions, lumps

Neurologic

- o Admits : dizziness, vertigo
- o Denies : speech difficulties, migraines, headaches

Musculoskeletal

- o Admits : joint pain
- o Denies : muscular weakness

Endocrine

- o Denies : weight gain, weight loss, history of thyroid problems

Psychiatric

- o Denies : anxiety, depression, difficulty sleeping

Heme-Lymph

- o Denies : swollen lymph nodes

Allergic-Immunologic

- o Denies : environmental allergies

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
08/27/2012	01:54 PM	148/84	Sitting							320lbs 0oz	5' 9"	47.26	2.66		

Physical Examination**Constitutional**

- o General Appearance : well nourished, well-developed, in no acute distress
- o Communication Ability / Voice Quality : communication ability normal, voice quality normal

Head

- o Inspection : normocephalic, atraumatic

Face

- o Inspection : normal appearance, no lesions present, no evidence of trauma
- o Palpation : no facial or sinus tenderness
- o Facial Strength : facial motion normal and symmetric
- o Salivary Glands : no tenderness on palpation, no swelling present, no masses present

Ears

- o Hearing : hearing to conversational voice intact A.U.
- o External Ears : auricles normal bilaterally
- o Otoscope Exam : right external auditory canal within normal limits, right tympanic membrane: normal appearance, right tympanic membrane intact and mobile, left external auditory canal within normal limits, left tympanic membrane: normal appearance, left tympanic membrane intact and mobile

Nose / Nasopharynx

- o External Nose : appearance normal, no lesions, no evidence of acute trauma
- o Intranasal Exam : nasal mucosa within normal limits, turbinates nonobstructing, septum non-obstructive, no polyps, no purulence, no masses
- o Nasopharynx : nasopharynx within normal limits, no significant adenoid tissue, posterior choanae patent, eustachian tube tort normal

Oral Cavity / Oropharynx

[Progress Note] [James Neff] [100978326]

- o **Teeth** : dentition within normal limits for age
- o **Gums** : appear healthy without lesions
- o **Oral Mucosa** : oral mucosa moist, no mucosal lesions present
- o **Tongue** : tongue mobile, moist and without lesions
- o **Palate** : hard palate without mass or lesion, soft palate mobile without mass or lesion
- o **Oropharynx** : tonsillar regions within normal limits, pharyngeal walls normal in appearance, secretions normal

Neck

- o **Inspection and Palpation** : appearance normal, no masses or tenderness on palpation
- o **Thyroid** : size of gland normal, no tenderness, nodules or mass present on palpation, position midline
- o **Lymph Nodes** : no lymphadenopathy present
- o **Salivary** : Submandibular glands normal size, nontender to palpation, Parotid glands normal size, nontender to palpation, Sublingual glands normal size, nontender to palpation

Assessment

- Tinnitus, Subjective 388.31
- Hearing Loss, Sensorineural (symmetric) 389.18
- Snoring 786.09

Plan**Orders**

- o Calculated BMI above the upper parameter and a follow-up plan was documented in the medical record (G8417) - - 08/27/2012
- o Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) (3079F) - - 08/27/2012
- o Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) (3077F) - - 08/27/2012
- o Polysomnography (95810) - - 08/27/2012

Instructions

- o **Tinnitus** - Pathophysiology and treatment options discussed. Treatment options discussed include hearing aids, masking devices and tinnitus retraining. Avoid loud noise exposure and wear hearing protection in noisy environments. Consider obtaining routine hearing evaluation. Avoid caffeine. Limit salt intake. If you take ASA, discuss with your PCP about safely stopping the medication. Background noise (radio turned to an off station or a fan) helps mask the ringing. Concentration and relaxation exercises may help reduce the intensity of the ringing.
- o **Snoring/OSA** - Pathophysiology and treatment options discussed including CPAP, dental appliances, behavioral changes and surgical treatments. Information provided. Adopt a healthy and athletic lifestyle, lose weight. Avoid tranquilizers, and sleeping pills, and antihistamines before bedtime. Avoid alcohol for at least four hours and heavy meals or snacks for three hours before going to sleep. Appropriate sleep hygiene encouraged and sleeping on one side rather than flat back is recommended. Tilt the head of your bed upwards four inches. Avoid driving an automobile or operating dangerous equipment when fatigued.
- o Consider tinnitus retraining.
- o Sleep study is indicated on the basis of his significant weight loss as this has resulted from his sedentary change since the accident as well as a suddenly stopping smoking after the accident.

Disposition

- o Return after completion of testing.

Electronically Signed by: Trevor Goldberg, MD -Author on August 27, 2012 02:34:30 PM

Patient Information:

Name: Neff, James PatientID: 100978326 Sex: M Race: White DOB: 11/05/1970

Test Information:

Test Name: Audiometer Report Technician: Allison King AuD Test Date: 8/27/2012 1:09:00 PM

Comments:

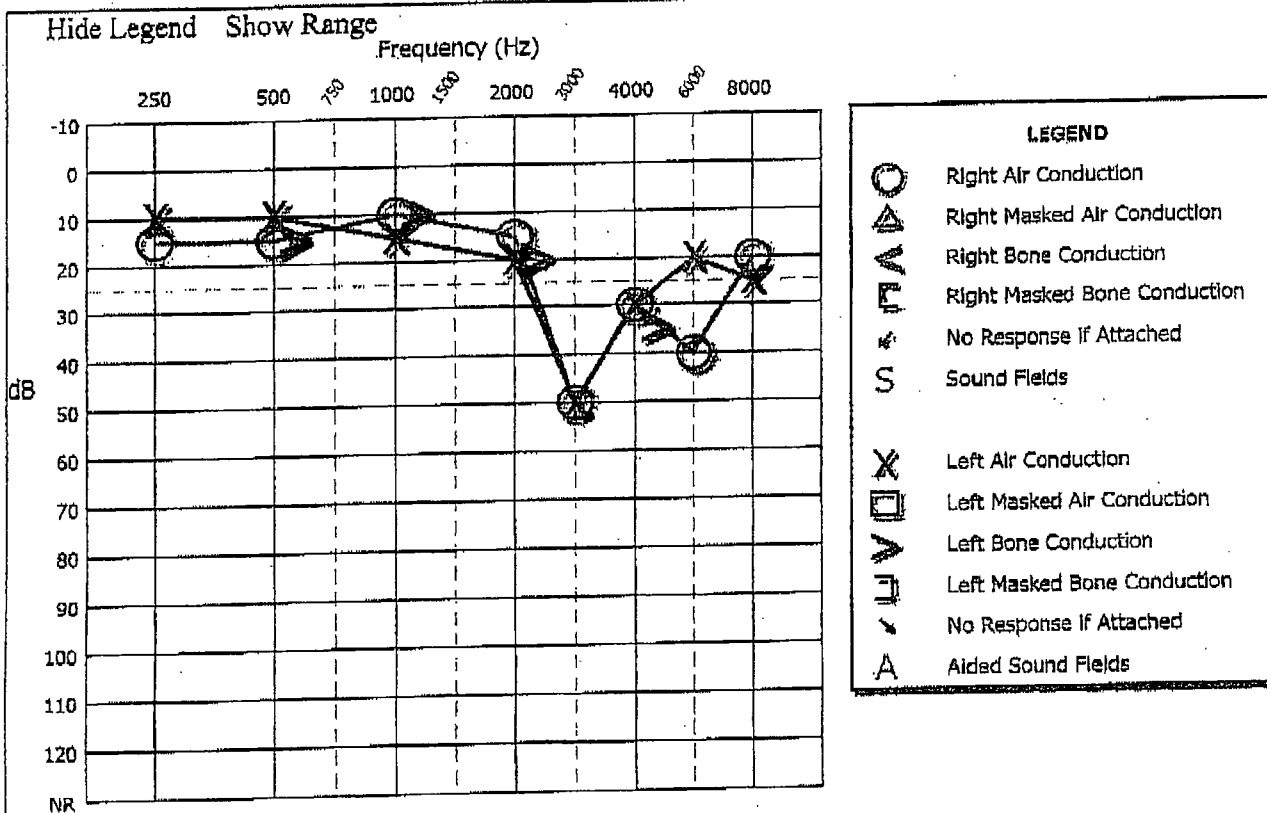
Audiologic assessment performed at the request of Dr. Goldberg due to concerns regarding hearing status. Patient reports tinnitus in both ears following a concussion 4 months ago. Dizziness, ear pain, drainage denied. There is no reported family history of hearing loss. There is a history of industrial noise exposure and recreational gunfire with and without hearing protection. Otoscopy: External ear canals were clear bilaterally and both tympanic membranes were visible.

Tympanometry: Right ear: ECV 2.1 Pressure 0 daPa, Compliance 0.7 ml Left ear: ECV 2.3 Pressure 20 daPa, Compliance 0.8 ml. Consistent with normal middle ear function bilaterally.

Audiometry: Pure tone thresholds revealed mild to moderate sensorineural hearing loss bilaterally. Speech reception thresholds agreed with pure tone averages. Speech discrimination scores were good bilaterally.

Rec: Medical consult and re-test audiogram annually. Avoid loud noise exposure. Wear hearing protective devices. Sound enrichment and Tinnitus Retraining Therapy discussed and recommended.

Allison R. King, Au.D



	Air Conduction											PT AVG
	250	500	750	1000	1500	2000	3000	4000	6000	8000	10000	
Right	15	15		10		15	50	30	40	20		13
Left	10	10		15		20	50	30	20	25		15
Sound												
Aided												

Bone Conduction

	250	500	750	1000	1500	2000	3000	4000	6000	8000
Right										
Left		15		10		20		35		

Speech Audiometry

	SRT	SAT	SD 1	SD 1 HL	SD 2	SD 2 HL	UCL	MCL
Right	20		24/25 = 96%	60				
Left	15		24/25 = 96%	55				
Bin								
Sound								
Aided								

OrthoCarolina

Patient: JAMES NEFF
1485 PEACHES CT
ROCK HILL, SC 29730

Age/DOB: 42/Nov 05, 1970
MRN: 10359049
Home: (803) 985-5297
Work:

Provider: Shadley Schiffert M.D.
Document Type: Follow Up Visit

Enc Date: 06/20/2013

Chief Complaint

- Mr. NEFF is a 42 year old male who presents for follow up of left clavicle pain

...

HISTORY OF PRESENT ILLNESS:

Mr. Neff is seen today for followup of his left clavicle nonunion with broken plate. He has still been working to see if he can get approval from his surgery through workers' comp. He continues to have pain and gross motion and crepitus present through the nonunion site. He is miserable from this and wishes to proceed with revision surgery.

PHYSICAL EXAMINATION:

On physical examination, his exam is largely unchanged. He has palpable gap with motion through the nonunion site and is tender to palpation. His surgical scar is intact with no erythema or warmth.

RADIOGRAPHS:

No new radiographs were obtained today.

ASSESSMENT:

Left clavicle nonunion with broken plate.

PLAN:

I discussed with Mr. Neff the options. His options are remain living with the shoulder the way it is versus consideration for revision fixation of his clavicle with use of iliac crest bone grafting and re-plating. I would be happy to proceed with this if he wishes. Otherwise, we will follow him as needed for the left shoulder. /kmm.

Assessment

- Former smoker (V15.82); 2012
- Nonunion of fracture Left; (733.82); Clavicle

...

Vital Signs

Recorded by Clark, Katie on 20 Jun 2013 10:09 AM

BP: 140/90,

HR: 73 b/min,

Height: 69 in, Weight: 310 lb, BMI: 45.8 kg/m²,

BSA Calculated: 2.49

BMI Calculated: 45.92.

JAMES NEFF was advised to contact his Primary Care Providers office today with his blood pressure reading.

Allergies

Codeine Derivatives

Erythromycin Derivatives.

Current Meds

No Reported Medications;; RPT.

OrthoCarolina

Patient: JAMES NEFF
MRN: 10359049

Encounter: 06/20/2013

Active Problems

Nonunion Of Fracture; Left (733.82); Clavicle.

PMH

Denial Of Any Significant Medical History.

PSH

Open Treatment Of Clavicular Fracture; Resolved: 10Jul2012

Surgery; Resolved: 10Jul2012; Neck surgery, Clavicle ORIF.

Family Hx

Family history of Reported A History Of Cancer; Lung.

Personal Hx

Alcohol Use; Daily

Former Smoker (V15.82); 2012

Marital History - Currently Married...

Occupation;; Welder.

ROS

Musculoskeletal: No back pain. Pain localized to one or more joints. No localized joint swelling. Stiffness
localized to one or more joints.

Neurological: No dizziness. Tingling, a burning sensation, and numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Shadley Schiffert M.D.: 06/27/2013 7:42 AM EST; Author.

OrthoCarolina

Patient: JAMES NEFF
1485 PEACHES CT

ROCK HILL, SC 29730

Age/DOB: 42/Nov 05, 1970
MRN: 10359049
Home: (803) 985-5297
Work:

Provider: Shadley Schiffen M.D.
Document Type: New Visit

Enc Date: 02/18/2013

Chief Complaint

• Mr. NEFF is a 42 year old male who presents with left clavicle

...

Left clavicle fracture.

HISTORY OF PRESENT ILLNESS:

Mr. Neff is a 42-year-old gentleman who was involved in an explosion while welding back in April of 2012. Patient was at work at a welding shop when he had an explosion and suffered multiple injuries including a closed head injury, C7 fracture, multiple rib fractures, left wrist fracture, and left elbow injury. He had a comminuted, unstable left clavicle fracture as part of this injury. He was referred to Dr. William Layman at Carolina Orthopaedic Surgery Associates for this. He was treated surgically on 07/23/2012 with open reduction and internal fixation of his clavicle. His fracture was augmented with allograft, also with aspirate from the iliac crest. Patient states he wore a sling for 4 weeks' time. Once he came out of the sling he started back to some use of the left arm. He denies any traumatic injury and did not feel a pop or exacerbation of pain, however, he was seen back on 10/11 and had x-rays showing failure of his fixation with a broken plate and persistent nonunion. Since that time he has had persistent pain and is unable to use the arm for any affective function. He is seen today for a second opinion regarding further options on the left clavicle.

PHYSICAL EXAMINATION:

On physical examination, he is a pleasant, morbidly obese young gentleman in no acute distress. He walks with a normal gait. He is alert and oriented x3. HEENT normal cephalic, atraumatic. Sclerae are anicteric. Neck is supple without lymphadenopathy. Cervical spine is nontender with normal range of motion. Examination of the left shoulder shows a healed surgical scar over the superior aspect of the left clavicle. It shows no erythema or warmth. There is visible deformity at the fracture site. On palpation there is pain and gross motion with crepitus present through the fracture. This is exquisitely tender to palpation. His range of motion shows active forward elevation to 90 degrees, passive forward elevation to 120 degrees, external rotation at the side to 30 degrees and internal rotation behind the back to the buttock level. He is neurologically intact throughout his left upper extremity. He has a palpable radial pulse.

IMAGING:

AP and up tilt view of the left clavicle were obtained today. These show a left clavicle nonunion with a 1-cm gap between the fracture fragments. There is a broken plate which is still sitting superiorly on the clavicle.

ASSESSMENT:

Left clavicle nonunion with failed fixation and broken hardware.

PLAN:

I discuss with Mr. Neff the options for management. I have discussed his options to include continued living with the shoulder the way it is and accepting pseudoarthrosis in the clavicle. We also discuss revision surgery with plate removal followed by revision open reduction, internal fixation of his left clavicle with autogenous iliac crest bone grafting and possible use of infuse bone morphogenic protein for augmentation of healing. Discuss with Mr. Neff

Patient: JAMES NEFF
MRN: 10359049

Encounter: 02/18/2013

the risks of surgery including failure of fixation, and inability to obtain solid healing of this fracture as well as infection, bleeding, neurologically injury and other associated risks. We did state that it will be more difficult to obtain his bone graft due to his obesity. Fortunately he has stopped smoking since his accident. Given all factors I believe there is still a decent chance we could get this fracture to heal. I have quoted him at least as high of 25 to 30% chance that his fracture may not heal despite further surgical treatment. He is really quite limited and in significant pain and is interested in proceeding. He is in the midst of discussion with Workers Comp whether this will continued to be covered under his Workers Comp claim. Given the nature of his injury and the treatment to this point it seems logical that this would be covered under his Workers Comp claim. I will plan to see him as needed in the future. /dl.

Assessment

- Former smoker (V15.82); 2012
- Nonunion of fracture Left; (733.82); Clavicle

...

Vital Signs

Recorded by Green, Katie on 18 Feb 2013 10:20 AM

BP: 143/106,

HR: 85 b/min,

Height: 69 in, Weight: 310 lb, BMI: 45.8 kg/m2,

BSA Calculated: 2.49,

BMI Calculated: 45.92.

JAMES NEFF was advised to contact his Primary Care Providers office today with his blood pressure reading. He also received the blood pressure information sheet with the blood pressure reading written on the form.

Allergies

Rec: 18Feb2013. List Reconciled and Reviewed.

Codeine Derivatives

Erythromycin Derivatives.

Current Meds

Rec: 18Feb2013. List Reconciled and Reviewed.

No Reported Medications;; RPT.

Active Problems

Nonunion Of Fracture; Left (733.82); Clavicle.

PMH

Denial Of Any Significant Medical History.

PSH

Open Treatment Of Clavicular Fracture; Resolved: 10Jul2012

Surgery; Resolved: 10Jul2012; Neck surgery, Clavicle ORIF.

Family Hx

Family history of Reported A History Of Cancer; Lung.

Personal Hx

Alcohol Use; Daily

Former Smoker (V15.82); 2012

Marital History - Currently Married

Occupation;; Welder.

ROS

Systemic: No recurrent fever and no recent weight loss. Recent weight gain 45 lbs.

Head: Headache.

Eyes: Vision problems.

Otolaryngeal: Hearing loss. No hoarseness.

Cardiovascular: Chest pain or discomfort. No palpitations.

Patient: JAMES NEFF
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Pulmonary: No dyspnea and no chronic cough.

Gastrointestinal: Appetite not decreased. No dysphagia, no heartburn, no nausea, no vomiting, no abdominal pain, and no hematochezia.

Genitourinary: No hematuria. Urinary frequency. No dysuria.

Endocrine: No polydipsia and no temperature intolerance.

Hematologic: No easy bleeding and no tendency for easy bruising.

Musculoskeletal: No localized joint pain, no localized joint swelling, and no localized joint stiffness.

Neurological: Dizziness. No convulsions and no numbness.

Psychological: Sleep disturbances.

Skin: No dry skin. No skin lesions and no rash.

M/S: See HPI.

...

Signature

Electronically signed by : Shadley Schiffert M.D.; 02/22/2013 10:40 AM EST.

OrthoCarolina

Medical History Form

Date of Visit: 02/18/2013 OC#: 10359049
 Patient Full Name: NEFF, JAMES Date of Birth: 11/05/70 Age: 42
 Who is your Primary Care Provider? NO Gender: M
 Pharmacy and Phone #: NO

Medical Conditions

- ☐ None OR Write "P" for Past and "C" for Current Problem (Use other if problem not listed.)
- | | | |
|---|--|--|
| ☐ Alcohol Abuse | ☐ Diabetes | ☐ Neuropathy |
| ☐ Anemia | ☐ Drug Abuse | ☐ Osteoarthritis |
| ☐ Asthma | ☐ Gout | ☐ Osteoporosis |
| ☐ Bleeding Disorder | ☐ Heart Disease | ☐ Rheumatoid Arthritis |
| ☐ Blood Clots/DVT/Pulmonary Embolism | ☐ Hepatitis/Disease | ☐ Scoliosis |
| ☐ Cancer: type _____ | ☐ High Blood Pressure | ☐ Seizure Disorder |
| ☐ Cerebral Palsy | ☐ High Cholesterol | ☐ Sickle Cell Trait/Disease |
| ☐ COPD | ☐ HIV/AIDS | ☐ Stroke |
| ☐ Dementia | ☐ Kidney Disease | ☐ Thyroid Disorder |
| ☐ Depression | ☐ MRSA | ☐ Other: _____ |

Are you currently pregnant? ☒ N ☐ Y
 Are you currently breastfeeding? ☒ N ☐ Y
 Have you had a Pneumonia vaccine? ☒ N ☐ Y (if yes, date _____)

List Drug Allergies and Reaction: ☐ None Codione E-mycin

List Current Medications (including dosage and frequency): ☒ None ☐ See Attached List

List Any Past Surgeries and Date: ☐ None ☐ See Attached List

July 10th 2012

Family History

- ☐ None ☐ Unknown/Adopted OR indicate if any of your blood relatives have had any of the following conditions
- | | | | |
|--|--|---|---|
| ☐ Bleeding Disorder | ☐ Diabetes | ☐ Muscle Disorders | ☐ Respiratory Disease |
| ☐ Blood Disease | ☐ Heart Disease | ☐ Nerve Disorders | ☐ Rheumatoid Arthritis |
| ☒ Cancer: type <u>lung</u> | ☐ High Blood Pressure | ☐ Osteoarthritis | ☐ Other: _____ |
| ☐ Depression | ☐ Kidney Disease | ☐ Osteoporosis | |

Social History

Tobacco Use: ☐ Never a Smoker ☒ Former Smoker 2012 Year Quit ☐ Current Smoker _____ # Packs/Day _____ # Years
 Alcohol Use: ☐ Never ☐ Rarely ☐ Weekly ☒ Daily
 Marital Status: ☐ Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other
 Occupation: Welder

Review of Systems

- Indicate if you have current problems with any of the following: ☐ None
- | | | |
|---|---|--|
| ☐ Abdominal Pain | ☐ Difficulty Swallowing | ☐ Painful Urination |
| ☐ Bleeds Easily | ☒ Dizziness | ☐ Psychological Disorder |
| ☐ Blood in Stool | ☐ Excessive Thirst | ☒ Recent Weight Gain <u>45</u> lbs |
| ☐ Blood in Urine | ☒ Headaches | ☐ Recent Weight Loss _____ lbs |
| ☐ Bruise Easily | ☐ Heart Palpitations | ☐ Recurring Fever |
| ☒ Chest Pain / Discomfort | ☐ Heartburn | ☐ Skin Problems |
| ☐ Convulsions | ☐ Hoarseness | ☒ Sleep Disturbances |
| ☐ Chronic Cough | ☒ Increased Need to Urinate | ☐ Temperature Intolerance |
| ☐ Decreased Appetite | ☒ Loss of Hearing | ☒ Vision Problems |
| ☐ Difficulty Breathing | ☐ Nausea | ☐ Vomiting |

Patient Signature: _____

For Office Use Only: Date Reviewed 2/18/13 Change? Y or N Clinical Staff New Provider TH

OrthoCarolina

Sports Medicine and Shoulder & Elbow Center Patient Worksheet

Date of Visit: 02/18/2013

OC # 10359049

Patient Full Name: NEFF, JAMES

Height: 5'9 Weight: 310

Who referred you to our office? _____

Reason for Visit

Please describe the reason for today's visit: pain in shoulder was in accident

When did your current symptoms begin? April 12 2012

On which side of your body are you experiencing symptoms? ☐ Right ☒ Left ☐ Both

If visit is related to an injury, how did the injury occur? ☐ No injury

☒ Fall ☐ Sports / Recreation ☒ Performing job duties ☐ Motor vehicle accident ☐ Other: blown up

Review of Symptoms

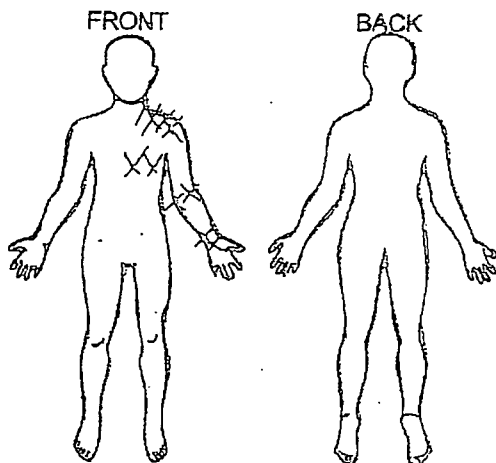
What is the quality of your pain?

- ☒ Sharp ☐ Dull
☒ Stabbing ☐ Throbbing
☐ Aching ☒ Burning
☐ Other: _____

How often do you have pain?

☒ Constantly ☐ Daily with activities ☐ Occasionally

Mark areas below where you are having pain with an X.



Please circle a number on the pain scale below to indicate your current pain level.

No 1 2 3 4 5 6 7 8 9 10 Severe Pain

What makes your symptoms better?

- ☐ Rest ☐ Heat ☐ Ice
☐ Elevation ☒ Nothing ☐ Other: _____

What makes your symptoms worse?

- ☐ Standing ☐ Walking ☐ Lifting
☒ Exercise ☐ Twisting ☐ Lying in Bed
☒ Bending ☐ Squatting ☐ Kneeling
☒ Stairs ☐ Sitting ☐ Coughing
☒ Sneezing ☐ Other: _____

Does your pain keep you from falling asleep? ☐ No ☒ Yes

Does your pain wake you from sleep? ☐ No ☒ Yes

Do you have:

- ☐ Swelling ☐ Bruising ☒ Weakness
☒ Tingling ☐ Numbness ☐ Other: _____

Since your symptoms started, are they getting:

☐ Better ☒ Worse ☐ Staying the same

Have you had any of the following related to this problem?

If yes, please indicate month/year:

- ☒ X-ray 1/12 ☐ Nerve Study 1/12
☐ Myelogram 1/12 ☐ PT or OT 1/12
☐ MRI 1/12 ☐ Bone Scan 1/12
☐ Lab Work 1/12 ☐ Cortisone Injection 1/12
☐ CT Scan 1/12 ☐ Pain Management 1/12
☐ Other (please specify): _____

To be completed by Shoulder and Elbow Patients Only:

Do you have trouble doing the following: (circle the side)

- Put on a coat ☐ No ☒ Yes Right Left Both
 Sleep on your painful side ☐ No ☒ Yes Right Left Both
 Wash back/hook bra in back ☐ No ☒ Yes Right Left Both
 Manage toileting ☐ No ☒ Yes Right Left Both
 Comb hair ☐ No ☒ Yes Right Left Both
 Reach a high shelf ☐ No ☒ Yes Right Left Both
 Lift 10 lbs. above shoulder ☐ No ☒ Yes Right Left Both
 Throw a ball overhand ☐ No ☒ Yes Right Left Both
 Do usual work or sport ☐ No ☒ Yes Right Left Both

Does your shoulder feel unstable (try to dislocate)? ☐ No ☒ Yes

Please circle a number on the the scale below to indicate how unstable your shoulder is:

Very Stable 0 1 2 3 4 5 6 7 8 9 10 Very Unstable

If you are a high school, collegiate, or professional athlete please complete the following:

Team: _____

Position: _____

Name of Trainer: _____

Name of Coach: _____

For Office Use Only: Blood Pressure _____ Pulse _____ Temperature _____

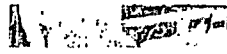
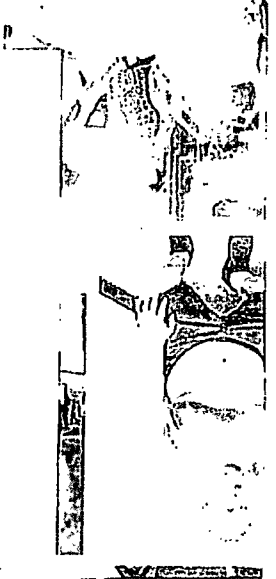
Form 2/MEDH:Sports060110











James Neff v. Lear's Welding & Fabrication
W.C.C. File No: 1203594

INDEX TO APA SUBMISSIONS

NAME OF REPORT/RECORD(S) OR OTHER EVIDENCE	DATE OF REPORT(S)	NUMBER OF PAGES

1. Affidavit of Dr. Shadley Schiffern	10/31/13	1 - 3

Exhibits

Dr. William L. Lehman deposition transcript

Five (5) color pictures of Claimant

STATE OF NORTH CAROLINA)
COUNTY OF MECKLENBURG)

AFFIDAVIT OF SHADLEY SCHIFFERN, M.D.

Personally appeared before me Shadley Schiffern, M.D., who after being duly sworn deposes and says:

1. I am licensed to practice medicine in the State of North Carolina and have in fact practiced medicine in Charlotte, North Carolina for seven (7) years.

2. I am board certified in orthopaedic surgery with a speciality in upper extremity surgery.

3. I have personally evaluated James Neff's medical condition related to his clavicle injury emanating from his work related accident which occurred on April 12, 2012.

4. Mr. Neff was seen in my office by me personally on February 18, 2013 and June 20, 2013.

5. I have also reviewed the records of Dr. William Lehman extending from April 21, 2012 until October 11, 2012 and I have also reviewed Dr. Lehman's deposition taken January 16, 2013 and a video tape recording activities of Mr. Neff taken June 4, 2013.

6. Based on my personal evaluation of Mr. Neff and a review of the above cited documentation, I would aver and state the following:

A. In regard to the clavicle injury, the gap between the bones as cited by Dr. Lehman never showed any signs of healing.

B. Given the radiographic appearance, non-union of the clavicle and resultant hardware failure was predictable regardless of any extraneous circumstances.

C. A bone stimulator requested and prescribed by Dr. Lehman was utilized due to failure of progressive healing and was a sign of lack of progress from a healing standpoint.

D. Any physical activities (hunting or lifting etc.) as alluded to or illustrated in the documentation were remote in time and would not constitute any significant factor in the failure of the healing process. Specifically, the fracture was showing signs of non-union and failure of healing long before Mr. Neff engaged in any alleged hunting activity which is not described in Dr. Lehman's records until the October 11, 2012 note. Any alleged non-compliance was not the cause of the non-union under these circumstances.

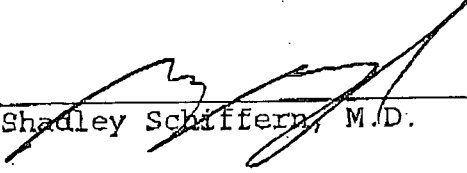
E. At the current time, Mr. Neff is experiencing significant pain and physical difficulties and is in need of additional surgery in an effort to effect maximum healing. The chances of healing without surgery are infinitesimal and I would definitely recommend the surgery as the most viable alternative for his present condition.

Based on the above stated circumstances, it is my opinion that Mr. Neff's present condition and need for surgery is proximately related to his work related injury. Further the above cited documentation which I have reviewed do not reveal any

circumstances which would constitute intervening accidents or injury.

All of the opinions herein are stated to a reasonable degree of medical certainty.

Further deponent sayth not.



Shadley Schiffern, M.D.

Sworn to and subscribed
before me this _____ day
of _____, 2013

Notary Public for North Carolina
My Commission Expires: _____

RECEIVED

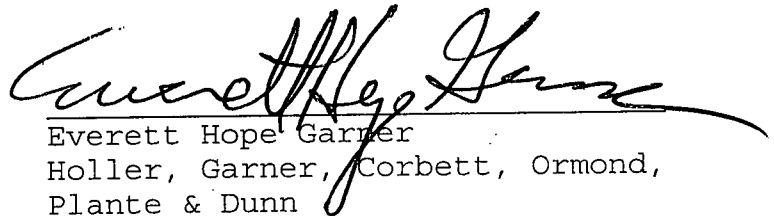
CERTIFICATE OF COUNSEL

JUL 09 2015

SC Court of Appeals

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

July 8, 2015



Everett Hope Garner
Holler, Garner, Corbett, Ormond,
Plante & Dunn
P.O. Box 11006
Columbia, SC 29211
(803) 765-2968
Attorney for Appellant

RECEIVED

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

JUL 09 2015

SC Court of Appeals

APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

APPELLATE PANEL
The Honorable Susan S. Barden, The Honorable Aisha Taylor,
and The Honorable R. Michael Campbell, II

WCC NO. 1203594
Appellate Case No. 2014-002611

James B. Neff Employee/Appellant

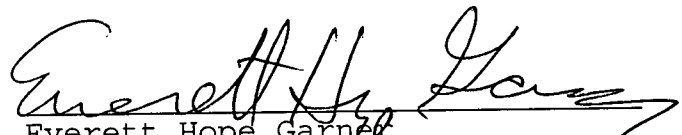
v.

Lear's Welding & Fabrication, Inc.,
Employer and Bridgefield Casualty
Insurance Company c/o Summit
Holdings, Inc., ... Carrier/Respondents

PROOF OF SERVICE

I certify that I have served the Record on Appeal on Lear's
Welding & Fabrication, Inc., and Bridgefield Casualty Insurance
Company by depositing a copy of it in the United States mail,
postage prepaid, on July 9, 2015, addressed to their attorney of
record, Nicholas L. Haigler, Esquire, Sowell, Gray, Stepp,
Laffitte, P.O. Box 11449, Columbia, SC 29211.

July 9, 2015


Everett Hope Garner
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Attorney for Appellant.