

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2016-000325

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SC Court of Appeals

Pedro A. Moran, Employee/Claimant, ... Appellant,

v.

JMR Siding, LLC, Employer, and
Hartford Underwriters Insurance Company, Carrier, ... Respondents.

RECORD ON APPEAL

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DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1009298

Pedro A. Moran,	)
Employee,	)
Claimant,	)
vs.	)
JMR, LLC,	)
Employer,	)
and	)
Hartford Underwriters Insurance Company,	)
Carrier,	)
Defendants.	)

HEARING:

Held in Columbia, South Carolina on March 2, 2015.

APPEARANCES:

Claimant represented by Mark R. Calhoun, Esquire
of Lexington, South Carolina.

Defendants represented by Sarah S. Alphin, Esquire
of Willson Jones Carter & Baxley, P.A., Columbia,
South Carolina.

PURPOSE OF HEARING:

To determine the issues as set forth on the Forms 50,
51, and 21.

DECISION AND ORDER:

By Susan S. Barden, Commissioner

FILED:

July 24, 2015.

I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

- | | |
|---------------------|--|
| Claimant's APA #1: | Records of Dr. James McIntosh, dated 6/22/10-3/26/12, consisting of pages 1-34. |
| Claimant's APA #2: | Records of Dr. James Bethea, dated 12/15/11, consisting of pages 35-38. |
| Claimant's APA #3: | Records of Dr. Randolph Waid, dated 3/33/12-10/22/13, consisting of pages 39-54. |
| Claimant's APA #4: | Records of Columbia Rehabilitation Clinic, dated 10/27/11-6/4/12, consisting of pages 55-88. |
| Claimant's APA #5: | Records of Dr. T. Zgleslewski, dated 6/5/12, consisting of pages 89-94. |
| Claimant's APA #6: | Records of Dr. Sergio Sanchez, dated 8/17/12, consisting of pages 95-101. |
| Claimant's APA #7: | Records of Dr. John Taylor, dated 1/18/14-3/21/14, consisting of pages 102-106. |
| Claimant's APA #8: | Records of Dr. Robert Puchalski, dated 4/17/13, consisting of pages 107-117. |
| Claimant's APA #9: | Records of Dr. Joel Leonard, dated 7/30/14, consisting of pages 113-117. |
| Claimant's APA #10: | Records of Dr. Joseph Healy, dated 10/27/11-12/8/14, consisting of pages 118-165. |
| Defendants' APA #5: | Records of Lexington Orthopaedics, dated 2/22/11, consisting of pages 55-56. |
| Defendants' APA #6: | Records of Dr. Joseph Healy, dated 5/19/14, consisting of pages 57-59. |
| Defendants' APA #7: | Records of Dr. Randolph Waid, dated 3/28/12-3/30/12, consisting of pages 60-67. |
| Defendants' APA #8: | Records of Columbia Orthopaedic Specialists, dated 11/9/11- |

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50, 51, 21 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on June 22, 2010;
3. The Claimant's average weekly wage was \$700.00 with a corresponding compensation rate of \$466.20;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in Richland County, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. That Claimant is entitled to future medicals for the head and for psychological overlay (Hearing Transcript, pages 8-9).

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

III. STATEMENT OF THE CASE

Claimant sustained admitted (a) injuries to the pelvis and head, and (b) psychological overlay. Claimant treated primarily with Lexington Orthopaedics and Columbia Orthopaedic Specialists for his physical injury, and with Dr. Healy for his head/brain. Claimant was placed at MMI for his pelvis on December 15, 2011, and MMI for his head/brain on July 28, 2014.

Claimant filed a Form 50 Request for Hearing and alleged permanent and total disability due to his injuries. Defendants filed a Form 51 admitting Claimant's accident but denying the extent alleged and denying that Claimant was permanently and totally disabled. Defendants also

filed a Form 21 request to stop pay, pay compensation, and request credit based on Claimant's MMI release date.

By way of Claimant's Form 58 pre-hearing brief, Claimant amended his Form 50 and alleged physical brain damage and alleged entitlement to lifetime benefits. At the hearing, Claimant argued he sustained physical brain damage entitling him to lifetime benefits. Claimant conceded that he has reached MMI. Claimant asserted that even though Dr. Healy, the authorized treating physician, terms Claimant's head injury "mild," the effects of the head injury are permanent and severe. Alternatively, Claimant asserted that he is permanently and totally disabled.

Defendants argued at the Hearing that Claimant did not sustain physical brain damage so as to entitle him to lifetime benefits. Claimant's physicians consistently described Claimant's head injury as "mild," and Claimant is cognitively able to care for himself, drive, and operate jumper cables; and therefore, Claimant's head injury is not severe and most serious per the Crisp and Sparks cases. Defendants conceded that Claimant was entitled to future medical benefits for his head injury but asserted that an award of permanency, if any, would be pursuant to S.C. Code 42-9-30 and S.C. Reg. 67-1101 for scheduled injuries. Defendants deny that Claimant is permanently and totally disabled. Defendants (a) assert Claimant reached MMI on July 28, 2014, per the opinion of Dr. Healy, and (b) request credit for all benefits paid after that date. Defendants deny that Claimant is entitled to future medicals for the pelvis. Defendants contend that any injury to the back and right hand/arm resolved, and therefore Claimant is not entitled to any further benefits for these body parts.

After reviewing the evidence at the conclusion of the hearing, the undersigned convened a conference with the attorneys on the same day and issued her ruling, finding Claimant permanently and totally disabled (based upon brain, pelvis, and psychological injuries), but denying Claimant's

claim of physical brain damage. An Order was sent to the undersigned on May 21, 2015 (along with a statement that Claimant's counsel had no objections to the Order), but Claimant's counsel raised objections by e-mail to the undersigned's office on May 28, 2015. After re-reviewing the evidence in June-July 2015, the undersigned sought further clarification from the parties on July 23, 2015.

IV. EVIDENCE OF THE CASE

Testimony of Claimant, Pedro Moran:

Claimant testified he is 40 years old and is from Nicaragua. Hearing Tr. pg. 14. He testified that he does not recall exactly how long he has lived in the United States, but it has been a little over 5 years. Id. Claimant asserted that he only went to the first few years of grade school in Nicaragua. Id. He testified that he does not speak or understand the English language. Id. Claimant has a wife and seven children, and currently lives with his wife and two of his children. Id. at 15.

Claimant testified that he previously performed construction-type work as far as he remembers. Id. at 15. On the date of his work accident, he only remembers he worked for a company doing siding and roofing. Id. Claimant testified that he does not remember his work accident that occurred on June 22, 2010. Id. at 15-16. He only remembers seeing one doctor for his injuries, Dr. Healy. Id. at 16. Claimant asserted that Dr. Healy has been treating his head injury. Id. at 17.

Claimant testified he has problems with his right hand, back, pelvis, right leg, and head. Id. at 19. Regarding his head, Claimant contended he has strong headaches every day and feels pressure in his brain. Id. at 19-20. He testified that he has frequent dizziness and loses focus and concentration. Id. at 20. Claimant testified he forgets what he is doing and has short term memory

loss. Id. He asserted that his problems with his head have gotten worse over the last five years. Id. at 24.

Regarding his daily activities, Claimant testified he wakes up, has breakfast, and walks around his apartments to get fresh air. Id. at 25. He will then watch television or read his Bible. Id. His pain worsens as the day goes on, and he will also get dizzy. Id. Claimant testified he sometimes does not know what he is reading or understand what he is reading when reading his Bible. Id. at 26.

Claimant was confronted with his 2010 deposition testimony on cross examination. Claimant testified during his 2010 deposition that he went to school up to 4 years of secondary school in Nicaragua. Moran depo. 2010, pg. 6. Claimant further testified he had 10 years of formal school in Nicaragua. Id. However, at the hearing, Claimant testified he only had a few years of grade school in Nicaragua. As an explanation for the discrepancy, Claimant offered that maybe it was a misunderstanding. Hearing Tr. pg. 34. When asked by the Hearing Commissioner whether Claimant could have gone to the tenth grade of school, he responded that he did not remember. Id. at 34-35. Furthermore, Claimant was asked whether he told several of his doctors that he had ten years of education in Nicaragua, and he also responded that he did not remember. Id. at 35. In fact, Claimant both (a) told multiple physicians, and (b) testified at his deposition about the 10 years of formal education he completed.

Claimant testified he receives his own weekly workers' compensation checks, and the checks are made out to him. Id. at 37. It is compelling that Claimant has never had a guardian appointed to protect or care for his interests. Id. at 37-38.

Claimant has a Ford SUV vehicle, and he drives himself. Id. at 38. He asserted there are times he has driven out of necessity or emergency. Id. When asked whether he has driven when he

has been with his wife or someone else, he responded that he did not remember. Id. at 38. Again he was asked if he could think of a single time he was with someone and still drove, he answered he did not remember. Defendants' surveillance speaks for itself. Id. at 39.

Claimant testified he knows how to use jumper cables. Id. When asked if he felt comfortable using jumping cables, he responded that "there's always someone there. When someone doesn't know how to do something, they help you out to show you how to do it." Defendants' surveillance video speaks for itself. Id.

Medical Records:

At his own expense, Claimant underwent a neuropsychological evaluation with Dr. Waid on March 30, 2012. Dr. Waid diagnosed Claimant with a cognitive disorder due to a "mild" traumatic brain injury. (Claimant's APA #3, pg. 46). Claimant underwent re-evaluation by Dr. Waid on October 22, 2013, and Dr. Waid opined that Claimant attained a reasonable good recovery from a mild traumatic brain injury and that his current level of impairments are due to an exacerbation caused by his disruptive levels of somatic and emotional difficulties. Id. at 54.

Defendants sent Claimant to neuropsychologist Dr. Taylor for an evaluation. Dr. Taylor opined that Claimant's learning and memory were within normal limits, and that his current level of neuropsychological functioning is indicative of "mild" cognitive impairment. (Claimant's APA #7, pg. 105).

Dr. Healy evaluated Claimant on March 19, 2014, and noted Claimant was close to reaching MMI. (Claimant's APA #10, pg. 148). Dr. Healy noted that Claimant has "mild" posttraumatic encephalopathy, and that Claimant's cognitive/psychological problems are predominately related to mood complicated by poor sleep. Id.

A record such as was necessary for a decision was made of the proceeding; and, after

careful consideration and study of all the evidence, the following findings of fact are accordingly made.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Pedro A. Moran as Employee-Claimant and JMR, LLC, as Employer and Hartford Underwriters Insurance Company as Carrier, Defendants.
2. Claimant's job involved roofing and siding (Defendants' APA, page 67).
3. That the average weekly wage of Employee at the time of the above-described accident was \$700.00, and his compensation rate was \$466.20.
4. Claimant sustained admitted (a) injuries to his pelvis and head (which I find to be a mild brain injury, per the preponderance of the medical evidence), and (b) psychological overlay. Claimant alleges that he sustained physical brain damage and that he also injured his low back (affecting his right leg) and right hand/arm.
5. Claimant reached MMI for his pelvis injury on December 15, 2011. This finding is based on the expert medical opinions of Dr. McIntosh and Dr. Bethea. (Claimant's APA #1 and Defendants' APAs 5, 8).
6. Claimant is not entitled to any further medical treatment or benefits for his back and right hand/arm. I base this finding on the report of Dr. Dedmond (describing inconsistencies during examination) and other medical evidence. No further treatment has been recommended for either body part.
7. Claimant reached MMI for his head/brain and psychological injury on July 28,

2014. This finding is based on the opinion of Dr. Healy. (Claimant's APA, pg. 159).

8. Although Claimant sustained a head/brain injury, he did not sustain physical brain damage within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits. Claimant's head injury is not of the most serious and severe nature as contemplated by S.C. Code 42-9-10 and pursuant to the Crisp and Sparks cases; therefore, Claimant is not entitled to lifetime benefits. Such a finding is based on the evidence as a whole. Specifically, multiple doctors labeled Claimant's head injury as "mild." Dr. Waid noted Claimant had a reasonable good recovery from a "mild" traumatic brain injury. Dr. Taylor noted Claimant's learning and memory were within normal limits, and that Claimant had "mild" cognitive impairment. Dr. Healy noted Claimant's issues is "predominantly depression." (Claimant's APA pg. 127, 129, 140).

9. Claimant does not meet the burden of proof for physical brain damage within the confines of S.C. Code 42-9-10. Claimant was described as being a "good historian" when it came to his history and injuries. (Claimant's APA pg. 152). Further, Claimant's head injury is described as "mild" throughout the records. (Claimant's APA pg. 118, 149, 45, 46, 46, 105).

10. Claimant continues to receive his own weekly compensation checks, is able to drive, and is able to operate vehicle jumper cables. Claimant drives himself, even though someone is available to drive him.

11. Claimant is not credible. Claimant's testimony was evasive when asked about his education level and the video showing him operating jumper cables. In general, Claimant repeatedly asked for more time when answering questions—as if he was stalling for more time rather than struggling to find answers. Claimant came across as very evasive. His testimony was not spontaneous, but rather appeared calculating. As to specifics, Claimant's credibility is called into question by his dishonest testimony regarding his education level. For reasons unknown to the

undersigned, Claimant testified he only had only attended a few years of grade school. By contrast, numerous medical records indicate Claimant self-reported to nearly all of his doctors that he had education through the 10th grade of school. Furthermore, Claimant's testimony at his 2010 deposition revealed he had 10 years of formal education. This is confirmed by multiple doctors' reports indicating Claimant gave a history of 10 years of education or education up to the tenth grade. (See Claimant's APA pg. 40, 41, 45, 46, 49, 90, 99, 102; Defendants' pg. 67). Claimant was unable to offer a reasonable explanation for the discrepancy. The point here is not the extent of Claimant's educational achievements, but rather his duplicity at the hearing in attempting to downplay his educational achievements. Further, Dr. Dedmond found it sufficiently noteworthy to document/comment on Claimant's inconsistencies during an examination: Dr. Dedmond stated that (a) Claimant's strength testing was sometimes 5/5, yet other times "barely 3/5," (b) he told Claimant that "this is inconsistent," and (c) Claimant's strength was "better when he is distracted." (Defendants' APA, page 55). I give great weight to this evidence.

12. Much of Claimant's testimony is unreliable, and the undersigned believes Claimant often asked for questions to be repeated to give him more time to formulate an answer. When asked whether Claimant was able to use jumper cables and whether he was comfortable with using them (Claimant is shown using them during surveillance), he responded that people can help him if he does not know how to do something. Such a "non-answer" (rather than simply answering the question) calls into question Claimant's credibility.

13. Claimant's lack of credibility further supports the undersigned's opinion that he does not suffer from physical brain damage within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits.

14. Claimant is permanently and total disabled due to the combination of his pelvis,

head/brain, and psychological overlay, and therefore entitled to receive lifetime causally-related medical and psychological benefits for these injuries/conditions (Claimant's APA #10, pages 159 and 161).

15. Claimant is entitled to a lump sum of the balance of permanent and total disability benefits.

VI. CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant-Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustained (a) injuries to his pelvis and head/brain, and (b) psychological overlay in an accident arising out of and in the course of his employment with Defendant-Employer on June 22, 2010.

3. Under § 42-15-60 and other applicable law, Claimant reached MMI on June 28, 2014. Claimant is entitled to lifetime causally-related medical treatment for his head/brain, psychological condition, and pelvis. Claimant is not entitled to any further medical benefits for his right hand/arm or back.

4. Under § 42-9-10, Crisp v. Southco, Inc., 401 S.C. 627 (2013), Sparks v. Palmetto Hardwood, 401 S.C. 619 (2013), and other applicable law, Claimant did not sustain physical brain damage, and he is therefore not entitled to lifetime benefits. Claimant did not sustain a brain injury that is "most serious" and "severe."

5. Under §§ 42-9-10 and 42-1-120, Defendants are entitled to stop payment of

temporary benefits.

6. Under § 42-9-10, Claimant is permanently and totally disabled as a result of the combination of his pelvis, head/brain, and psychological injuries, and is entitled to the balance of the award of permanent and total disability paid in a lump sum subject to discount for lump sum as allowed by S.C. Workers' Compensation Act and Commission Regulations.

VII. ORDER/AWARD

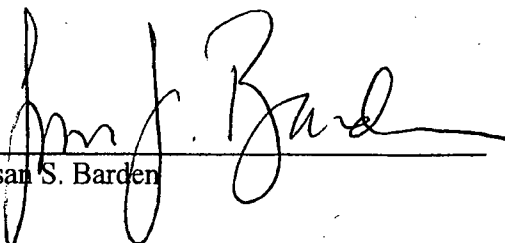
IT IS HEREBY ORDERED Claimant did not sustain physical brain damage so as to entitle him to lifetime benefits; Claimant did not sustain a "most serious" and "severe" brain injury.

IT IS FURTHER ORDERED that Defendants are entitled to stop payment of temporary disability benefits.

IT IS FURTHER ORDERED Claimant is permanently and totally disabled.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.



Susan S. Barden

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).

July 24, 2015

By: Kristi Love, Administrative Assistant to Commissioner Barden

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1009298**

**Pedro A. Moran,
Employee/Claimant,
Appellant**

vs.

**JMR Siding, LLC,
Employer,**

and

**Hartford Underwriters Insurance Company,
Carrier,
Defendants,
Respondents.**

**Appellate Panel Review in Columbia, South Carolina set for October 19, 2015 per
notices timely and properly served on all parties of interest.**

Appellate Panel Decision and Order filed January 21st, 2016

Appearances:

**Claimant/Appellant represented by Stephen Samuels, Esquire, of
Columbia, South Carolina.**

**Defendants/Respondents represented by Sarah S. Alphin, Esquire, of
Willson Jones Carter & Baxley of Columbia, South Carolina.**

STATEMENT OF THE CASE

The parties were heard by Commissioner Susan S. Barden on March 2, 2015 in Columbia, South Carolina. As a result of said hearing, Commissioner Barden issued an Order dated July 24, 2015 from which the Claimant appealed.

The Hearing Commissioner's Decision and Order set forth the following **Findings of Fact**:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Pedro A. Moran as Employee-Claimant and JMR, LLC as Employer and Hartford Underwriters Insurance Company as Carrier, Defendants.
2. That the average weekly wage of Employee at the time of the above-described accident was \$700.00, and his compensation rate was \$466.20.
3. Claimant sustained injuries to his pelvis, head, and psychological overlay.
4. Defendants have provided appropriate benefits to the pelvis, head, and psychological overlay pursuant to the Act.
5. Claimant reached MMI for his pelvis injury on December 15, 2011. No further treatment was recommended for Claimant's pelvis injury, and therefore, Claimant is not entitled to future medical treatment of his pelvis. Such finding is based on the expert medical opinions of Dr. McIntosh and Dr. Bethea. (Claimant's APA #1 and Defendants' APAs 5, 8).
6. Claimant is not entitled to any further medical treatment for his back.
7. Claimant reached MMI for his head and psychological overlay on July 28, 2014. Such finding is based on the opinion of Dr. Healy. (Claimant's APA #10, pg. 159).
8. While Claimant sustained a head injury, he did not sustain physical brain damage

within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits. Claimant's head injury is not of the most permanent and severe nature as contemplated by S.C. Code 42-9-10 and pursuant to the Crisp and Sparks cases, and therefore, Claimant is not entitled to lifetime benefits. Such a finding is based on the evidence as a whole. Specifically, multiple doctors labeled Claimant's head injury as mild. Dr. Waid noted Claimant had a reasonable good recovery from a mild traumatic brain injury. Dr. Taylor noted Claimant's learning and memory were within normal limits and that Claimant had mild cognitive impairment. Dr. Healy noted Claimant's issues is "predominantly depression." (Claimant's APA pg. 127, 129, 140).

9. Claimant does not meet the burden of proof for physical brain damage within the confines of S.C. Code 42-9-10. Claimant was described as being a "good historian" when it came to his history and injuries. (Claimant's APA pg. 152). Claimant's head injury is described as mild throughout the records. (Claimant's APA pg. 118, 149, 45, 46, 46, 105).

10. Claimant continues to receive his own weekly compensation checks, is able to drive, and is able to operate vehicle jumper cables.

11. Claimant is not credible. Claimant's testimony was evasive when asked about his education level and operating jumper cables. Claimant repeatedly asked for more time when answering questions, and the Undersigned Commissioner attributes this to Claimant being evasive.

12. Claimant's credibility is called into question by his dishonest testimony regarding his education level. For reasons unknown to the Undersigned Commissioner, Claimant testified he only had a few years of grade school. Numerous medical records indicate Claimant self-reported to nearly all of his doctors that he had education through the 10th grade of school. Furthermore, Claimant's testimony at his 2010 deposition revealed he had 10 years of formal education. This is further confirmed by multiple doctor's reports indicating Claimant gave a history of 10 years of

education or education up to the tenth grade. (See Claimant's APA pg. 40, 41, 45, 46, 49, 90, 99, 102; Defendants' pg. 76). Claimant was unable to offer a reasonable explanation for his dishonest testimony.

13. Much of Claimant's testimony is unreliable, and the Undersigned believes Claimant often asked for questions to be repeated to give him time to formulate an answer. When asked whether Claimant was able to use jumper cables and whether he was comfortable with using them, he responded that people can help him if he does not know how to do something. Such an answer calls into question Claimant's testimony and credibility.

14. Claimant's credibility further supports the Undersigned's opinion that he does not suffer from a physical brain damage within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits.

15. Claimant is permanently and total disabled due to combination of his pelvis, head, and psychological overlay. Claimant is entitled to lump sum of balance of permanent and total disability benefits.

16. Dr. Healy opined Claimant requires future medical treatment. As such, Claimant is entitled to lifetime causally-related medical treatment for his head and psychological overlay that tends to lessen his period of disability. (Claimant's APA #10, pgs. 159, 161).

The Hearing Commissioner's Decision and Order set forth the following Conclusions of Law:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustained injuries to his pelvis, head, and psychological overlay in an accident arising out of and in the course of his employment with Defendant Employer

on June 22, 20110.

3. Under § 42-15-60 and other applicable law, Claimant reached MMI on June 28, 2014. Claimant is entitled to lifetime causally-related medical treatment for his head and psychological condition that tends to lessen Claimant's period of disability. Claimant is not entitled to any further medical benefits for his pelvis or back.

4. Under § 42-9-10, Crisp v. Southco, Inc., 401 S.C. 627 (2013), Sparks v. Palmetto Hardwood, 401 S.C. 619 (2013), and other applicable law, Claimant did not sustain a physical brain injury, and he is not entitled to lifetime benefits. Claimant did not sustain a brain injury that is permanent and severe.

5. Under §§ 42-9-10 and 42-1-120, the Defendants are entitled to stop payment of temporary benefits.

6. Under § 42-9-10, Claimant is permanently and total disabled as a result of the combination of his pelvis, head, and psychological injuries and is entitled to the balance of the award of permanent and total disability paid in a lump sum subject to discount for lump sum as allowed by S.C. Workers' Compensation Act and Commission Regulations.

Within the statutory period, Counsel for the Claimant filed an Application for Review in the case setting forth the following assignments of error:

1. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant is not entitled to lifetime compensation?
2. Whether the Single Commissioner erred as a matter of fact and law in failing to consider the fact that the authorized treating neurologist assigned a 75% permanent impairment rating for brain damage?
3. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant

was not credible and in giving undue weight to her own subjective credibility findings of a brain-damaged individual testifying through an interpreter?

4. Whether the Single Commissioner erred as a matter of fact and law in failing to make specific and detailed factual findings?

5. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant is not entitled to lifetime compensation for physical brain damage when she found "Claimant permanently and totally disabled (based upon brain, pelvis and psychological injuries)...?"

6. Whether the Single Commissioner erred as a matter of fact and law in misapplying Pearson, Sparks and Crisp?

7. Whether the Single Commissioner erred as a matter of fact and law in failing to find that even a mild TBI can and did result in severe physical brain damage sufficient to render the Claimant incapable of sustained gainful employment?

Copies of the above assignments of error were furnished to all interested parties prior to oral argument scheduled before the Appellate Panel on October 19, 2015.

Pursuant to S.C. Code Ann. § 42-17-50 (1985), the Appellate Panel reviewed the Award and weighed the evidence in the record as presented at the initial hearing. The Panel also considered all issues raised in the brief of the Appellant and Respondents.

After careful review in the present case, the Appellate Panel of the South Carolina Workers' Compensation Commission has determined the Order of the Hearing Commissioner is hereby **AFFIRMED IN FULL**. The Findings of Fact and Conclusions of Law found in the Hearing Commissioner's Decision and Order, and as specified above, are hereby **AFFIRMED IN FULL**.

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Pedro A. Moran as Employee-Claimant and JMR, LLC as Employer and Hartford Underwriters Insurance Company as Carrier, Defendants.

2. That the average weekly wage of Employee at the time of the above-described accident was \$700.00, and his compensation rate was \$466.20.

3. Claimant sustained injuries to his pelvis, head, and psychological overlay.

4. Defendants have provided appropriate benefits to the pelvis, head, and psychological overlay pursuant to the Act.

5. Claimant reached MMI for his pelvis injury on December 15, 2011. No further treatment was recommended for Claimant's pelvis injury, and therefore, Claimant is not entitled to future medical treatment of his pelvis. Such finding is based on the expert medical opinions of Dr. McIntosh and Dr. Bethea. (Claimant's APA #1 and Defendants' APAs 5, 8).

6. Claimant is not entitled to any further medical treatment for his back.

7. Claimant reached MMI for his head and psychological overlay on July 28, 2014. Such finding is based on the opinion of Dr. Healy. (Claimant's APA #10, pg. 159).

8. While Claimant sustained a head injury, he did not sustain physical brain damage within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits. Claimant's head injury is not of the most permanent and severe nature as contemplated by S.C. Code 42-9-10 and pursuant to the Crisp and Sparks cases, and therefore, Claimant is not entitled to lifetime benefits. Such a finding is based on the evidence as a whole. Specifically, multiple doctors

labeled Claimant's head injury as mild. Dr. Waid noted Claimant had a reasonable good recovery from a mild traumatic brain injury. Dr. Taylor noted Claimant's learning and memory were within normal limits and that Claimant had mild cognitive impairment. Dr. Healy noted Claimant's issues is "predominantly depression." (Claimant's APA pg. 127, 129, 140).

9. Claimant does not meet the burden of proof for physical brain damage within the confines of S.C. Code 42-9-10. Claimant was described as being a "good historian" when it came to his history and injuries. (Claimant's APA pg. 152). Claimant's head injury is described as mild throughout the records. (Claimant's APA pg. 118, 149, 45, 46, 46, 105).

10. Claimant continues to receive his own weekly compensation checks, is able to drive, and is able to operate vehicle jumper cables.

11. Claimant is not credible. Claimant's testimony was evasive when asked about his education level and operating jumper cables. Claimant repeatedly asked for more time when answering questions, and the Undersigned Commissioner attributes this to Claimant being evasive.

12. Claimant's credibility is called into question by his dishonest testimony regarding his education level. For reasons unknown to the Undersigned Commissioner, Claimant testified he only had a few years of grade school. Numerous medical records indicate Claimant self-reported to nearly all of his doctors that he had education through the 10th grade of school. Furthermore, Claimant's testimony at his 2010 deposition revealed he had 10 years of formal education. This is further confirmed by multiple doctor's reports indicating Claimant gave a history of 10 years of education or education up to the tenth grade. (See Claimant's APA pg. 40, 41, 45, 46, 49, 90, 99, 102; Defendants' pg. 76). Claimant was unable to offer a reasonable explanation for his dishonest testimony.

13. Much of Claimant's testimony is unreliable, and the Undersigned believes Claimant

often asked for questions to be repeated to give him time to formulate an answer. When asked whether Claimant was able to use jumper cables and whether he was comfortable with using them, he responded that people can help him if he does not know how to do something. Such an answer calls into question Claimant's testimony and credibility.

14. Claimant's credibility further supports the Undersigned's opinion that he does not suffer from a physical brain damage within the confines of S.C. Code 42-9-10 so as to entitle Claimant to lifetime benefits.

15. Claimant is permanently and total disabled due to combination of his pelvis, head, and psychological overlay. Claimant is entitled to lump sum of balance of permanent and total disability benefits.

16. Dr. Healy opined Claimant requires future medical treatment. As such, Claimant is entitled to lifetime causally-related medical treatment for his head and psychological overlay that tends to lessen his period of disability. (Claimant's APA #10, pgs. 159, 161).

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, Claimant sustained injuries to his pelvis, head, and psychological overlay in an accident arising out of and in the course of his employment with Defendant Employer on June 22, 20110.
3. Under § 42-15-60 and other applicable law, Claimant reached MMI on June 28,

2014. Claimant is entitled to lifetime causally-related medical treatment for his head and psychological condition that tends to lessen Claimant's period of disability. Claimant is not entitled to any further medical benefits for his pelvis or back.

4. Under § 42-9-10, Crisp v. Southco, Inc., 401 S.C. 627 (2013), Sparks v. Palmetto Hardwood, 401 S.C. 619 (2013), and other applicable law, Claimant did not sustain a physical brain injury, and he is not entitled to lifetime benefits. Claimant did not sustain a brain injury that is permanent and severe.

5. Under §§ 42-9-10 and 42-1-120, the Defendants are entitled to stop payment of temporary benefits.

6. Under § 42-9-10, Claimant is permanently and total disabled as a result of the combination of his pelvis, head, and psychological injuries and is entitled to the balance of the award of permanent and total disability paid in a lump sum subject to discount for lump sum as allowed by S.C. Workers' Compensation Act and Commission Regulations.

ORDER

The Order of the Single Commissioner from which this appeal has been taken is hereby **AFFIRMED IN FULL**

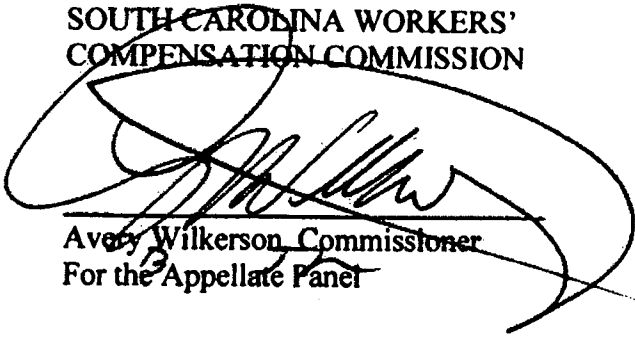
IT IS HEREBY ORDERED Claimant did not sustain a physical brain injury so as to entitle him to lifetime benefits. Claimant did not sustain a permanent and severe brain injury.

IT IS FURTHER ORDERED that Defendants are entitled to stop payment of temporary disability benefits.

IT IS FURTHER ORDERED Claimant is permanently and totally disabled.

IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**

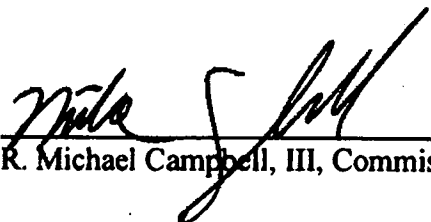


Avery Wilkerson, Commissioner
For the Appellate Panel

Concur:



T. Scott Beck, Commissioner



R. Michael Campbell, III, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on January 21, 2016



WCC# 1009298

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: PEDRO MORAN

SSN:

Address: 100 RIVERBEND DR. F1

City: WEST COLUMBIA

State: SC

Zip: 29169

Home Phone:

Work Phone:

Employer's Name: JMR SIDING

Address: 422 OLD PLANTATION DRIVE

City: WEST COLUMBIA

State: SC

Zip: 291

Preparer's Name: MARK R. CALHOUN

Law Firm: CALHOUN LAW FIRM

Insurance Carrier: HARTFORD UNDERWRITERS INS. CO.

Preparer's Phone #: 803-957-8401

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

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to see addendum (Part(s) of Body Injured) on 6-22-2010
lexington county, state of SC. Body part(s) affected are: see addendum (Month/Day/Year) in

Date of Injury or Illness: 6-22-2010

2. Briefly describe how the accident occurred. Claimant fell off a roof

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

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

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

6. Notice of the accidental injury was given to the Employer on 6-22-2010 (Month/Day/Year) in the following manner:

☒ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for:

☒ (b) additional medical examination and treatment for: pain and discomfort

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

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

☒ (1) General Disability: ☒ Total ☒ Partial

☒ (2) Specific Disability: ☒ Total ☒ Partial

☐ (3) Wage Loss

☐ 9a. ☐ A determination of permanent disability is premature at this time.

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$ 750.00, 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:
none

11. Further grounds or unusual aspects of claim:
Claimant requests all benefits due under the Act

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Joseph Healy

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

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

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

☒ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: 1:30

☒ Mediation

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

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

certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Sarah Alphin, Esquire
Address 4500 Fort Jackson Blvd Cola SC 2920 on the 20 day of march 2014

verify the contents of this form are accurate and true to the best of my knowledge. ☒ first class postage ☐ certified mail ☐ personal service.

Preparer's Signature

attorney

Title

mark@calhounlawfirm.com

Email

3-20-14

Date

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

ICC Form # 50

revised 7/13

FORM 50 ADDENDUM

1a. The claimant sustained an injury to his Right arm, Head, Psyche, Resulting Psychological, Pelvis, Right leg, Left leg and his Back on 6-22-10 in Lexington County, State of South Carolina.

1b. Body parts affected are: Right arm, Head, Psyche, Resulting Psychological, Pelvis, Right leg, Left leg and Back.

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



WCC File #: 1009298
Carrier File #: 026-CB-EPF3598
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Pedro A. Moran SSN: 100-07-3985 Employer's Name: JMR, LLC
Address: 595 North Brown Street, Apartment #1 Address: 422 Old Plantation Road
City: West Columbia State: SC Zip: 29169 City: West Columbia State: SC Zip: 29172
Home Phone: (803) 556-5147 Work Phone: _____ Insurance Carrier: Hartford Underwriters Insurance Company
Preparer's Name: Sarah S. Alphin Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (803) 227-2885

Date of Injury or Illness: 6/22/2010

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

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
It is admitted the Claimant sustained an injury by accident on the date alleged; however, it is denied he sustained compensable injuries to the extent alleged on Form 50.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See number 1.
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See number 1.
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See number 1.
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
See number 1.
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
Treating physician has designated maximum medical improvement.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
See number 1.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See number 1.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
[TO BE PROVIDED]
10. It is contended that an average weekly wage of \$ _____ applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to amend and to assert defenses as they become aware of them.

☐ **Mediation**

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Mark R. Calhoun, 714 E. Main Street
Name & Address

Lexington, SC 29072 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 16th day of April, 2014 by ☒ first class mail ☐
personal service ☐ certified mail.

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

Sarah S. Alphin Attorney for the Employer/Insurer
Preparer's Signature Title
Leigh Ball
Certifier, Leigh Ball

ssalpin@wjlaw.net
Email

04/16/2014
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission

13 1/2 Main Street, Suite 500

Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737.5675 www.wcc.sc.gov

WCC File #: **1009298**Carrier File #: **026-CB-EPF3598**

Carrier Code #:

Employer FEIN #:

Claimant's Name: Pedro A. Moran SSN: 100-07-3985Employer's Name: JMR, LLCAddress: 595 North Brown Street, Apartment #1Address: 422 Old Plantation RoadCity: West Columbia State: SC Zip: 29169City: West Columbia State: SC Zip: 2917Home Phone: (803) 556-5147

Work Phone:

Insurance Carrier: Hartford Underwriters Insurance CompanyPreparer's Name: Sarah S. AlphinLaw Firm: Willson Jones Carter & Baxley, P.A.Preparer's Phone #: (803) 227-2885The date of injury reported on Form 12A is: 6/22/2010 (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 3/18/2014 (m/d/yyyy) (copy of medical report must be attached).
 Compensation payments are current as of 4/16/2014 (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 4/16/2014 (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 _____

- 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:
Treating physician has designated maximum medical improvement.

Claimant reached maximum medical improvement 3/18/2014 (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.**

☐ 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.

- VI. ☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

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

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.
 Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Mark R. Calhoun, 714 E. Main Street

Lexington, SC 29072 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202

class mail ☐ personal service ☐ certified mail. Name & Address

on the 16th day of April, 2014 by ☒ first

Sarah S. Alphin
 Preparer's Signature

Attorney for Defendants
 Title

ssalphin@wjlaw.net
 Email

04/16/2014
 Date

Leigh Ball
 Certifier, Leigh Ball

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or jud@wcc.sc.gov or mediation@wcc.sc.gov
 Refer to Regulations 67-211, 67-504, 67-505, 67-506; and 67-510.

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

WCC File # 1009298
Carrier File # 026-CB-EPP3598-F
Carrier Code #
Employer FEIN 669205480

Pedro Moran
Claimant's Name
SSN 100-07-3985
595 North Brown West Columbia SC 29169
Address City State Zip
(803) 556-5147
Home Phone #
Work Phone #

Jmr Siding LLC
Employer's Name
P.O. Box 473502 Charlotte NC 28247-3502
Address City State Zip
Travelers Indemnity Company
Insurance Carrier

Paula D Ray
Preparer's Name
(704) 544-3053
Phone #

1. Date of injury: 06/22/2010
2. Total Weeks of Compensation Paid: 193 weeks.
3. Type of Compensation Paid (TP or TT)/Periods of Payment:
- | | | |
|----------|------------------|----------------|
| Type: TT | From: 06/22/2010 | To: 04/09/2014 |
| Type: | From: | To: |
| Type: | From: | To: |
4. Date of First Payment: 08/18/2011
month day year
5. Total Amount Paid (a) Compensation: \$89,904.48
(b) Medical (Include Nursing, Hospital Drugs, Etc.): 37,024.00
6. Informal Conference is Requested: () yes (x) no
(check one)
7. Use these lines to send a memo to the Commission: Status report.

Paula D Ray
Employer's Representative
(704) 544-3053
Phone #
04/15/2014
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413, R.67507, and R.67-804 for further information.

Mar. 27. 2014 3:37PM DR Joseph Healy MD

No. 1617 P. 1

Pedro Moran
03/24/1974
559
March 18, 2014

Page 1 of 3

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
FLORENCE, SC 29505
P-(843)664-9200
F-(843)664-9202

ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

March 18, 2014

Steve Calcutt, Esquire
Fax # 803-957-4709

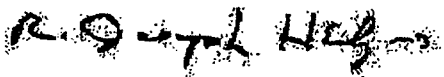
RE: Pedro Moran

Dear Mr. Calcutt :

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,



R. Joseph Healy, MD

Generated on 3/18/2014

Pedro Moran
03/24/1974
559
March 18, 2014

Page 2 of 3

Problem History:

Closed head injury Status: Active
DEPRESSED Onset: 2/18/2013 Status: Active
Encephalopathy chronic Onset: 3/18/2014 -post trauma Status: Active
Headache Status: Active
Lumbar spine strain Onset: 3/18/2014 Status: Active
Post-traumatic headache Onset: 8/26/2013 Status: Active
PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active
SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active

Family History:

Mother , deceased died after childbirth
Father *Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.
Remeron 15 mg tablet.
hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.
Cymbalta 60 mg capsule, delayed release.
Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his post traumatic encephalopathy. This is a pleasant 59-year-old Hispanic male who returns for followup of his closed head injury and posttraumatic encephalopathy. I've had a chance to look at Dr. Waid's repeat neuropsychological evaluation. Patient does have a lot of depression and anxiety along with sleep disturbance. I do believe that there is a mild posttraumatic encephalopathy. His cognitive/psychological problems at this point are predominantly related to his me motion and mood complicated by his poor sleep. Once again he presents today and does not bring his medications which makes it very difficult to know what he is taking. He does indicate that he is still on Remeron and Cymbalta which he should continue. I believe he is very close to reaching MMI.

Vitals

Height: 5' 2"
Weight: 152 lbs clothed w/ shoes
BMI: 27.801
BP: 116/77 mmHg Standing

ROS: Still mild headache and trouble organizing his thoughts. He admits to depression and anxiety.

Exam: Vital signs as listed above. This is a pleasant male in no distress. Interpreter is present for the visit. Patient seems to indicate an understanding for what I have discussed.

Generated on 3/18/2014

Pedro Moran
03/24/1974
559
March 18, 2014

Page 3 of 3

He's alert and will follow commands. No lateralized motor or sensory problems. He still has complaints with regards to the lumbar spine. Gait is functional.

DX: 348.39 Encephalopathy chronic (-post trauma)
311 Depression
780.50 SLEEP DISTURBANCES
847.2 Lumbar spine strain
339.20 Post-traumatic headache

Plan: Plan at this point is to continue the patient on the Cymbalta and Remeron. I believe that there is a mild posttraumatic encephalopathy with superimposed anxiety and depression accounting for most of his problems at this point. He has likely reached MMI but will need his medications monitored. In my opinion he has had trouble maintaining his medications mainly because of the bureaucracy. I've had a long talk with him today about the findings and the fact that we are not in the chronic stage of his injury. I believe that there will be some residual from his closed head injury. I will see him back in several months.

R. Joseph Healy, MD

R. Joseph Healy, MD

LEXINGTON ORTHO:DR. JAMES MCINTOSH

CONSULTATION

cc:

PATIENT: MORAN, PEDRO M

LOCATION: HNT5P1

ADM. #: H00046099222

M.R. #: M000332671

ADMITTED: 06/22/2010

Dictated: 06/22/2010 6:22 PM

DISCHARGED:

Transcribed: 06/22/2010 9:30 PM / sbs

PHYSICIAN: JAMES C. MCINTOSH, MD

DATE OF BIRTH: 03/24/1974

DATE OF CONSULTATION: June 22, 2010.

REASON FOR CONSULTATION: Pelvic fracture.

HISTORY OF THE PRESENT ILLNESS: This is a 36-year-old male who fell from a second story while working on the outside of a house. There he was noted to have loss of consciousness. He was brought by EMS to LMC Emergency Department. He is alert, oriented and hemodynamically stable. During his evaluation he was noted to have most of his pain around the pelvis and right hand. Because of loss of consciousness he did have a CT scan, which did not show any obvious fractures or bleeding within the head. CT scan of the pelvis did show the presence of right superior and inferior ramus fracture as well as a nondisplaced fracture going through his sacrum. He did report some numbness going down to the leg with difficulty moving that extremity. He is questioned through the aid of an interpreter. No other injuries. No previous injuries. He is apparently healthy. He denies any significant medical problems. His other complaints include right elbow pain and right wrist pain. He is right hand dominant.

MEDICATIONS: None.

DRUG ALLERGIES: None known.

SOCIAL HISTORY: Does not smoke.

PHYSICAL EXAMINATION

CONSULTATION - H00046099222

Page 1 of 2

LEXINGTON MEDICAL CENTER

GENERAL: Well developed, well nourished, Hispanic in no apparent cardiopulmonary distress, alert and oriented x3.

HEENT: Bruising around the (), superficial abrasions.

NECK: Cervical spine and neck nontender.

CHEST: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, flat, nontender.

EXTREMITIES: Abrasions and swelling about the right elbow. He can tolerate range of motion from 20-100. Pronation and supination about 45 degrees. No instability. No crepitus. Tender with direct palpation. Right wrist shows some discomfort with direct palpation but no significant swelling or discoloration. Can make a full composite fist. Neurovascular exam appears to be grossly intact. Forearm compartment benign.

PELVIS: Presence of superficial abrasion near the greater trochanter, some discomfort with flexion and extension of the hip. He can flex and extend the foot. Distal pulses intact. No edema.

DIAGNOSTIC STUDIES: X-rays of right hand show no obvious fracture or dislocation. At the time of consultation the right elbow films were not available. CT scan reviewed and shows the presence of an essentially nondisplaced superior and inferior ramus fracture as well as a fracture going through the sacrum, appears to be well aligned, no disruption of the SI joint or at the pubic symphysis. Review of labs show HCT 36. Some evidence of possibility of being dehydrated.

ASSESSMENT

1. Right elbow pain.
2. Right wrist pain.
3. Sacral fracture.
4. Right superior and inferior ramus fracture.

PLAN: Admit for observation, medications, plain x-rays of the right elbow. Start physical therapy.

DATE TIME AM PM

JAMES C. MCINTOSH, MD

Report Signed:

Report Signer:

CONSULTATION - H00046099222

Page 2 of 2

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER**
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: MORAN, PEDRO M

AGE: 36
DOB: 03/24/1974
SEX: M

UNIT/MR NO: M000332671
ACCT NO: H00046099222
SSN:
REQ NO: 10-0085673
REPORT NO: 0623-0215

ADMITTING DR: MCINTOSH, JAMES C. MD
ORDERING DR: DAVID E. KRUSLING MD

ROOM: 594-1
PT LOCATION: HNT5P1
KRUDAV EM

REPORT STATUS: Signed

ORDERED BY: DAVID E. KRUSLING MD
LOCATION: ADM-IN-HNT5P1-594
STUDY TYPE: 0622-0181 RAD/ELBOW COMPLETE RIGHT

DATE OF EXAM: 06/22/10

CLINICAL DATA: 36M, RIGHT ELBOW PAIN

RIGHT ELBOW:

FINDINGS: Four views of the right elbow are provided. The patient has maintained the elbow slightly flexed for the AP and oblique views. There is displacement of the anterior fat pad which is seen in the lateral view. Therefore, occult fracture is suspected given the patient's history of recent trauma. There is some debris overlying the posterior aspect of the olecranon. No subluxations are definitely identified. Follow-up is therefore recommended.

MAS

ARIEL A PERTILE MD

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0622-0181 RAD/ELB (73080)
EXAM TECH: STCOW
HNT5P1/594
REP RELEASED BY: PERALE RAD 06/24/10 2234
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MORAN, PEDRO M

**RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460**

PATIENT: MORAN, PEDRO M

**UNIT/MR NO: M000332671
ACCT NO: H00046099222
SSN:
REQ NO: 10-0085557
REPORT NO: 0622-0503**

**AGE: 36
DOB: 03/24/1974
SEX: M**

**ADMITTING DR: MCINTOSH, JAMES C. MD
ORDERING DR: AUBREY A BRYANT MD**

**ROOM: 594-1
PT LOCATION: HNT5P1
BRYAUB EM**

REPORT STATUS: Signed

**ORDERED BY: AUBREY A BRYANT MD
LOCATION: REG ER HEDZ3 30
STUDY TYPE: 0622-0068 CAT/CT ABDOMEN/PELVIS W/C**

DATE OF EXAM: 06/22/10

**CLINICAL DATA: 36M, MOTOR VEHICLE ACCIDENT,
PELVIC AND ABDOMINAL PAIN.**

CT ABDOMEN AND PELVIS (WITH ORAL AND IV CONTRAST):

TECHNIQUE: Helical 5 mm sections were obtained through the abdomen and pelvis following the administration of both oral and IV contrast (100 cc Isovue 370).

CT ABDOMEN WITH CONTRAST:

Included portions of the lower chest appear normal. There is no evidence of pneumothorax or pleural effusion. The liver, spleen, pancreas, adrenals, kidneys and aorta appear within normal limits as well. No free fluid is seen within the abdomen to imply bowel or mesenteric injury.

CT PELVIS WITH CONTRAST:

There is a minimally displaced corner fracture involving the right sacral ala along the anterior margin of the right sacroiliac joint (image 63). This appears to represent the upper margin of a much more extensive fracture of the right sacral body which extends vertically along the entire length of the right sacral margin, somewhat parallel in the sacroiliac joint. Similar left-sided sacral fracture is not seen. Additional acute mildly comminuted fracture of the right superior pubic ramus is noted. There is an associated fracture of the left pubic head without any widening of the symphysis pubis. A nondisplaced fracture of the right inferior pubic ramus is identified on image 89. No acetabular or proximal femoral fracture is seen.

The fracture of the right superior pubic ramus occurs in immediate proximity to the bladder. There is some nonspecific soft tissue swelling just anterior to the fractured right superior pubic ramus probably representing blood products. However, no free fluid is seen within the pelvis to imply intraperitoneal bladder rupture. Consider follow-up CT cystography to exclude extraperitoneal bladder rupture. No other findings are made.

IMPRESSION: The patient has sustained fractures of the right sacrum, the right superior and inferior pubic ramus and the left pubic body. There is some angulation and mild comminution at the fracture site involving the right superior pubic ramus in immediate proximity to the urinary bladder, and injury to the bladder is not fully excluded although there is no evidence of any ascites to suggest and intraperitoneal bladder rupture. A small extraperitoneal rupture would be best excluded by CT cystography if indicated by unexplained hematuria or other compelling clinical factors. The upper abdominal portion of this study is unremarkable.

A draft copy of this report was routed to print to HEDZ3 on 06/22/10, 1741.

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: MORAN, PEDRO M

AGE: 36
DOB: 03/24/1974
SEX: M

UNIT/MR NO: M000332671
ACCT NO: H00046099222
SSN:
REQ NO: 10-0085534
REPORT NO: 0623-0081

ADMITTING DR: MCINTOSH, JAMES C. MD
ORDERING DR: AUBREY A BRYANT MD

ROOM: 594-1
PT LOCATION: HNT5P1
BRYAUB EM

REPORT STATUS: Signed

ORDERED BY: AUBREY A BRYANT MD
LOCATION: ADM-IN HNT5P1-594
STUDY TYPE: 0622-0132 RAD/HIP INCLUDE PELVIS RIGHT

DATE OF EXAM: 06/22/10

CLINICAL DATA: 36M, FALL

RIGHT HIP - INCLUDING PELVIS (2 VIEWS):

FINDINGS: Two views of the right hip demonstrate vertical fractures through the right superior and inferior pubic rami. The patient's pelvis is obliqued to the left. The SI joints and pubic symphysis given the obliquity appear to be intact. Because of the obliquity, sacral fracture would be difficult to exclude. The right hip otherwise shows no other definite acute finding. An accessory ossicle is present for the superolateral aspect of the right acetabulum.

IMPRESSION: Right obturator ring fracture, nondisplaced. Although an additional pelvic fracture could be possible, the slight obliquity of the film makes it difficult to definitely exclude such. Otherwise no other acute finding elsewhere particularly for the right hip.

MAS

EDWIN P PIA MD

REPORT STATUS: Signed

ORDER#/PROCEDURE: 0622-0132 RAD/HIP1 (73510)
EXAM TECH: BITHO
HNT5P1/594
REP RELEASED BY: PIAEDW RAD 06/24/10 1452
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM:

MORAN, PEDRO M

**LEXINGTON
MEDICAL CENTER**2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000**DISCHARGE SUMMARY**

PATIENT: MORAN, PEDRO M	LOCATION: HNT5P1
ADM. #: H00046099222	M.R. #: M000332671
ADMITTED: 06/22/2010	D: 08/21/2010 10:43 AM
DISCHARGED: 06/25/2010	T: 08/22/2010 4:42 PM / bds
PHYSICIAN: JAMES C. MCINTOSH, MD	DATE OF BIRTH: 03/24/1974

ADMITTING DIAGNOSIS(ES)

1. Pelvic fracture.
2. Nondisplaced sacral fracture.
3. Right arm contusion.

HISTORY OF PRESENT ILLNESS: Patient is a 36-year-old male who was admitted from the Emergency Department after a fall from a second floor. He was noted to have a right superior and inferior ramus fracture. Evaluation by CT scan also revealed presence of a nondisplaced sacral fracture. He also complained of intermittent pain about the elbow and wrist. Films taken did not show any obvious abnormalities. (

). During the hospital course he was afebrile, hemodynamically stable. The pain was managed with use of Morphine and Percocet. Physical therapy was consulted for gait training. Upon discharge again he is hemodynamically stable. He is to be weightbearing as tolerated with the use of walker. Follow up in 3-4 weeks.

DISCHARGE MEDICATIONS: Percocet 1-2 p.o. every 4 hours p.r.n.

DATE _____ TIME _____ AM PM

JAMES C. MCINTOSH, MD

cc:

1950 BUSH RIVER RD

Columbia, SC 29210

(803)561-7680

To: JAMES MCINTOSH MD
146 NORTH HOSPITAL DRIVE
SUITE 140
WEST COLUMBIA, SC 29169

Re Orders for Patient:

237695 - PEDRO M MORAN
614 WESSINGER ST
West Columbia, SC 29169

Start of Care Date: 6/28/2010

Primary Diagnosis: V54.17 - AFTRCRE TRAUM FX
VERTEBR

Gender: M

Age: 36

Order Received: 6/29/2010 10:31 AM

Order Number: 376363

Services and Interventions

SN AFTER SN EVALUATED PATIENT, CONFERENCED WITH CHERYL AT MD'S OFFICE ABOUT PATIENT'S PHYSICAL AND SOCIAL STIUATIONS AND SN TO SEE 2 X WEEK 1 WEEK, 1 X WEEK X 2 WEEKS FOR FOLLOW UP ON THESE ISSUES.

OK FOR SN 2 X WEEK X 1 WEEK, 1 X WEEK X 2 WEEKS WITH 4 PRN VISITS.

SPOKE TO CHERYL WITH DR. MCINTOSH Begin Date: 6/29/2010 End Date:

Requested By:

MEREDITH KNOWLES

Date: 6/29/2010

Clinician signature covers all pages

Ordering Physician:

JAMES MCINTOSH MD

Date: 7/25/10

Physician signature covers all pages

32474

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

902

PATIENT: MORAN, PEDRO M

AGE: 36
DOB: 03/24/1974
SEX: M

UNIT/MR NO: M000332671
ACCT NO: H00048538169
SSN: 000-00-0001
REQ NO: 10-0158724
REPORT NO: 1118-0500

ADMITTING DR:
ORDERING DR: JAMES C. MCINTOSH MD

ROOM:
PT LOCATION: HCTS
MCIJAM ORT

REPORT STATUS: Signed

ORDERED BY: JAMES C. MCINTOSH MD
LOCATION: REG CLI HCTS
STUDY TYPE: 1118-0063 CAT/CT PELVIS WO/C

DATE OF EXAM: 11/18/10

CLINICAL DATA: 36M, PELVIC PAIN FOLLOWING FALL FROM LADDER

CT OF THE PELVIS (WITHOUT CONTRAST):

FINDINGS: CT of the pelvis was performed consisting of contiguous 5 mm cuts in the transaxial plane. Images were reviewed on bone and soft tissue windows. The SI joints appear symmetric and the sacrum is intact. The iliac wings appear normal with no acute fracture. There are healed or healing fractures of the right superior and inferior pubic rami. The acetabuli are within normal limits bilaterally and the hips are symmetric with no fracture or dislocation.

IMPRESSION: Healed or healing fractures of the right superior and inferior pubic rami. No acute fracture is present.

ARL

CLARENCE S DAVIS MD

REPORT STATUS: Signed

MCINTOSH, JAMES C. MD
ORDER#/PROCEDURE: 1118-0063 CAT/PELWO (72192)
EXAM TECH: QSDSAH
REP RELEASED BY: DAVCLA RAD 11/19/10 0900
ADD RELEASED BY:
DISC DATE: C
ED DISC DIAG: C

PT LOC/ROOM: HCTS/

MORAN, PEDRO M

Ordering Physician's Copy

1950 BUSH RIVER RD

Columbia, SC 29210

(803)561-7680

To: JAMES MCINTOSH MD
146 NORTH HOSPITAL DRIVE
SUITE 140
WEST COLUMBIA, SC 29169

Re Orders for Patient:

237695 - PEDRO M MORAN
614 WESSINGER ST
West Columbia, SC 29169

Start of Care Date:

Primary Diagnosis:

Gender: M
Age: 36

Order Received: 6/29/2010 10:56 AM

Order Number: 374586

Services and Interventions

MSW MEDICAL SOCIAL WORKER AS NEEDED Begin Date: 6/29/2010 End Date:

SN EVAL AND 6 PRN VISITS, UA WITH CNS

DR. JAMES MCINTOSH/ CHERYL/ TASHA TRESSEL, PT Begin Date: 6/29/2010 End Date:

Requested By:

TASHA TRESSEL

Date: 6/29/2010

Clinician signature covers all pages

Ordering Physician:

JAMES MCINTOSH MD

Date: 6/29/2010

Physician signature covers all pages

Home Health Certification and Plan of Care

1. Patient's HI Claim No.		2. Start Of Care Date 6/28/2010		3. Certification Period From: 6/28/2010 To: 8/26/2010		4. Medical Record No. 237695		5. Provider No. 427010	
6. Patient's Name and Address MORAN, PEDRO M 614 WESSINGER ST West Columbia, SC 29169 (803)556-5147					7. Provider's Name, Address and Telephone Number 336600 TCHH COLUMBIA 1950 BUSH RIVER RD Columbia, SC 29210 (803)561-7680				
8. Date of Birth 3/24/1974		9. Sex ☒ M ☐ F		10. Medications: Dose/Frequency/Route (N)ew (C)hanged NEW OXYGOONE-APAP 5-325MG 1-2 EVERY 4 HRS FOR PAIN					
11. ICD-9-CM Principal Diagnosis V54.17		AFTRCRE TRAUM FX VERTEBR		Date 0					
12. ICD-9-CM Surgical Procedure				Date					
13. ICD-9-CM Other Pertinent Diagnoses 809.0		FRACTURE TRUNK BONE-CLOS		Date 0					
781.2		ABNORMALITY OF GAIT		0					
781.99		NERVE/MUSCULSKEL SYM NEC		0					
14. DME and Supplies NONE					15. Safety Measures: FALL PRECAUTIONS, LOCK W/C WITH TRANSFERS, CRUTCHES				
16. Nutritional Req. REGULAR					17. Allergies: NKA				
18.A. Functional Limitations					18.B. Activities Permitted				
1 ☐ Amputation 5 ☐ Paralysis 9 ☐ Legally Blind 2 ☒ Bowel/Bladder (Incontinence) 6 ☐ Endurance A ☐ Dyspnea With Minimal Exertion 3 ☐ Contracture 7 ☒ Ambulation B ☒ Other (Specify) 4 ☐ Hearing 8 ☐ Speech BLADDER INCONTINENCE					1 ☐ Complete Bedrest 6 ☐ Partial Weight Bearing A ☒ Wheelchair 2 ☐ Bedrest BAP 7 ☐ Independent At Home B ☐ Walker 3 ☒ Up As Tolerated 8 ☐ Crutches C ☐ No Restrictions 4 ☒ Transfer Bed/Chair 9 ☐ Cane D ☐ Other (Specify) 5 ☒ Exercises Prescribed				
19. Mental Status:					1 ☒ Oriented 3 ☐ Forgetful 5 ☐ Disoriented 7 ☐ Agitated 2 ☐ Comatose 4 ☐ Depressed 6 ☐ Lethargic 8 ☐ Other				
20. Prognosis:					1 ☐ Poor 2 ☐ Guarded 3 ☐ Fair 4 ☒ Good 5 ☐ Excellent				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) PT: 2 TIMES PER WEEK FOR 4 WEEKS MSW: EVALUATION OF SERVICES SN: 1 TIME PER WEEK FOR 1 WEEK									

PT ORDERS:

PHYSICAL THERAPY EVALUATION/TREATMENT, THERAPEUTIC EXERCISES OF LE'S, TRANSFER TRAINING, BED ACTIVITIES, GAIT TRAINING ESTABLISH OR UPGRADE HOME PROGRAM/FAMILY EDUCATION, SAFETY AWARENESS WITH FALL PREVENTAITON TRAINING, PAIN MANAGEMENT TECHNIQUES

SN ORDERS: EVAL ONLY

22. Goals/Rehabilitation Potential/Discharge Plans

PT GOALS:

INDEPENDENCE IN TRANSFERS TO CHAIR, TUB, TOILET, WHEELCHAIR, BED WITHIN 8 VISITS.
AMBULATES INDEPENDENTLY WITH ASSIST DEVICE X 100 FT. WITHIN 8 VISITS.
DEMONSTRATES AND STATES UNDERSTANDING OF HOME PROGRAM WITHOUT ASSISTANCE WITHIN 4 VISITS.

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

6/28/2010

25. Date HHA Received Signed POT

24. Physician's Name and Address

JAMES MCINTOSH MD
146 NORTH HOSPITAL DRIVE
SUITE 140
WEST COLUMBIA, SC 29169 (803)936-7230

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

ADDENDUM TO:

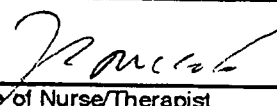
☒ **PLAN OF CARE**

☐ **MEDICAL UPDATE**

1. Patient's HI Claim No.	2. SOC Date 6/28/2010	3. Certification Period From: 6/28/2010 To: 8/26/2010	4. Medical Record No. 237695	5. Provider No. 427010
---------------------------	--------------------------	--	---------------------------------	---------------------------

6. Patient's Name MORAN, PEDRO M	7. Provider Name 336600 TCHH COLUMBIA
-------------------------------------	--

8. Item No. 22.	ABLE TO AMBULATE STEPS W/ASSIST DEVICE; SBA; WITHIN 8 VISITS. REHAB POTENTIAL: GOOD DISCHARGE PLAN: ABLE TO REMAIN IN RESIDENCE WITH ASSISTANCE OF CAREGIVER HOMEBOUND STATUS: TAXING EFFOR TO LEAVE HOME, NEEDS ASSISTANCE FOR ALL ACTIVITIES, UNABLE TO LEAVE HOME UNASSISTED (23). SUPPLEMENTAL ORDERS RECIEVED FROM DR. JAMES MCINTOSH, SPOKE TO CHERYL FOR PLAN OF CARE ON 06/28/2010, TASHA TRESSEL, PT
-----------------	--

9. Signature of Physician 	10. Date 7/1/10
11. Optional Name/Signature of Nurse/Therapist	12. Date

Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		VISIT DATE: 07/22/2010
PATIENT #: 00001589710	XXX-X2-2222	D: 07/22/2010 6:20 PM
PHYSICIAN: JAMES C. MCINTOSH, MD 32474A		T: 07/26/2010 9:08 AM / jbp
		DATE OF BIRTH: 03/24/1974

*

HISTORY OF PRESENT ILLNESS: The patient returns today for follow-up. We admitted him almost a month ago. He had a pelvic fracture with nondisplaced fracture along the sacrum. You can only see that on plain x-rays. He still reports a fair amount of pain and discomfort about his right arm. When we evaluate his wrist and elbow no fractures are noted but he still has pain. He still reports headaches and dizziness from the medications. He had some reports of urinary retention to the therapist. He still reports a fair amount of pain and discomfort basically from the top of his head down to his mid thigh.

PHYSICAL EXAMINATION: He reports tenderness on the lateral aspect of the thigh as well as the inner aspect but these not involved in his injuries. Motion is restricted. Obvious limp noted. All points palpated demonstrate pain. Looking at the wrist there is no swelling or discoloration. Almost normal motion. Scars present seem to be improved, healing well with no pain. Full range of motion.

RECOMMENDATIONS: He is only 4 weeks out. He is pretty painful, which was anticipated. I have asked him to be patient, continue exercises. He reports that he is having headaches and requests a consultation with a neurologist, which we will set up. Continue Lortab. Return in 4-6 weeks with repeat films.

JAMES C. MCINTOSH, MD

cc:

Neuro \$250 up front
can't afford
Still Headaches

Lexington Orthopaedics

RADIOLOGY REPORT

PATIENT: MORAN, PEDRO M		STUDY DATE:
PATIENT #: 00001589710	XXX-X2-2222	D: 08/23/2010 6:10 PM
PHYSICIAN: JAMES C. MCINTOSH, MD		T: 08/25/2010 6:21 PM / kcm
ORDER#:		DATE OF BIRTH: 03/24/1974

RADIOGRAPHIC STUDIES: AP pelvis x-ray did show fracture appears to be healing slowly. Still could see a lucency, which is not that unusual.



JAMES C. MCINTOSH, MD

cc:

Lexington

ORTHOPAEDICS

 Lexington Medical Center
Your partner for health and wellness®

Matison L. Boyer,
M.D.

Barnaby T. Dedmond,
M.D.

David R. Kingery,
M.D.

James C. McIntosh,
M.D.

Randall S. Suarez,
M.D.

Lexington Medical Park 2
146 North Hospital Drive
Suite 140
West Columbia, SC 29169
Phone (803) 936-7230
Fax (803) 936-8097

811 West Main Street
Suite 101
Lexington, SC 29072
Phone (803) 936-7230
Fax (803) 358-6208

DATE: 8/26/10

Pedro Moran

IS UNDER MY MEDICAL CARE

DIAGNOSIS: pelvic fx

OUT OF WORK/SCHOOL

FROM: _____

TO: _____

HE/SHE IS NOW ABLE TO RESUME LIGHT DUTY WORK
ON _____

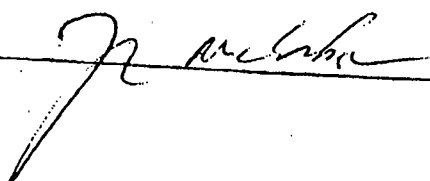
- ☐ TO A LIMITED SHIFT
- ☐ TO A SEATED POSITION
- ☐ NO BENDING
- ☐ NO STOOPING OR SQUATTING (DEEP KNEE BENDS)
- ☐ NO CLIMBING (STAIRS, LADDERS, ETC.)
- ☐ NO PUSHING/PULLING
- ☐ NO LIFTING MORE THAN _____ POUNDS
- ☐ NO USE OF THE LEFT RIGHT UPPER EXTREMITY
- ☐ NO OVERHEAD LIFTING

HE/SHE IS NOW ABLE TO RESUME FULL WORK DUTIES WITH NO
RESTRICTIONS ON:

RETURN TO WORK DATE: _____

COMMENTS: Out of work until return
visit in 6 weeks

SIGNED: _____



Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

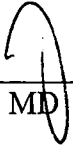
PATIENT: MORAN, PEDRO M		VISIT DATE:
PATIENT #: 00001589710	XXX-X2-2222	D: 08/23/2010 6:10 PM
PHYSICIAN: JAMES C. MCINTOSH, MD	32474	T: 08/25/2010 6:16 PM / kcm
		DATE OF BIRTH: 03/24/1974

HISTORY OF PRESENT ILLNESS: The patient looks like he is coming along very slowly with his pelvic injury. He still reports a fair amount of pain and difficulty walking as well as sleeping. He does not seem to have as much pain down the anterior aspect of his leg. He still reports headaches. We attempted to make an appointment with the neurologist, but he could not afford the visit.

DIAGNOSTIC STUDIES: AP pelvis x-ray did show fracture appears to be healing slowly. Still could see a lucency, which is not that unusual.

PHYSICAL EXAMINATION: Still reports pain and discomfort. Not a lot of atrophy noted. Obvious antalgic gait. No obvious focal motor or sensory deficits.

PLAN: My recommendation at this time is to continue weightbearing as tolerated. The majority of these will heal. It is very rare that these do not heal. Unfortunately, in this situation it is just taking time. We provided him with the name of a neurologist. Unfortunately, there is only 1 neurology group here in the Lexington area, which we attempted to make an appointment for him. Recheck in 4-6 weeks with repeat films of his pelvis at that time.



JAMES C. MCINTOSH, MD

cc:

Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		VISIT DATE: 10/04/2010
PATIENT #: 00001589710	XXX-X2-2222	D: 10/04/2010 5:33 PM
PHYSICIAN: JAMES C. MCINTOSH, MD		T: 10/07/2010 6:51 AM / jbp
		DATE OF BIRTH: 03/24/1974

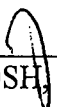
*

HISTORY OF PRESENT ILLNESS: The patient returns today reporting a fair amount of pain and discomfort. He has pain in the posterior pelvis extending down to the heel, pain going to the groin area, which is appropriate with his pelvic fracture. He still has a hard time getting around. When is not walking or sitting the pain seems to be tolerable. With walking he reports a fair amount of pain and discomfort. He does report pain coming from the lower back extending down to the heel.

PHYSICAL EXAMINATION: Motion seems like it is getting a little better. Still has some atrophy. Really difficult to examine. Do not really feel any crepitanace. Any time we move the hip around there is pain. I think some of it is associated with the pelvic fracture and some of it is not. Really do not see signs of a neurological injury but difficult communicate with him and to get a formal exam, so it is not really clear if he has any type of neurologic injury or not.

RADIOGRAPHIC STUDIES: AP pelvis shows the fracture does not appear to be completely healed. There is some evidence of bridging bone. Sometimes it is very difficult to tell. May have to consider CT.

RECOMMENDATIONS: I have asked him with the aid of an interpreter if he is having a significant amount of pain extending down the back to the heel. He said that he is. We can refer him to a spine specialist to be evaluated for this. We tried to explain to him we do not have a spine specialist available in our practice. Recommend activity as tolerated. He was asked what kind of work he does and most of his work does involve heavy labor. He told me can hardly walk without crutches. I do not think he is capable of doing heavy work. I think he is capable of sedentary type work at this time. Return in 6 weeks with repeat films.


JAMES C. MCINTOSH, MD

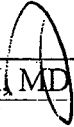
cc:

Lexington Orthopaedics

RADIOLOGY REPORT

PATIENT: MORAN, PEDRO M		STUDY DATE:
PATIENT #: 00001589710	XXX-X2-2222	D: 10/04/2010 5:33 PM
PHYSICIAN: JAMES C. MCINTOSH, MD		T: 10/07/2010 6:59 AM / jbp
ORDER#:		DATE OF BIRTH: 03/24/1974

RADIOGRAPHIC STUDIES: AP pelvis shows the fracture does not appear to be completely healed. There is some evidence of bridging bone. Sometimes it is very difficult to tell. May have to consider CT.


JAMES C. MCINTOSH, MD

cc:

Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		32474 A	VISIT DATE:
PATIENT #: 00001589710	XXX-X2-2222	D:	11/15/2010 5:16 PM
PHYSICIAN: JAMES C. MCINTOSH, MD		T:	11/18/2010 8:36 PM / cgu
		DATE OF BIRTH:	03/24/1974

HISTORY OF PRESENT ILLNESS: The patient returns today. He is coming along very slowly. He still reports a fair amount of pain and discomfort. His pain is front area of his groin as well as the back. The pain is radiating down to his leg. It is not quite as bad but has not gone away. He still complains of low back pain as well as headaches. Apparently he has attempted to see 2 neurologists but they would not accept his Workers' Compensation.

PHYSICAL EXAMINATION: Still using crutches. Obvious antalgic gait. Not a lot of atrophy. Motion about his hip is not that bad. Flexes a 100 degrees. Internal rotation about 20. External rotation about 45 to 50. He does report pain. I cannot appreciate any crepitation or instability but he does report grinding. Obvious antalgic gait.

RADIOGRAPHIC STUDIES: AP of the pelvis shows the fracture appears to be healed.

ASSESSMENT/RECOMMENDATIONS: He does have a litany of other complaints. Unfortunately we cannot offer him; this is beyond the realm of our level of expertise. Plan CT scan to really make sure that the fracture is completely healed. Return following the CT scan and go from there.

JAMES C. MCINTOSH, MD

cc:

32474

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

902

PATIENT: MORAN, PEDRO M

UNIT/MR NO: M000332671
ACCT NO: H00048538169
SSN: 000-00-0001
REQ NO: 10-0158724
REPORT NO: 1118-0500

AGE: 36
DOB: 03/24/1974
SEX: M

ADMITTING DR:
ORDERING DR: JAMES C. MCINTOSH MD

ROOM:
PT LOCATION: HCTS
MCIJAM ORT

REPORT STATUS: Signed

ORDERED BY: JAMES C. MCINTOSH MD
LOCATION: REG CLI HCTS
STUDY TYPE: 1118-0063 CAT/CT PELVIS WO/C

DATE OF EXAM: 11/18/10

CLINICAL DATA: 36M, PELVIC PAIN FOLLOWING FALL FROM LADDER

CT OF THE PELVIS (WITHOUT CONTRAST):

FINDINGS: CT of the pelvis was performed consisting of contiguous 5 mm cuts in the transaxial plane. Images were reviewed on bone and soft tissue windows. The SI joints appear symmetric and the sacrum is intact. The iliac wings appear normal with no acute fracture. There are healed or healing fractures of the right superior and inferior pubic rami. The acetabuli are within normal limits bilaterally and the hips are symmetric with no fracture or dislocation.

IMPRESSION: Healed or healing fractures of the right superior and inferior pubic rami. No acute fracture is present.

ARL

CLARENCE S DAVIS MD

REPORT STATUS: Signed

MCINTOSH, JAMES C. MD
ORDER#PROCEDURE: 1118-0063 CAT/PELWO (72192)
EXAM TECH: CDSDAH
REP RELEASED BY: DAVCLA RAD 11/19/10 0900
ADD RELEASED BY:
DISC DATE:
ED DISC DIAG:

PT LOC/ROOM: HCTS/

MORAN, PEDRO M

Ordering Physician's Copy

19 P52

PATIENT MEDICATION LIST

***Fold this form and keep it in your wallet**

name: Diego A. Medina
 Date of Birth: 3/24/74
 Emergency Contact/ Phone Numbers: _____

Allergies To /	Describe Reactions:	Allergies To /	Describe Reactions:
MEA			

Example- PCN- Rash.) *If no allergies- Enter NKA

LIST ALL MEDICATIONS CURRENTLY BEING TAKEN: prescriptions, over-the-counter medications (ex.- aspirin, antacids) and
herbals (ex. Saw palmetto, ginkgo). Include medications taken as needed (ex. Nitroglycerin)

[illegible]

PATIENT'S NAME: Dedra Moran

CHART #: 32474

11/20/10
PAIN STATUS LOCATION: lumbar
FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
ACHING BURNING DULL SHARP THROBBING
NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

PAIN STATUS LOCATION:
FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
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NUMBNESS

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PAIN STATUS LOCATION:
FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
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FOLLOW UP VISIT
BETTER YES OR NO
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PAIN STATUS LOCATION:
FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
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PAIN STATUS LOCATION:
FOLLOW UP VISIT
BETTER YES OR NO
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DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

Lexington Orthopaedics

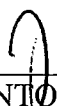
West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		VISIT DATE:
PATIENT #: 00001589710	XXX-X2-2222	D: 11/29/2010 6:32 PM
PHYSICIAN: JAMES C. MCINTOSH, MD 3247M		T: 12/03/2010 2:26 PM / dji
		DATE OF BIRTH: 03/24/1974

HISTORY OF PRESENT ILLNESS: The patient does not seem like he is making a whole lot of progress. He still reports a fair amount of pain and discomfort. Some of this I can explain and some of it I cannot. Basically, he feels like he has not made any changes in the last several months. We went over the findings of his CT scan. His ramus fractures appear to be healed. However, I think one spot maybe 90% healed and the other is 100% healed. He still reports pain extending down the leg. Now, he reports he is having heel pain. We have not heard him voice that complaint in some time. On his initial presentation, I do believe he did have foot films which showed no abnormalities. He still has problems with headaches and back pain.

RECOMMENDATIONS: I again explained to him that we do not have a spine specialist nor can we help him with his headaches. We will have to try to get him seen by a neurologist but because of his insurance status I do not think they will plan to see him. Perhaps his attorney can help. As far as his pain, I am not sure exactly where a lot of this is coming from. Recommend a second opinion. Will ask Dr. Dedmond to see him to see if he can offer him anything.


JAMES C. MCINTOSH, MD

cc:

2/22/11
①



Lexington Medical Center
Rehabilitation & Sports Medicine

REHABILITATION & SPORTS MEDICINE

123 East Medical Lane • West Columbia, SC 29169

Phone (803) 791-2397 Fax (803) 936-8184

☒ **Physical Therapy**

☐ **Occupational Therapy**

☐ **Speech Therapy**

Name Pedro Moran

Today's Date 2/22/11

Diagnosis Low Back Pain after Pelvic Fracture

Precautions/WB Status/ Specifics Ø Restrictions

Frequency/Duration 2-3x/wk for 6 wks

☒ **Evaluate & Treat**

☐ **Gait Training**

☐ **Modalities**

☐ **Therapeutic Exercise**

☐ **Splint Fabrication Type:**

☐ **Ultrasound**

☐ PROM/AAROM/AROM

☐ **Phonophoresis**

☐ **Strengthening Ex.**

☐ **Iontophoresis**

☐ **Joint Mobilization**

☐ **Electrical Stimulation**

☐ **Traction**

☐ **Whirlpool**

☐ **Aphasia Rx.**

☐ **Dysarthria Rx.**

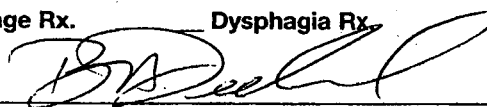
☐ **Other**

☐ **Voice**

☐ **Oral Motor Ther Ex**

☐ **Cognitive Language Rx.**

☐ **Dysphagia Rx.**

Physician Signature 

PATIENT MEDICATION LIST

***Fold this form and keep it in your wallet**

name: David M. Allen
 Date of Birth: 3/24/74
 Emergency Contact/ Phone Numbers:

Allergies To /	Describe Reactions:	Allergies To /	Describe Reactions:
SEA			

Example- PCN- Rash.) *If no allergies- Enter NKA

LIST ALL MEDICATIONS CURRENTLY BEING TAKEN: prescriptions, over-the-counter medications (ex.- aspirin, antacids) and
 erbals (ex. Saw palmetto, ginkgo). Include medications taken as needed (ex. Nitroglycerin)

Date:		Name of Long Term Medication/ Dose	Date:	Name of Short term Medication/ Dose
2/1/10		Hydrocodone APAP 10/325		
2/23/10		None CBR		
0/4/10		None CBR		
1/15/10		Same CBR		
1/21/10		—		
2/22/11		None, (CB)		

PATIENT'S NAME: Pedro Moran

CHART #: 132474

11/10
PAIN STATUS LOCATION: Pelvic Fx
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
ACHING BURNING DULL SHARP THROBBING
NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

11/15/10
PAIN STATUS LOCATION: Pelvic Fx
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
ACHING BURNING DULL SHARP THROBBING
NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

11/23/10
PAIN STATUS LOCATION: Pelvic Fx
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
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0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

11/29/10
PAIN STATUS LOCATION: pelvis
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
ACHING BURNING DULL SHARP THROBBING
NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

10/4/10
PAIN STATUS LOCATION: Pelvic Fx
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
ACHING BURNING DULL SHARP THROBBING
NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

2/22/11
PAIN STATUS LOCATION: pelvis
☒ FOLLOW UP VISIT
BETTER YES OR NO
PAIN SCALE: AFFECTS:
0 1 2 3 4 5 6 7 8 9 10 GENERAL ACTIVITY
LEAST MOST SEVERE SLEEP
PAIN QUALITY:
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NUMBNESS

DISCHARGE PAIN STATUS (WHEN APPLICABLE) INTERVENTION
0 1 2 3 4 5 6 7 8 9 10 -SEE DICTATION
LEAST MOST SEVERE
PT/FAMILY/SIG. OTHER EDUCATED REGARDING PAIN MGT PLAN

Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		VISIT DATE:
PATIENT #: 00001589710	XXX-X2-2222	D: 11/29/2010 6:32 PM
PHYSICIAN: JAMES C. MCINTOSH, MD		T: 12/03/2010 2:26 PM / dji
		DATE OF BIRTH: 03/24/1974

HISTORY OF PRESENT ILLNESS: The patient does not seem like he is making a whole lot of progress. He still reports a fair amount of pain and discomfort. Some of this I can explain and some of it I cannot. Basically, he feels like he has not made any changes in the last several months. We went over the findings of his CT scan. His ramus fractures appear to be healed. However, I think one spot maybe 90% healed and the other is 100% healed. He still reports pain extending down the leg. Now, he reports he is having heel pain. We have not heard him voice that complaint in some time. On his initial presentation, I do believe he did have foot films which showed no abnormalities. He still has problems with headaches and back pain.

RECOMMENDATIONS: I again explained to him that we do not have a spine specialist nor can we help him with his headaches. We will have to try to get him seen by a neurologist but because of his insurance status I do not think they will plan to see him. Perhaps his attorney can help. As far as his pain, I am not sure exactly where a lot of this is coming from. Recommend a second opinion. Will ask Dr. Dedmond to see him to see if he can offer him anything.

JAMES C. MCINTOSH, MD

cc:

LeXington

ORTHOPAEDICS

A Lexington Medical Center Physician Practice

Lexington Medical Park 2
146 North Hospital Drive, Suite 140
West Columbia, SC 29169
803.936.7230

PATIENT: Moran, Pedro M	
ACCOUNT #: 000006694620	PATIENT MR #: 0001589710
DATE OF SERVICE: 03/26/2012	D: 03/26/2012 06:27 P
ID: ~~7-3985~~ 32474	T: 03/29/2012 06:50 P
PROVIDER: James McIntosh, MD	DATE OF BIRTH: 03/24/1974

HISTORY OF PRESENT ILLNESS: The patient returns today for an IME evaluation for his pelvic injury. As you know, we saw him following a fall back in June 2010. At that time he suffered a pelvic fracture involving the right superior-inferior ramus as well as a nondisplaced sacral fracture. He reports he is still having pain and the area the points to is in the trochanteric region on the right hip. He reports that the pain is there consistently throughout the day. The more he is up on it, the more it seems to bother him. He feels like he cannot walk long distances, climb steps or ladders, even having relationships with his wife is becoming increasingly difficult because of the pain. He did see a physician for his back. During our initial treatment he did report pain and ultimately he did see a spine specialist. We are not sure who it was, but he has been released. Apparently there are no surgical lesions. We also obtained a second opinion from Dr. Dedmond back on March 1, 2011. He felt like the pelvic fracture was healing appropriately and he did not have any suggestions for him as everything appeared to be healing appropriately. His health has otherwise been stable. No significant changes have occurred in his health since we saw him last. Apparently he did have some headaches and dizziness which apparently have gotten better.

PHYSICAL EXAMINATION: GENERAL: Well-nourished, well-developed male, no apparent cardiopulmonary distress. He has a nonantalgic gait. **MUSCULOSKELETAL:** Looking at his legs, no significant atrophy. Forward flexion is approximately 90 degrees. Internal rotation 10 to 20. External rotation is about 20 to 25. Abduction about 30 to 35, which is symmetric to the left. Axial loading reduction does produce pain over the trochanteric region but not the inguinal region. No focal motor or sensory deficits. Strength testing does show diffuse weakness, even so on the left lower extremity. Pulses intact. There is no swelling or discoloration. Skin is warm and dry. No signs of RSD.

RADIOGRAPHIC STUDIES: Repeated pelvic films today which show that the rami fractures are completely healed. No signs of any posttraumatic arthritis in either hip. No soft tissue calcifications laterally near the area of question in the right trochanteric region.

ASSESSMENT: Persistent pelvic pain following fracture.

PLAN/RECOMMENDATION(S): Basically repeating what Dr. Dedmond told him over a year ago, I really do not have an anatomic explanation why he is having pain and discomfort particularly outside the pelvic ring. He demonstrates symmetrical range of motion, has a nonantalgic gait. X-rays do not show any signs of disuse atrophy or posttraumatic arthritis. My recommendation is to assign a 15% impairment to the lower extremity. I would recommend permanent work restrictions of no ladder climbing or excessive stair climbing more than 6 steps.

ADDENDUM: His level of impairment will be 10% lower extremity.

Electronically signed by
James McIntosh, MD 04/04/2012 02:07 P

LEXINGTON ORTHOPAEDICS WEST COLUMBIA OFFICE
PAGE 1 OF 2

LEXINGTON ORTHOPEDICS

PATIENT: Moran, Pedro M	DATE OF SERVICE: 03/26/2012
ACCOUNT #: 000006694620	PATIENT MR #: 0001589710

James McIntosh, MD

T: 03/29/2012 06:50 P/cgu

RADIOLOGY REPORT

PATIENT: Moran, Pedro M	
ACCOUNT #: 000006694620	PATIENT MR #: 0001589710
DATE OF SERVICE: 03/26/2012	D: 03/26/2012 06:16 P
ID: 7-3985	T: 03/29/2012 06:17 P
PROVIDER: James McIntosh, MD	DATE OF BIRTH: 03/24/1974

RADIOGRAPHIC STUDIES: Repeated pelvic films today which show that the rami fractures are completely healed. No signs of any posttraumatic arthritis in either hip. No soft tissue calcifications laterally near the area of question in the right trochanteric region.

ASSESSMENT: Persistent pelvic pain following fracture.

Electronically signed by

James McIntosh, MD 04/02/2012 11:56 A

James McIntosh, MD

T: 03/29/2012 06:17 P/cgu

(803) 936-7230 – Phone
(803) 936-8097 – Fax

Patient Name: Pedro Antonio Heron
Date of Birth: 03-24-74 Social Security Number —

Person/ Entity	Relationship	Phone Number
Reyna Quintana	Wife	803- 363-6327
Emely Sutton	Pastor	803- 445-9103
Lore Reyes	Pastor	803- 381-5840

Reference Item: _____

- 1) I understand that if my records contain documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable diseases, this information will be released as part of my record.
- 2) I understand that if the person or entity receiving this information is not covered by federal privacy regulations, this information will no longer be protected and may be re-disclosed.
- 3) I understand that I may revoke this authorization at any time, but revocation will not apply to information that has already been released. Revocations should be sent to the address noted at the top of the form.
- 4) I understand that this authorization will expire in one year from the date of signature
- 5) I understand that a copy or fax of this document is just as valid as the original document.

03-26-12
Date

30
P63

Lexington

ORTHOPAEDICS

A Lexington Medical Center Physician Practice

 Lexington Medical Center

Matison L. Boyer
M.D.

Barnaby T. Dedmond
M.D.

David R. Kingery
M.D.

James C. McIntosh
M.D.

Randall S. Suarez
M.D.

March 26, 2012

Mr. Mark Calhoun
Calhoun Law Firm
Attorney at Law
714 East Main Street
Lexington, SC 29072

TJ Daley, PA-C

Laura Kinsler, PA-C

RE: Pedro Moran
DOB: March 24, 1974

Dear Mr. Calhoun:

Lexington Medical Park 2
146 North Hospital Drive
Suite 140
West Columbia, SC 29169
Phone: (803) 936-7230
FAX: (803) 936-8097

811 West Main Street
Suite 101
Lexington, SC 29072
Phone: (803) 936-7230
FAX: (803) 358-6208

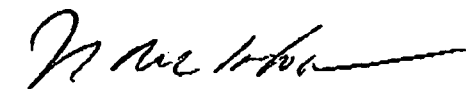
7033 St. Andrews Road
Suite 104
Columbia, SC 29212
Phone: (803) 936-7230
FAX: (803) 749-9675

I am receipt of your letter concerning Mr. Pedro Moran. I do feel like Mr. Moran is at MMI for his pelvic fracture. We plan to rate him as a 10% impairment to the pelvis. I do not anticipate any further surgical or medical treatment for his pelvic injury. As far as what medications he requires, we do not see any signs of any posttraumatic arthritis in any of the hip joints so I really cannot answer or say what medications he is going to require. The patient informed me during our IME that he still makes relatively frequent trips to the Emergency Department for medications because of pain. The problem is I cannot really determine the exact source of his pain. He has symmetrical range of motion on today's exam. He has a nonantalgic gait. No significant atrophy noted. He has an inconsistent motor exam.

My present restrictions will be to avoid ladder climbing and perhaps avoid stair climbing more than 6 steps. Based on his pelvic injury, I do not feel he needs a weight restriction. It is my understanding he has been treated by a spine specialist. I am not sure if he was placed on restrictions for his alleged spine injury.

If you have any questions, please do not hesitate to contact me.

Sincerely,


James McIntosh, MD

\cgu

Patient Information Intake Form

Date: 03-26-12 Name: Pedro Moran Date of Birth: 03-24-74 Age: 38
Height: 5.5 Weight: 140 P Sex: ☒ Male ☐ Female What Doctor sent you to us: James McIntosh M.D.
Family Physician: _____ Employer: _____

Chief Complaint/HPI: (the reason for today's visit)

Date of Onset/Injury: 06-22-10 Work Related: ☐ Yes ☐ No Dominant Hand: ☐ Left-Handed ☐ Right-Handed

Where Injury Occurred: _____ How Injury Occurred: _____

Involved Body Part: _____ Severity of Pain (0-10): _____

Quality of Pain (ex. throbbing, numb etc.): _____

Timing of Pain (ex. upon rising, etc.): _____

Modifying Factors (ex. what improves or worsens symptoms): _____

History of Medical Illnesses: (check yes or no)

Heart Problems	☐ Yes ☒ No
High Blood Pressure	☐ Yes ☒ No
Low Blood Pressure	☐ Yes ☒ No
Circulatory Problems	☐ Yes ☒ No
Hepatitis	☐ Yes ☒ No
Diabetes	☐ Yes ☒ No
Allergies/Hay Fever	☐ Yes ☒ No
Shortness of Breath	☐ Yes ☒ No
Epilepsy	☐ Yes ☒ No
Ulcer	☐ Yes ☒ No

Cerebral Palsy	☐ Yes ☒ No
Malignancies	☐ Yes ☒ No
Asthma	☐ Yes ☒ No
Anemia	☐ Yes ☒ No
Chronic Fatigue	☐ Yes ☒ No
Arthritis	☐ Yes ☒ No
Gout	☐ Yes ☒ No
HIV	☐ Yes ☒ No
Depression	☒ Yes ☐ No
Severe Anxiety	☒ Yes ☐ No

Skin Disorders	☐ Yes ☒ No
Kidney Problems	☐ Yes ☒ No
Fibromyalgia	☐ Yes ☒ No
Cancer	☐ Yes ☒ No
Osteoporosis	☐ Yes ☒ No
Hyperthyroidism	☐ Yes ☒ No
Hypothyroidism	☐ Yes ☒ No
Weight Gain	☐ Yes ☒ No

Do you smoke: ☐ Yes ☒ No If yes, how often: _____

Do you consume alcohol: ☐ Yes ☒ No If yes, how often: _____

Allergies: ☐ Yes ☒ No If yes, please list: _____

Prior Surgeries: _____

Family Medical History (list family illnesses): _____

Patient /Guardian Signature: Pedro Antonio Moran Date: 03-26-12

Physician Signature: _____ Date: 03-26-12

JUL-01-2010

Received 07/01/2010 10:08AM in 01:10 on line [12] for LEXORTHOL Pg 2/3

10:01

MSA

8035617685

P.002



**LEXINGTON
MEDICAL CENTER**
Your partner for health and wellness

Department of Pathology and Laboratory Medicine

2720 Sunset Blvd

West Columbia, SC 29169

Phone (803) 791-2400 Fax (803) 791-2406

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: MORAN, PEDRO
PATIENT ID: M000332671
ACCT NO: H00046220778

DOB: 03/24/1974
AGE: 36Y SEX: M
PHYSICIAN: McIntosh, James C, M
LOC: TRI

T10954 COLL: 06/29/2010 14:00 REC: 06/29/2010 17:18 PHYS: McIntosh, James C, M

URINE CHEMICAL EXAM

URINE COLLECT TYPE	CA, URMC
COLOR	YELLOW
CLARITY	CLEAR
GLUCOSE	NEG [NEG] mg/dl
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
BILIRUBIN	NEG [NEG]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
KETONES	NEG [NEG] mg/dl
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
SPECIFIC GRAVITY, *	1.031 [1.003-1.030]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
BLOOD	NEG [NEG]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
pH	6.0 [4.6-8.0]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
PROTEIN	NEG [NEG] mg/dl
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
UROBILINOGEN	POS [0.1-1.0] mg/dl
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
NITRITE	NEG [NEG]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
LEUKOCYTE ESTERASE	NEG [NEG]
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628

URINE MICROSCOPIC

RED BLOOD CELLS	<1 [<4] /hpf
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
WHITE BLOOD CELLS	1 [<6] /hpf
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
SQUAMOUS EPITHELIAL	<1 [<6] /hpf
	QA FLAGS AND/OR RANGES MODIFIED BY DEMOGRAPHIC UPDATE ON 06/30 AT 1628
MUCOUS	PRESENT /hpf

FAXED

To Dr. McIntosh on 7/1/10 @ 10:58A

MORAN, PEDRO

MORAN, PEDRO

END OF REPORT

PAGE1



Department of Pathology and Laboratory Medicine
2720 Sunset Blvd
West Columbia, SC 29169
Phone (803) 791-2400 Fax (803) 791-2406

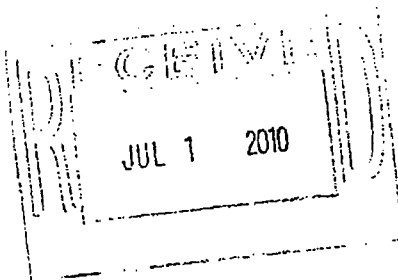
Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD William R. Armstrong, MD Robert O. Jones, MD M. John Spalding, MD

PT. NAME: MORAN, PEDRO DOB: 03/24/1974
PATIENT ID: M000332671 AGE: 36Y SEX: M
ACCT NO: H00046220778 PHYSICIAN: McIntosh, James C, M
LOC: TMI

06/29/10 URINE CULTURE
1400 ACC. NO.: T10953 TRANSPORT TIME: 3.3 FINAL 07/01/2010
SPECIMEN DESCRIPTION: CLEAN VOIDED URINE

COLONY COUNT: <1,000 CFU/ML

CULTURE: 1. NO GROWTH 2 DAYS



FAXED

To Dr McIntosh on 7/1/10 @ 10:54

MORAN, PEDRO

MORAN, PEDRO

END OF REPORT

PAGE1

TOTAL P.003

DR. JAMES BETHEA

Columbia Orthopaedic Specialists, LLC
1301 Taylor Street, Suite 3-0
Columbia, SC 29202-0306

DATE: 12/15/11

PATIENT: Pedro A. Moran
SSN: Not Provided

This 37-year-old male reports that his lower back pain can be as intense as 8/10 and the pain does radiate to the right foot and almost never to the left foot. He states that at the time of his accident, he fell on his tool belt and this caused the injury to his lower back.

He has not returned to work since his accident in 2010. He states he is not as active as he was before this happened, sometimes he can wash dishes and cook.

At his lumbar spine he had at least 60° of flexion and 30° of extension with both maneuvers equally uncomfortable. Lateral bending was possible to 30° in either direction and for some reason caused some pain in his neck. Lateral rotation was possible to 60° either to the right or left with the lateral maneuver more uncomfortable. Flip test was positive. Distal neurovascular status was intact.

RADIOGRAPHS: AP and lateral x-rays of his lumbar spine revealed no evidence of any fracture residual or osteoarthritis.

The patient is at maximum medical improvement and no return visit was made for him here. I think that he should be able to work full duty.

I did write a prescription for (#30) Tylenol No. 3 to be taken one every four hours as needed for pain without a refill after he requested pain medication.

Using the 6th edition of the AMA Guides, there is a 2% impairment of the pelvis. I did refer to Tablet 17-11 on page 593. I also took into account the Adjustment Grid.

He did complete a Pain Disability Questionnaire in which he mentioned that he considered his problem to be a severe disability. This was found to be unreliable because it deviated too much from Clinical Studies and Physical Examination.

No return appointment was made for him here.

11/15/11
Pedro A. Moran
Page 2

Translation was again provided by Joannis Sheehan.



James F. Bethea, M.D.
JFB/mdw

(Next Appointment p.r.n.)

Claim #: EPF3598
File #: 026-CB-EPF3598-F

cc: The Hartford
Travelers Indemnity Company
Att: Elise Oakes, RN, CCM, Medical Case Manager
P.O. Box 473502
Charlotte, NC 28247-3502

Columbia Orthopaedic Specialists, LLC
1301 Taylor Street, Suite 3-0
Columbia, SC 29202-0306

DATE: 12/07/11

PATIENT: Pedro A. Moran
SSN: Not Provided

This patient reports that his pain is only getting worse. The pain has radiated to his right foot. Running is impossible. He apparently tolerated only one session of physical therapy because of his pain.

November 20th he found it necessary to go to the Lexington Medical Center emergency room where he was given injection of Dilaudid and written prescriptions for Flexeril and Percocet.

His pain is so severe that he cannot even perform a home exercise program.

Today he stood up slowly. He limited flexion of the lumbar spine to 30° and extension to 10°. Lateral bending was limited to 20° in either direction whereas lateral rotation was possible to 30° either to the right or left. He would not even attempt to lift a 20-pound weight because of his lower back pain.

Flip test was positive. There were no neurological findings. No limb atrophy was seen.

RADIOGRAPHS: AP pelvis x-rays again revealed his fractures to be well healed.

I did write a prescription for (#60) 7.5 mg Mobic to be taken one twice a day with one refill.

At this point, I find no reason he could not be working full duty.

A letter was sent to me November 30th and now apparently I do have authorization to treat his lumbar spine.

I will see him back one more time to address that issue.

12/07/11
Pedro A. Moran
Page 2

The patient's examination today was carried out with the help of a Joannis Sheehan who is a translator.



James F. Bethea, M.D.
JFB/mdw

(Next Appointment p.r.n.)

Claim #: EPF3598
File #: 026-CB-EPF3598-F

cc: Travelers Indemnity Company
Att: Elise Oakes, RN, CCM
Medical Case Manager
P.O. Box 473502
Charlotte, NC 28247-3502

DR. RANDOLPH WAID

L. Randolph Waid, Ph.D.

1459 Stuart Engals Blvd.
Mt. Pleasant, SC 29464

Phone: 843-881-2778
Fax: 843-881-6878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION

Confidential-For Professional Use Only

Name: Pedro Antonio Moran

Age: 38 (03/24/74)

Sex: Male

Handedness: Right

Date of Evaluation: March 30th, 2012

Reason for Referral: Pedro A. Moran is a 38-year-old, Hispanic male who is status post a head injury and other orthopedic compromises due to a fall while serving in employment capacities on or about June 22nd, 2010. Mr. Moran has been under the neurological care of R. Joseph Healy, M.D., neurologist. Dr. Healy requested formal neuropsychological evaluation of Mr. Pedro Moran to document his functional level at the present time. Mr. Moran's legal interests are represented by Mark Calhoun, Esquire. The evaluation was conducted to assess Mr. Moran's brain behavior and emotional functioning.

History of Presenting Difficulties: My understanding of Mr. Pedro Moran's case was assisted by review of records including the following:

1. Report of consultation conducted at Lexington Medical Center, James C. McIntosh, M.D.
2. Medical records from R. Joseph Healy, M.D.
3. Affidavits regarding Mr. Pedro Moran from Hiber Donaldo Medina-Romero and Reina Isabel Quintero (wife).

Review of records reveal that Mr. Moran is from Nicaragua and was employed with JMR Siding when he was working at a second floor level and fell. Records reveal report that Mr. Moran suffered a loss of consciousness. He was transported by EMS to Lexington Medical Center emergency department. Upon arrival, he was assessed as alert, oriented, and hemodynamically stable. There was complaint of multisite pain particularly affecting the pelvis region and right hand. CT scan of the head was unremarkable other than blood in the right maxillary sinus. CT scan of the pelvis revealed right superior and inferior ramus fracture as well as a nondisplaced fracture going through the sacrum. There was also complaint of right elbow and right wrist pain.

Records reveal that Mr. Moran experienced disruptive memory difficulties post injury as well as complaint of frequent headache, mood swings, poor sleep, and low back pain. Affidavits provided by Reina Isabel Quintero, wife, as well as Hiber Donaldo Medina-Romero document the pre to post injury changes in Mr. Moran including memory loss, dizziness, headache, mood swings/depression, and the manner in which he is emotionally reactive with an ease in which he becomes aggravated with loss of temper. Mr. Moran was also described as being socially withdrawn, preferring to "be by himself."

Mr. Moran came under the neurological care of R. Joseph Healy, M.D. in the fall of 2011. In a correspondence dated 01/24/12, Dr. Healy stated that his ongoing intervention and evaluation of Mr. Moran resulted in a diagnostic impression of posttraumatic encephalopathy. Dr. Healy also assessed Mr. Moran as being status post sacral fracture with ongoing depression and posttraumatic stress. He viewed the

depression to be reactive due to Mr. Moran's persistent problems as well as loss of income. Dr. Healy noted that there were continuing left periorbital headaches and likely sinus infection. An EEG showed a nonspecific encephalopathy and it was noted that MRI of the head (10/18/11) was normal. Dr. Healy requested that Mr. Moran undergo neuropsychological testing.

Mr. Moran underwent evaluation on March 30th, 2012. As mentioned, he is from Nicaragua and resides in West Columbia with his wife of 18 years. Mr. Moran reported that he had been working with JMR Siding for approximately 6-7 months at the time of the accident. Review revealed a lack of recall for the accident consistent with a period of unconsciousness/amnesia, with Mr. Moran stating that he became aware while being transported in the ambulance. He was able to identify that he was seen at the emergency room of Lexington Medical Center. Mr. Moran also reported his awareness for having a fractured pelvis and injury to the right hand.

In interview, Mr. Moran reported that he continues to experience frequent headaches, stating that he was experiencing head pain at the time of the interview. There was also report of being forgetful with an ease in which he cannot track conversations and loses his train of thought. There was report of sleep difficulties as well as episodic nightmares involving "falling from something." Mr. Moran stated that he is now fearful of heights. He provided further examples of how he will read a paragraph or verse in the bible but will be unable to retain it. He also complained of depression as well as having experienced suicidal ideation. Mr. Moran denied active suicidal ideation at the time of the evaluation, noting that he "had faith in God." Further review revealed complaint of back pain as well as residual pain affecting the pelvis region. Back pain radiates to the lower extremities more affecting the right leg and extending to the right heel. Back pain is particularly aggravated by prolonged standing. Mr. Moran also reported being somewhat unstable, noting that he has to "hold on" when ascending or descending stairs to avoid falling. There was complaint of an easy fatigability as well as report of experiencing disruptive pain following any intimate encounter with his wife. Mr. Moran's pain often renders him with middle of the night awakenings.

Pedro Moran is Hispanic but appeared to have some understanding for the English language. The current evaluation was assisted by the use of an interpreter. That appeared to go well throughout the interview as well as conduction of neuropsychological testing.

In interview, Mr. Moran reported that he continues on a medication regimen that consists of ibuprofen and/or Tylenol with an inability to name medications that were provided for insomnia and "something for headaches." It was noted in Dr. Healy's records that he had provided Mr. Moran a trial of Remeron and Ativan but, at that time, Mr. Moran was unable to obtain the medications as they were not authorized by the carrier.

A structured symptom evaluation failed to reveal any complaints by Mr. Moran with regard to olfactory or gustatory senses. Mr. Moran reported experiencing blurring of vision and further described how he has difficulty tracking when reading. There was no report of diplopia. He denied auditory acuity difficulties as well as tinnitus.

With regard to motor functioning, there was complaint of diffuse weakness particularly affecting the back and lower extremities. There are mild balance problems that particularly manifest when he is ascending or descending stairs. There was no report of numbness or paresthesias.

Mr. Moran complained of back pain manifesting in the lower to mid back regions that can be aggravated by prolonged standing or physically exerting activities rendering him with severe pain. Mr. Moran noted that approximately 2 to 3 weeks before the evaluation, he had received an injection at an emergency room. There was also complaint of residual pain affecting the pelvis region. Headaches persist generally located in the frontal temporal region but, when severe, can encompass the whole head. He was unsure of aggravating stimuli, offering that "sometimes I wake up with them." There is use of over-the-counter analgesics for assistance.

Mr. Moran reported that he continues to experience bouts of dizziness that occur at times when ambulating. Mr. Moran related that he had been provided a prescription for dizziness. There was no report of seizures.

With regard to cognitive functioning, Mr. Moran complained of attention/concentration difficulties and slow mentation. He was most concerned regarding memory difficulties. There was also discussion regarding how he experiences increased sensitivity to noise and light.

With regard to psychological functioning, Mr. Moran acknowledged being depressed as well as experiencing sleep difficulties primarily involving middle of the night awakenings. There has been use of medication to assist with sleep. There was report of episodic nightmares. He also reported experiencing social executive changes to his personality rendering him more impatient, irritable, with anger dyscontrol. There was complaint of reduced energy level with an easy fatigability. Evaluation failed to reveal active paranoid ideation or delusional thinking. Mr. Moran reported that he is now fearful of heights. He denied hallucinatory activity and there was no evidence of psychotic symptomatology. Appetite was described as "good." He complained of decreased intimate involvement with his wife with decreased desire and the manner in which pain interferes with sexual intimacy.

Mr. Moran described some problems getting along with his spouse, family, or friends. He offered that it was "not his wife's fault." He currently is residing with his wife, offering that there is another married couple in the house as well as a 5-year-old girl.

Medical History: Mr. Moran denied previous head or neck injury. He denied undergoing any previous surgical procedures. He has not previously been involved in a Workers' Compensation injury claim. Review revealed that Mr. Moran was healthy without history of serious infections, diabetes, hypertension, or previous stroke. He denied history for migraine or tension headaches.

Mr. Moran denied previous involvement in psychiatric treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He does not consume alcohol and reported previous usage in his life was occasional. He denied illicit drug usage. There has been no history for formal substance abuse treatment. He does not use tobacco products.

Family History: As far as Mr. Moran is aware, there is no family history for psychiatric illness or substance abuse problems.

Psychosocial Review: Mr. Moran reported growing up in Nicaragua. He grew up in a city and offered that he attended education up to the level that would "be like a 10th grade here." He was previously married and had 3 children from his first marriage. He has been married to his current wife, Reina Isabel Quintero for 18 years and they have had 4 children who continue to reside with the grandmother in Nicaragua. Mr. Moran has been employed in roofing and siding while in the United States. At the time of the accident, he was employed with JMR Siding.

Procedures: Mr. Moran is Hispanic and it is acknowledged that cultural/language differences may compromise the validity and reliability of the neuropsychological test results. Testing was conducted with the assistance of an interpreter and appeared to go well as Mr. Moran did appear to have rudimentary understanding of the English language. Test procedures included the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, California Verbal Learning Test-II, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Category Fluency Test, Seashore Rhythm Test, Tactual Performance Test, Sensory Perceptual Exam, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Frontal System Behavior Scale, and Post Mild Traumatic Brain Injury Symptom Checklist.

Examination Results: Most test scores in this report are expressed in statistical terms including *Standard Scores (SS)*, *T-Scores*, *Scaled Scores*, *Percentile Rankings (%ile)*, and *Composite/Index Scores*. The following is a general guide to assist in interpretation:

<u>Standard Score</u>	<u>T-Scores</u>	<u>Composite/Index Score</u>	<u>Scaled Score</u>	<u>%ile</u>	<u>Descriptor</u>
130+	70+	130+	18+	98+	Very Superior
120-129	63-69	120-129	16-17	90-97	Superior
110-119	57-62	110-119	13-15	75-89	High Average
90-109	44-56	90-109	8-12	25-74	Average
80-89	37-43	80-89	7	10-24	Low Average
70-79	31-36	70-79	3-6	3-9	Borderline
<70	<31	<70	<3	<3	Deficient

Neurobehavioral Observations: Mr. Moran was on time for his scheduled appointment. He presented appropriately attired with good personal hygiene. He was confident in his interactions with the examiner. There was maintenance of appropriate eye contact and social reciprocity. Mr. Moran was observed to ambulate without need for use of an assistive device. He did not demonstrate disruptive psychomotor retardation or excitement. Testing was conducted via the use of an interpreter and that went well based on the report of the interpreter. Indeed, there did not appear to be any difficulty for Mr. Moran to understand instructional sets and engage effectively in testing. Functional factors such as depression or pain did not appear to interfere with Mr. Moran's ability to meet the demands of testing. Affect was generally euthymic and sensorium was clear. Mr. Moran was assessed as providing good effort to meet the demands of testing. Provision of good testing effort was further confirmed via Mr. Moran's performance on a symptom validity test (Test of Memory Malinger) where he attained 50/50 correct on criterion trial 2. Review of validity indices embedded within the battery of the neuropsychological tests was also confirmatory of provision of good effort. While noting that cultural/language difficulties existed and could compromise the validity and reliability of the test results, the current evaluation appeared to provide a reasonable sample of Mr. Moran's current functioning.

Language Functions: Mr. Moran did not demonstrate any aphasic or agnostic symptoms. Nor did he demonstrate right/left confusion or dyscalculia. He appeared to effectively engage with the interpreter without evidence of difficulties with comprehension. Mr. Moran's conversational speech was prosodic, fluent, of normal rate and tone without disruptive dysarthria. Mr. Moran's performance on an executive functioning test involving category fluency was in the average range (T=48) based on the Heaton et al norms utilizing his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functioning: Evaluation failed to reveal any imperceptions or suppressions affecting tactile or visual modality during unilateral and bilateral stimulation paradigms. Assessment of the auditory modality revealed evidence of imperceptions and suppression errors to the left side during unilateral and bilateral stimulation. There may be need for Mr. Moran to undergo audiological examination. He performed errorlessly on a tactile finger recognition test and made a few unsystematic errors on a test of graphesthesia. Mr. Moran had no difficulties recognizing tactile forms in each of his extremities.

Mr. Moran is right-hand dominant. He ambulated without need for use of an assistive device. Yet, Rhomberg testing was positive. Mr. Moran complained of weakness particularly affecting the back and lower extremities. Mr. Moran's performance on a test demanding fine motor speed (finger tapping test) revealed mild to moderate deviation from expected performance with regard to the nondominant left hand (T=34). Assessment of grip strength revealed mild to moderate deviation from expected performance, particularly with regard to the dominant hand (T=30). Mr. Moran's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed mild deviation with regard to the dominant right hand (T=38).

Attention/Memory Functioning: Mr. Moran was well oriented, alert, and able to register information. Mr. Moran performed in the average range on Wechsler Memory Scale-IV tests assessing mental control and clock drawing. He was below average on tests assessing incidental recall, inhibition, and verbal production. Mr. Moran adequately estimated the time of day without observing a clock.

Mr. Moran's performance on an attentional test demanding discrimination of rhythmic sounds was in the mild to moderate impairment range ($T=34$). Mr. Moran performed in the average range on working memory tests involving letter/number sequencing (50th percentile) and rapid computation of arithmetical problems (50th percentile). Mr. Moran was less efficient in his performance on working memory tests involving digit span (25th percentile), spatial addition (9th percentile), and symbol span (5th percentile).

Mr. Moran was administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed Mr. Moran to be somewhat erratic in his responding, indicative of poor attention capacity. Yet, Mr. Moran did not demonstrate excessive omission or commission errors. He also demonstrated a good ability to sustain his vigilance to the demands of the test. Overall, Mr. Moran's performance on the CPT was classified as satisfactory. The CPT discriminant function indicated that Mr. Moran's profile had an equal chance of belonging to a clinical or a nonclinical individual.

Mr. Moran was administered the Wechsler Memory Scale-IV (WMS-IV) to assess anterograde memory. Mr. Moran's performance on a WMS-IV verbal memory test involving the immediate learning and recall of orally presented narrative passages placed him at the 63rd percentile. Mr. Moran demonstrated an average ability to retain and recall previously learned narrative passages after a period of delay (50th percentile). Mr. Moran's performance on a visual memory test involving the immediate learning and recall of designs placed him at the 37th percentile. His ability to retain and recall previously learned designs after a period of delay also placed him at the 37th percentile. Mr. Moran's performance on a visual memory test involving the immediate learning and reproduction of visual designs was below average (16th percentile). Yet, he demonstrated an average ability to retain and reconstruct previously learned visual designs after a period of delay (37th percentile).

Mr. Moran was administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning test. Mr. Moran's total recall score after five administrations of the word list placed him at the 47th percentile compared to age related peers. Observation of test performance revealed an average initial trial with an adequate ability to profit from repetitive administrations of the word list as he demonstrated a learning curve. Mr. Moran demonstrated mild difficulties learning a new word list after repetitive administrations of a previous word list. He was below average in his ability to retain and recall previously learned words in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed below average recall of words from the primacy region of the word list. There was an elevated rate of intrusive errors. Mr. Moran performed in the average range on a recognition test demanding that he discriminate target from nontarget words without a significantly elevated rate of false positive errors.

Visual Spatial/Visual Constructional Functions: Mr. Moran did not demonstrate visual inattention or neglect processes. Nor was there evidence of constructional dyspraxia. Mr. Moran performed deficiently on WAIS-IV tests assessing perceptual reasoning abilities (2nd percentile). This included his performance on the Block Design Test (5th percentile), Matrix Reasoning Test (5th percentile), and Visual Puzzles Test (2nd percentile). On a test demanding fine discriminations of lines in space, Mr. Moran's performance placed him in the low average range (22nd percentile). The pattern of his errors suggested that concentration difficulties were causal rather than spatial impairment. On a visuographic sequencing test involving the serial processing of numbers, Mr. Moran's performance was slow and in the moderate to severe impairment range ($T=24$). When the task became more demanding, involving alternations between numbers and letters in sequential fashion, Mr. Moran's performance was in the low average range ($T=41$) without sequencing error.

Executive/Higher Reasoning Abilities: Mr. Moran was slow but able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Moran performed in the average range on an executive functioning test involving category fluency. He was also able to meet the sequencing demands associated with Trail Making Test-Part B.

In the current evaluation, Mr. Moran was administered the majority of the Wechsler Adult Intelligence Scale-IV (WAIS-IV). Overall, his performance resulted in a Full Scale I.Q. of 74 placing him at the 4th percentile compared to age related peers. Mr. Moran performed in the average range on WAIS-IV tests assessing working memory (composite score =95/7th percentile). He performed in the low average range on WAIS-IV tests assessing verbal comprehension skills (composite score =83/13th percentile). Mr. Moran was less efficient in his performance on WAIS-IV tests assessing processing speed (composite score =71/3rd percentile) and perceptual reasoning skills (composite score =69/2nd percentile).

Review of individual WAIS-IV test performances revealed Mr. Moran to be deficient on processing speed tests including the Symbol Search Test (5th percentile) and a test demanding rapid psychomotor coding of symbolic stimuli (2nd percentile). Mr. Moran was also deficient in his performance on a verbal comprehension test involving the finding of a common construct between disparate items (5th percentile). In contrast, he performed in the average range on a test assessing his general fund of information (37th percentile).

Mr. Moran's reasoning and problem solving abilities were further assessed via administration of the Wisconsin Card Sorting Test and Tactual Performance Test (TPT).

On the Wisconsin Card Sorting Test, Mr. Moran demonstrated an adequate ability to generate and discover the correct solution sets as well as to shift the basis of his responding when the externally imposed demands of the task necessitated this. Mr. Moran attained the expected six out of six categories with an elevated rate of perseverative errors (23%) but no failures to maintain set.

Mr. Moran was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Moran's initial dominant hand performance was slow, placing him in the mild impairment range (T=38). Yet, he showed an ability to profit from the initial learning trial during his second trial, nondominant hand performance (T=43) and third trial, both hands performance (T=41). His incidental memory score was in the average range (T=45) while his location score (T=29) was in the moderate impairment range.

Emotional/Behavioral Functioning: Review of records including evaluation conducted by Dr. Healy and affidavits provided by his wife and a friend raised concerns that Mr. Moran is experiencing disruptive emotional difficulties including depression, anxiety, sleep disturbance, as well as being more emotionally reactive rendering him irritable, impatient, and socially isolated. Mr. Moran continues to have to cope with disruptive somatic symptoms including headaches. In the current evaluation, Mr. Moran responded to a Post Mild Traumatic Brain Injury Symptom Checklist as well as a Frontal System Behavior Scale.

On the Post Mild Traumatic Brain Injury Symptom Checklist, Mr. Moran reported having severe difficulties due to poor coordination/clumsiness, headaches, sensitivity to noise, poor concentration, forgetfulness, difficulties making decisions, slowed thinking, fatigue, sleep disturbance, feeling depressed and anxious, irritability, and poor frustration tolerance/feeling easily overwhelmed by things. Moderate difficulties were noted with regard to episodes of dizziness, sensitivity to light, appetitive changes, and nausea.

Mr. Moran responded to the Frontal System Behavior Scale which assesses for behavior changes commonly associated with injury to the frontal lobes of the brain. The Frontal System Behavior Scale assesses an individual pre and post injury with regard to apathy, disinhibition, and executive dysfunction.

Mr. Moran's responses indicated that prior to the sustainment of the work related injuries, he did not view himself as being disrupted by apathy, disinhibition, or executive dysfunction.

With regard to postinjury functioning, Mr. Moran assessed himself as being disrupted by apathetic changes to his personality (T=87) and executive dysfunction (T=77). There was a mild elevation with regard to disinhibition (T=57).

Elevated scores on the apathy subscale reflect problems with loss of drive, initiation, reduced spontaneity, reduced pursuit of interests, fatigue/lethargy, and blunted affective expression.

Elevated scores on the executive dysfunction subscale reflect problems with the sustainment of attention/concentration, working memory, planning, sequencing, and mental flexibility.

Summary/Case Discussion: Pedro A. Moran is a 38-year-old, Hispanic male who suffered a head and orthopedic injuries as a result of a fall while serving in employment capacities on or about June 22nd, 2010. Review of records reveals report of a loss of consciousness and a period of patchy amnesia, though Mr. Moran was assessed as alert and oriented upon being evaluated at the emergency room of Lexington Medical Center. CT scan of the brain was unremarkable. There was evidence of orthopedic injuries including right superior and inferior ramus fracture and a nondisplaced fracture going through the sacrum. Mr. Moran is under the neurological care of R. Joseph Healy, M.D. who has conducted further studies including an EEG that showed a nonspecific encephalopathy. MRI study of the brain was assessed as normal. Dr. Healy's assessment was that Mr. Moran was experiencing a posttraumatic encephalopathy as well as comorbid psychological difficulties.

The current evaluation revealed Mr. Moran to continue to complain of the somatic, cognitive, and emotional difficulties commonly associated with a mild traumatic brain injury but also reflective of the interfering effects of his orthopedic injuries and somatic symptoms. There is the persistence of frequent headaches as well as complaints of being forgetful that appear to be associated with compromise in the attentional/executive aspects of immediate learning.

Neuropsychological evaluation provided a sample of Mr. Moran's brain behavior functioning. Evaluation revealed Mr. Moran to have compromise in his capacities to effectively sustain attention/concentration with slow mentation/mental processing speed and mild executive dysfunction. Assessment of anterograde memory revealed a reduced capacity for immediate learning likely associated with the compromise in the attentional/executive aspects of immediate learning. Yet, Mr. Moran generally demonstrated a good ability to retain and recall information once it was effectively encoded/learned. Mr. Moran was compromised in his performance on tests assessing right hemispheric, visual spatial skills. It would be believed that these would be less influenced by cultural/language differences. Evaluation of sensory perceptual functioning raised concerns regarding compromise in auditory acuity affecting the left ear. I would recommend audiological examination. Assessment of motor functioning revealed mixed results and Mr. Moran's primary complaint being of mild coordination/balance problems that particularly manifest when ascending or descending stairs. Mild executive dysfunction appears to be present affecting both cognitive and emotional domains.

Assessment of emotional/behavioral functioning revealed an individual who continues to have to cope with disruptive somatic symptoms as well as being depressed with continuing sleep disturbance and mild social executive changes to his personality rendering him more irritable and impatient. Mr. Moran appears to be experiencing a new fear of heights and is described as being socially withdrawn/isolated. There is also compromise in his ability to engage in intimate relations with his wife.

Overall, neuropsychological evaluation revealed compromises in brain behavior functioning that are commonly obtained on individuals who experience mild traumatic brain injuries with associated frontal attentional/executive difficulties. There is evidence of compromise in Mr. Moran's capacity to sustain attention/concentration with slow mentation and mild executive dysfunction. Compromise in attentional/executive functioning renders Mr. Moran with deficits in immediate learning/memory that are causal for complaints of forgetfulness in his day to day pursuits. Brain behavior functioning is further compromised in day to day pursuits by disruptive somatic symptoms including headaches as well as psychological disruption and sleep disturbance/fatigue. Review of records as well as the current evaluation are consistent with Mr. Moran having sustained physical brain injury due to a mild traumatic brain injury as well as deficits being exacerbated to a more disruptive level by disruptive somatic and psychological difficulties. Appropriate diagnosis would be Cognitive Disorder, NOS (DSM-IV-TR 294.9) due to the

residuals of a mild traumatic brain injury as well as the interfering effects of pain/somatic symptoms; psychological disruption; and sleep disturbance/fatigue. Mr. Moran is also assessed as having a Mood Disorder with depressive features (293.83) due to the residuals of a traumatic brain injury and other compromises.

I believe Mr. Moran is in need of continuing medical care including neurological intervention being provided by Joseph Healy, M.D. as well as use of medications to assist with his pain/somatic symptoms, depression, and sleep disturbance/fatigue. There might also be consideration for having Mr. Moran undergo a clinical trial of the use of a medication to assist with attentional/executive functioning such as a sustained release psychostimulant.

In response to inquiries by Mark R. Calhoun, Esquire, Mr. Moran's memory problems and complaints of forgetfulness in day to day pursuits appear to be associated with the residuals of physical injury to the frontal executive areas of the brain that serves to compromise him with regard to immediate learning/memory capacities. Mr. Moran is capable of retaining and recalling information once it is effectively encoded/learned. This causal factor for forgetfulness in day to day pursuits is commonly found in a mild head injury, being exacerbated to a more disruptive level by the somatic and emotional difficulties associated with a postconcussive syndrome.

I am happy to respond to further inquiries regarding the evaluation that was conducted on Pedro A. Moran. Please feel free to contact me.

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

C: Joseph Healy, M.D.

LRW/emf

The Oaks Business Center
1459 Stuart Engals Blvd.
Suite 204-A
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-6878

REPORT OF NEUROPSYCHOLOGICAL REEVALUATION
Confidential-For Professional Use Only

Name: Pedro Antonio Moran

Age: 39 (DOB: 03/24/74)

Sex: Male

Handedness: Right

Date of Evaluation: October 22nd, 2013

Identifying Information: Pedro A. Moran is a 39-year-old, Hispanic male who is status post a head injury and other orthopedic compromises due to a fall while serving in employment capacities on or about June 22nd, 2010. Mr. Moran was seen in previous neuropsychological evaluation in this office on March 30th, 2012. Mr. Moran remains under the neurological care of R. Joseph Healy, M.D. Reportedly, Mr. Moran has not been doing well with regard to his recovery process and there was request by Dr. Healy for Mr. Moran to undergo an updated neuropsychological evaluation. Mr. Moran's legal interests are represented by Mark Calhoun, Esquire. Mr. Moran was seen for an updated evaluation of his brain behavior and emotional functioning.

Review of Records: Mr. Moran was seen for purpose of providing an updated evaluation of his brain behavior and emotional functioning. The evaluation was assisted by use of an interpreter/translator, Ms. Claudia Moran. My understanding of Mr. Moran's current functioning was assisted by review of medical records from R. Joseph Healy, M.D. since the time of the previous evaluation conducted in this office in March, 2012. I was also assisted by a review of a report of an evaluation conducted by Sergio Sanchez, M.D. on August 17th, 2012.

Review of records reveal that in early August, 2012, Mr. Moran continued under the care of R. Joseph Healy, M.D., neurologist. Records reveal that Dr. Healy assessed Mr. Moran as having a posttraumatic encephalopathy with consequent cognitive dysfunction as well as associated psychological problems. There was review of the difficulties that had been experienced with regard to Dr. Healy providing prescriptions for medications with Mr. Moran being "unable to get them because the insurance company will not provide them." Dr. Healy assessed that Mr. Moran was in need of such medications including an antidepressant as well as the likelihood that he would benefit from the addition of a psychostimulant. On August 17th, 2012, Mr. Moran continued with posttraumatic encephalopathy, posttraumatic headache, and low back pain. Difficulties persisted with regard to the obtainment of prescribed medications. At that time, Mr. Moran was taking Ambien 10 mg q.h.s. though at times would take 20 mg. Dr. Healy cautioned Mr. Moran regarding that strategy. It was also noted that Mr. Moran was to be evaluated by a "psychiatrist" in the Greenville area. There was desire for Mr. Moran to be on a more extensive regimen of medications to assist him. Dr. Healy opined that Mr. Moran remained totally disabled at that time, not able to return to employment capacities.

Records reveal that Mr. Pedro Moran underwent evaluation by Sergio Sanchez, M.D. on August 17th, 2012. There was review of his complaints and the course of his treatment. There was also conduction of a clinical evaluation. Dr. Sanchez's assessment was postconcussive syndrome (primary); Depressive Disorder, NOS; Anxiety Disorder, unspecified; as well as chronic pain secondary to fall. Dr. Sanchez recommended that Mr. Moran be initiated on the use of Cymbalta, Neurontin, and Remeron. Dr. Sanchez also provided a letter to R. Joseph Healy, M.D. explaining his findings and recommendations. Review of

records reveal that Dr. Sanchez assessed Mr. Moran as suffering from depression, anxiety, panic attacks, and sleep paralysis with the latter likely being related to his use of Ambien with recommendation that he should abstain from usage of Ambien. There was also a reiteration of Mr. Moran's need for a more extensive regimen of psychotropic medications.

Mr. Moran was seen in consultation with R. Joseph Healy, M.D. on October 25th, 2012. There was review of Dr. Sanchez's findings and recommendations. It was noted that the insurance company was unwilling to provide Remeron. There was provision of refills for Ambien as well as Vicodin, though Mr. Moran was instructed to use those medications sparingly.

Mr. Moran was seen in return appointment with R. Joseph Healy, M.D. on January 17th, 2013. Dr. Healy reported that at that time, depositions had been completed and that apparently the Workers' Compensation Carrier had approved his care of the patient. There was desire to return Mr. Moran to the use of Cymbalta, Remeron, and Vicodin. There was complaint by Mr. Moran of increased headaches as well as discharge from the left ear. There was plan to conduct a CT scan of the brain that would include a study of the left mastoid. Mr. Moran was provided Augmentin in the interim period. A CT scan of the head was conducted on 02/18/13, being assessed as normal. Dr. Healy reported that the scan did not reveal any significant sinus problems, particularly of the left mastoid. He expressed concern that Mr. Moran had experienced left mastoiditis that was causal for the increase in headaches. There was desire to refer Mr. Moran for ENT evaluation. Reportedly, Mr. Moran continued on the use of Cymbalta and Remeron.

There has been continuing neurological care with R. Joseph Healy. As of August 26th, 2013, Mr. Moran was seen in follow up care for his posttraumatic syndrome. It was noted that he does have chronic mastoiditis and a perforated left TM. Dr. Healy was not convinced that those were causing his problems or even related to the accident. Reportedly, Mr. Moran had been seen by ENT. It was stated that Mr. Moran appeared to be deteriorating and getting worse. It was Dr. Healy's opinion that deterioration would likely be due to a psychological basis. Thus, it was his view that there was need for repeat neuropsychological testing to compare to previous evaluation and assist in clarifying the clinical picture. There was plan to increase Remeron to 30 mg q.h.s. There was a diagnosis of posttraumatic headaches as well as concern regarding psychological disruption including Posttraumatic Stress Disorder. Dr. Healy stated his belief that "at this point Mr. Moran was having demise from a psychological standpoint or there is a posttraumatic encephalopathy which has caused the deterioration."

Current Clinical Presentation: Mr. Moran presented appropriately attired with good personal hygiene. He engaged well and it appeared that translation went very well, being managed by Claudia Moran. In interview, Mr. Moran complained of experiencing persistent headaches, offering that they were "very strong." Indeed, Mr. Moran offered that sometimes "I feel like my head is going to explode." He related that the medications provided for headaches were not assisting him. Mr. Moran also stated that use of Ambien 10 mg was non-efficacious for sleep. There was report of persistent dizziness associated with the headaches. Dizziness and headaches occur on a daily basis. Mr. Moran also offered how he experiences forgetfulness that particularly hinders him when he meets with Dr. Healy and he "doesn't remember what I wanted to say to him." Mr. Moran's involvement in the accident affected his pelvis and that there is lots of pain "in my spine all the way to the heel."

Mr. Moran provided further examples of being forgetful in his day to day pursuits, describing executive and processing problems. There was complaint of the manner in which he is fearful of heights "now," offering that he lives in a two story building. When ascending stairs, he is "shaking by the second floor." There was complaint of experiencing a "tremendous amount of anxiety." Mr. Moran also described that he is fearful that he will "fall asleep and not wake up." There are nightmares that sometimes involve content of falling. There are other nightmares that involve catastrophic events.

Mr. Moran stated that he informed Dr. Healy that use of Cymbalta was not of assistance, rendering him to be clumsy and with an over drugged feeling. He stated that it was like he was "not there" and that he noticed a considerable variation in salivation and dryness affecting his mouth.

A structured symptom evaluation failed to reveal any complaints by Mr. Moran with regard to the olfactory sense. Mr. Moran stated that the gustatory sense has changed and that he is experiencing diminished appetite. There was no complaint with regard to visual acuity though he did report that when reading, he often "skips lines." He reported undergoing ENT evaluation and denied experiencing auditory acuity difficulties or tinnitus. There is increased sensitivity to noise and light. There was review of Mr. Moran having an infection affecting his sinus approximately two months ago.

With regard to motor functioning, there was complaint of diffuse weakness as Mr. Moran offered, "I don't do any work now." There is tension affecting the back as well as some muscle spasms in the calves. He is not significantly compromised by coordination/balance problems. There is avoidance of use of elevators. There was report of some numbness affecting the back region that radiates to the buttocks.

Mr. Moran complained of pain occurring in the lower to mid back. There is residual pelvic pain. There were other somatic complaints and Mr. Moran did impress as being more somatic in his presentation compared to previous evaluation. There was complaint of persistent headache located in the frontal temporal region. Head pain is variable though is normally a "dull constant pain." Yet, pain can intensify to an 8 or 9 level on a 10 point scale. He appears to be over-utilizing abortive medications.

~~There was report of occasional bouts of dizziness. Mr. Moran remains without seizures.~~

With regard to cognitive functioning, Mr. Moran complained of attention/concentration difficulties including an easy distractibility. Thinking was described as being slower than he appreciated before. Mr. Moran also stated that he believes he is forgetting more in his life at this time.

With regard to psychological functioning, evaluation revealed that Mr. Moran is more compromised by emotional difficulties than was evident in previous evaluation. He was assessed as being more depressed and reported that he "easily feels despair and often just wants to be alone." Sleep difficulties persist involving difficulties falling asleep as well as middle of the night awakenings. There have been episodic nightmares. Mr. Moran reported being stressed/anxious "all the time." There was also complaint of being irritable, impatient, with an easier anger. Energy level was described as being low with an easy fatigability. He appears to be more suspicious and vigilant of others including belief that others may attempt to harm him. There are residual phobic behaviors. Yet, evaluation failed to reveal hallucinations or evidence of psychotic symptomatology. Appetite was described as being diminished. Libido was described as being diminished "for my age."

Mr. Moran reported experiencing some problems getting along with his wife, family, and friends, stating, "I get angry and upset very easily. Even the tiniest little thing will make me explode." Mr. Moran reported that his wife remains employed for a press company in Columbia.

Mr. Moran's medical, family, and psychosocial histories were reviewed in detail in the previous report. Mr. Moran reported current medications consist of Ambien 10 mg, Vicodin 5 mg, and Cymbalta 60 mg, though it is not evident that he is using Cymbalta at this time. Mr. Moran has not previously been involved in any formal psychiatric treatment. He continues to not consume alcohol or illicit drugs. There has been no formal substance abuse treatment.

Mr. Moran grew up in Nicaragua and attended education up to the level that he described as being "like a 10th grade here." He has four children who continue to reside with family in Nicaragua. Mr. Moran was employed in roofing and siding at the time of the accident (JMR Siding).

Procedures: Mr. Moran is Hispanic, being from Nicaragua, and it is acknowledged that cultural/language differences may compromise the validity and reliability of the neuropsychological test results. By all accounts, translation went very well between Mr. Moran and Claudia Moran. Test procedures included the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, California Verbal Learning Test-II, Wisconsin Card Sorting Test, Trail Making Test, Category Fluency Test, Seashore Rhythm Test, Tactual Performance Test, Sensory Perceptual Exam, Finger Tapping Test, Grip Strength Test, Grooved Pegboard

Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Behavioral Dyscontrol Scale, Test of Memory Malinger, Traumatic Stress Inventory, and Post Mild Traumatic Brain Injury Symptom Checklist.

Examination Results: Most test scores in this report are expressed in statistical terms including *Standard Scores (SS)*, *T-Scores*, *Scaled Scores*, *Percentile Rankings (%ile)*, and *Composite/Index Scores*. The following is a general guide to assist in interpretation:

<u>Standard Score</u>	<u>T-Scores</u>	<u>Composite/Index Score</u>	<u>Scaled Score</u>	<u>%ile</u>	<u>Descriptor</u>
130+	70+	130+	18+	98+	Very Superior
120-129	63-69	120-129	16-17	90-97	Superior
110-119	57-62	110-119	13-15	75-89	High Average
90-109	44-56	90-109	8-12	25-74	Average
80-89	37-43	80-89	7	10-24	Low Average
70-79	31-36	70-79	3-6	3-9	Borderline
<70	<31	<70	<3	<3	Deficient

Neurobehavioral Observations: Mr. Moran was on time for his scheduled appointment. He presented appropriately attired with good personal hygiene. He was observed to be more anxious and compromised in his functioning compared to previous evaluation. Yet, there was maintenance of appropriate eye contact and social reciprocity. He did not demonstrate disruptive psychomotor retardation or excitement. Mr. Moran ambulated without need for use of an assistive device. As mentioned, testing was conducted via use of an interpreter/translator and that went well based on report of the interpreter/translator. Mr. Moran did not experience any difficulty understanding instructional sets. Yet, functional factors including depression and anxiety were more evident in the current evaluation and may have interfered with Mr. Moran's ability to fully meet the demands of testing. Specific assessment of Mr. Moran's testing effort was undertaken via administration of a symptom validity test as well as review of validity indices embedded within the battery of the tests. Mr. Moran's performance on the Test of Memory Malinger (TOMM), including obtaining 47/50 correct on criterion trial 2, was consistent with provision of good effort. Review of validity indices embedded within the battery of the tests was generally consistent with provision of good effort. The current test results reflect cultural language difficulties which can affect the validity and Mr. Moran did appear to be more compromised by psychological disruption. Yet, overall, the evaluation appears to be an accurate assessment of Mr. Moran's current functioning, particularly revealing an increase in psychological/emotional disruption/deterioration.

Language Functions: Mr. Moran continued to not demonstrate any aphasic or agnostic symptoms. There was no evidence of right/left confusion or dyscalculia. Mr. Moran engaged well with the interpreter without evidence of difficulties understanding instructional sets. Mr. Moran's conversational speech was prosodic, fluent, of normal rate and tone without disruptive dysarthria. Mr. Moran's performance on an executive functioning test involving category fluency was in the average range (T=48) and consistent with that obtained in previous evaluation (T=48). There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functioning: Evaluation continues to not reveal any imperceptions or suppressions affecting the tactile or visual modalities during unilateral and bilateral stimulation paradigms. There was also no evidence of compromise with regard to the auditory modality. Mr. Moran was errorless in his performance on a tactile finger recognition test with a few unsystematic errors on a test of graphesthesia. He was able to correctly identify gross tactile forms in each of his extremities.

Mr. Moran is right hand dominant. He ambulated without need for use of an assistive device. There were complaints of diffuse weakness. Mr. Moran's performance on a test demanding fine motor speed (finger tapping test) was in the low average range. Assessment of grip strength revealed mild to moderate deviation from expected performance bilaterally. Mr. Moran's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed mild deviation (T=38) with regard to the dominant right hand, a finding consistent with that obtained in previous evaluation.

Attention/Memory Functioning: Evaluation revealed Mr. Moran to be well oriented, alert, and able to register information. Mr. Moran performed in the average range on Wechsler Memory Scale-IV tests assessing mental control, clock drawing, and incidental recall. He was below average on an inhibition test and verbal production test. Mr. Moran adequately estimated the time of day without observing a clock.

Mr. Moran's performance on an attentional test demanding discrimination of rhythmic sounds was in the mild to moderate impairment range (T=34), a finding that was consistent with that obtained in previous evaluation. Mr. Moran performed in the average range on auditory working memory tests including the letter/number sequencing test (50th percentile), digit span test (37th percentile), and a test demanding rapid computation of arithmetical problems (50th percentile). Mr. Moran was less efficient in his performance on visual working memory tests including the spatial addition test (5th percentile) and symbol span test (2nd percentile). The findings are consistent with that obtained in previous evaluation.

Mr. Moran was administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. On this continuous visual processing test, Mr. Moran demonstrated fast reaction time but with excessive commission errors. The finding is generally reflective of an impulsive behavioral style. There were indications of a vigilance problems as Mr. Moran's reaction times became considerably slower and less consistent as the administration progressed. Overall, Mr. Moran's performance on the CPT was classified as poor and consistent with attention problems. The CPT discriminant function indicated that Mr. Moran's performance better matched a clinical versus nonclinical profile at a confidence index of 70.49%. Mr. Moran was less efficient in his performance on this test compared to previous evaluation.

Mr. Moran was administered the Wechsler Memory Scale-IV (WMS-IV) to assess anterograde memory. Mr. Moran's performance on an auditory memory test involving the immediate learning and recall of orally presented narrative passages placed him at the 37th percentile, being less efficient than that obtained in previous evaluation (63rd percentile). Mr. Moran had difficulties retaining and recalling previously learned narrative passages after a period of delay (16th percentile). Mr. Moran's performance on the verbal paired associate test placed him at the 50th percentile. His ability to retain and recall previously learned verbal paired associates after a period of delay also placed him at the 50th percentile. Mr. Moran's performance on a visual memory test involving the immediate learning and recall of designs placed him at the 16th percentile, being less efficient than that obtained in previous evaluation (37th percentile). Yet, his ability to retain and recall previously learned designs after a period of delay placed him at the 37th percentile, a finding consistent with previous evaluation. Mr. Moran's performance on a visual memory test involving the immediate learning and reproduction of visual designs was below average (9th percentile). His ability to retain and reconstruct previously learned visual designs after a period of delay placed him at the 25th percentile.

Mr. Moran was administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning test. Mr. Moran's total recall score after five administrations of the word list placed him at the 42nd percentile which was generally consistent with that obtained in previous evaluation. Observation of test performance revealed a below average initial trial consistent with evidence of compromise in the attentional/executive aspects of immediate learning/memory. Yet, Mr. Moran showed a good ability to profit from repetitive administrations of the word list. He had no difficulties learning a new word list after repetitive administrations of a previous word list. Mr. Moran was below average in his ability to retain and recall previously learned words in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall of words from the recency region of the word list. There was an elevated rate of intrusive errors. Mr. Moran was below average in his performance on a recognition test demanding that he discriminate target from nontarget words with an elevated rate of false positive errors.

Visual Spatial/Visual Constructional Functions: Mr. Moran continues to not demonstrate any evidence for visual inattention or neglect processes. Nor was there evidence of constructional dyspraxia. Mr. Moran's performance on WAIS-IV tests assessing perceptual reasoning abilities was deficient (5th percentile), though this was consistent with that obtained in previous evaluation (2nd percentile). This

included his performance on the Block Design Test (16th percentile), Matrix Reasoning Test (2nd percentile), and Visual Puzzles Test (9th percentile). Mr. Moran's performance on a test demanding fine discriminations of lines in space was in the average range (40th percentile) and improved compared to previous evaluation (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, Mr. Moran's performance was slow, placing him in the moderate impairment range (T=29), though this was mildly improved compared to previous evaluation (T=24). When the task became more demanding, involving alternations between numbers and letters in sequential fashion, Mr. Moran's performance was slow, placing him in the mild to moderate impairment range (T=32) with one sequencing error. His performance was somewhat less efficient than that obtained in previous evaluation (T=41).

Executive/Higher Reasoning Abilities: Mr. Moran remained slow but able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Moran continued to perform in the average range on an executive functioning test involving category fluency. Mr. Moran was slow but generally able to meet the sequencing demands associated with Trail Making Test-Part B.

In the current evaluation, Mr. Moran was administered the majority of the Wechsler Adult Intelligence Scale-IV (WAIS-IV). Overall, Mr. Moran's performance resulted in a Full Scale I.Q. of 84, placing him at the 10th percentile which was somewhat improved compared to previous evaluation (FS I.Q. =74/4th percentile). There was variability in Mr. Moran's performance across WAIS-IV tests. Mr. Moran performed in the average range on WAIS-IV tests assessing verbal comprehension abilities (composite score=93/32nd percentile) and working memory (composite score=97/47th percentile). Mr. Moran remained deficient, as was evident in previous evaluation, on WAIS-IV tests assessing perceptual reasoning abilities (composite score=75/5th percentile) and processing speed (composite score=76/5th percentile).

Analysis of separate WAIS-IV scale performance revealed Mr. Moran to be deficient in his performance on the similarities test (5th percentile), matrix reasoning test (2nd percentile), and a test demanding rapid psychomotor coding of symbolic stimuli (5th percentile).

In the current evaluation, Mr. Moran's reasoning and problem solving abilities were assessed via administration of the Tactual Performance Test and Wisconsin Card Sorting Test.

On the Wisconsin Card Sorting Test, Mr. Moran was able to identify the first correct solution set and then there were a number of trials before he could identify and sustain the 2nd correct solution set. Thus, he attained only two out of the expected six categories with a significantly elevated rate of perseverative errors (33%) and no failures to maintain set. His performance was significantly less efficient than that obtained in previous evaluation.

Mr. Moran was administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Moran's initial dominant hand performance was slow, placing him in the mild to moderate impairment range (T=34). Mr. Moran profited from the initial learning trial but remained slow during the second trial, nondominant hand performance (T=39). Mr. Moran's third trial, both hands performance was in the low average range (T=42). Mr. Moran's total time performance on the TPT was in the below average range (T=40). His incidental memory score (T=37) as well as his location score (T=38) were in the mild impairment range.

Emotional/Behavioral Functioning: As was questioned by Dr. Joseph Healy, the current evaluation raises concern that Mr. Moran is regressing with regard to psychological disruption rather than posttraumatic encephalopathy. Indeed, neuropsychological test results were generally consistent with that obtained in previous evaluation with some variability in comparison to previous test results. If anything, there was evidence that Mr. Moran is more compromised in his capacity to sustain attention/concentration, though this is likely due to the interfering effect of functional factors. It appears evident that Mr. Moran has not received the psychiatric/neurological care that would be standard in an individual who has suffered a mild head injury and other orthopaedic compromises. Mr. Moran does appear to be more psychologically compromised than was evident in previous evaluation.

In the current evaluation, Mr. Moran was complaining of more disruptive functional/psychological difficulties including depression, sleep disturbance, episodic nightmares, being stressed all the time, with an increase in anger/irritability, excessive fatigue, as well as being vigilant and paranoid. Psychological difficulties are compromising him in his day to day pursuits as well as his ability to get along well with others.

In the current evaluation, Mr. Moran was re-administered the Post Mild Traumatic Brain Injury Symptom Checklist. Review revealed Mr. Moran to report experiencing severe difficulties including experiencing bouts of dizziness, poor balance, poor coordination, headaches, nausea, sensitivity to light and noise, change in taste/smell, diminished appetite, poor concentration, forgetfulness, difficulties making decisions, slowed thinking, fatigue, sleep disturbance, feeling anxious/depressed, irritability, and poor frustration tolerance.

Mr. Moran's more disruptive compromises due to psychological difficulties was also depicted in his responses to the Traumatic Stress Inventory (TSI) which assesses for disruptive intrusive and avoidant symptoms associated with a Traumatic Stress Syndrome as well as comorbid mood state difficulties.

There was a ready endorsement by Mr. Moran of ongoing difficulties on the TSI. Responses revealed clinically significant elevations with regard to intrusive experiences (T=77), anger/irritability (T=70), depression (T=73), anxious arousal (T=69), defensive avoidant behaviors (T=65), impaired self reference (T=75), and tension reduction behaviors (T=76).

Summary/Treatment Recommendations: Pedro Moran is a 39-year-old, Hispanic male who suffered head and orthopaedic injuries as a result of a fall while serving in employment capacities on or about June 22nd, 2010. Following sustainment of injuries, Mr. Moran underwent neurological evaluation and intervention with R. Joseph Healy, M.D. There was conduction of studies including an EEG which showed a nonspecific encephalopathy. Yet, neuroradiographic studies including MRI studies were assessed as normal.

Mr. Moran was seen in previous neuropsychological evaluation in this office in March, 2012. Evaluation at that time revealed compromises in brain behavior functioning that are commonly obtained on individuals who experience mild traumatic brain injuries with associated frontal attentional/executive difficulties. It was noted that brain behavior functioning was further compromised in day to day pursuits by disruptive somatic symptoms including headaches as well as psychological disruption and sleep disturbance/fatigue. Diagnoses was provided and it was recommended that Mr. Moran continue in neurological intervention being provided by R. Joseph Healy, M.D. including use of medications to assist him with his pain/somatic symptoms, depression, and sleep disturbance/fatigue. There was also recommendation for consideration of use of a medication to assist Mr. Moran with regard to his attentional/executive difficulties.

Following the evaluation of Mr. Moran in this office in March, 2012, it is evident that he has had a difficult time receiving appropriate standard score, particularly use of medications for assistance. Mr. Moran was assessed by Sergio Sanchez, M.D. in August, 2012. Dr. Sanchez assessed Mr. Moran as suffering from postconcussive syndrome (primary) as well as Depressive Disorder, NOS, and anxiety state with chronic pain secondary to fall. Dr. Sanchez recommended use of a regimen of medications including Cymbalta, Neurontin, and Remeron. He provided a personal correspondence to R. Joseph Healy, M.D. as it was unclear to him whether he was to evaluate or provide intervention.

There has been continuing follow up care with R. Joseph Healy, M.D. including repeat CT scan of the head. Mr. Moran has not responded well and as of August 27th, 2013, Dr. Healy referred Mr. Moran for repeat neuropsychological testing so that there could be comparison to previous evaluation to assist in clarifying the etiological factors for Mr. Moran's continuing difficulties. The current evaluation was most revealing of the manner in which Mr. Moran is more compromised due to functional/psychological disruption. Neuropsychological testing was generally consistent with that obtained in previous evaluation as would be expected considering the length of time since Mr. Moran sustained physical injury to the brain.

There was evidence for more disruptive compromise affecting attention/concentration with slower processing speed, though certainly this could be attributable to the interfering effects of functional factors. In my opinion, Mr. Moran is in need of more aggressive psychiatric/neuropsychological intervention. Thus, evaluative findings of deterioration in Mr. Moran's overall functioning are viewed as attributable to psychological/emotional deterioration. As such, Mr. Moran is in need of more aggressive care and it is hoped that this will be provided promptly. It appears that Mr. Moran has attained a reasonably good recovery from a mild traumatic brain injury and that his current level of impairments are due to an exacerbation caused by his disruptive levels of somatic and emotional difficulties. Mr. Moran has not attained maximum medical improvement as he is in need of the above interventions as well as consideration for use of medications to assist him with his attentional/executive functioning once he has achieved amelioration of disruptive emotional difficulties.

I am happy to respond to further inquiries as they relate to the updated neuropsychological evaluation that was conducted on Pedro Moran. Yet, in my professional opinion, Mr. Moran has not achieved maximum medical improvement and his treatment needs involve more aggressive psychological/psychiatric intervention including use of an appropriate regimen of medications. Please feel free to contact me if you are in need of further information as it relates to the evaluations that have been conducted on Pedro Moran in this office.



L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

C: R. Joseph Healy, M.D.
LRW/emf

FCE: COLUMBIA REHABILITATION CLINIC

COLUMBIA REHABILITATION CLINIC, INC.
PROGRESS NOTES

Date

Name Manny Redro

APR 19 2011

CXL! pt was not approved for transportation today, but ok for Thursday. CMO/HR

APR 21 2011

CXL! pt's interpreter came but pt still does not have transportation. Will call & schedule when all is straightened out. CMO/SM

4-21-11

Assignment called & stated this job was very closed out until further notice. Per pt's attorney. CMO/Redro

PATIENT INFORMATION

Name Moran, Pedro

Date 4-14-2011

Diagnosis: ① hip Fr / pelvic Fr (B08.B)

Treatment: ① initial PT eval

① knee pain (issued with HOP)

1/12

① ice pack to ES cont. w/ 15' ② backache in ② SL

History: onset 4-22-10, fell off end slay horse, pth up
sitting. Visited ER, no surgery. Healed naturally - no cast

in hospital
present

brace. Most recent xre Jan - bone not completely healed.

Employment out of work since accident. Symptoms last

7/10, worst - 10/10. Can sit / lay / stand 5-7 mins

meds every day
currently w/
of med

standing, 1 hr sitting, 1 hr laying down. Pt visited

ER 3-24 20 h. hip pain. Meds: pain, anti-inflamm

narco. Injection in muscle for pain. (PMH) ②

APL enjoy playing basketball - but can't see accident.

Difficultly sleeping after comb. Lives on 2nd floor apartment.

lean down ① leg. No stated considerations.

O: sit to up on ② side in soft

and make ambulate gait

Rom R 0-85, 15° ext leg

L: 0-120, 0° ext lg pain down L

R/L Ht/Weight

Rom (prone) hip R 12 20 ER 30

L 12 30 ER 50

COLUMBIA REHABILITATION CLINIC, INC.

PROGRESS NOTES

Date _____

Name _____

Mr. Pedro Morán

Initial PT eval, page 2

A: Relativ Polarität Good

Problem 10b @ Pen

② 1 Rom

ca. 1/2 slash

⑦ 6 Nov

① not working

157G @ 2 Nov

Q. 1. How many times has the word "and" been used in the sentence "The cat sat on the mat and the dog lay on the rug"?

⑤ 1 stroke to pages, to closed clear stroke

CTG @ + from 4 3/10

① 7 kg 12m 2m

⑤ ↑ Free Run R/L

Q. 1 shash o er l3

⑦ ↑ steigt h. oder auch s. anzahl g. ist

④ return work and closed by Mrs

P. et h ka see for 12 vials exchange for 1 us coin)

strictly. Progress check of my husband behavior and

great long. Progress as Likelihood. An ability to control per

4

Ken P7

Ken Ack

Pos. 2.

COLUMBIA REHABILITATION CLINIC, WEST COLUMBIA

Patient: Mr. Pedro Morán

Diagnosis: polio Fx

Precautions:

Date _____

PTA RX

PT

LTR

STC

SLR

Frage 1

bridge

procedimenti

problem help

cdf st

celif m2

step 4

sky down

53-21-

lunge

At Step



Travelers Indemnity Company
P.O. Box 473502
Charlotte, NC 28247-3502

Utilization Review

10/27/2011

Columbia Rehab Clinic
1177 Sunset Blvd
West Columbia, SC 29169

614 Wessinger St
Apt 10 W Cht 29169
Atty Mark Calhoun
FO 3957-0580
fax 957-4709

Outpatient Pre-Certification

Employer: Jmr Siding LLC
Employee: Pedro A. Moran
Date of Loss: 06/22/2010
File Number: 026-CB-EPP3598-F
State Case Num: 1009298

Attn: Columbia Rehab Clinic

The service requested for the treatment of Pedro A. Moran has been reviewed and has been determined to be medically necessary. The approved service includes 6 physical therapy visits for healed pelvic fracture to be received by the injured worker at Columbia Rehabilitation Clinic

Address 1177 Sunset Blvd., West Columbia, SC 29169 phone 803-794-3440

First visit is Monday 10/31 1:45pm and I will arrange transportation and translation.

I have authorized 6 PT visits thru 11/18/11.

Next appointment with Dr. Bethea is 11/3/11 3pm. I will arrange transportation and translation.

See enclosed PT script. He was a laborer at a Siding company. We cannot reach the employer.

Please fax PT notes on a regular basis.

The certification for services is not a guarantee of payment. For payment information, please contact Lucille Lanci at (704)540-3454.

Sincerely,

Elsie Oakes RN/CCM

Elsie Oakes RN, CCM, Medical Case Mgr
(704)544-3654 Fax: (877)389-4687
(800)759-6194 Ext. 3654
EOAKES@travelers.com
Workers' Compensation Unit

cc: Mark Calhoun
Michael Burkett
Columbia Neurosurgical Associates Pa

COLUMBIA ORTHOPAEDIC SPECIALISTS, LLO JAMES F. BETHEA, M.D. DEA: AB7960330 NPI: 1396706679 1301 TAYLOR STREET, SUITE 3-0, COLUMBIA, SC 29201 (803) 806-8198 FAX: (803) 806-8178			
PATIENT'S FULL NAME <i>Mr. Mann</i>		SEX	DATE OF BIRTH <i>10/07/51</i>
ADDRESS			
<i>healed pelvis fracture</i> <i>PT 6 visits</i> <i>full program</i>			
PRESCRIPTION WRITTEN		SUBSTITUTION PERMITTED	
Refill 1 2 3 4 No Refills Vold After		DEA # VALID FOR CONTROLLED SUBSTANCES	

healed pelvis fracture

PT 6 visits

Full Program

PROGRESS NOTES

Date

Name

Moran, Pedro

NOV 02 2011

N/S

Cheryl Eichler MA

11-7-11

Tel from Elsie - Travelers Insurance. Shld to hold PT per attorney. CMC to hold chrt 4 weeks

[Signature]

LS/Hip EVALUATION

Pt Name Mr. Pedro Moran
Dx R/L
SCRIPT DATE 10-7-11

DX Code:
Date 10-31-11
DOB: 3-27-74
MD Dr. Beth
NEXT MD APPT
R/L Handed

Subjective:

DOI/Onset of Symptoms 6-22-10 Surgery
[] Acute [] Chronic [] Traumatic [] Insidious Onset [] Work Related [] MVA
HX/MOI: Working on second floor of home (installing siding)
Fell off scaffolding - unbalanced, twisted ER, no surgery - 3 fractures
of pelvis. Out of work since fall. Still expects to see a
specialist for back. It related to ER March 27, had 3
hops. Previous attempt PT at CRC x1 visit

Symptoms:

Intermittent Constant ☒
Aching Sharp Tight Radicular (R) side from back -> leg
Pain Level (0/10): NWB WB best 7 worse 8-9 current
↑ Sx: standing, sitting, walking
(only exercises it with shoes)

↓ Sx:

Meds: not taking - no more

Medical Tests: XR, MRI, CT Results:

PMH: HTN DM ↑Chol Cardiac Cancer Pacemaker
Osteoporosis Metal Implants Allergies Other
Fx: Sx:

Occupation: building Working: Yes No ☒ RTW:

Functional Limitations:

ADL	WORK		ADL	WORK	
☒	☐	Sitting ≤ <u>30'</u>	☐	☐	Reaching <u></u>
☒	☐	Standing ≤ <u>35'</u>	☐	☐	Sleeping <u></u>
☒	☐	Walking ≤ <u></u>	☐	☐	Bending <u></u>
☐	☐	Driving ≤ <u></u>	☐	☐	Squatting <u></u>
☐	☐	Lifting/Carrying ≤ <u></u>	☐	☐	Stairs <u></u>
☐	☐	Other <u></u>	☐	☐	Self Care <u></u>

Other: sees neurologist in Florida for pain, sleeping, memory +
nightmares

Therapist Ken Azar Date: 10-31-11

OBJECTIVE:

Gait/Posture: to wks hnw (R) LR (↑ pain c wks hnw (R))

Ft Position: R _____
L _____

Palpation: _____

Joint Motion: _____

LS AROM		Pain
Flex	mod shw	(R)
Ext	25-30°	(R)
R-SB	wk	(R)
L-SB	wk	
R-Rot	wk	
L-Rot	wk	(R)

MMT	L/R	Pain		L/R	Pain
Hip Flex /L2	4 / 3+	(R) P	Knee Flex/S2	4 / 3+	(R) P
Hip Abd			Knee Ext/L3	4 / 3+	(R) P
Hip Ext			DF/L4	4 / 4	↓ volume
Hip IR			PF/S1	4 / 4	
Hip Er			Inv/Evers		
LS			Great Toe Ext/L5		

Reflexes: L3: symmetrical S1: _____

Functional: SLB: EO _____ EC _____ CS Rot _____

PF Str/WB: Bilat _____ R _____ L _____

Squat: unable to complete 20 hns
Bridge: _____

Other: _____

Special Tests: (+) positive/ (-) negative/ (NT) not tested

SLR: _____

Slump: _____

LLD: _____

Long Sit: _____

SIJ: _____

Other: _____

Flexibility:

Hamstring (90/90): R 30-45 L 70-80

Piriformis: R (R) L '

Hip IR: R _____ L (R) ↓

Hip ER: R _____ L _____

Hip Flexors: R _____ L _____

FABERS: R _____ L _____

Other: hwy wk / symmetrical pain in (R)

Patient Name Mr. Moran Therapist Ken Adler /Date 10-31-11

ASSESSMENT: Poin

Muscle hypertrophy
+ core strength
net working
+ ARL

STG: * ① Iter

* + per 2 5/16

LTG: * ↑ strength to progress core stab. tech

* per free trunk ROM

* grab independent below

*

Short Term Goals: 4 weeks

Long Term Goals: 6 weeks

ADL WORK

☒	☒	Sitting ≥ 30-45
☒	☒	Standing ≥ 45-1
☒	☒	Walking ≥ 30-45
☐	☐	Driving ≥
☐	☐	Lifting/Carrying ≥
☐	☐	Reaching
☐	☐	Sleeping
☐	☐	Bending
☐	☐	Squatting
☐	☐	Stairs
☐	☐	Self Care

☒	> 1 hr
☒	1 1/2 - 2 hr
☒	21 hr
☐	
☐	
☐	
☐	
☐	
☐	
☐	

PLAN: Pt to be seen in physical therapy 2 X per wk for 3 wks. Treatment to include:

Str Ex: core stabilization

Stretching Ex: pelvic/LS/LE

Manual Therapy: Graston

Modalities: prn e-stim

Aerobic Conditioning _____ Gait Training : _____

Postural Ed: _____ Balance/Proprioceptive: _____

Establish/Progress HEP ☒ Pt/Family Education _____

Other: _____

Treatment Today:

① In-hal PT eval

② Graston x 10' ③ LS prone

④ demo LTR, SKL issued with HOP

⑤ mtr e ts (MF, inv) x 20' ⑥ LS (prone)

[Signature] 10-31-11
Physical Therapist Signature / Date



Bruce D. Filler, M.Ed., P.T.
Director

www.crcrehab.com

June 4, 2012

Mr. Mark Calhoun
The Calhoun Law Firm
714 East Main St.
Lexington, S.C.
29072

RE: Pedro Moran

Dear Mr. Calhoun,

Mr. Moran was seen on June 4, 2012 for a Functional Capacity Evaluation. He is a 38 year old Male who sustained a work-related injury to his lower back/pelvis and right lower extremity on June 22, 2010. He was employed by JMR Siding at the time of the injury. He is currently unemployed. He currently complains of lower back pain, upper back pain, right lower extremity pain to his heel and dizziness.

The results of today's evaluation place Mr. Moran in the light to limited medium physical demand category. He has the following occasional lifting capabilities: floor to waist -- 19 lbs, waist to shoulder -- 19 lbs, shoulder to overhead -- 19 lbs. He can carry 23 lbs with both hands, 15 lbs in the right hand, and 15 lbs in the left hand. He can push 40 lbs and pull 40 lbs loaded into a sled occasionally. The results of the treadmill test could not be calculated due to patient's request to terminate the test. He also tolerates occasional kneeling, squatting, overhead reaching, and stairclimbing. He does not tolerate occasional bending or twisting at the waist. Mr. Moran has a self-reported sitting tolerance of 10-15 minutes and was not observed to exceed this limit. He has a self-reported standing/walking tolerance of 10 - 15 minutes. He was able to perform standing/walking for 40 minutes during today's evaluation.

Mr. Moran's lumbar spine and hip range of motion is limited. Please see the enclosed report for all measurements.

Mr. Moran put forth a consistent effort during today's evaluation.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,

Elizabeth Wagner, DPT

Elizabeth Wagner, DPT

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845



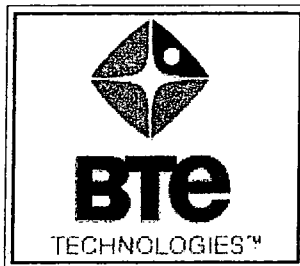
428-3 McNulty Road, Box 219, Blythewood, SC 29016, 728-0421

P102



PREPARED FOR:
Mr. Mark Calhoun
The Calhoun Law Firm
714 East Main St.
Lexington, S.C.
29072
Tel: (803) 957-8401

FUNCTIONAL ABILITIES EVALUATION



Client Information

Client Name: Mr. Pedro A Moran
Address: 100 Riverbend Drive # F1
 West Columbia, SC
 29169
Injury Date: June 22, 2010
Dominant Hand: Right Hand
SSN:

Employment Information

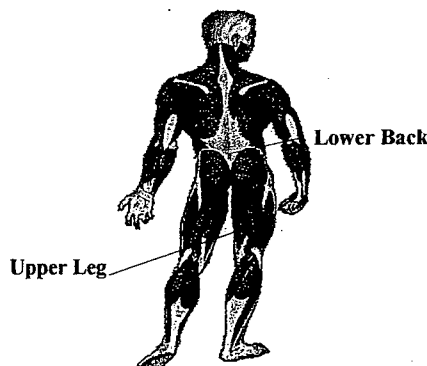
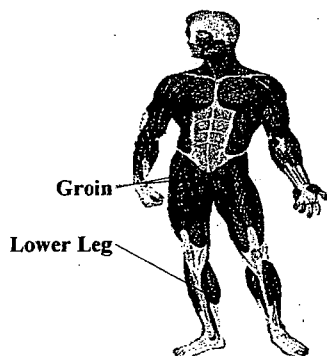
Occupation:
Employer: JMR Siding
Address:

Date of Birth: March 24, 1974
Gender: Male
Height: 65 inches
Weight: 150 lbs
Marital Status: Married

Work Status: Not currently working

Start & Finish Date: Jun 04, 2012
Evaluator: Elizabeth Wagner, DPT
Evaluation Time: 2 Hours 20 Min

Areas of Complaint



General Location	Specific Location	Plane	Side	Pain Type	Pain Scale
Groin			Bilateral	Stabbing	6 - High Moderate
Lower Back (Lumbosacral)				Pins And Needles	6 - High Moderate
Lower Leg			Right	Needles	6 - High Moderate
Upper Leg			Right	Needles	6 - High Moderate

Elizabeth Wagner, DPT
 Elizabeth Wagner, DPT
 Physical Therapist

COLUMBIA REHABILITATION CLINIC, INC.
 2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

All testing was completed using the FOCUS System, Data Management was compiled through ODES products of BTE Technologies



Name *Pedro Moran*

Lift	Pounds	Job Demand Category
Floor to Waist	19	light
12 Inch to Waist	19	light
Waist to Shoulder	19	light
Shoulder to Overhead	19	light
Carry (2 Handed)	23	limited Medium
Right Hand Carry	15	light
Left Hand Carry	15	light
Push	40	limited Medium
Pull	40	limited Medium

Strength**Lower Extremity Manual Muscle Test**

Jun 04, 2012 9:44:31 AM

Manual Muscle Testing of the lower extremities was performed and the results are as follows:

Hip Flexion: Right 4+/5 and Left
5/5

Knee Extension: Right 4+/5 and Left
5/5

Dorsiflexion: Right 4+/5 and Left
5/5

Extensor Hallicis Long: Right 4+/5 and Left
5/5

Eversion: Right 5/5 and Left
5/5

Evaluator Comments

Mr. Moran reports right lower extremity pain with manual muscle testing of the right lower extremity.

Strength**▶ Hip Manual Muscle Test**

Jun 04, 2012 9:52:44 AM

Manual muscle testing of the hip was performed and the results are as follows:

hip flexion: Right 4+/5 and Left
5/5

hip abduction: Right 4+/5 and Left
5/5

hip extension: Right 3/5 and Left
4+/5

hip adduction: Right 4+/5 and Left
5/5

int/ext rotation: See note below

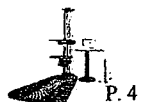
Evaluator Comments

Internal rot right 4/5 and left 5/5. External rot right 4/5 and left 5/5.

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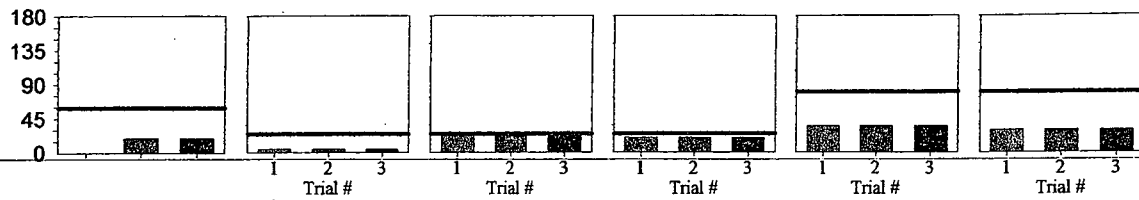
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Mr. Pedro A Moran



	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:		5	25	20	35	30
Trial 2:	20	5	25	20	35	30
Trial 3:	20	5	25	20	35	30

Average	20.0	5.0	25.0	20.0	35.0	30.0
Maximum	20.0	5.0	25.0	20.0	35.0	30.0
AMA Valid		YES	YES	YES	YES	YES
% of Normal	33%	20%	100%	80%	44%	38%

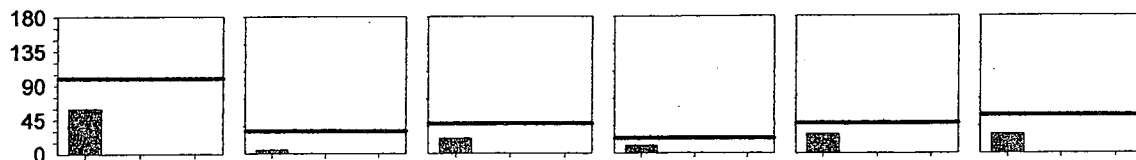


Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	60	5	20	10	25	25

% of Normal	60%	17%	50%	50%	62%	50%
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Reference Information

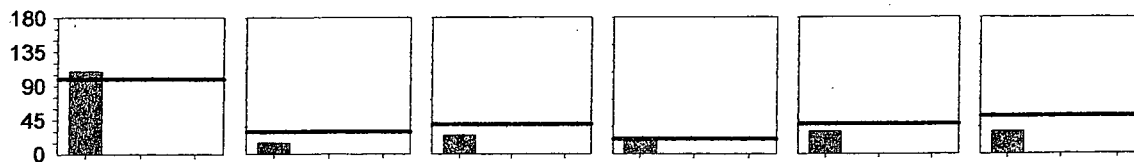
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion Hip - Left

Jun 04, 2012 9:52:12 AM

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	110	15	25	20	30	30

% of Normal	110%	50%	62%	100%	75%	60%
-------------	------	-----	-----	------	-----	-----



Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

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Mr. Pedro A Moran



Work Simulation Dynamic Rotation

Jun 04, 2012 10:15:30 AM

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 18

PRE HR 72 POST
HR 79

Evaluator Comments

Mr. Moran was able to rotate at the waist 18 repetitions. He reports increased low back pain and increased dizziness with rotating at the waist. Dizziness decreased after stopping task.

Work Simulation Dynamic Bending

Jun 04, 2012 10:19:48 AM

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 21

PRE HR 73 POST
HR 82

Evaluator Comments

Mr. Moran was able to bend forward at the waist 21 repetitions in a limited range of motion. He requested to stop bending due to increased low back pain.

Work Simulation Squatting

Jun 04, 2012 10:20:47 AM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: 2 minutes

PRE HR 71 POST
HR 78

Evaluator Comments

Mr. Moran was able to squat for 2 minutes. He shifted his weight from right to left lower extremity and occasionally used hands on external support surface during the task.

Work Simulation Kneeling

Jun 04, 2012 10:27:13 AM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: 2 minutes

PRE HR 70
POST HR 70

Evaluator Comments

Mr. Moran was able to kneel for 2 minutes.

Work Simulation Dynamic Reaching

Jun 04, 2012 10:36:00 AM

The patient was asked to transfer 1 lb weights from shoulder level to above head level for 5 minutes. The results are as follows:

Dynamic reaching: 5 minutes

PRE HR 68
POST HR 74

Evaluator Comments

Mr. Moran was able to reach for 5 minutes.

Work Simulation Stair Climbing

Jun 04, 2012 10:43:37 AM

The patient was asked to ascend/descend a series of 4 stairs for a total of 10 cycles. The results are as follows:

Time (min,secs)	Initial Heart Rate (bpm)	Final Heart Rate (bpm)	Stairs Ascended	Stairs Descended
2 min, 15 sec	71	85	40	40

Evaluator Comments

Mr. Moran was able to ascend/descend a series of 4 steps for a total of 10 cycles. He used a reciprocal gait pattern and 1 handrail.

Work Simulation **Floor to waist lift**

Jun 04, 2012 10:47:24 AM

Floor to waist lifting results are as follows:

Floor to waist: 19 pounds

Physical demand level: Light

MAX HR 76

Evaluator Comments

Mr. Moran was able to lift 19 pounds.

Work Simulation Waist to shoulder lift

Jun 04, 2012 10:54:56 AM

The patient was asked to lift from waist height to shoulder height. The results are as follows:

Waist to shoulder: 19 pounds

Physical demand level: Light

MAX HR 82

Evaluator Comments

Mr. Moran was able to lift 19 pounds.

Work Simulation **Shoulder to overhead lift**

Jun 04, 2012 11:01:27 AM

The patient was asked to lift from shoulder height to overhead height. The results are as follows:

Shoulder to overhead: 19

Physical demand level: Light

MAX HR 82

Evaluator Comments

Mr. Moran was able to lift 19 pounds.

Work Simulation Dynamic Push/Pull

Jun 04, 2012 11:09:05 AM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 40 pounds

Pull: 40 pounds

MAX HR 84

Evaluator Comments

Mr. Moran was able to push 40 pounds and pull 40 pounds loaded in a sled.

Work Simulation **Dynamic 1-handed carry**

Jun 04, 2012 11:10:10 AM

The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

Left-handed carry: 15 pounds

Right-handed carry: 15 pounds

MAX HR 78

Evaluator Comments

Mr. Moran was able to carry 19 pounds in his left hand and 19 pounds in his right hand.

Work Simulation ► Dynamic 2-handed carry

Jun 04, 2012 11:17:45 AM

The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

Dynamic 2-handed 23
carry:

Physical demand level: Limited Medium

MAX HR 76

Evaluator Comments

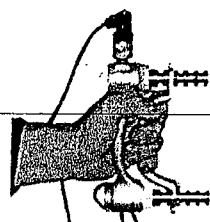
Mr. Moran was able to carry 23 pounds.

Hand Grip Strength ►

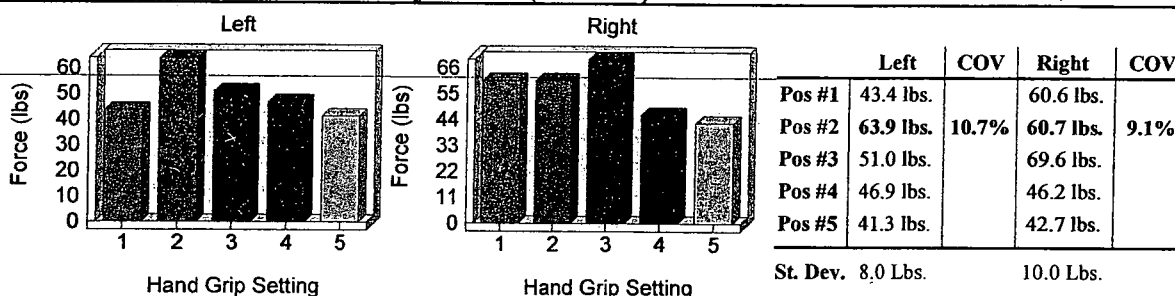
The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Pedro A Moran exerted consistent effort during grip strength testing. Mr. Pedro A Moran was tested using the modified maximum voluntary effort hand grip protocol. Mr. Pedro A Moran is right hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.^{1, 2.}

Modified Maximum Voluntary Effort (MMVE)

Jun 04, 2012 9:32:13 AM



The hand dynamometer is set to each of the five available positions which vary the client's grip size. The results for each of the average maximum forces during each position are displayed by the corresponding bar graphs.



Using the Modified Maximum Voluntary Effort (MMVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve^{3,11,12,13}, even in a disabled population or if the client's hand is injured^{3, 13}, with the coefficients of variation at position 2 within the acceptable 15% or less limit.

The graph obtained for Mr. Pedro A Moran did demonstrate a bell shaped curve which may be an indicator of maximal effort and the coefficients of variation of the underlying data may be an indicator of consistent effort

³ Stokes H. 1983. The seriously uninjured hand - weakness of grip. J Occup Med 25(9):683-684.

¹¹ Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. Am J Phys Med Rehabil 69(2): 96-101.

¹² Matheson L, Carlton R, Miemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. Ind Rehabil Q 1(3):9,17-23.

¹³ Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.

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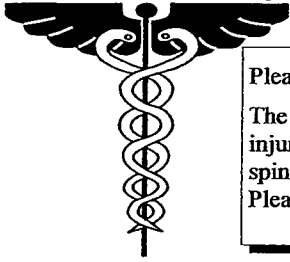
Mr. Pedro A Moran

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P121



The Waddell Signs

Jun 04, 2012



Please read:

The following tests are recommended to test for non-organic physical signs in the case of lower back injuries. The Waddell's NOS should not be used in case situations where the injury involves multiple spinal segments.

Please check whether the patient's response is positive or negative.

1. Tenderness - Should be localized to a skeletal or neuromuscular structure.

Superficial Tenderness-provide light pinch to the skin over the lower back region. If there is widespread tenderness, this is considered non-physiological and is an indication of symptom magnification.

- ☒ Negative
☐ Positive

Non-Anatomic Tenderness-Perform deep palpation to the lumbar paraspinals. If there is tenderness which is widespread and not localized to any specific structures, then this is considered magnification of symptoms.

- ☐ Negative
☒ Positive

2. Simulation Tests - Give the patient the impression that a particular movement is being performed when it actually is not

Axial Loading -To perform this test apply a light downward pressure on the top of the patient's head while they are in the standing position. If increased lower back pain is reported then this is an indication of exaggeration of symptoms.S

- ☐ Negative
☒ Positive

Simulated Rotation -With the patient in the stand position and feet together, rotate the pelvis and shoulders simultaneously by applying pressure at the level of the lower forearm. If the patient reports increased pain then this is considered symptom magnification.

- ☒ Negative
☐ Positive

3. Distraction Tests - Retesting of a positive finding in a way that the patient does not recognize or expect

Distraction Test -Perform a straight leg raise with the patient in the supine position. When the SLR shows marked improvement while performed on distraction (i.e. Patient seated) this is considered positive.

- ☒ Negative
☐ Positive

4. Regional Disturbances - Divergence from accepted neuroanatomy

Regional Disturbances -These are present as motor weakness or sensory loss involving widespread regions such as the entire leg or a quarter or half of the body.

- ☒ Negative
☐ Positive

5. Overreaction - Disproportionate verbalization, facial expression, muscular tension and/or tremor or sweating

Overreaction-A disproportionate response such as verbalizations, facial expressions, collapsing etc. can be indicative of symptom magnification.

- ☒ Negative
☐ Positive

If three or more of the categories are positive then the findings are clinically significant for non-organic low back pain.

Scoring: Clinically insignificant.

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Mr. Pedro A Moran

84
PL22



► **Sitting tolerance**

Jun 04, 2012

The patient's self-reported sitting tolerance is as follows:

.....

Evaluator Comments

Mr. Moran has a self-reported sitting tolerance of 10 - 15 minutes. He reports that his sitting tolerance is limited due to back pain and right leg pain.

► **Standing tolerance**

Jun 04, 2012

The patient's self-reported standing tolerance is as follows:

.....

Evaluator Comments

Mr. Moran has a self-reported standing tolerance of 10-15 minutes. He has a standing/walking tolerance of 10-15 minutes. He reports that his standing/walking tolerance is limited due to increased back pain and right leg pain.

Cardiovascular Intake



Jun 04, 2012

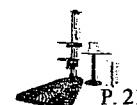
Resting Rate (Min)	Systolic (mm Hg)	Diastolic (mm Hg)
68	100	60

Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure
--------	----------------------	--------------------------	--------------------------

COLUMBIA REHABILITATION CLINIC, INC.

2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

Mr. Pedro A Moran



Single Stage ► Pre-Testing Heart Disease Questions

Test Date: Jun 04, 2012 10:30:48 AM

Treadmill

1. Have you ever had a heart attack?..... ☐ Yes ☒ No
2. Have you ever had heart surgery?..... ☐ Yes ☒ No
3. Have you ever had an abnormal electrocardiogram?..... ☐ Yes ☒ No
4. Do you have heart disease?..... ☐ Yes ☒ No
5. Have you been told by a physician you have had angina?... ☐ Yes ☒ No
6. Have you been told by a physician you
have had palpitations?..... ☐ Yes ☒ No
7. Have you had a stroke (CVA)?..... ☐ Yes ☒ No
8. Is your blood pressure (BP) 159/100?..... ☐ Yes ☒ No
9. Are you pregnant?..... ☐ Yes ☒ No

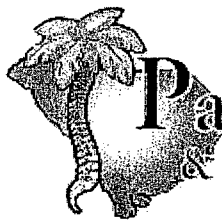
Initial Heart Rate Initial Blood Pressure
68 BPM 100 / 60

Stage	Speed	Heart Rate	Blood Pressure	Grade
1. Warm-Up	0.7mph	86 BPM	0/0	0%
2. Exercise	0mph	0 BPM	0/0	0%
3. Recovery	0mph	0 BPM	0/0	0%

Evaluator Comments

Mr. Moran requested to end the treadmill test after the 4 minute warm-up due to increased low back pain and right lower extremity pain. Cardiovascular fitness level was not calculated due to early test termination.

DR. TIMOTHY ZGLESLEWSKI



Palmetto Spine & Sports Medicine, P.A.

Timothy M. Zgleszewski, M.D.

Board Certified

- Physiatry
- Pain Medicine

Non-Operative Spine Care • Interventional Pain Medicine • Electrodiagnostics • Musculoskeletal Medicine

INDEPENDENT MEDICAL EXAMINATION

EXAMINEE: Pedro Moran

DATE OF EXAM: June 5, 2012

DATE OF BIRTH: March 24, 1974

DATE OF INJURY: June 22, 2010

REFERRAL ORGANIZATION: Calhoun Law Firm

REFERRING INDIVIDUAL: Mark R. Calhoun, Esq.

EVALUATING PHYSICIAN: Timothy M. Zgleszewski, M.D.

LOCATION OF EVALUATION: Columbia, SC

Mr. Moran was referred for an Independent Medical Evaluation at the request of the above agent. The IME process was explained to the examinee, via an interpreter, and the examinee understands that no patient/treating physician relationship exists and that a report will be sent to the requesting agent. Analysis is based upon the subjective complaints, history given by the examinee, review of medical records, tests provided to me and objective clinical findings on physical examination. History was provided by the examinee. Approximately 35 minutes were spent with the examinee. This included taking a history and performing a detailed physical examination. An additional 105 minutes were spent reviewing medical information and preparation of this report. As routinely performed in my medical practice, today's history was formulated by direct patient interview and, when available, medical records that from time to time are utilized for specific detail and accuracy of events regarding the mechanism of injury and the treatment rendered to the individual being evaluated.

HISTORY: Mr. Moran is a 38 year old gentleman who states he was involved in a work accident that occurred on or about June 22, 2010, while employed by a siding company, working as a laborer. The examinee states the injury occurred when he fell from second story of a home. He states he landed face down on the ground striking his head. He reports a loss of consciousness and continued headaches. He states that he sustained a pelvic fracture which was treated with physical therapy. The examinee states he also injured his low back causing pain into the right lower extremity, that he and has been to the emergency department for injections as well as some sessions of physical therapy with modalities. The examinee states he also injured his right elbow and arm, but has had no treatment to date.

3030 Ashley Town Center Drive, Suite A-102 • Charleston • SC • 29414 • (843) 573-9997 • fax (843) 377-1446
3 Southern Court, Suite B • West Columbia • SC • 29169 • (803) 791-3773 • fax (803) 791-3997
9657 Ocean Highway, Unit B-2 • Pawleys Island • SC • 29585 • (843) 573-9997 • (843) 377-1446

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EXAMINEE:

Pedro Moran

DATE:

June 5, 2012

Page 2

The examinee states the pain is located in the right and left low back. It radiates into the right posterior and anterior thigh and both groins. The pain extends down past the knee into the anterior and posterior lower leg, extending into the heel. The pain is described as a burning, tingling, and numbing sensation. The examinee states the pain is deep. Aggravating factors include sitting, driving, standing, walking, changes of position, going up and down steps, forward bending, backward bending, lying on his back, lying on his stomach, twisting, and reaching. Alleviating factors include medication. The examinee's current pain averages around 6/10 on the pain scale. At times, it flares up to 10/10 on the pain scale.

The examinee states the pain is located in the right shoulder. It radiates into the right arm. The pain extends down past the elbow into the forearm stopping before the hand. The pain is described as a stabbing and numbing sensation. Aggravating factors include forward flexion, pushing, pulling, twisting, reaching, overhead activities, repetitive use, and lifting. Alleviating factors include rest and medication. The examinee's current pain averages around 4/10 on the pain scale. At times, it flares up to 7/10 on the pain scale.

The examinee states the pain is located in the right elbow. The pain is described as a stabbing sensation. Aggravating factors include pushing, pulling, reaching, overhead activities, repetitive use, lifting, and writing. Alleviating factors include rest and medication. The examinee's current pain averages around 4/10 on the pain scale. At times, it flares up to 7/10 on the pain scale.

The examinee has not had interventional spinal procedures in the past. The examinee has progressed through physical therapy for the pelvis. The examinee is taking Ibuprofen, Tramadol, and Naproxen for the pain with some reduction of his discomfort. The examinee's diagnostic testing includes x-rays and a CT scan performed to date.

CURRENT MEDICATIONS: Ibuprofen, Tramadol, and Naproxen

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: None

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: The examinee is a non-smoker and a non-drinker. He consumes a minimal amount of caffeinated beverages per day. He is married with seven children. The examinee's highest level of education completed is three years of high school.

FAMILY HISTORY: Non-contributory

WORK HISTORY: The examinee states that he has not worked since June 22, 2010.

REVIEW OF SYSTEMS: Traumatic Brain Injury

GENERAL APPEARANCE: Physical examination reveals a well-developed and well-nourished gentleman in a moderate to, at times, severe amount of pain. The examinee is alert and oriented to time, place, and person.

Gait and station reveals a limp on the right.

Inspection of the upper and lower extremities demonstrates no edema with intact radial and pedal pulses. Inspection of the low back demonstrates loss of the normal lordosis. There is no lumbar shift present on today's examination. There are no prior surgical incisions at the lumbosacral spine. Range of motion of the lumbar spine is painful. Pain is increased with forward bending and extension. Range of motion of the hips is normal. There is negative simulated axial compression testing, negative simulated axial rotation testing, negative regional testing, and negative distraction testing. Overall, today's Waddell's testing is negative.

On palpation, there is tenderness and spasms in the bilateral lumbar paraspinals. There is no generalized tenderness over the Greater Trochanters. There are no trigger points in the lumbosacral spine today. There is tightness noted in the bilateral piriformis muscles today. There is tenderness over the bilateral PSIS's. There is a negative Fortin Finger Test bilaterally. There is a positive Patrick's Test bilaterally. There are negative neural tension signs in both legs in the seated slumped position. There is a negative Straight Leg Raise Test bilaterally.

Bilateral lower extremity motor examination was normal today. Bilateral lower extremity sensory examination was normal to soft touch and pinprick today. Deep tendon reflexes of the bilateral patella and Achilles are normal and symmetric today.

Inspection of the right shoulder demonstrates some scapular winging. There are no prior surgical incisions at the right shoulder. Range of motion of the shoulder is painful. Pain is increased with flexion, extension, abduction, internal rotation, and external rotation. Scapulohumeral Rhythm is altered on the right. On palpation, there is tenderness in the right lateral deltoid. There is tightness noted in the right upper trapezius and pectoralis major muscles today. There is no gross instability noted. There is a negative Cross Arm test on the right. There is a positive Impingement Sign on the right.

Right Shoulder

	Measurement (PROM)	Reference (5th ed.)	Normal	Upper Extremity Impairment (%)
Flexion	130	Figure 16-40 (5th ed., 476)	180	3
Extension	45	Figure 16-40 (5th ed., 476)	50	1
Adduction	40	Figure 16-43 (5th ed., 477)	40	0
Abduction	105	Figure 16-43 (5th ed., 477)	170	4
Internal Rotation	65	Figure 16-46 (5th ed., 479)	80	2
External Rotation	50	Figure 16-46 (5th ed., 479)	60	1
Total				11

There are no prior surgical incisions at the right elbow. Range of motion of the elbow is painful. Pain is increased with flexion and extension. On palpation, there is tenderness in the right olecranon process. There is no gross instability noted. There is a negative Tinel's sign at the elbow on the right.

Right Elbow

	Measurement (PROM)	Reference (5th ed.)	Normal	Upper Extremity Impairment (%)
Flexion	135	Figure 16-34 (472)	140	1
Extension	10	Figure 16-34 (472)	0	1
Supination	65	Figure 16-37 (474)	70	1
Pronation	75	Figure 16-37 (474)	80	1
Total				4

Bilateral upper extremity motor examination was normal today. Bilateral upper extremity sensory examination was normal to soft touch and pinprick today. Deep tendon reflexes of the bilateral biceps, triceps, and brachioradialis are normal and symmetric today.

DIAGNOSTIC TESTING/MEDICAL RECORDS:

1. James McIntosh, M.D. from Lexington Orthopaedics
2. Lexington Medical Center Radiology Department
3. Columbia Rehabilitation Clinic, Inc.
4. Lexington Medical Center Physical Therapy
5. James F. Bethea, M.D. of Columbia Orthopaedic Specialists, LLC
6. Lexington Medical Center Emergency Department

DIAGNOSES:

1. Pelvic fracture including right sacral ala fracture along margin of right SI joint
2. Bilateral SI joint dysfunction/pain
3. Right shoulder sprain/strain with impingement syndrome
4. Right elbow fracture (occult) per June 22, 2010 x-ray report
5. Traumatic brain injury, mild

DISCUSSION: After reviewing today's history, physical examination, review of the medical records, and provided diagnostic testing, the examinee has the above diagnoses. It is my medical opinion that the above diagnoses are causally related to the work accident in question. The mechanism of injury described is consistent with the above diagnoses. It is my medical opinion that the examinee is currently at Maximal Medical Improvement (MMI) secondary to the pelvic fracture, but not currently at MMI secondary to the SI joint pain, right shoulder injury, and right elbow fracture.

All impairment ratings are derived using the AMA Guides to the Evaluation of Permanent Impairment 5th Edition, herein after referred to as the AMA Guides.

Based on the AMA Guides, Mr. Moran has a 5% impairment rating to the whole person secondary to the pelvic fracture.

The examinee, at least in my review of the medical records, never had a follow up regarding the right elbow secondary to the "occult fracture" that was suspected on the June 22, 2010 right elbow x-ray obtained at Lexington Medical Center. While it is likely healed at this point, a follow up x-ray of the right elbow should be performed. Also, no diagnostics or treatment has been done to the right shoulder as well.

Secondary to the mild TBI, I would defer further treatment and opinion on MMI to Dr. Shealy, who according to the medicals reviewed, is treating the examinee currently.

The cause of the examinee's low back pain is most probably coming from the bilateral sacroiliac joints based on the mechanism of injury as well as physical examination today with positive maneuvers as well as the diagnostic imaging that showed "There is a minimally displaced corner fracture involving the right sacral ala along the anterior margin of the right sacroiliac joint." The bilateral sacroiliac joints have not been tested to date.

The examinee will require rehabilitation therapy to address the low back pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require diagnostic sacroiliac joint (SI) injections to the bilateral SI joints under fluoroscopic guidance utilizing a pain diary. If positive, he will need to proceed with therapeutic SI joint injections with corticosteroids. If no long term benefit is obtained, then he will need to proceed with radiofrequency ablation of the involved SI joints.

The examinee is a candidate for Biowave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the low back pain. The examinee will require six in office treatments; and if successful, he will possibly require a home unit. Biowave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen his discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

The examinee will require oral pain medications to control his low back pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

The examinee will require Platelet Rich Plasma (PRP) therapy to promote healing and stability as well as to provide pain relief to the SI joints given the trauma involved. He would require one to three of these PRP treatments. Once treated, it would not need to be repeated again.

Mr. Moran is not currently at Maximal Medical Improvement (MMI). If Mr. Moran is deemed to be at MMI, then based on the AMA Guides, secondary to the bilateral SI joint dysfunction and pain, the examinee has a 5% impairment to the back/spine.

The examinee will require rehabilitation therapy to address the shoulder pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require x-rays to the right shoulder.

The examinee will require a diagnostic ultrasound of the right shoulder to evaluate for impingement syndrome. Further treatment will depend upon the above results.

The examinee is a candidate for Biowave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the shoulder pain. The examinee will require six in office treatments; and if successful, he will possibly require a home unit. Biowave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen his discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

~~The examinee will require oral pain medications to control his right shoulder pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.~~

Mr. Moran is not currently at Maximal Medical Improvement (MMI). If Mr. Moran is deemed to be at MMI, then based on the AMA Guides, using the range of motion method, the examinee has an 11% impairment rating to the right upper extremity.

Based on the AMA Guides, there is no direct method of converting an upper extremity impairment rating to a shoulder impairment rating. One is able to approximate a shoulder impairment rating utilizing page 474, and the fact that "the shoulder functional unit represents 60% of the upper extremity function." Along this line of reasoning, for the right upper extremity impairment rating of 11%, this would convert to a 18% impairment to the right shoulder.

The examinee will require x-rays to the right elbow.

The examinee is a candidate for Biowave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the right elbow. The examinee will require six in office treatments; and if successful, he will possibly require a home unit. Biowave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen his discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

The examinee will require oral pain medications to control his elbow pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

Mr. Moran is not currently at Maximal Medical Improvement (MMI). If Mr. Moran is deemed to be at MMI, then based on the AMA Guides, the examinee has a 4% impairment rating to the right upper extremity secondary to the elbow pain.

If needed, I could assume the care of this examinee to carry out the above.

The examinee should not return to work in my medical opinion until the above additional diagnostic testing and treatment is rendered. In my medical opinion, the examinee would be at risk for further injury if he returns to work before the additional diagnostic testing and treatment is rendered.

Recommendations regarding the examinee's ability to work, or participate in activities of daily living and other opinions provided in this report are given totally independent of the requesting agent. If any new medical records are provided, the above recommendations and opinions may change. These recommendations and opinions are based upon reasonable degree of medical certainty.

At the conclusion of the examination, the examinee was asked whether or not there was any information that was not asked that he wanted to include in this report. The answer to this question was no.

EXAMINEE:

Pedro Moran

DATE:

June 5, 2012

Page 6

The above diagnostic and treatment recommendations will most probably tend to lessen the examinee's period of disability and impairment and prevent regression of his condition. The above recommendations and opinions are made with a reasonable degree of medical certainty and are made independent of the requesting agent.

"I certify and affirm that the foregoing report is true to the best of my knowledge under penalty of perjury."

Thank you for allowing me to complete this IME of Pedro Moran. I believe I have answered all questions asked of me. If there are any further inquiries, please do not hesitate to contact me in writing.

Timothy M. Zgleszewski, M.D.
Board Certified Physical Medicine Rehabilitation
Sub Specialty Board Certified, Pain Medicine
Fellowship Trained Interventional Spine/Pain Medicine

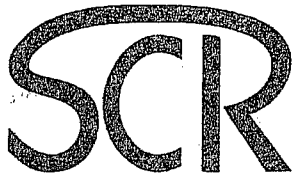
cc: Mark R. Calhoun, Esq.

Phone#: (803) 957-8401

Fax#: (803) 957-4709

Electronically signed by Timothy M. Zgleszewski, M.D. on 06/22/2012 at 01:14:57 PM

DR. SERGIO SANCHEZ



South Carolina Research Group, LLC

To Joseph Healy, MD

Dr. Healy, I apologize for this informal note. Pedro handed me your note and I agree completely with all that you have written. I was asked by workman's com for an evaluation. It required two sessions before I was able to reach a diagnosis with its treatment plan. In short I believe the following:

He is suffering the symptoms of Post Concussion Syndrome which includes the encephalopathy. I am still not sure if workman's com is asking that I simply evaluate or that I treat. Either way I feel it is my duty to do all I can to help him, especially since Spanish is also my first language.

I have handed him prescriptions for Cymbalta 60 mg, Neurontin 600 mg (1 qam x 1 week then 1 bid subsequently) along with Remeron 15 mg. I did not write it but in my experience Excedrin has given some relief although not a long lasting one.

He is also suffering from depression, anxiety, panic attacks and sleep paralysis. Although I am not certain of this, the paralysis seems to be related to the use of Ambien and I have asked that he abstain completely from this.

I again apologize for the informality of this note. We have spent about an hour and a half and he is quite tired. If you have any questions please feel free to call my office at any time.

A handwritten signature in black ink, appearing to read 'S. Sanchez'.

Sergio Sanchez, MD

Psychiatrist

South Carolina Research Group

68 Parkway Commons Way Greer, SC, 296505213

Tel: 864-877-5688 Fax: 864-877-5684

Prepared By: Sanchez, Sergio

Trans id: 2012081715381151328091

Sergio Sanchez, MD

Psychiatry

PRINTED PRESCRIPTION

Moran, Pedro A

100 Riverbend Dr, West Columbia, SC-29169

DOB: 03/24/1974, Phone: 803-363-6327

Date: 08/17/2012



Rx

Remeron Tablet 15 MG Orally

Disp: ***30*** (THIRTY)

Sig: 1 tablet before bedtime in the evening UNA TABLETA CADA NOCHE ANTES
DE DORMIR 30 days

Refills: ***0*** (ZERO)

DEA #: BS6548272

NPI #: 1912948647

LIC #: 27855



To insure brand name dispensing, prescriber must write "Dispense as Written" or
"D.A.W." on the prescription.

Sergio Sanchez, MD,

96



Moran, Pedro A

38 Y old Male, DOB: 03/24/1974
100 Riverbend Dr, West Columbia, SC-29169

Home: 803-363-6327

Guarantor: Moran, Pedro A

Appointment Facility: South Carolina Research Group

08/17/2012

Progress Notes: Sergio Sanchez, MD

Current Medications

Acetamin 500 MG Tablet 1 tablet as needed every 6 hrs
Ibuprofen 400 MG Tablet 1 tablet PRN
Naproxen 250 MG Tablet 1 tablet Twice a day
Ambien 10 MG Tablet 1 tablet at bedtime as needed Once a day

Reason for Appointment

1. SECOND PART OF INITIAL PSYCHIATRIC EVALUATION

History of Present Illness

Interval History/Change:

SEE FULL NOTE ON 8/3/12 ENCOUNTER.

Assessments

1. Postconcussion syndrome - 310.2 (Primary)
2. Anxiety state, unspecified - 300.00
3. Depressive disorder, not elsewhere classified - 311

Treatment

1. Others

This second half along with completion of Initial Psychiatric Evaluation, focus was given to detailed explanations in his native language to the different physiological, psychiatric and medical consequences of his condition.

Procedure Codes

90805 PSYTX, OFF, 20-30 MIN W/E

Follow Up

prn

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 10/08/2012
at 04:13 PM EDT

Sign off status: Completed

Patient: Moran, Pedro A DOB: 03/24/1974 Progress Note: Sergio Sanchez, MD 08/17/2012
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Moran, Pedro A

38 Y old Male, DOB: 03/24/1974
100 Riverbend Dr, West Columbia, SC-29169

Home: 803-363-6327

Guarantor: Moran, Pedro A

Appointment Facility: South Carolina Research Group

08/03/2012

Progress Notes: Sergio Sanchez, MD

Current Medications

Acetamin 500 MG Tablet 1 tablet as needed every 6 hrs
Ibuprofen 400 MG Tablet 1 tablet PRN
Naproxen 250 MG Tablet 1 tablet Twice a day
Ambien 10 MG Tablet 1 tablet at bedtime as needed Once a day
Tramadol HCl

Past Medical History

No Medical History.

Surgical History

No Surgical History documented.

Family History

He denies.

Social History

He is married. Is originally from Nicaragua. has been in the USA for 4 years. He has 7 children in Nicaragua (From 21 to 7 years of age). They have Here he lives with his wife.

Allergies

N.K.D.A

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Reason for Appointment

1. PSYCHIATRIC EVALUATION
2. "Estoy deprimido, con horribles dolores de cabeza y Worker's Comp quiere que yo venga."
3. TRANSLATION: "I have been depressed, with horrible headaches and Worker's Comp wants me to come."
4. INITIAL EVALUATION INITIATED 8/3/12 AND COMPLETED 8/17/12

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment; 3. Moderate impairment' 4. Severe impairment; 5. Very severe impairment.

Mood 3.

Anxiety 3.

Hallucinations 0.

Sleep 0.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 0.

Paranoia 0.

38 year old Hispanic male here for worker's comp. Initially the interview was done with him alone in the office and in Spanish. Afterwards the interpreter and a member of the legal office was also present. She explained that this was requested by the legal office. He relates that in June of 2010, he was working on the roof of a two story house when he fell. He became unconscious for about 20 minutes until he woke up in the ambulance. He had blood in his ears and mouth, three fractures in the hips and trauma in the right leg and hand. Her states that since the accident his memory has been very poor. He has realized that at times while talking, he will stop and not remember what he was talking about. He has become very afraid of heights. He has been having some headaches that have lasted for days, are intollerable and do not subside with Tylenol or other OTC medications. At times he has felt extremely angry to where he does not feel like talking to anybody despite having been a very social person before this fall. He says that he can't stand up straight, keep his right hand held up straight, or can he sit down without adjusting positions form more than

a few minutes due to extreme pain and discomfort. This frustrates him quite a lot. At times he feels like just running away and leaving with no place to go. Other times he does not feel like leaving his room at all. He complains of feeling either mad, sad, frustrated and having no motivation to "do anything." He is also having some dizziness and problems finding words.

During the second interview, he is here alone. Again we talked about his accident, the concussion and the consequences of these. He is obviously experiencing some headaches that seem to be worse with light exposure. He is complaining of some dizziness but not to the point of falling. During our interviews he will pause as if he had just forgotten what word he was about to use although he remembers the intentions of it. He admits to having quite a lot of anxiety. He relates also that he has been having a hard time remembering conversations that he had the day before. He also relates quite clearly symptoms of sleep paralysis and night time panic attacks which were explained to him in detail so that he can understand this. He is also frustrated still because he feels that he is not remembering "anything." We talked about Ambien, the positive and negative effects of this, the same with Excedrin, Cymbalta, Neurontin, Tylenol, benzodiazepines, trazodone and Remeron.

Examination

Psychiatric Examination:

Affect 3.
 Behavior 0.
 Insight 0.
 Judgement 0.
 Isolation 0.
 Speech 0.
 Language 0.
 Fund of Knowledge 0.
 Reality Contact 0.
 Thought Process 2.
 Associations 0.
 Orientation 0.
 Memory Remote 0.
 Memory Recent 0.
 Concentration 0.

Interview is somewhat difficult to follow. Although he and I speak Spanish fluently, I he would maintain his voice quite low to where I had somewhat of a hard time understanding his words. His answers were also quite short and he appeared to avoid giving out information other than the one that he was asked for. Mood is said to be sad and anxious. Affect is congruent.

During the second interview he is a bit more relaxed. He still is quite sad, frustrated, unsure of the future. Some word loss is present and he has many questions, doubts and uncertainties that after explanation has helped quite a lot.

He adjusts position constantly because of discomfort and pain in one position. He makes quite a lot of effort to maintain concentration and becomes frustrated when he is unable to find the words or at times asks me to repeat my questions or statements.

Assessments

1. Postconcussion syndrome - 310.2 (Primary)
2. Depressive disorder, not elsewhere classified - 311
3. Anxiety state, unspecified - 300.00

Axis II Deferred

Axis III Chronic pain secondary to fall

Axis IV Moderate

Axis V GAF 58.

Treatment

1. Others

Start Cymbalta Capsule Delayed Release Particles, 60 MG, 1 capsule q am, Orally, CADA MANHANA, 30 days, 30, Refills 0

Start Neurontin Tablet, 600 MG, Begin 1 tablet daily x 1 week then increase to 1 table twice a day, Orally, TOME INA TABLETA CADA MANHANA POR UNA SEMANA I DESPUES UNA TABLETA IN LA MANHANA Y OTRA EN LA NOCHE, 30 days, 60, Refills 0

Start Remeron Tablet, 15 MG, 1 tablet before bedtime in the evening, Orally, UNA TABLETA CADA NOCHE ANTES DE DORMIR, 30 days, 30, Refills 0

-- I wrote a very brief letter to his neurologist explaining my findings and recommendations. I believe that it is urgent that he be followed ASAP with a therapist that speaks fluent Spanish. He will continue close observation with a psychiatrist for management of his psychopharmacology.

Procedure Codes

90807 PSYTX, OFF, 45-50 MIN W/E&M

Follow Up

prn

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 10/08/2012 at 04:12 PM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way

Patient: Moran, Pedro A DOB: 03/24/1974 Progress Note: Sergio Sanchez, MD 08/03/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Moran, Pedro A DOB: 03/24/1974 Progress Note: Sergio Sanchez, MD 08/03/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

DR. JOHN TAYLOR

John M. Taylor, Ph.D.
Kimberley K. Kruse, Psy.D.
Licensed Clinical Psychologists
11 Richland Medical Park
Columbia, South Carolina 29203
(803) 434-4807

NEUROPSYCHOLOGIC EVALUATION

Patient's Name: Pedro Moran
Date of Examination: 01/18/2014, 03/21/2014
Referral Source: Sarah H. Alphin, Attorney at Law
Wilson Jones Carter Baxley

Mr. Moran is a 39-year-old male who is originally from Nicaragua. He has 10 years of education which was high school in his country by his report. He was an above-average student, did not repeat any grades, and does not have any history of special classes or learning disabilities. He reports he was in a normal state of health until June 22, 2010 when he fell from a second story scaffold while working on the job. He reported several seconds of retrograde amnesia, and approximately half hour of unconsciousness. He does report coming to in the ambulance although has sketchy anterograde amnesia for 48 hours. He does remember being in pain. He was discharged from the hospital after three to four days by his report. He sustained a hand injury, leg injury, pelvic fracture, back injury, and head injury. He denies skull fracture and there was no trach or G-tube. Regarding cognitive complaint, he states that he has difficulty comprehending words. He requires more effort to focus. He reports headaches, dizziness, and irritability. He is being treated by Dr. Healy in Neurology. He is taking Norco, Cymbalta, zolpidem, and mirtazapine.

On direct questioning, he is reporting blurred vision which is intermittent, difficulty in high-stimulus environment, posttraumatic throbbing light headaches with phonophobia but not photophobia or nausea, intermittent tinnitus, intermittent vertigo typically when he stands up, mild difficulty in balance, mild fatigue, insomnia, and irritability.

PAST MEDICAL HISTORY:

He denies diabetes, hypertension, cardiac or pulmonary disease, other periods of unconsciousness, seizures, strokes, central nervous system infection, or autoimmune disease. He denies psychiatric history. He denies family psychiatric history. He denies alcohol or drug use.

RECORD REVIEW:

We have been presented with records for Mr. Moran. The first is consultation from Lexington Medical Center at the time of admission. He was diagnosed with right elbow pain, right wrist pain, sacral fracture, right superior and inferior ramus fracture. He was

Patient: Pedro Moran

Date of Examination: 01/18/2014, 03/21/2014

Page 2

noted to have loss of consciousness with head trauma. CT of the spine was negative. He was discharged on 06/25/2010. It was noted that during the hospital course he was febrile and hemodynamically stable. His pain was managed with morphine and Percocet. Physical Therapy was consulted for gait training. On 02/22/2011, he was seen by Lexington Orthopedics. On the neurologic portion of the examination, Dr. Dedmond noted variable muscle strength in the lower extremities. He felt that "I certainly think he is having more pain than most people with this type of injury at this point in his course". He noted that the patient had not had physical therapy recently. Dr. Dedmond was unsure of the reason for the pain that the patient is experiencing. Mr. Moran was also seen by Dr. Healy in Neurology for an independent medical examination on January 21, 2012. His impression was posttraumatic encephalopathy, and he requested a neuropsychological testing which was performed by Dr. Randy Waid. Dr. Healy also felt that Mr. Moran was experiencing posttraumatic stress disorder with a great deal of anxiety and depression, and that the depression is reactive in nature due to his medical problems and the result of loss of income. There was also insomnia noted. He did have several visits to Dr. Healy. The last that I have is from August 27, 2013. He was noted to have posttraumatic stress disorder, posttraumatic headaches. On March 30, 2012, he was seen by Dr. Randolph Waid in neuropsychology. On that evaluation, Dr. Waid stated that overall the neuropsychologic evaluation revealed compromises in brain behavior functioning that are consistent with individuals who experience mild traumatic brain injuries with associated frontal attentional/executive dysfunction. He also noticed that Mr. Moran was showing mild executive dysfunction, attention concentration difficulties, and slow mentation. Dr. Waid stated "appropriate diagnosis could be cognitive disorder NOS due to the residuals of mild traumatic brain injury as well as interfering effects of pain/traumatic symptoms, psychological disruption, and sleep disturbance/fatigue." He also diagnosed Mr. Moran with mood disorder with depressive features due to residual traumatic brain injury and other compromises.

EXAMINATION:

The examination was performed by me and Kimberly K. Kruse, PsyD. Dr. Kruse is a licensed clinical psychologist with good experience in neuropsychologic evaluation. She speaks Spanish fluently. In regard to the procedure, Dr. Kruse and I independently reviewed the medical records. We met to discuss the questions we would ask during the interview as well as decide on neuropsychologic tests. Dr. Kruse then translated all test into Spanish. We met with Mr. Moran. At that time, he was pleasant and cooperative. I was present during the interview and the initial testing. Dr. Kruse would ask Mr. Moran questions and he would provide answers. She would translate for me, and I would either ask for clarification or ask for additional questions. Dr. Kruse did ensure that all neuropsychologic tests were administered in standard fashion with the exception of language changes needed for Mr. Moran to comprehend test instructions.

At the time of examination, Mr. Moran was alert and oriented to personal information and place. Temporal orientation was normal. He provided an accurate history. Insight was adequate. Affect was blunted. Response latencies were normal. When asked to describe his pain at the time of the examination, he rated his head as 8/9 on a 10-point scale and total

Patient: Pedro Moran

Date of Examination: 01/18/2014, 03/21/2014

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body pain as an 8. He stated he was not on any medication because he ran out of medication.

He was administered two tests of effort and motivation. His performance on the Dot Counting Test (14) indicated adequate effort and motivation for neuropsychologic testing. His performance on the Test of Memory Malingering (Trial 1=42, Trial 2=40, Retention Trial=36) indicated he was having difficulty in providing an adequate effort and motivation for neuropsychologic evaluation. These tests were given at two different times and do represent variability in this patient's ability to provide effort across the exam sessions. We did divide the examination into two separate sessions as he fatigued easily.

He was administered the Vigil Continuous Performance Test which was in the impaired range (Omissions=5, Commissions=9, Response Time=445.81 milliseconds). His performance on the Brief Test of Attention was low average (13). He did not demonstrate motor impersistence. He is not demonstrating hemispatial neglect like cancellation for either symbols or letters.

During the examination, he did not demonstrate perseveration, imitation/utilization behavior, or difficulty in achieving or maintaining tasks set. Alternating Figures were normal. Complex Motor Sequences were normal. Go/No-Go testing was normal. His performance on Trial Making was slow (Part A=44 seconds, Part B=90 seconds). He was administered the Conceptual Shifting Test from the Kaplan Baycrest which was within normal limits (20/20).

Spontaneous speech was fluent, grammatic, and free of paraphasias. There was no spastic dysarthria or hypophonia noted. He was administered Multilingual Aphasia Examination. Visual naming was superior (60). Controlled Oral Word Association was superior (60). Sentence Repetition was high average (13). His performance on Token Test, however, was borderline (38). He seemed to have mild difficulty in following prepositional commands.

He demonstrated initially a slow learning curve for a list of 15 words across five trials (5, 6, 9, 10, 10). Immediate recall was not adversely affected by interference (8). He recalled only 2 words in 35 minutes however. On recognition, he identified 10 words with 2 false positives. His 35-Minute Delayed Recall of the Rey Complex Figure was within normal limits (27). He was administered the Wechsler Memory Scale - IV Flexible Battery using logical memory and visual reproductions. He achieved an immediate memory index of 102, delayed memory index of 109, auditory memory index of 110, and visual memory index of 100.

His copy of the Rey Complex Figure was within normal limits (34). He was able to reproduce both the configuration and detailed components of design, and there was no difference between the left and right side of the drawing. Judgment of Line Orientation was borderline (20). Facial Recognition was severely defective (36).

Patient: Pedro Moran

Date of Examination: 01/18/2014, 03/21/2014

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During the examination he was logical and goal directed. No psychomotor agitation or retardation noted. The patient denied current homicidal/suicidal ideations. No evidence of overt psychosis. Psychiatric history is insignificant prior to Mr. Moran's fall and injuries on 6/22/2010. Following this experience, Mr. Moran reports a correlated onset of irritability and depression. He has had thought of self-harm in the distant past; however, this is not pervasive. He has never required psychiatric hospitalization. His mood lability has impacted his relationship with his wife, as he says he has limited patience at times, and finds it difficult to express his feelings. His sleep has also been disrupted due to nightmares about falling. This was quite pervasive immediately following the accident. While less common now, nightmares do occur intermittently. He has a fear of high places and no longer can imagine working on a roof or using a ladder. Mr. Moran denies use of alcohol, tobacco and illicit drugs. There is no history of addiction

He was administered the Personality Assessment Inventory. He did have a high report of symptoms as well as high level on the infrequency scale. This profile was not valid and no interpretation could be made.

IMPRESSIONS:

At the time of the examination, Mr. Moran was alert and oriented. There was variability on tests of effort and motivation. In addition, there was variability in performance across the testing itself. He is demonstrating impaired performance on sustained attention, but working memory was low average. There was no motor impulsiveness or neglect. Self-regulation and monitoring was normal. Language was normal. Visuospatial functioning is variable. His performance on basic visual perceptual tests was in the borderline-impaired range, but his ability to organize visual information was normal. Learning and memory were within normal limits.

Current level of neuropsychologic functioning is indicating mild cognitive impairment. There are no focal or lateralized neurobehavioral findings. His testing does indicate some improvement over that noted by Dr. Waid in his neuropsychologic evaluation. I am not finding evidence of significant diffuse axonal injury or hypoxic/ischemic injury. Regarding etiology, there is variability as previously described. This is most likely referable to the effects of pain as well as his psychiatric functioning on his performance. His current profile is atypical for post concussion syndrome however due to the variability; I am unable to provide an opinion regarding the presence or absence of postconcussion syndrome at this time.

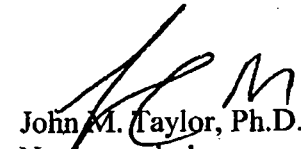
It is recommended that Mr. Moran be referred for more aggressive psychiatric management of his symptoms. Once this has been achieved, it may then be possible to repeat testing and provide an opinion regarding the presence or absence of persistent postconcussion syndrome.

Thank you for referring this patient for evaluation. If I can be of further help in the management of this case, please do not hesitate to contact me.

Patient: Pedro Moran

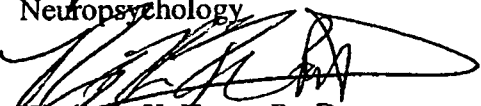
Date of Examination: 01/18/2014, 03/21/2014

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John M. Taylor, Ph.D.

Neuropsychology



Kimberly K. Kruse, PsyD

Licensed Clinical Psychologist

JMT/jdii

DR. ROBERT PULCHALSKI

Office or Other Outpatient Services

PEDRO MORAN Patient ID: 100-07-3985
DOB: 24.Mar.1974 (39) Male
Visit Date: 17.Apr.2013 at Columbia Downtown

PROVIDER INFORMATION

PCP: Dr R.Joseph Healy

INSURANCE INFORMATION

Pri Ins Company: Travelers Insurance
Pri Ins Policy #: 026-CB-EPF35

PROBLEM LIST**CURRENT PROBLEMS**

872.61 Perforated T.M., Traumatic, uncomplicated

388.72 Other disorders of ear: Referred pain

PRESENT ILLNESS INFORMATION

Chief Complaint: I am here today due to persistent dizziness, headache and loss of memory after a fall at work in 2010. I also have depression since the accident. Dr. Healy recently performed a CT scan of my head and sent me here for evaluation.

HPI:

S1: Evaluation of dizziness.

Quality: unsteadiness.

Severity: moderate-to-severe.

Timing: Patient is experiencing the problem at this time. **Duration** - 2010.

Setting in which it first occurred: after fall at work.

Aggravating factors: none identified.

Relieving factors: none identified.

Associated manifestations:

- tinnitus.
- headaches.

Previous tests and diagnostic procedures: CT scan of head.

Previous treatment: no treatment has been done.

Previous medical opinion: see above.

Patient's opinion as to cause: none.

Patient's statement regarding effect on life: no significant effect.

REVIEW OF SYSTEMS

See HPI. See Chart Summary.

The following systems were reviewed and are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications: Cymbalta (30 MG)
Mirtazapine (15 MG)
Zolpidem Tartrate (uncertain of dosage)

Medication Allergies: No known medication allergies

Non-Medication Allergies: **Inhalant allergies:** none.
Food allergies or intolerances: none.
Contact allergies: none.
Contrast agent (dye) allergies: none.
Insect bite or sting allergies: none.
Allergy skin tests: none.
Allergy blood tests: none.
Allergy shots: none.
Treatment for food allergy: none.

Past Health History: Has never been diagnosed with a significant problem.

Surgeries and Problems with anesthesia: none.

Hospitalizations: Previous surgeries: none.

Office or Other Outpatient Services

Previous non-surgical hospitalizations: Accident at work (fall):
three broken bones in pelvis
brain injury
injury right hand, right leg,
Previous major non-surgical treatments: none.
Serious Injuries: **Head Injury:** associated with memory loss.
Family History: **Parents' Health Status:** Mother: is deceased. Father: is in good health.
No family history of significant or pertinent health problems.
Social History: **Current tobacco usage:** none, and never a smoker.
Second-hand smoke exposure: none.
Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE**CONSTITUTION:**

Blood Pressure: Right arm - Sitting 109/73 mm Hg. **Height:** 64in. **Weight:** 154lbs. **BMI:** 26.4 kg/m2.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ:

Inspection of Head and Face: Normal contour and symmetry. No masses, lesions, or significant scars observed.
Palpation/Percussion of the Face: No tenderness, deformity or instability.
Palpation of Parotid and Submandibular glands: Normal.
Facial Mobility: Normal.

EYES: Ocular Motility: gaze appears conjugate in all positions; no evident nystagmus.

EAR, NOSE, MOUTH AND THROAT:

Pinnas and External Nose: Normal.

Otoscopic exam:

- Right ear - Tympanic membrane: *perforation* 40% perforation.
- Left external canal and tympanic membrane: normal.

Hearing: Rinne test at 512 Hz - Normal (air > bone, bilaterally).

Nasal Interior: Normal septum, turbinates and mucosa.

Lips, Teeth and Gums: Lips normal. Teeth in good repair. Gums normal.

Oral Cavity and Oropharynx: Bilateral tonsils - 2+.

NECK AND THYROID:

Neck: symmetrical; trachea midline; normal laryngeal crepitation.

Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Respiratory effort normal. **Auscultation:** normal breath sounds.

CARDIOVASCULAR:

Auscultation: normal S1, S2, no murmurs or abnormal sounds.

LYMPH NODES: Neck nodes: normal.

MUSCULOSKELETAL: Normal gait.

NEUROLOGIC:

Level of consciousness: awake and alert.

Mood and affect: normal and appropriate to the situation.

Cranial nerves: I - XII grossly intact and symmetrical.

ASSESSMENT**CURRENT PROBLEMS**

872.61 Perforated T.M., Traumatic, uncomplicated

388.72 Other disorders of ear: Referred pain

PLAN

Office or Other Outpatient Services

Comments: Robert Puchalski, M.D.

Impression: I had the pleasure of seeing Mr. Moran in our Richland Medical Park Office today. He is a pleasant gentleman that presents due to persistent dizziness, mastoid tenderness, headache and loss of memory after a fall at work in 2010. He also has depression since the accident. Dr. Healy has concerns for left-sided mastoid that was noted on MRI and is concerned that it may be related to his previous injury. His otoscopic exam revealed a 40% perforation on the left. I am not clear if his perforation has anything to do with his injury, and previous records are not available. I have taken the liberty of ordering a CT of the mastoid and an audiogram to further evaluate his perforation, particularly given his previous complainants of mastoid tenderness. Dr. Healy, thank you for this kind referral.

TESTS AND PROCEDURES**TO BE SCHEDULED**

70480 CT Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; w/o Contrast Matl

To be scheduled; Location: office

Modifiers: -TC Technical component.

92557 Adult Audio

To be scheduled; Location: office

COMMUNICATIONS

Clinical Summary MU

Pedro Moran

Consultation Visit

Dr R.Joseph Healy

Electronically signed by Robert Puchalski, M.D., FAAOA on 29.Apr.2013 09:15 AM

ICD CODE SUMMARY

872.61 Perforated T.M., Traumatic, uncomplicated

388.72 Other disorders of ear: Referred pain

CPT CODE SUMMARY

99244 Office Consult: Level 4

Reason: **872.61** Perforated T.M., Traumatic, uncomplicated

Reason: **388.72** Other disorders of ear: Referred pain

NON-BILLABLE CPT CODES

70480 CT Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; w/o Contrast Matl

Modifiers: -TC Technical component.

92557 Adult Audio

PEDRO MORAN Patient ID: 100-07-3985
DOB: 24.Mar.1974 (39) Male
Visit Date: 20.Jun.2013 (visit #2) at SC EAR NOSE THROAT And FACIAL (PNE)

PROVIDER INFORMATION

PCP: Dr R.Joseph Healy
Requesting: Dr R.Joseph Healy

PRESENT ILLNESS INFORMATION

Chief Complaint: I am here today to follow up on my ear. I am doing about the same.

ASSESSMENT**CURRENT PROBLEMS**

872.61 Perforated T.M., Traumatic, uncomplicated

388.72 Other disorders of ear: Referred pain

388.40 Abnormal Auditory Perception, unspecified

Location: bilateral

PLAN

Comments: Robert Puchalski, M.D.

Impression: Mr. Moran presents in our Northeast Office today for audiogram and reevaluation of TM perforation. He is a pleasant gentleman that presents due to persistent dizziness, mastoid tenderness, headache and loss of memory after a fall at work in 2010. He also has depression since the accident. Dr. Healy has concerns for left-sided mastoid that was noted on MRI and is concerned that it may be related to his previous injury. CT revealed mastoiditis with sinus disease unassociated with case. His audiogram revealed an conductive hearing loss on the right. His otoscopic exam revealed a 40% perforation on the left. I do not feel that this is related to his work injury. I have recommended a tympanoplasty due to perforation. It would not be covered under workers comp. He will follow up if he decides to pursue surgical intervention.

Electronically signed by Robert Puchalski, M.D., FAAOA on 08.Jul.2013 05:04 PM

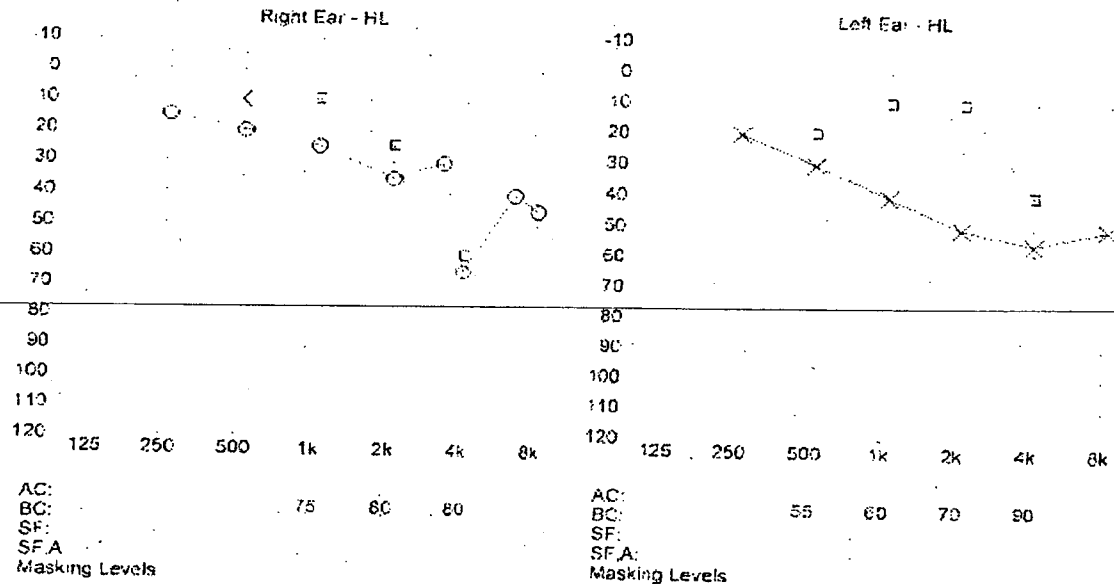
Pedro Moran DOB: 24.Mar.1974 (39)
Audio only 20.Jun.2013

Carolina Hearing Institute

Client Name: Pedro Moran

Birth Date: 3/24/1974

Session Date: 6/20/2013



Right Left
PIA (A): Right Left
SRT Right Masking Left Masking
Unaided Recognition Score: Right Level Masking Binaural Level Masking Left Level Masking
100 % 55 dB 60 dB 60 dB

History of HL: Y N Noise Exposure: Y N Dizziness: Y N Tinnitus: No

R: will sloping to a mod. severe @ 4k - A/B gap @ 1k.

L: will to moderate @ 4k - 8k. A/B gaps noted @ 1k - 4k - Excellent Speech disarms, Au

Recommendations:

Retest _____

Medical Consult

HL Consult

Other _____

DB

Pedro Moran DOB: 24.Mar.1974 (39)
Temporal Bone / Mastoid 20.Jun.2013



15 Exchange Drive
Lugoff, SC 29078
Phone: 803-408-3277
803-408-3299
www.southcarolinaent.com

710 Rabon Road, Suite 202
Columbia, SC 29203
Phone: 803-736-3277
Fax: 803-865-2301
www.southcarolinaent.com

696 Medical Park Drive
Hartsville, SC 29550
Phone: 843-857-4355 Fax:
Fax: 843-857-0105
www.southcarolinaent.com

Patient: Pedro Moran
DOB: 03/24/1974
Date of Procedure: 06/20/2013

History: Trauma at the workplace with left-sided ear pain and dizziness

CT of Temporal Bones

Multiplane images of the temporal bones were obtained through the axial plane with coronal and sagittal reconstructions using the Xoran MiniCAT scanner with a minimum slice thickness of 0.4 mm. Findings were described as below:

Overview of Results:

External ear and EAC: Within normal limits.

Internal auditory canal and facial nerve: Within normal limits.

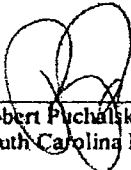
Temporal bone: Although, the posterior temporal bone cannot be visualized, the mass appears to be sclerotic, bilaterally. The ossicles appeared to be intact and normal in appearance.

Quality of study: x Good Poor

Comparison with previous studies: Not applicable

IMPRESSION (includes incidental findings and follow-up recommendations, if applicable):

- 1) Chronic mastoiditis, bilaterally
- 2) No evidence of temporal bone trauma


Robert Pichalski, M.D.
South Carolina ENT, Allergy, and Sleep Medicine

6/20/2013
Date of Interpretation

This study is a limited CT scan designed to evaluate the temporal bone and external ear structures. This study is not designed to evaluate the orbit, the intracranial cavity, or the facial soft tissues. If concern exists regarding disease outside of the ear and temporal bone, then other imaging techniques or modalities should be considered. Any limited examinations will be addressed in the overview of results.

No drugs, medications or contrasts are administered for CT scans of the temporal bone.
Dose reduction technique is not used when performing CT scans of the temporal bone.
Non-standard patient preparation or treatment is not required for CT scans of the temporal bone.

DR. JOEL LEONARD

7

Leonard & Associates, Inc.

Vocational and Rehabilitation Consultants

Joel D. Leonard
Vocational Consultant
Certified Vocational Evaluator
Certified Rehabilitation Counselor

3710 Landmark Drive, Suite 204-A
Columbia, SC 29204
803-787-1734 - v
803-787-1735 - f

Mediation Consultation

VIA FACSIMILE & US MAIL:
803-957-4709

Mr. Mark R. Calhoun
Calhoun Law Firm.
714 East Main Street
Lexington, SC 29072

July 30, 2014

RE: Pedro M. Moran v. JMR Siding, LLC

Dear Mr. Calhoun:

Please accept this letter concerning my involvement in the above matter.

As you know, I was asked to conduct a vocational evaluation of Mr. Pedro Moran in relation to a workers' compensation claim arising from an injury that occurred on June 22, 2010. Such services were requested in anticipation of a mediation that is scheduled to take place on July 31, 2014.

Mr. Moran was evaluated on July 16, 2014, at the office of Leonard & Associates, Inc., located in Columbia, South Carolina. The evaluation lasted just over one hour and was completed with the assistance of a certified interpreter, Mr. John Reed.

Please be advised that all conclusions and opinions contained herein are issued within a reasonable degree of vocational certainty and are provided irrespective of your involvement as the referring source. The noted conclusions are based upon the evidence in my possession as of the signature date and remain subject to amendment pending any meaningful changes in the functional or administrative record.

Upon completion of a vocational evaluation, I typically produce a lengthy and detailed report that addresses the many factors leading to my stated conclusions. However, given the scheduled mediation associated with Mr. Moran's referral, I have decided to provide you with a letter that depicts my opinion in an abbreviated manner. Certainly, I am willing to produce a full-length report should you consider it necessary. For now, however, it is my preference to offer my opinion within this letter.

Within the confines of a mediation, it is not necessary for Mr. Moran to incur the cost of a full-length report that depicts an expanse of evidence already familiar to the mediation participants. To that point, I am sure that all of the vested parties are well aware of the medical and functional evidence that forms the basis of Mr. Moran's claim. Please be advised, however, that the use of a letter format does not represent a lesser degree of analysis with respect to Mr. Moran's vocational evaluation. The only appreciable difference between this letter and a traditional full-length report is the written detail and cost of the resulting opinion. The procedures and activities undertaken to reach the enclosed conclusions remain the same.

Mr. Moran sustained a work-related injury during the course of his employment with JMR Siding, Inc. On or about June 22, 2010, Mr. Moran fell from the second story of a house while engaging in his customary tasks as a siding and roofing laborer. Mr. Moran states that he landed face-down. He sustained numerous injuries affecting multiple body systems. However, it is apparent that Mr. Moran's claim is most notable for a head injury characterized by the reported occurrence of physical brain damage.

The case file associated with Mr. Moran's referral contains four individual Decisions and Orders from the South Carolina Workers' Compensation Commission. The first three Orders were issued by Commissioner Avery Wilkerson, Jr. The most recent Order was issued by Commission Derrick Williams.

Generally speaking, the Orders identify the carrier liable for Mr. Moran's workplace accident, a partial scope of corresponding injuries, the designation of an authorized physician, entitlement to medical care, a determination of an average weekly wage and the expected penalties concerning any unexecuted medical treatment.

Mr. Moran has been provided with medical care within the confines of the South Carolina Workers' Compensation Act. He has come under the care of various authorized physicians to include an orthopaedist (James McIntosh, M.D.) as well as a neurologist (Joseph Healy, M.D.). Additionally, Mr. Moran has been seen in consultation by a psychiatrist as well as two consulting neuropsychologists.

With respect to Mr. Moran's claim, it is my understanding that the full scope of the injuries arising from the June 2010 injury has not been formally delineated. As previously noted, Mr. Moran alleges the occurrence of a brain injury consistent with an organic/structural insult indicative of with physical brain damage. While the carrier has provided some medical care for a head injury, it appears that they do hold the same

opinion as to the severity of Mr. Moran's head injury – despite the opinion provided by Dr. Healy.

Mr. Moran is 40-years-old. He lives in West Columbia, South Carolina. He is a citizen of Nicaragua and presently resides in the United States in an undocumented manner, having entered the country in 2008. Since coming to the States, Mr. Moran has not pursued or received any additional education. He has not taken any language courses and reports a limited capacity to converse in English. There is no indication of any military service. Mr. Moran does not possess any professional certifications or licensures. He is not a member of any union and does not perform a marketable hobby or pastime.

Mr. Moran reports a relevant work history defined by labor-intensive pursuits as a siding and roofing laborer. At the time of the injury, Mr. Moran was employed by JMR Siding. He installed siding and roofing. Mr. Moran set scaffolding poles and ladders. He staged supplies to include different types of shingles and siding components. Upon completion of the job, he then removed post-construction waste and scaffolding systems.

Mr. Moran reports the execution of job tasks most consistent with a "very heavy and semi-skilled" designation. Mr. Moran states that he was paid by the day (\$100.00). The record reflects an average weekly wage of \$700.00. He denies the performance of any work activity in a retail, hospitality or office setting.

As noted previously, the June 2010 fall resulted in numerous injuries affecting multiple body systems. On the day of the injury, Mr. Moran was brought to the Lexington Medical Center – Emergency Department. He underwent extensive evaluation that revealed a sacral fracture as well as a right superior and inferior ramus fracture. Mr. Moran was admitted for observation and subsequently discharged. Surgery was not recommended.

Upon discharge, Mr. Moran was followed by James McIntosh, M.D., of Lexington Orthopaedics, under directing diagnoses of a pelvic fracture, non-displaced sacral fracture and a right arm contusion. Mr. Moran presented with ongoing pain complaints that limited his static and dynamic capacities. As of November 2010, Dr. McIntosh noted that the ramus fractures were healed. Unfortunately, Mr. Moran continued to complain of various neurological symptoms/difficulties. Dr. McIntosh noted that such symptoms fell outside his expertise and recommended further evaluation with a proper specialist.

Mr. Moran eventually came under the care of Joseph Healy, M.D., a neurologist in private practice. As noted previously, Dr. Healy has detailed the occurrence of a brain injury characterized by "physical brain damage." Dr. Healy has recently cited the presence of maximum medical improvement and provided the parties with an impairment rating.

Mr. Moran has been evaluated by two neuropsychologists as well as a psychiatrist. As of March 30, 2012, L. Randolph Waid, Ph.D., stated that Mr. Moran's

neuropsychological test results demonstrated a compromised level of “brain behavior functioning” most commonly associated with a mild traumatic brain injury “with associated frontal involvement.” Dr. Waid provided a diagnosis of a cognitive disorder and recommended treatment to include ongoing neurological care as well as the consideration of psychostimulant medication.

As of August 3, 2012, Sergio Sanchez, M.D., of South Carolina Research Group, LLC., was of the opinion that Mr. Moran was suffering from a post-concussion syndrome with associated encephalopathy to include cognitive and psychiatric difficulties. In response to such, he recommended psychiatric treatment, though it appears that such care was not specifically pursued.

A follow-up evaluation performed by Dr. Waid on October 22, 2013, indicated further compromise in Mr. Moran’s functional status, though he was of the opinion that the compromise was attributable to psychological deterioration inclusive of disruptive levels of somatic and emotional difficulties. In the absence of corresponding care, Dr. Waid did not endorse a finding of maximum medical improvement.

Mr. Moran was next evaluated by John Taylor, Ph.D., for the completion of another neuropsychological evaluation, which took place over two days in January and March of 2014. As a result of the assessment, Dr. Taylor provided an impression of a mild cognitive impairment against the backdrop of variable effort and motivation. He further stated that Mr. Moran’s profile was atypical for a post-concussion syndrome, but at the same time, was unable to cite the specific absence or presence of such. Dr. Taylor recommended that Mr. Moran be referred for more aggressive management of his psychiatric symptoms.

With respect to Mr. Moran’s treatment progression, it is important to note that while psychiatric care has been recommended by the various mental health specialists associated with his claim, he has not pursued any such care beyond the use of related medications. Such circumstances are effectively set forth in Commissioner Williams’ Order from January 24, 2013. Apparently, Mr. Moran did not pursue any psychiatric treatment with Dr. Sanchez, as it was not ordered by Dr. Healy. However, there is no indication as to whether or not such treatment was authorized through another psychiatrist or psychologist.

Mr. Moran has reached maximum medical improvement. As of March 26, 2012, Dr. McIntosh was of the opinion that Mr. Moran had sustained a 10% impairment to the pelvis. Functionally he recommended an avoidance of ladders as well as a partial avoidance of stairs (no more than six steps).

Dr. Healy cited the presence of maximum medical improvement as of July 28, 2014. He has issued an impairment rating of 73% to the whole person as a result of the June 2010 injury. As of April 8, 2014, Dr. Healy had indicated that Mr. Moran was incapable of “employment capacities” given the various impairments associated with his

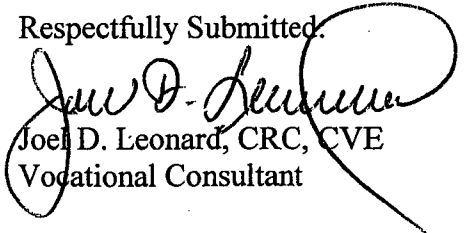
injury and the combined relevance of such with respect to other vocational factors. In short, Dr. Healy set forth a functional profile consistent with a job-preclusive designation.

Based upon Mr. Moran's evaluation, to include my consideration of the documentary evidence, it is apparent that his overall vocational profile has been compromised as a result of the June 2010 fall. Considered in combination, the available evidence does not support the expected pursuit or performance of competitive employment. As such, it is my opinion that Mr. Moran is incapable of gainful employment and is vocationally disabled subsequent to the June 2010 injury at work.

Should you have any questions or require any additional information, please feel free to contact me at the above number. Additionally, I would ask that you please contact me upon the completion of Mr. Moran's anticipated mediation and inform me as to whether or not his claim was resolved and if any further involvement on my part will be necessary.

As noted previously, I am willing to complete a traditional full-length report should you determine the need for such. In the meantime, however, I would expect that this letter should address the necessary issues associated with the anticipated mediation.

Respectfully Submitted.


Joel D. Leonard, CRC, CVE
Vocational Consultant

cc: file

DR. JOSEPH HEALY

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P.O. Box 3408
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P- (843) 664-9200
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ADULT & PEDIATRIC
NEUROLOGY

ELECTROPHYSIOLOGY

PRELIMINARY ELECTROPHYSIOLOGY REPORT

EMG/NCS _____ H_v ⊖

EEG 57286 # 747 Ps ⊕

BAER/VER _____

OTHER _____

PATIENT NAME MORAN, PEDRO

DATE 10/27/11

REFERRING PHYSICIAN WLC

Mild
Non-specific
encephalopathy

wp

NAME → Pedro Moran

Chart # 57286

10-27-11 Test (M - mmsc in chart)

recurrent dream of fall
headache

EEG - NRE

Go ↓ memory

Letter
to
Nash
Callahan

- PT encephalopathy
- PTSD
- PT HA
- Sleep disorder

12-1-11

RTC

interceptors present
sleep is poor

Pulsozet

pt didn't quit Ambien → couldn't find per pt
I wasn't contacted by pharmacy or w/c
w/c also stopped his weekly check x 3 wk
Go ↓ memory

120/75

SR + A (P)
mmsc slowly

frequent HA + mood swings
CBP → seen in ER 2 wks ago → told nurse
pt didn't bring her meds

Ther Remeron 7.5 q hr → 15 for sleep + mood

- PT-encephalopathy → medx neuro P
- S/P Sacral fx
- PTSD i anxiety + depression
- Reactive depression
- Sleep disorder → Ambien 5

1/24/12

pt didn't quit Remeron + Ativan C last visit
since his wouldn't cover

has been having HA

Ⓢ oritis - subacute → pt didn't go to doctor →

SR + A
NRE

any more
200 1000
500 300

R. Joseph Healy MD, PA

new patient / consult / admission
Chief Complaint:

PMHx:

Cardiac
Diabetes
Hyperlipidemia
Hypertension
Smoker
Alcohol
Drugs
Pulmonary
GI
GU
Surgery
Transfusion
HEENT
STD
Endocrine
Rheumatologic
Musculoskeletal
Infectious Disease
Neoplastic
Vaccinations

Neurologic Hx and Risk Factors:

CVA
Seizure
CHI
Psychiatric
Headache
Infectious Disease
Vascular
Neoplastic
Surgery
ROS

Family Med Hx:

Maternal
Paternal
Children

Social Hx:

M/S/D
Education / Occupation
Children
Exercise
Sexual Orientation

6/2010
put up reading on 2nd floor
bell + 18 ft.
loaded on hand
CHI 2 LOC
COTL moving in unit
pelvic ex (vacuum)
HA + dizziness
V memory

LB + (R) leg pain
coarser objects

Date 9-30-11

Name Pedro Moran

MR# 57286

Age / Sex 37/M W8

Ref. MD work comp

LMD

Height 5'3 @ hand

Weight 139

Vision

OD -20/25

OS -20/200

Glasses w/out

Allergies

Drug - NKA

Contrast - No

Food - No

Medications

Tylenol
Motrin

ROS

General Health

Fever

Rash

Wt. Loss / Gain

Arthralgia

Myalgia

Weakness

Dysuria

Cardiac

Pulmonary

ABD / GI

HEENT

Musculoskeletal

Skin

Allergy

GU

Sleep - poor

Psychiatric

Dementia

TREE
CLOCK
SINUS

E 60 healthy
w/ e delivery

w/ e climbing
married
out of work
new fall

CT head 6/22/10 @ 7
blood in (R) maxillary
sinus

Weight
Height
BP and Pulse
Temp
Resp
Pulse
Vision

left right
10/12
OS OD

standing
lying

General:

Head
Neck
HEENT
Chest

CV
ABD
Pulses
Ext
Skin

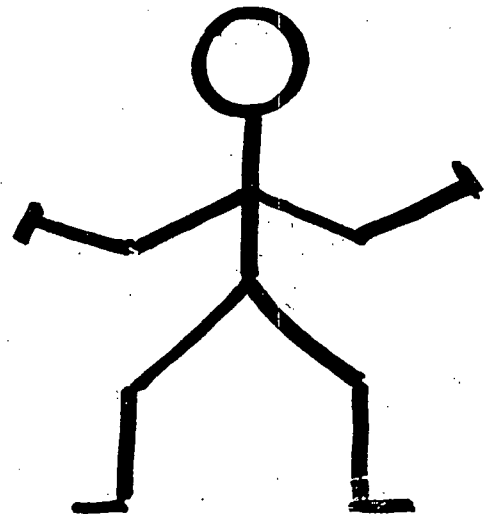
Neurologic:

Sensorium
Intellect
Orientation
CN
Motor
Sensory
Cerebellar
Gait

Assessment:

Plan:

2/3 e 10 min



*- SP CHI
- No PT w/aphasia
- Sleep disorder
- I have had
 EEN
 sense
 Owler 509 HS*

57286

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R. JOSEPH HEALY, MD
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ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

INDEPENDENT MEDICAL EXAM
January 24, 2012

RE: Pedro Moran

Pedro Moran is a pleasant 37 Y/O right-handed Hispanic male. Apparently in June of 2010 the patient was working at the second floor level and fell 18 feet and landed on the fan with closed head injury with loss of consciousness. The patient has little memory for these events. Apparently he fractured his pelvis and since then has complained of dizziness and headache along with poor memory. He has had low back pain and right leg pain. He tends to lose objects and has trouble staying on task. The patient apparently was seen at Lexington Medical Center for diagnostic studies. Apparently no fracture is noted in the right hand. A sacral fracture was noted and superior and inferior ramus fracture was noted. The patient also complained of right elbow pain. CT of the head was unremarkable except there was blood in the right maxillary sinus. The patient has otherwise up until then been in good health. He lives in West Columbia and is married and is about of work since the time of his fall. I have now seen him on several occasions and he continues to complain of poor sleep. His memory is poor with decreased recall and retention. He complains of frequent headache and mood swings. He still has low back pain. Straight leg raising and bent leg pull are positive and patient tends to move slowly and deliberately. I can find no definite focal neurologic abnormalities. Blood pressure 120/75. I have given him a trial of Remeron at bedtime and Ativan but unfortunately he has been unable to get these medications and apparently he was injured on the job and worker's comp hasn't provided these.

My impression is that the patient has a post-traumatic encephalopathy. We are in need of formal neuropsychological evaluation to document his functional level at the present time and any comparison to pre-morbid levels. He has status post sacral fracture. He has post-traumatic stress disorder with a great deal of anxiety and depression. The depression is a reactive depression both due to his medical problems as a result of the

57286

Page 2
January 24, 2012

RE: Pedro Moran

accident and loss of income. He has a prominent sleep disorder. The patient complains of left peri-orbital headache subacute and may have sinus infection and I have gone ahead and given him Augmentin 500 p.o. q12 for 7 days. His EEG showed a non-specific encephalopathy previously and he has a normal MRI of the head on 10/18/11.

I will be happy to see him back and reassess after his neuropsychological testing.

Thank you for your kind referral.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

cc: Mark R. Calhoun, Esquire
Fax # (803) 9574709

✓

NOTE ->

Pedro Moran

Chart # 57286

5-7-12

etc

See
note

6/27/12

etc

Wt - 151 lbs

See
note

8/7/12

PIC

Wt - 148

See
note

Antelini 10mg
Rylan 173
Naproxen

9-5-12

NH

10-25-12

Wt 152

864

877
5624

UHam SD & 3rd part per

Cephradex 600

Neurontin 600/600

sleep is still poor

Remion recommended but not worth it

Antelini 10mg

Vasodil 5/500

124

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

1. Pedro Moran has suffered physical brain damage. Testing has confirmed that Mr. Moran has incurred an organic/structural injury to his brain as a result of his June 22, 2010 industrial injury.

DATE

3/28/12

R. Joseph Healy, M.D.

[Handwritten signature]

57286

57286

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R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
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OFFICE NOTE
May 7, 2012

RE: Pedro Moran

Pedro Moran returns today for a follow up of post-traumatic encephalopathy. He has been to see Dr. Waid in Charleston although his report is pending. He is still complaining of headache and poor sleep along with back pain. He has been taking is medications but they aren't totally affective and depression is becoming more of a problem. He has complained of this in the past and previously I gave him a prescription for Remeron but apparently it was never approved and we are going to try this again since this medication would be good also for sleep. I have increased his Ambien from 5 to 10 qhs and I am going to give him a trial of Gralise starting with 300mg once a day and we will increase every 3 days by 300mg to see if we can help with his discomfort. Further recommendations will await the above but I do believe that there is permanency with his injuries and that post-traumatic encephalopathy is number one, chronic lumbar spine pain is number two and reactive depression number three.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

cc: Mark Calhoun
(803) 957-4709



R. JOSEPH HEALY MD, P.A.

**R. JOSEPH HEALY, MD
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OFFICE NOTE
June 27, 2012

RE: Pedro Moran

Pedro Moran returns today for a follow up. I have had a chance now to review Dr. Waid's note with regards to the neuropsychological assessment. As expected this shows that the patient does have a post-traumatic encephalopathy with consequent cognitive dysfunction as well as associated psychological problems. Predominately the psychological problems are reactive to depression.

Today we have talked a good bit about the fact that I have tried to provide medications for his symptoms but he tells me that he is "unable to get them because the insurance company won't provide them".

At this point it is clear that the patient needs to be on an anti-depressant and that he probably would also benefit after that with the addition of a psycho stimulant. My impression is that he needs something to help with his sleep which I have given him Ambien 10 p.o. qhs today and I have given him Tylenol #3 however I think the best way to approach his headaches is probably with Cymbalta or one of the other anti-depressants.

He would benefit from cognitive educational retraining and this would have to be done at relatively sophisticated rehabilitation unit.

I will see him back and be happy to discuss his situation further.

Thank you for your very kind referral on this pleasant yet unfortunate gentleman.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

cc: Mark Calhoun
803-957-4709

Mailed

57286

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

1. Pedro Moran is not at MMI for his physical brain injury and will not reach MMI as long as the Carrier continues to refuse to provide the prescription medications, medical treatment, and training I have ordered. Mr. Morans inability to obtain this treatment/medications has been a consistent problem since 2011.

DATE

7/14/12

R. Joseph Healy M.D.

R. Healy

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. Joseph Healy, M.D., do hereby state to a reasonable degree of medical certainty that:

1. Pedro Moran has suffered physical brain damage due to his June 22, 2010 industrial injury. Testing has confirmed there is structural/organic damage to Mr. Morans brain due to a traumatic brain injury with consequent cognitive dysfunction. These cognitive deficits are also being exacerbated by disruptive somatic and psychological difficulties.

X yes _____ no

Other:

7/9/12 DATE

R. Joseph Healy, M.D.
R. Joseph Healy, M.D.

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

1. The prescription medications I have ordered for Mr. Moran that he is not receiving are; Gralise (for pain), Cymbalta and Remeron (for depression), and a psycho Stimulant,

DATE

7/14/12

R. Joseph Healy M.D.

R. Healy

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OFFICE NOTE
August 7, 2012

RE: Pedro Moran

Pedro returns today for a follow up. He has post-traumatic encephalopathy, post-traumatic headache and low back pain. We have been having some trouble getting Worker's comp to comply with my request for medication. At this point he is on Ambien 10 p.o. qhs although at times he takes 20 and I have cautioned him about this. He is on Tylenol #3 and Naprosyn. He doesn't think he is on any other medications but unfortunately he didn't bring his bottles with him.

He still is complaining of the same above problems.

Apparently he went to see a "psychiatrist" in Greenville. I have no knowledge of this or no records which really isn't in his best interest as far as trying to take care of him. I told him I would talk with his attorney, Mr. Calhoun to see if he has these records. The patient still is in need of more in the way of pain medication and my feeling that Cymbalta or Gralise would be a good choice for him. Also the addition of Remeron at bedtime I think would help him sleep and maybe help him only to take one of his Ambien instead of two. He is totally disabled at this point and unable to return to work. The predominant reason is that we haven't made much progress with his treatment which in my opinion is due to hold up with Worker's comp providing adequate care.

Thank you for your kind referral.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

cc: Worker's Comp 8773894687 ✓
(803) 957-4709 ✓

57286

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RE: Pedro Moran

Thank you for your inquiry and I appreciate Dr. Sanchez communications.

R. Joseph Henry, mo

Fax copy to (803) 957-4709

Fax copy (864) 877-5684

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**ADULT & ADOLESCENT
NEUROLOGY**

**ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING**

OFFICE NOTE

December 4, 2012

RE: Pedro Moran
57286

Pedro Moran returns today for a follow up of his post-traumatic encephalopathy. Unfortunately he is not doing any better which seems to be because "all the medications that have been prescribed are not approved by worker's comp and so he isn't taking them". Apparently he is on Ambien 10 at bedtime and Vicodan 5/500 which I think he has used too much of only because he has "no other medication". The Neurontin, Cymbalta and Remeron which have been recommended are "not approved by the insurance company". It is incredible to me that as a designated physician for this particular patient that the insurance company won't allow me to treat him as they see appropriate. As a consequence he is no better and we are only wasting time. He is also taking more Vicodan than he should be which predisposes him to habituation. As a consequence in my experience I don't believe they are acting in the patient's best interest. I believe that he needs to be on an anti-depressant and that he needs to have Remeron at hour of sleep not only as anti-depressant but as a sleep aid which is not habituated. He describes being depressed and at times "withdrawn". He still has not reached MMI.

Apparently his trial is coming up which hopefully will shed some light on his situation and work out to his best benefit.

Thank you for your kind referral.

R. Joseph Healy, MD
R. JOSEPH HEALY, MD
RJH/nb

Fax to (803) 957-4709

Fax to (864) 877-5684

57286

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OFFICE NOTE
January 7, 2013

RE: Pedro Moran
57286

Pedro returns today for a follow up. We have had our depositions and apparently the worker's comp carrier has approved my care of this patient. As a consequence we can go ahead and get back on Cymbalta 30 p.o. qd, Ambien 10 p.o. qhs, Remeron 15 p.o. qhs and Vicodan p.r.n. although I have told him to watch the amount of Vicodan that he is using.

He is complaining of increased headache today and seems to be tender over the left mastoid. He complained of a discharge from the left ear but apparently went to a clinic in Columbia where nothing was found although he was given Cortisporin Otic solution.

Examination of the left ear really doesn't show any problem but he is very tender with movement of the pinna and with percussion over the left mastoid. As a consequence in view of the increasing headache I would like to go ahead with CT of the head and this will include the left mastoid. I am going to go ahead and give him Augmentin today 500 p.o. q12 and further recommendations will await the above.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME: MORAN, PEDRO
DOB: 03/24/1974
GENDER: M
MR#: 1560607
DATE OF STUDY: 02/18/2013
REFERRING PHYSICIAN: HEALY

CT OF THE HEAD WITHOUT CONTRAST

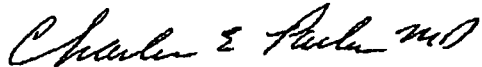
HISTORY: Headache after injury.

TECHNIQUE: Noncontrast head CT was performed with bone and soft tissue windows reviewed. Two images were repeated due to motion artifacts.

FINDINGS: Calvarium and skull base are intact. Imaged sinuses are clear. The mastoid air cells are poorly pneumatized perhaps on a chronic basis or congenital basis. Orbital soft tissues appear grossly intact. Ventricular system is normal in size, shape, and position. Gray/white differentiation is maintained. Symmetric cisterns with no findings of intracranial hemorrhage, mass effect, or edema. There is a small area of increased attenuation in the left parietal scalp, which might relate to soft tissue injury. No underlying fracture.

IMPRESSION:

1. No acute intracranial abnormalities including no findings of hemorrhage, mass, or edema.
2. Small soft tissue density in the left parietal scalp that could indicate soft tissue injury.
3. Markedly hypo-aerated mastoid sinuses, which may be congenital or remote.



Charles Parke, M.D.
Electronically Signed on 02/18/2013
Dict Date: 02/18/2013 Trans Date: 02/18/2013
CMF CP

CT OF THE HEAD

DATE: February 18, 2013

PATIENT: Pedro Moran
57286

Multiple axial images of the head are obtained. No contrast given.

Brain volume normal. No extracerebral collections. There is no abnormal signal.
Ventricular system unremarkable. Sinus and orbits are unremarkable. The bone
windows are normal.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

5
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OFFICE NOTE

February 18, 2013

RE: Pedro Moran
57286

Pedro returns today for a follow up. I reviewed the CT of his head and I don't see where there are any significant sinus problems. Particularly the left mastoid. He is still tender over the left mastoid and his left TM is very dull with a poor light reflex and there may be a little bit of hemorrhage. He assures me that he got his Augmentin at the last visit. My impression was that he may have had a left mastoiditis as the cause of his headaches. I am not convinced that I can link this to his closed head injury. I am going to send him for an ENT referral with regards to a tender left mastoid in his left hand to see if they think there is any evidence of otitis media mastoiditis. There might also be the question of whether they think this could be related to his work injury (closed head injury).

Otherwise he seems to be doing fairly well and does think he is better from the standpoint of his depression. He continues on Cymbalta and Remeron.

R. Joseph Healy, MD

R. JOSEPH HEALY, MD
RJH/nb

Fax to (803) 957-4709

Enclosure: Note from 1/7/13

R. JOSEPH HEALY, M.D., P.A.
NEUROLOGY
805 PAMPLICO HIGHWAY, SUITE A130
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(843) 664-9200 TEL
(843) 664-9202 FAX

DEA # AH1335339
LIC # 11178

NAME

Pedro Woron

ADDRESS

DOB

DATE *2/18/13*

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, ILLEGAL PANTOGRAPH
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R

ENT Referral

Ⓢ otitis / sinusitis

- ☐ 1-24
 - ☐ 25-49
 - ☐ 50-74
 - ☐ 75-100
 - ☐ 101-150
 - ☐ 151 and over
- Units

Label

Refill NR *1* 2 3 4 5

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

2GNE0113565

Pedro Moran
03/24/1974
559
August 27, 2013

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ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

August 26, 2013

Travelers
Attention: Shanna Rainwater
Fax # 1-866-440-6782

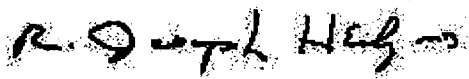
RE: Pedro Moran

Dear Ms Rainwater:

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,



R. Joseph Healy, MD

Pedro Moran
03/24/1974
559
August 27, 2013

August 26, 2013

Problem History:

Closed head injury Status: Active
DEPRESSED Onset: 2/18/2013 Status: Active
Headache Status: Active
Post-traumatic headache Onset: 8/26/2013 Status: Active
PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active
SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active

Family History:

Mother , deceased died after childbirth
Father *Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.
Remeron 15 mg tablet.
hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO,
Cymbalta 60 mg capsule, delayed release.
Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his posttraumatic syndrome. This is a very pleasant 39-year-old Hispanic male who is the unfortunate victim of closed head injury in a work-related accident. Since then he's complained of dizziness poor memory, headache and fatigue. Patient does have chronic mastoiditis and a perforated left TM but I am not convinced that these are causing his problem or even related to his accident. Apparently he has seen an ENT. He's also been having trouble with the "Worker's Compensation nurse". She has shown up today at this visit for the first time. I have refused to talk to her which is my usual stance in these particular cases. I don't actually see what purposely she serves. She can always read my note after it's dictated which we'll avoid any "miscommunication" which is typical of verbal interactions with Worker's Compensation nurses. Patient seems to feel that he is deteriorating and getting worse. This late date after his accident my impression is that this would be more of a psychological basis unless there is an underlying posttraumatic encephalopathy. The patient had neuropsychological testing a year ago and this needs to be repeated for comparison.

Vitals

Height: 5' 2"
Weight: 159 lbs clothed w/ shoes
BMI: 29.081
BP: 145/80 mmHg

ROS: Sleep is poor and he has continued headache. He continues to complain of

Pedro Moran
03/24/1974
559
August 27, 2013

August 26, 2013

disequilibrium.

Exam: Vital signs as listed above. This is a pleasant Hispanic male who reveals language barrier. Cranial nerves appear to be intact except for some mild hearing loss. Extraocular movements are intact. Motor exam shows no obvious weakness. Romberg is mildly positive. Cerebellum and gait are intact.

Constitutional

general appearance

overall: in no acute distress

Neck

inspection of neck

overall: no carotid bruits and no cranial bruits

Respiratory

percussion

overall: full breath sounds and no wheezing

Cardiovascular

auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 339.20 Post-traumatic headache
309.81 PTSD (post-traumatic stress disorder)

Plan: I believe that at this point the best thing to do I believe is to followup his neuropsychological testing and look for differences from a year ago. I'm increasing his Remeron to 30 mg at bedtime. I believe that at this point either he is having demise from psychological standpoint or there is a posttraumatic encephalopathy which has caused his deterioration. Further recommendations will await the above.

Thank you for your kind referral.

R. Joseph Healy, MD

R. Joseph Healy, MD

cc: Steve Calcutt, MD
Fax # 803-957-4709

Patient Ledger

Patient (Account):

Moran, Pedro (Main)

Daytime Phone:

(803)363-6327

Total Payments :

\$212.44

Responsible PartyMoran, Pedro
100 Riverbend Drive Apt f1
WEST COLUMBIA, SC 29169

Total Patient Payments:

\$0.00

Total Insurance Payments:

\$212.44

Last Payment Date:

Last Payment Amount:

\$0.00

Available Responsible Party Credits:

Last Statement Date:

02/20/2013

Patient Liability:

\$0.00

Total Amount Billed:

\$700.00

Insurance Liability:

\$150.00

Superbill #10724 **Renderer:** Healy, R. Joseph **Service Date:** 8/26/2013 **Diagnosis:** 339.20, 309.81

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99215	8/26/2013	99215 EST. PATIENT, LEVEL V			
	8/26/2013	Primary Insurance Liability			\$150.00

Amount Billed:	\$150.00	Amount Paid:	\$0.00	Insurance Liability:	\$150.00
Amount Due:	\$150.00	Amount Adjusted:	\$0.00	Patient Liability:	\$0.00

Superbill #2805 **Renderer:** Healy, R. Joseph **Service Date:** 2/18/2013 **Diagnosis:** 854.00, 389.9

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99214	2/18/2013	99214 EST. PATIENT, LEVEL IV			
	2/18/2013	Primary Insurance Liability			\$125.00
	4/10/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$106.22)
	4/10/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$18.78)
70460	2/18/2013	CT HEAD/BRAIN W/DYE MOD 26			
	2/18/2013	Primary Insurance Liability			\$300.00
	4/10/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02555497	\$0.00
Pmt Note	4/10/2013	allowance included in ov			
	4/10/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$300.00)

Amount Billed:	\$425.00	Amount Paid:	\$106.22	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$318.78	Patient Liability:	\$0.00

Superbill #945 **Renderer:** Healy, R. Joseph **Service Date:** 1/9/2013 **Diagnosis:** 724.2, 308.3

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
44250	1/8/2013	DEPOSITION			
	1/8/2013	Patient Liability			\$0.00

Amount Billed:	\$0.00	Amount Paid:	\$0.00	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$0.00	Patient Liability:	\$0.00

Superbill #880 **Renderer:** Healy, R. Joseph **Service Date:** 1/7/2013 **Diagnosis:** 854.00, 784.0

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99214	1/8/2013	99214 EST. PATIENT, LEVEL IV			
	4/8/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02552340	(\$106.22)
	4/8/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02552340	(\$18.78)
	4/8/2013	Transfer to Primary Insurance	Travelers Indemnity Co of Ct	02552340	\$125.00
	1/8/2013	Patient Liability			\$125.00
	4/8/2013	Transfer from Patient	Travelers Indemnity Co of Ct	02552340	(\$125.00)

Amount Billed:	\$125.00	Amount Paid:	\$106.22	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$18.78	Patient Liability:	\$0.00

Patient Ledger

Patient (Account):

Moran, Pedro (Main)

Daytime Phone:

(803)363-6327

Responsible PartyMoran, Pedro
100 Riverbend Drive Apt f1
WEST COLUMBIA, SC 29169

Total Payments :

\$212.44

Total Patient Payments:

\$0.00

Total Insurance Payments:

\$212.44

Last Payment Date:

Last Payment Amount:

\$0.00

Last Statement Date:

02/20/2013

Available Responsible Party Credits:

Patient Liability:

\$0.00

Total Amount Billed:

\$700.00

Insurance Liability:

\$150.00

Superbill #10724 **Renderer:** Healy, R. Joseph **Service Date:** 8/26/2013 **Diagnosis:** 339.20, 309.81

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99215	8/26/2013	99215 EST. PATIENT, LEVEL V			
	8/26/2013	Primary Insurance Liability			\$150.00

Amount Billed:	\$150.00	Amount Paid:	\$0.00	Insurance Liability:	\$150.00
Amount Due:	\$150.00	Amount Adjusted:	\$0.00	Patient Liability:	\$0.00

Superbill #2805 **Renderer:** Healy, R. Joseph **Service Date:** 2/18/2013 **Diagnosis:** 854.00, 389.9

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99214	2/18/2013	99214 EST. PATIENT, LEVEL IV			
	2/18/2013	Primary Insurance Liability			\$125.00
	4/10/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$106.22)
	4/10/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$18.78)
70460	2/18/2013	CT HEAD/BRAIN W/DYE MOD 26			
	2/18/2013	Primary Insurance Liability			\$300.00
	4/10/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02555497	\$0.00
Pmt Note	4/10/2013	allowance included in ov			
	4/10/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02555497	(\$300.00)

Amount Billed:	\$425.00	Amount Paid:	\$106.22	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$318.78	Patient Liability:	\$0.00

Superbill #945 **Renderer:** Healy, R. Joseph **Service Date:** 1/9/2013 **Diagnosis:** 724.2, 308.3

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
44250	1/8/2013	DEPOSITION			
	1/8/2013	Patient Liability			\$0.00

Amount Billed:	\$0.00	Amount Paid:	\$0.00	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$0.00	Patient Liability:	\$0.00

Superbill #880 **Renderer:** Healy, R. Joseph **Service Date:** 1/7/2013 **Diagnosis:** 854.00, 784.0

Charge	Posted Date	Description	Payer Name	Ref Number	Amount
99214	1/8/2013	99214 EST. PATIENT, LEVEL IV			
	4/8/2013	Insurance Payment Insurance Check	Travelers Indemnity Co of Ct	02552340	(\$106.22)
	4/8/2013	Contractual Insurance Adj Insurance Check	Travelers Indemnity Co of Ct	02552340	(\$18.78)
	4/8/2013	Transfer to Primary Insurance	Travelers Indemnity Co of Ct	02552340	\$125.00
	1/8/2013	Patient Liability			\$125.00
	4/8/2013	Transfer from Patient	Travelers Indemnity Co of Ct	02552340	(\$125.00)

Amount Billed:	\$125.00	Amount Paid:	\$106.22	Insurance Liability:	\$0.00
Amount Due:	\$0.00	Amount Adjusted:	\$18.78	Patient Liability:	\$0.00

NAME → Pedro Moran

Chart # 5728LP

124/12 Rec. wgt - 154

hydrocodone

See
Note

1-7-13

139/65

slp deposition

Cup both ways

Center 10g 3 WS

Remains 15g 3 WS

Woods 1/2 1/2 h past budale

appeared for R, is well as how he responds
not transmittable especially

not in 1 month

Teeth are (2) mottled

slp. trail cortisone etc

1 CT head + mottled

Two mottled trails

2/18/13

wgt - 154

Hgt - 5' 2

See
Note

pt took Augmentin

(2) TM dull & some keratocyte → well get ENT
referral → still tender (2) mottled

Pedro Moran
03/24/1974
559
March 18, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
FLORENCE, SC 29505
P-(843)664-9200
F-(843)664-9202

ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

March 18, 2014

Steve Calcutt, Esquire
Fax # 803-957-4709

RE: Pedro Moran

Dear Mr. Calcutt :

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy

R. Joseph Healy, MD

Pedro Moran
03/24/1974
559
March 18, 2014

Problem History:

Closed head injury Status: Active
DEPRESSED Onset: 2/18/2013 Status: Active
Encephalopathy chronic Onset: 3/18/2014 -post trauma Status: Active
Headache Status: Active
Lumbar spine strain Onset: 3/18/2014 Status: Active
Post-traumatic headache Onset: 8/26/2013 Status: Active
PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active
SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active

Family History:

Mother , deceased died after childbirth
Father *Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.
Remeron 15 mg tablet.
hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.
Cymbalta 60 mg capsule, delayed release.
Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his post traumatic encephalopathy. This is a pleasant 59-year-old Hispanic male who returns for followup of his closed head injury and posttraumatic encephalopathy. I've had a chance to look at Dr. Waid's repeat neuropsychological evaluation. Patient does have a lot of depression and anxiety along with sleep disturbance. I do believe that there is a mild posttraumatic encephalopathy. His cognitive/psychological problems at this point are predominantly related to his memory and mood complicated by his poor sleep. Once again he presents today and does not bring his medications which makes it very difficult to know what he is taking. He does indicate that he is still on Remeron and Cymbalta which he should continue. I believe he is very close to reaching MMI.

Vitals

Height: 5' 2"
Weight: 152 lbs clothed w/ shoes
BMI: 27.801
BP: 116/77 mmHg Standing

ROS: Still mild headache and trouble organizing his thoughts. He admits to depression and anxiety.

Exam: Vital signs as listed above. This is a pleasant male in no distress. Interpreter is present for the visit. Patient seems to indicate an understanding for what I have discussed.

Generated on 3/18/2014

Pedro Moran
03/24/1974
559
March 18, 2014

He's alert and will follow commands. No lateralized motor or sensory problems. He still has complaints with regards to the lumbar spine. Gait is functional.

DX: 348.39 Encephalopathy chronic (-post trauma)
311 Depression
780.50 SLEEP DISTURBANCES
847.2 Lumbar spine strain
339.20 Post-traumatic headache

Plan: Plan at this point is to continue the patient on the Cymbalta and Remeron. I believe that there is a mild posttraumatic encephalopathy with superimposed anxiety and depression accounting for most of his problems at this point. He has likely reached MMI but will need his medications monitored. In my opinion he has had trouble maintaining his medications mainly because of the bureaucracy. I've had a long talk with him today about the findings and the fact that we are not in the chronic stage of his injury. I believe that there will be some residual from his closed head injury. I will see him back in several months.

R. Joseph Healy MD

R. Joseph Healy, MD

PEDRO MORAN V. JMR LLC
WCC FILE NO. 1009298

I, Dr. Joseph Healy, M.D., do hereby state to a reasonable degree of medical certainty that:

1. On August 26, 2013 I ordered that Mr. Moran return to Dr. Randolph Waid for Neuropsychological retesting. I want Dr. Waid to perform the retesting for comparison as he performed the first neuropsychological testing a year ago. It is important that Dr. Waid perform the retesting to maintain continuity and integrity in the comparison. I do not accept the carriers contention that testing done by use of a translator causes invalid test results. The carrier has continued to refuse to provide Mr. Moran with the treatment I have ordered and has unilaterally canceled his last appointment with me on August 7, 2013. The carrier has not rescheduled this appointment that they cancelled in their continued refusal to provide the medical treatment I have ordered for Mr. Moran. This conduct has been a problem throughout the course of my treatment with Mr. Moran and is preventing my patient from reaching maximum medical improvement.

 V YES NO

DATE

11/7/13

 R. Healy
Joseph Healy, M.D.

Pedro Moran
03/24/1974
559
February 18, 2014

R. JOSEPH HEALY, MD, P.A.

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ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

February 18, 2014

Traveler's
Attn: Shanna Rainwater
Fax # 1-866-440-6782

RE: Pedro Moran

Dear Dr. Rainwater :

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,



R. Joseph Healy, MD

Generated on 2/18/2014

Pedro Moran
03/24/1974
559
February 18, 2014

Problem History:

Closed head injury Status: Active

DEPRESSED Onset: 2/18/2013 Status: Active

Headache Status: Active

Post-traumatic headache Onset: 8/26/2013 Status: Active

PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active

SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active

Family History:

Mother , deceased died after childbirth

Father *Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.

Remeron 15 mg tablet.

hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.

Cymbalta 60 mg capsule, delayed release.

Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his posttraumatic headache. This is a 39-year-old Hispanic male with a history of closed head injury and posttraumatic headache. Question at this point is whether he has posttraumatic encephalopathy with poor cognitive impairment secondary to emotional disorder (related to his head injury). Apparently after his last visit in August of 2013 he's had no further treatment or followup visit. He tells me he had a visit scheduled but he was not provided transportation and therefore did not come. He states he's had no medication for the past 4 months. I told him that I have not been contacted about any of this. He still complains of frequent headaches and memory dysfunction. Sleep has been poor.

Vitals

Weight: 161 lbs clothed w/ shoes

BP: 113/79 mmHg Standing

ROS: 10 point review of systems otherwise unremarkable. He does state that if he's not to give any more treatment or feel any better he just as soon go back to his homeland with his family to die.

Exam: Vital signs as listed above. Pleasant male who appears distressed. He's alert and a good historian. He is oriented x2 (misses the date). Neurologic exam is nonfocal. Reflexes are symmetric gait is stable.

Neck

inspection of neck

overall: no carotid bruits and no cranial bruits

Pedro Moran
03/24/1974
559
February 18, 2014

Respiratory

percussion

overall: full breath sounds and no wheezing

Cardiovascular

auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 339.20 Post-traumatic headache
959.01 Closed head injury
311 Depression
309.81 PTSD (post-traumatic stress disorder)

Plan: Plan at this point is to refill his medication. I've given him a prescription for Remeron 30 mg by mouth daily at bedtime, Ambien 10 mg by mouth daily at bedtime, and then 5/325 one every 12 hours as needed for pain and Cymbalta 60 mg by mouth daily. I recommended that we repeat his EEG and Mini-Mental status exam at the next visit. As per my last note I think he needs a follow up on his neuro-psychological testing to see if there is been no interval change. The unreliable nature of the Worker's Comp carrier for this patient has markedly complicated his treatment and I believe contributes to his worsening symptoms and condition.

Thank you for your kind referral.

R. Joseph Healy MD

R. Joseph Healy, MD

cc: Steve Calcutt, Esquire
Fax # 803-957-4709

Pedro Moran
03/24/1974
559
May 27, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
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ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

May 19, 2014

Mark Calhoun, Esquire
Fax # 803-957-4709

RE: Pedro Moran

Dear Mr. Calhoun:

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy

R. Joseph Healy, MD

Pedro Moran
03/24/1974
559
May 27, 2014

May 19, 2014

Problem History:

Closed head injury Status: Active
DEPRESSED Onset: 2/18/2013 Status: Active
Encephalopathy chronic Onset: 3/18/2014 -post trauma Status: Active
Headache Status: Active
Lumbar spine strain Onset: 3/18/2014 Status: Active
Post traumatic encephalopathy Onset: 5/19/2014 Status: Active
Post-traumatic headache Onset: 8/26/2013 Status: Active
PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active
SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active
Suicidal ideation Onset: 5/19/2014 Status: Active

Family History:

Mother , deceased died after childbirth
Father *Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.
Remeron 30 mg tablet.
hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.
Cymbalta 60 mg capsule, delayed release.
Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his multiple work related problem. This is a 40-year-old Hispanic male with history of closed head injury. He has post traumatic encephalopathy. There is a secondary depression which is worsening. Today he mentions that he has suicidal ideation although is not specific about method or plan. Pt is in need of immediate psychiatric intervention. His sleep is poor and his headaches continue.

Vitals

BP:140/86 mmHg Standing

ROS: Poor sleep and continued headache.

Exam: Vital signs as listed above. This is a very pleasant Hispanic male. Translator is present. Patient complains of increasing headache. He is alert and oriented and interactive. Eye contact is poor. Cranial nerves are intact. No lateralized motor sensory problems. Straight leg raising and bent leg pull cause low back pain. No clear evidence of radiculopathy. Affect is flat and mood is depressed.

Neck

inspection of neck

Generated on 5/27/2014

Pedro Moran
03/24/1974
559
May 27, 2014

May 19, 2014

overall: no carotid bruits and no cranial bruits

Respiratory
percussion

overall: full breath sounds and no wheezing

Cardiovascular
auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 310.2 Post traumatic encephalopathy
311 Depression
339.20 Post-traumatic headache
V62.84 Suicidal ideation
847.2 Lumbar strain

Plan: Plan at this point is to recommend that the patient have immediate psychiatric referral for his suicidal ideation. We will continue his present medication. I do believe that this patient's problems are related to his work injury and have not been addressed in an expedient way and that his situation is deteriorating. Most of this does appear to be psychological but is reactive to his initial injury. I will be happy to discuss his problems or to make further recommendations. He is not able to return to work.

Thank you for your kind referral on this unfortunate gentleman.

R. Joseph Healy

R. Joseph Healy, MD

cc: Worker's Comp
Fax # 866-440-6782

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

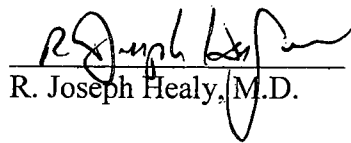
I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

1. Pedro Moran has suffered physical brain damage. Testing has confirmed that Mr. Moran has incurred an organic/structural injury to his brain as a result of his June 22, 2010 industrial injury. Mr. Morans mild posttraumatic encephalopathy/physical brain damage is both permanent and severe. Repeat neurological testing on 10-22-13 shows that Mr. Moran is regressing with regard to psychological disruption and is more compromised in his capacity to sustain attention/concentration than his previous evaluation on March 30, 2012. His headaches, memory dysfunction and sleep disturbances have worsened. Therefore though the organic encephalopathy is mild the neurological and psychological effects are severe.
-

DATE

4/8/14

R. Joseph Healy, M.D.



PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

1. Mr. Moran is considered unable to return to employment capacities. Considering Mr. Morans permanent neurocognitive, emotional and somatic impairments in conjunction with his educational deficits and impairment to his pelvis/back/legs, I do not believe he could successfully meet the demands of any job in the competitive marketplace. He is assessed as totally disabled.

4/8/14
DATE

R. Joseph Healy
R. Joseph Healy M.D.

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

Mr. Moran is at MMI. He will require lifetime care of;

1. Neuropsychiatric/neurological intervention including the continued use of medications.
2. Medications towards the abortive intervention of headaches is warranted.
3. Use of antidepressants.
4. OTHER: Sharp assessment and/or sharp aids
will be necessary

DATE 7/25/14

R. Joseph Healy, M.D.
R. Joseph Healy, M.D.

PEDRO MORAN V. JMR SIDING LLC.
WCC FILE NO. 1009298

I, Dr. R. Joseph Healy M.D., do hereby state to a reasonable degree of medical certainty that:

Mr. Moran has a whole person rating of 73 % due to his 6-22-10 injury causing physical brain damage.

7-29-14
DATE

R. Joseph Healy M.D.
R. Joseph Healy, M.D.

Pedro Moran vs. JMR LLC
WCC File No.: 1009298 DOI: 6/22/2010
Carrier: Hartford Underwriters Insurance Company - Claim No.: 026-CB-EPF3598
WJC&B File No.: 0020.03428

Please answer the following questions to a reasonable degree of medical certainty, meaning more likely than not.

1. Mr. Moran sustained mild post-traumatic encephalopathy with superimposed anxiety and depression as a result of his work accident.

☒ YES ☐ NO

2. Mr. Moran has reached maximum medical improvement for his work injuries.

☐ YES ☒ NO

*Depression is worse & suicidal ideation
Need immediate psychiatric referral.*

3. Mr. Moran will require medication management for his work-related condition. Please specify future medication management required in the space below.

*Pt will need to be seen q 3 months to manage medication
and its effect and to manage his depression*

4. Does Mr. Moran have any permanent work restrictions as a result of his work injury.

☒ YES ☐ NO

If yes, please specify

*no work & heights or around machinery
depression needs to be addressed immediately*

I have answered all questions to a reasonable degree of medical certainty.

R. Joseph Healy, MD
R. Joseph Healy, MD.

5/19/14
Date

OFFICE NOTE
R. JOSEPH HEALY, MD

DATE: 11-10-14

PATIENT: Pedro Monon DOB 3-24-74

11/10/14	still 40 headache	Tylenol
wt 150	sleep is good on meds	Norco 5-325 5/12h
125/87-68	memory is poor, some confusion	Zaldidem 10x
	depressed	Cymbalta 60x
	some suicidal ideation	
	but not plan	
	family is back home now in central America - pt is isolated	
	- CHI	
	- Post Traumatic encephalopathy / headache → will try VAER 250 BIO	
	- Sleep disorder → cont Amleins	

11/10/14

Pedro Moran
03/24/1974
559
December 11, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
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ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

December 08, 2014

Worker's Comp
Fax # 866-440-6782

RE: Pedro Moran

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy MD

Pedro Moran
03/24/1974
559
December 11, 2014

December 8, 2014

Problem History:

Closed head injury Onset: 12/8/2014 Status: Active
DEPRESSED Onset: 2/18/2013 Status: Active
Encephalopathy chronic Onset: 3/18/2014 -post trauma Status: Active
Headache Status: Active
Lumbar spine strain Onset: 3/18/2014 Status: Active
Post traumatic encephalopathy Onset: 12/8/2014 Status: Active
Post-traumatic headache Onset: 12/8/2014 Status: Active
PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active
SLEEP DISTURBANCES Onset: 12/8/2014 Status: Active
Suicidal ideation Onset: 12/8/2014 Status: Active

Family History:

Relationship: Mother Recorded Date: February 18, 2013 Notes: died after childbirth
Relationship: Father Disease: *Denies any medical problems Recorded Date: February 18, 2013

Current Medication: duloxetine 60 mg capsule, delayed release.
Vicodin 5 mg-500 mg tablet, 2 tablets PO q 4-6 hrs
zolpidem 10 mg tablet.
Remeron 30 mg tablet.
hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.
Cymbalta 60 mg capsule, delayed release.

Vision 20/40 20/50 Right Handed

40-year-old Hispanic male with history of closed head injury and posttraumatic encephalopathy. This is a 40-year-old Hispanic male who I have been seeing for approximately 18 months with history of closed head injury and post traumatic encephalopathy. Patient continues to have posttraumatic headache. At the last visit I started Depakote ER 250 by mouth twice a day. This was never filled as his Worker's Comp company maintained that he needed the generic. According to the prescription that I wrote this is a generic. I believe that many of the problems that this patient has had has been due to the insurance company not treating him in a proper or expedient fashion. The patient states that he "now thinks about suicide". He often feels that he would be better off dead. He has no plan. His headaches are no better. He has episodes of confusion. No frank seizure activity has been noted but the patient lives alone.

Vitals

Height: 5' 2"
Weight: 150 lbs
BMI: 27.435
December 8, 2014

Generated on 12/11/2014

Pedro Moran
03/24/1974
559
December 11, 2014

December 8, 2014

BP:108/74 mmHg

ROS: Sleep is poor and headache is persistent. He complains of poor memory. Episodes of confusion as described. Appetite is poor.

Exam: Vital signs as listed above. No orthostatic changes. Head normocephalic and neck is supple. Scalp is nontender. No cranial or carotid bruits. Patient is alert and oriented to the examiner. Interpreter is present. He knows the day and the month and the year. Cranial nerves appear to be intact. No lateralized motor or sensory problems. Straight leg raising produces low back pain. Reflexes are symmetric with no pathologic reflexes.

Neck

inspection of neck

overall: no carotid bruits and no cranial bruits

Respiratory

percussion

overall: full breath sounds and no wheezing

Cardiovascular

auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: V62.84 Suicidal ideation
310.2 Post traumatic encephalopathy
959.01 Closed head injury
339.20 Post-traumatic headache
780.50 SLEEP DISTURBANCES

Plan: Plan at this point is to admit the patient to the hospital for psychological evaluation. 24-hour EEG will be obtained. We will give her a trial of Depakote. Further recommendations will await the above. Thank you for your kind referral on this unfortunate gentleman.

R. Joseph Healy MD

EXHIBIT NO. 1

360104

Invoice

SOLD TO

Petro Moran

SHIP TO

Doctor Healy

ADDRESS

595 North Brown St

ADDRESS

605 Tamplico Hwy Suite 130

CITY, STATE, ZIP

West Columbia 29169

CITY, STATE, ZIP

Florence S.C.

DATE

11-10-14

CUSTOMER ORDER NO.

SOLD BY

TERMS

F.O.B.

ORDERED

SHIPPED

DESCRIPTION

PRICE

UNIT

AMOUNT

Pago por transporte a cita
con el doctor Healy

300.00

Pago por servicios de interprete

100.00

55

400.00

Total en gastos

Four Hundred dollars

EXHIBIT NO. 2

From: Mark Calhoun mark@calhounlawfirmssc.com
Subject: Pedro Moran
Date: March 11, 2014 at 10:01 AM
To: Sarah S. Alphin SSAphin@wjlaw.net

Sarah:

Mr. Moran has not received a check for the week of Feb. 3, 2014. Please check on this for me.

Thank you.

mark

Mark R. Calhoun
Attorney-at-Law
Calhoun Law Firm P.A.
714 East Main St.
Lexington, SC 29072
Office: (803) 957-8401
Fax: (803) 957-4709
mark@calhounlawfirmssc.com

From: Mark Calhoun mark@calhounlawfirm.com
Subject: Pedro Moran
Date: October 7, 2014 at 9:56 AM
To: Sarah S. Alphin SSAphin@wjlw.net

Sarah:

Mr. Moran needs to return to see Dr. Healy. Please schedule this and let me know the appointment date, or if you want me to schedule it I can do that as well.

Please let me know.

Thank you.

mark

Mark R. Calhoun
Attorney-at-Law
Calhoun Law Firm P.A.
714 East Main St.
Lexington, SC 29072
Office: (803) 957-8401
Fax: (803) 957-4709
mark@calhounlawfirm.com

From: Mark Calhoun mark@calhounlawfirm.com
Subject: Pedro Moran
Date: February 25, 2015 at 7:12 PM
To: Sarah S. Alphin SSAAlphin@wjlaw.net

Sarah:

Do you know why your client won't authorize Mr. Morans medications? (other than the usual?) He can get the cymbalta but not the ambien and hydrocodine.

Dr. Healy has been sending the pharmacy refills requests for three weeks now and all he can get is the cymbalta.

Mark R. Calhoun
Attorney-at-Law
Calhoun Law Firm P.A.
714 East Main St.
Lexington, SC 29072
Office: (803) 957-8401
Fax: (803) 957-4709
mark@calhounlawfirm.com

Exhibit No. 3

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

SOUTH CAROLINA WORKERS')
COMPENSATION COMMISSION,)
)

WCC File No. X100789

Plaintiff,)
)

vs.)
)

ORDER

JRM Siding LLC)
)

Defendant/Employer.)
)

In re: Pedro A. Moran v. JMR Siding LLC)

This case was set to be heard by the undersigned on January 31, 2011 at 10:00 a.m. pursuant to an Order and Rule to Show Cause directing the Defendant/Employer to appear and show cause why it should not be found in violation of the provisions of the South Carolina Workers' Compensation Act by its failure to maintain workers' compensation insurance coverage for its employees during the period May 19, 2010 through the present. The Commission was represented by counsel, Eleanor Duffy Cleary, Esquire. Present and available to testify on behalf of the Commission was Garry L. Smith, Director, Compliance Division.

The Commission produced proof of proper and timely service of the Order and Rule to Show Cause on the Defendant/Employer. Therefore, I find notice was properly and timely given. After giving the Defendant/Employer adequate time to appear and after calling the case for hearing, neither the Defendant/Employer nor a representative on its behalf appeared. The Commission moved for entry of a default which was granted.

The Commission contends the Defendant/Employer, having obtained workers' compensation insurance through Hartford Underwriters Insurance Company, and by allowing it to lapse effective May 19, 2010, is in violation of S.C. Code Ann. § 42-5-10 and § 42-5-20 (1985). The Commission further contends the Defendant/Employer employed four (4) or more

persons and, therefore, was not in an exempt category under S.C. Code Ann. § 42-1-360 (1985).

The Commission's file was made part of the record in this matter including the investigator's report, the South Carolina Employment Security Commission reports, and the National Council on Compensation Insurance coverage reports indicating procurement of insurance and its lapse.

FINDINGS OF FACT

~~Based upon a review of the Commission's file in this matter and the documentary~~
evidence, the following findings of fact are made:

1. The Defendant/Employer is an employer in this State and procured insurance through Hartford Underwriters Insurance Company. This coverage was in effect from March 12, 2010 through May 19, 2010 when the insurance carrier properly canceled the coverage by notice to the Commission.

2. JMR Siding LLC is the Defendant/Employer in the above-captioned action. South Carolina Employment Security Commission records reflect the Defendant/Employer had four (4) or more employees for all quarters available.

3. A review of the Commission records reveals the Defendant/Employer has failed to file a Form 38, Employer's Withdrawal of Election to Adopt the South Carolina Workers' Compensation Act, prior to the date of the underlying alleged accident. Further, there is no record establishing the Defendant/Employer has qualified as a self-insurer.

4. The record conclusively establishes the Defendant/Employer is not in an exempt status. S.C. Code Ann. §42-1-360 (1985).

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. §42-17-40 (1985), it is the determination of the undersigned:

1. Under S.C. Code Ann. §42-1-360 (1985), the Defendant/Employer is not an exempt employer.

2. Under S.C. Code Ann. §42-1-310 through §42-1-390, §42-5-10, and §42-5-20 (1985), the Defendant/Employer is not a qualified self-insurer, has not filed notice of coverage or filed a Form 38 for the period of May 19, 200 through the present and is therefore in violation of the provisions of Title 42.

3. Under S.C. Code Ann. §42-5-10 and §42-5-20 (1985), the Defendant/Employer shall secure payment of compensation.

4. ~~The Defendant/Employer is subject to imposition of penalty pursuant to~~
S.C. Code Ann. §42-5-40 (1985) and the costs of this hearing. 25A S.C. Code Ann. Regs. 67-614 (Supp. 2010).

ORDER

IT IS, THEREFORE, ORDERED the Defendant/Employer shall be responsible for and make prompt payment of any and all claims arising from any accident found to be compensable occurring during a minimum period of time beginning May 19, 2010 and continuing until such time as the Defendant/Employer complies with the Workers' Compensation Act.

IT IS FURTHER ORDERED the Defendant/Employer shall pay to the Commission the following costs, fines and penalties

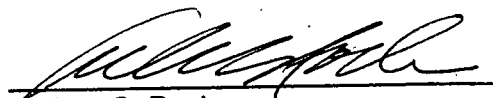
1. \$1,014.86 for the costs of this hearing;
2. A fine in the amount of \$100.00 per day for each day of the non-compliance with the Act pursuant to S.C. Code Ann. §42-5-40 (1985) from May 19, 2010 until such time it complies with the Act; and
3. A fine in the amount of \$100.00 for the failure of a subpoenaed party to appear at a hearing. 25A S.C. Code Ann. Regs. 67-608 (Supp. 2010).

IT IS FURTHER ORDERED the Defendant/Employer shall remain liable to its employees for workers' compensation from May 19, 2010 until such time as it complies with the

Act. The Defendant/Employer is liable either for compensation under the Workers' Compensation Act or at law in an action instituted by an employee or his personal representative against the Defendant/Employer to recover damages for personal injury or death by accident and in any such action such employer shall not be permitted to defend upon the grounds mentioned in the S.C. Code Ann. §42-1-510 (1985). S.C. Code Ann. §42-1-530 (1985).

IT IS FURTHER ORDERED any claim pending or filed against the Defendant/Employer shall be set for a disability and compensation hearing upon the request of either party in accord with S.C. Code Ann. § 42-17-20 (1985) and 25A S.C. Code Ann. Regs. 67-207, 67-208, and 67-601 through 67-615 (Supp. 2010). The South Carolina Uninsured Employers' Fund shall be served a copy of this Order and joined as a party in any compensation proceedings.

AND IT IS SO ORDERED.



Andrea C. Roche
Commissioner, South Carolina
Workers' Compensation Commission

Columbia, South Carolina

Fehmann 22, 2011

(a:\x100789.acr)

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above-captioned action upon all parties to this cause by depositing a copy hereof, first class postage paid, or if indicated below by certified mail, return receipt requested, in the United States mail addressed to the attorney or attorneys for said parties.

This 23rd day of February, 2011

By 
Marion Buraczynski

Mark R. Calhoun, Esquire
714 East Main Street
Lexington, SC 29072

By Interagency Mail:

Latonya D. Edwards, Esquire
Uninsured Employers' Fund

CERTIFIED AND REGULAR MAIL:

JRM Siding LLC
Attn: Rodrigo M. Mera
422 Old Plantation Drive
West Columbia, SC 29172

* Burkett owes

\$ per this

Order.

SOUTH CAROLINA
JUDICIAL COMMISSION
CASE NO: 1009298

JMR Siding LLC et al.,

Employers,

-and-

The Travelers Indemnity Company/ Hartford
Underwriters Insurance Company,

Carriers/ Defendants.

ORDER

1. On August 9, 2011 the Claimant Pedro Moran filed a Rule to Show Cause pursuant to §42-3-175 (A)(1) alleging the Carriers failure to provide medical treatment in violation of this Commissioners Decision and Order dated June 10, 2011. More specifically, the Claimant alleges that the Carrier is in violation of this Decision and Order dated March 4, 2011 by failing to provide and pay for medical treatment for the Claimants back and head/psyche pursuant to the request of the authorized treating physician Dr. McIntosh and ordered by this Commissioner on June 10, 2011.
2. That the Decision and Order of this Commissioner dated June 10, 2011 states that the Carrier Travelers Indemnity Company is to provide the Claimant with evaluation and treatment. That as of the date of today's hearing, September 12, 2011, the Carrier has neglected or refused to schedule Claimant for evaluation and treatment so that the

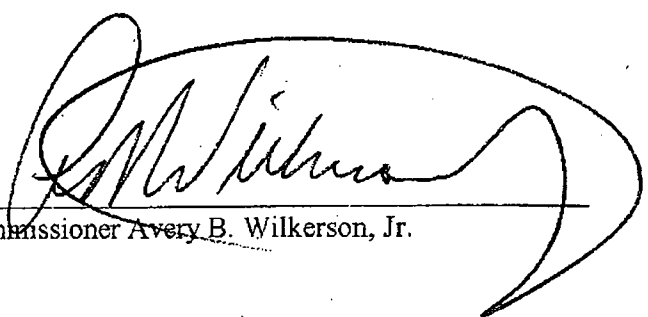
Claimant may be placed at maximum medical improvement. That the Carrier is to immediately schedule the Claimant with appointments for evaluation and treatment for his back and head/psyche within 15 days from the date of today's hearing (September 12, 2011).

3. That pursuant to §42-3-175 (A)(1), sanctions will be issued against the Carrier upon this Order if the above appointments are not scheduled by September 27, 2011. The Claimant is entitled to his reasonable attorney's fees and costs required for enforcing this Commissioners Decision and Order dated June 10, 2011 once submitted by

Claimants counsel. The Carriers continued refusal to comply with this

Commissioners Decision and Order will also result in further sanctions being imposed upon the Carrier.

FILED: December 15, 2011



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

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

December 15, 2011

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

MAR-18-2011 12:51 From:803 936 8097

Page:2/3

Lexington Orthopaedics

West Columbia

146 North Hospital Drive, Suite 140
West Columbia, South Carolina 29169

PATIENT: MORAN, PEDRO M		VISIT DATE: 02/22/2011
PATIENT #: 00001589710	XXX-X7-3985	D: 03/01/2011 11:23 AM
PHYSICIAN: BARNABY T. DEDMOND, MD		T: 03/02/2011 8:02 AM / kcm
		DATE OF BIRTH: 03/24/1974

HISTORY OF PRESENT ILLNESS: The patient is seen today for a 2nd opinion concerning his pelvis fracture. The patient had a fall from a height back in June 2010. He was treated by Dr. McIntosh for a pelvic fracture, which included right superior and inferior ramus fractures as well as a right-sided nondisplaced sacral fracture. He has been followed by Dr. McIntosh and he continues to have reports of a fair amount of pain and dysfunction. He was last seen back in November and there was some question of whether or not he had a possible nonunion of one of his rami. The patient describes pain primarily in his low back on the right. He has a little pain over his trochanteric area on the right. He also complains of pain around his heel on the right. He is also mentioning some headaches and dizziness. Apparently, he has tried to get in to see a neurologist in the past, but the one he was referred to did not accept Worker's Compensation and he did not pursue this any further. He says his pain does limit his daily activities.

PHYSICAL EXAMINATION

GENERAL: Walks in with a limp favoring his right leg.

EXTREMITIES: Pain free internal and external rotation of his hips. Appears to have relatively pain free abduction and adduction of his hips with good strength there. Tenderness just posterior to greater trochanter on the right. Diffuse tenderness about posterior aspect of lower leg starting about 2/3 the way down and extending over the bony heel including the Achilles. Achilles is palpably intact. Neurovascularly intact to his toes on both sides.

NEUROLOGIC: Lower extremity strength inconsistent at times with strength that approached 5/5 and at other times will have strength that is barely 3/5 when testing the same muscle groups. I told him this is inconsistent. I am not sure exactly how to explain this. It appears his strength is better when he is distracted.

BACK: Tenderness over sacroiliac joint on the right, less so on the left. No real midline tenderness.

DIAGNOSTIC STUDIES: Radiographs reviewed today. Reviewed previous CT scans. Also obtained new radiographs including AP, inlet and outlet views of the pelvis and AP, lateral and oblique views of the right foot today given his complaints. Pelvis radiographs today show pelvic ring is in good position. Fractures appear to have healed completely. There is interval new bone formation compared to the CT scan and plain radiographs from November 2010. Right foot radiographs appear to be normal.

PLAN: Talked with the patient today about his symptoms. I certainly think he is having more pain than most people with this type of injury at this point in his course. He has had some physical therapy early just for simple mobilization, but has not had any more recently. I do think he will benefit from this with some strengthening and general mobility. I have ordered that for him today. With the exception of his tenderness over his heel, I cannot find any anatomic reason to describe this pain. I do think he has some trochanteric bursitis of the right hip likely related to an abnormal gait pattern. This does not seem to be the main cause of his discomfort; therefore, I am not sure that injection would do him very much good at this point, but it could be something that would be considered in the future if his pain becomes more isolated over his trochanteric region. As for his pelvis, I had a long talk with him today. Typical recovery after a pelvic fracture is approximately

Lexington Orthopaedics
PAGE 1 OF 2

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MAR-18-2011 12:51 From:803 936 8097

Page:3/3

PATIENT: MORAN, PEDRO M	
PATIENT. #: 00001589710	XXX-X7-3985

1 year and now at only about 7-8 months without any significant therapy I think he still has significant room to improve. I have told him that it is typical for folks with pelvic fractures, particularly those involving the SI joint or the sacrum, to have some low-level discomfort in their low back that may be persistent, particularly with activity, but that it is not typically to the degree that he is describing and I would expect that this will simply get better. He has asked about narcotics today. I have recommended against those. I told him he could take Motrin or Tylenol for this. Other than the therapy, I am not sure I have much to offer him at this point.

BARNABY T. DEDMOND, MD

cc:

May. 27. 2014 6:54PM DR Joseph Healy MD

No. 9107 P. 2/3

Page 1 of 3

Pedro Moran
03/24/1974
559
May 27, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
FLORENCE, SC 29505
P-(843)664-9200
F-(843)664-9202

ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

May 19, 2014

Mark Calhoun, Esquire
Fax # 803-957-4709

RE: Pedro Moran

Dear Mr. Calhoun:

Today I saw Pedro Moran. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy

R. Joseph Healy, MD

Generated on 5/27/2014

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May. 27. 2014 6:54PM DR Joseph Healy MD

No. 9107 P. 3/3

Page 2 of 3

Pedro Moran
03/24/1974
559
May 27, 2014

May 19, 2014

Problem History:

Closed head injury Status: Active

DEPRESSED Onset: 2/18/2013 Status: Active

Encephalopathy chronic Onset: 3/18/2014 -post trauma Status: Active

Headache Status: Active

Lumbar spine strain Onset: 3/18/2014 Status: Active

Post traumatic encephalopathy Onset: 5/19/2014 Status: Active

Post-traumatic headache Onset: 8/26/2013 Status: Active

PTSD (post-traumatic stress disorder) Onset: 8/26/2013 Status: Active

SLEEP DISTURBANCES Onset: 2/18/2013 Status: Active

Suicidal ideation Onset: 5/19/2014 Status: Active

Family History:Mother , deceased died after childbirthFather "Denies any medical problems, alive

Current Medication: Vicodin 5 mg-500 mg tablet.

Remeron 30 mg tablet.

hydrocodone 5 mg-acetaminophen 500 mg tablet, Tablet(s) and PO.

Cymbalta 60 mg capsule, delayed release.

Ambien 10 mg tablet, Tablet(s) and PO.

Patient returns today for followup of his multiple work related problem. This is a 40-year-old Hispanic male with history of closed head injury. He has post traumatic encephalopathy. There is a secondary depression which is worsening. Today he mentions that he has suicidal ideation although is not specific about method or plan. Pt is in need of immediate psychiatric intervention. His sleep is poor and his headaches continue.

Vitals

BP:140/86 mmHg Standing

ROS: Poor sleep and continued headache.

Exam: Vital signs as listed above. This is a very pleasant Hispanic male. Translator is present. Patient complains of increasing headache. He is alert and oriented and interactive. Eye contact is poor. Cranial nerves are intact. No lateralized motor sensory problems. Straight leg raising and bent leg pull cause low back pain. No clear evidence of radiculopathy. Affect is flat and mood is depressed.

Neckinspection of neck

Generated on 5/27/2014

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May. 27. 2014 6:54PM DR Joseph Healy MD

No. 9107 P. 1/3

Page 3 of 3

Pedro Moran
03/24/1974
559
May 27, 2014

May 19, 2014

overall: no carotid bruits and no cranial bruits

Respiratory
percussion

overall: full breath sounds and no wheezing

Cardiovascular
auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 310.2 Post traumatic encephalopathy
311 Depression
339.20 Post-traumatic headache
V62.84 Suicidal ideation
847.2 Lumbar strain

Plan: Plan at this point is to recommend that the patient have immediate psychiatric referral for his suicidal ideation. We will continue his present medication. I don't believe that this patient's problems is related to his work-related injury and have been addressed in an expedient way and that his situation is deteriorating. Most of this does appear to be psychological but is reactive to his initial injury. I will be happy to discuss his problems or to make further recommendations. He is not able to return to work.

Thank you for your kind referral on this unfortunate gentleman.

R. Joseph Healy MD

R. Joseph Healy, MD

cc: Worker's Comp
Fax # 866-440-6782

Generated on 5/27/2014

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CALHOUN LAW FIRM

MARK R. CALHOUN
ATTORNEY AT LAW

714 EAST MAIN STREET
LEXINGTON, S.C. 29072

OFFICE: 803-957-8401
TELECOPIER: 803-957-4709

March 28, 2012

Dr. L. Randolph Waid, PHD
The Oaks Business Center
1459 Stuart Engals Blvd., Suite 204-A
Mt. Pleasant, SC 29464

Killa duck @ Earthlink.net

Re: Pedro A Moran v. JMR Siding, LLC. WCC File No. 1009298.
IME Appointment for March 30, 2012 at 11:00am.

Dear Dr. Waid:

Thank you for agreeing to see Mr. Moran for his testing ordered by the Authorized Treating Physician Dr. Joseph Healy. The insurance company has refused to provide this testing as ordered by Dr. Healy. Therefore enclosed please find a check in the amount of \$750.00 for the evaluation fee and I understand I will be billed for any additional fees. Also enclosed are the medical records related to your examination. Mr. Moran suffered a traumatic brain injury on June 22, 2010 when he fell from a second story roof on a home he was performing construction work on. Mr. Moran struck his head on the pavement and loss consciousness for over one hour. He was in the hospital emergency room when he regained consciousness. In addition to his brain injury, Mr. Moran suffered a fractured pelvis and a lower back injury. The insurance carrier refused to provide Mr. Moran with any treatment for his brain injury until they were ordered to do so by the workers comp. commission. I have spoken to Dr. Healy and he states that there is a positive finding in Mr. Moran's EEG testing and Dr. Healy is prepared to state to a reasonable degree of medical certainty that Mr. Moran has suffered physical brain damage pursuant to §42-9-10. Dr. Healy states that Mr. Moran has had an "organic" or structural injury to the brain and is interested in seeing if this organic injury is causing Mr. Moran's memory problems (as opposed to Depression or Post-Concussion Syndrome). I have also enclosed two affidavits of Mr. Moran and his wife that discuss the various issues Mr. Moran is having in relation to his brain injury.

Therefore we are requesting that you perform your customary neuropsychologist testing and please answer the following questions to "a reasonable degree of medical certainty":

1. Whether pursuant to §42-9-10 you agree that Pedro Moran "has suffered physical brain damage"?
2. What future medical/attendant care will Mr. Moran require in the future? (Life Care plan)
3. Please address whether Mr. Moran's organic injury is contributing to or causing his memory problems? (If not, please render your opinion if the cause may be Post-Concussion Syndrome).

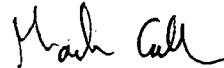
LO

4. Please state any other recommendations, ratings, or information that you deem appropriate in order to address the above questions (also for the life care plan that will be addressed by Linda Westman)? (As Dr. Healy is the authorized treating physician we will have him address work restrictions and future prescription medications that Mr. Moran would require on an on-going and permanent basis).

Please keep in mind that §42-9-10 requires Mr. Moran "has suffered physical brain damage". Please note the past tense in case a Claimant has made a complete or near complete recovery (which Mr. Moran has not made according to Dr. Healy). The statute does not require the brain damage to be permanent. Therefore Mr. Moran is entitled to lifetime benefits under §42-9-10 as long as he; 1) has suffered physical brain damage and 2) is totally disabled (from brain damage or other injuries from the accident). We are pursuing lifetime benefits on this claim.

If you have any questions, please give me a call.

Yours Very Truly,



Mark R. Calhoun

61

Sex:

M / F

D.O.B.:

3/24/74

Age:

38

Race:

Hispanic

Marital Status:

(M) / S / D / W

Married - 18 years

Previous Marriages:

8

Description/Date of Injury:

C-7-Nicavice 4-6m
Nicavice 3-Ex wife
little girl in the house

Time Since Injury:

Longer

4 years
6/2010

JMR Siding - 6/7 months

L Banker working a 2 step / woke up
already in ambulance

Chief Complaints:

head → HA frequent - Right now have a HA

Very forgetful / loses concentration / train of thought trouble
sleeping / nightmares - falling from st / fearful of heightsBad a paragraph / verse from bible - won't remember - suffers
from depression / suicidal ideation - has felt a God / lot
of back pain - pain in pelvis - down to Rt heel / more
right than left - Pulverized study 5-10 miles most of

Treatment Received/Effectiveness

Down bc pain is too intense Very helpful
- hold on to not fall B Helpful
- walk 5-10 min C No help

Easily tired / - pain

When I think with my next day in pain
Change in position at night → due to pain

Rhombus - wobbly

Medications:

Current:

Ibuprofen 800mg or Tylenol
St for insomnia
anti-inflammatory
Gave him some RT for HAA Very helpful
B Helpful
C No help
D Made worse

Taking Over the Counter Medications:

Medical History:

Previous Head or Neck Injury:

X

Surgeries:

0

Developmental Milestones: _____

History of Medical Problems:

Ø WCC

☒ Serious Infections _____

☒ Allergies _____

☒ Diabetes _____

☒ Hypertension
(Pre-Accident) _____

_____ Hypertension
(Post-Accident) _____

☒ Stroke _____

☒ Heart Problems _____

_____ Blood Problems _____

_____ Stuttering _____

☒ Migraine HA _____

☒ Tension HA _____

History of Psychiatric Illness/Treatment: _____

Ø

☒ Problems with Nerves _____

☒ Alcohol Usage: Current Amount/Frequency: _____

over 2 years

_____ Pre-Injury: Current Amount/Frequency: _____

Occ

☒ Drug Usage: Current Amount/Frequency: _____

_____ Pre-Injury: Current Amount/Frequency: _____

☒ History of Substance Abuse Treatment _____

☒ History of Depression/Mood Swings _____

_____ Caffeine Usage: How Much: Pre-Injury: _____

Post-Injury: _____

_____ Tobacco Usage: How Much: Pre-Injury: _____

Stop smoking at 18

Post-Injury: _____

63

Family History of Serious Illness (CVA, diabetes, hypertension) _____

Family History of Headache or Migraine Activity _____

Family History of Psychiatric Illness and/or Substance Abuse ~~_____~~

not that L RT

Current Difficulties: _____

Test Results _____

Radiological: _____

Length of Coma (Estimated): _____

TA (Estimated): _____

Other Tests: _____

Do You Have:

Pain Location: Lower to mid Back pain pelvis - ribs

L2-L5 into groin standing up back hurt

Duration: Long 2 months

Radiation: down

Aggravated by: _____

Limitations: _____

Temporal Pattern: _____

Relieved by: _____

Injection of
PR
2-3 wks 50

64

Headache Location: frontal-temporal
↳ when moderate

Duration: Seven - whole head

Radiation: _____

Aggravated by: (Not sure) Sometimes wakes up

Limitations: with this

Temporal Pattern: _____

Relieved by: OTC day to take med

Neurological Checklist:

Visual/Sensory

- ☒ Loss/change sense of smell _____
- ☒ Loss/change sense of taste _____
- ☐ Blurred vision - body → gets blurry easier
- ☒ Double vision _____
- ☒ Loss of vision _____
- ☒ Hearing difficulty Dr. H. H.
- ☒ Ringing in the ears (tinnitus) _____
- ☐ Sensitivity to noise _____

Motor

- ☒ Any paralysis _____
- ☐ Muscle weakness - Diffuse - back & legs
- ☐ Muscle spasms _____
- ☐ Coordination problems _____
- ☒ Balance problems holds on to rail
1044 c/b
- ☐ Tremors or shakiness _____
- ☐ Numbness Sometimes feel like whole body is numb / not wakes back up
↳ none
- ☐ "Tingling" or burning skin _____

Get lost between lines

LS

Post-injury has patient had

- ☒ Dizziness walking & need mouse - floor hits
Rx for dizziness
- ☐ Vertigo
- ☐ Black-out spells
- ☒ Seizures
- ☐ Periods where you "lose" time

Cognitive

Does it seem that you ...

- ☒ Can't think as quickly as before
- ☐ Find it hard to think clearly
- ☐ Are more easily distracted
- ☒ Concentration difficulties

Does patient ...

- ☐ Forget time and day
- ☐ Forget meetings
- ☐ Get lost often
- ☒ Have memory problems Example: _____

Character changes ↑ sensitivity
to noise
high

Psychological

as patient had problems with ...

- ☒ Sadness/depression
- ☐ Sleep disturbance: DFA 3-4 AM to 2 PM MNA 15-1/2 hours EMA 2 hrs sleep HA bad if he takes Rx
- ☐ Nightmares
- ☐ Anxiety/tension
- ☒ Anger/keeping your temper
- ☒ Irritability loses patience
- ☐ Impulse control
- ☐ Fatigue/energy level Walk around block → *
- ☐ Suspiciousness/paranoia Batteries in car / cylinder
- ☐ Worry/guilt

Lele

☒ Hallucinations
____ Appetite/weight loss
____ Libido/sexual functioning

Good

"lost intimacy" - ↓ desire

↓ intimacy

Has patient experienced

Phobia - fear of heights

____ Decline in management of household chores

____ Problems getting along with spouse

→ not his wife's fault

____ Problems getting along with family/friends

____ Decline in social/recreational activities

____ Concern/worry about health

Living with wife
- another married
couple
- little girl 5net

Psychosocial History:

Education: _____

Be like 10th grade here

Urban/Rural: _____

Decatur City

Highest Level (age): _____

Grades failed/repeated: _____

History of LD/resource classroom work: _____

Spuried

Additional Schooling (Tech): _____

Best Preferred Subject: _____

Least Preferred Subject: _____

Employment:

Present (most recent): _____

Roofing & Siding

How long: _____

Prior employment: _____

____ Military Service:

Type of Discharge _____

Rank: _____



1301 Taylor Street, Suite 3-0
P.O. Box 306
Columbia, SC 29202-0306

tel 803.806.8198
fax 803.806.8178

November 9, 2011

RE: Pedro A. Moran
D.O.B: 03/24/1974
Claim No.: EPF3598

To Whom It May Concern:

Mr. Moran did not show for his last two scheduled appointments on 10/31/11 at 10:30 a.m. and 11/3/11 at 3:00 p.m.

If there are any questions or concerns, please contact my office at 803-806-8198.

Sincerely,


James F. Bethea, M.D.
JFB/cw

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Travelers Indemnity Company
P.O. Box 473502
Charlotte, NC 28247-3502

11/30/2011

Columbia Orthopaedic Specialists
1301 Taylor St 3-0
Columbia, SC 29201

Employer: Jmr Siding LLC
Employee: Pedro A. Moran
Date of Loss: 06/22/2010
File Number: 026-CB-EPF3598-F
State Case Num: 1009298

Dear Dr .Bethea, Columbia Orthopaedic Specialists

This is follow up to telephone conversation. Appointment with Dr. Bethea is 12/7/11 10am.
I have scheduled Spanish translation and transportation with Optimal Care.

Dr. Bethea - the commission ordered treatment for lumbar spine and pelvis. Please treat these body parts of Mr. Moran.

Mr. Moran has a new address: 100 Riverbend Drive # F1, West Columbia, SC 29169

Please call for authorization of any requested treatments and fax MD/work notes after MD visits.
Please add his cliam number EPF3598 to any faxes so it will go directly into his electronic file cabinet and I will get a message it is there.

Plaintiff Attorney - if Mr. Moran has any MRI or x-ray of lumbar spine please have him take to MD visit. Any questions please call me.

Thank you for your co-operation.

Sincerely,

Elsie Oakes RN,CCM, Medical Case Mgr
(704)544-3654 Fax: (877)389-4687
(800)759-6194 Ext. 3654
EOAKES@travelers.com
Workers' Compensation Unit

cc: Mark Calhoun
Sarah Alphin



Claimant's Name: Pedro A. Moran SSN: 999 - 06 - 2210 Employer's Name: JMR Siding, LLC
Address: 595 North Brown St., Apt. #1 Address: 422 Old Plantation Drive
City: West Columbia State: SC Zip: 29169 City: West Columbia State: SC Zip: 29169
Home Phone: () - Work Phone: () - Insurance Carrier: Hartford Underwriters Insurance Company
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm, LLC Preparer's Phone #: (803) 779-4000

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 06/22/2010

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).

Please see "Attachment to Form 30".

(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 Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the 5th day of August 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

Preparer's Signature

Attorney for Claimant
Title

Stephen@SamuelsLawFirm.net
Email

August 5, 2015
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.

ATTACHMENT TO FORM 30

Pedro A. Moran v. JMR, LLC, and Hartford Underwriters Insurance Company.
WCC File No. 1009298

Grounds of Appeal:

1. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant is not entitled to lifetime compensation?
2. Whether the Single Commissioner erred as a matter of fact and law in failing to consider the fact that the authorized treating neurologist assigned a 75% permanent impairment rating for brain damage?
3. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant was not credible and in giving undue weight to her own subjective credibility findings of a brain-damaged individual testifying through an interpreter?
4. Whether the Single Commissioner erred as a matter of fact and law in failing to make specific and detailed factual findings?
5. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant is not entitled to lifetime compensation for physical brain damage when she found "Claimant permanently and totally disabled (based upon brain, pelvis and psychological injuries) . . . ?
6. Whether the Single Commissioner erred as a matter of fact and law in misapplying Pearson, Sparks and Crisp?
7. Whether the Single Commissioner erred as a matter of fact and law in failing to find that even a mild TBI can and did result in severe physical brain damage sufficient to render the Claimant incapable of sustained gainful employment?

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1009298

EMPLOYEE/CLAIMANT: PEDRO A. MORAN
EMPLOYER: J.M.R. SIDING, L.L.C.
INSURER: HARTFORD

 COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 2ND DAY OF
MARCH, 2015, COMMENCING AT THE HOUR OF 11:53 A.M., IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE SUSAN BARDEN,
ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

APPEARANCES

MARK A. CALHOUN, ESQUIRE, OF THE FIRM
CALHOUN LAW FIRM
714 EAST MAIN STREET
LEXINGTON, SOUTH CAROLINA 29072

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

SARAH S. ALPHIN, ESQUIRE, OF THE FIRM
WILLSON, JONES, CARTER & BAXLEY, P.A.
4500 FORT JACKSON BLVD, SUITE 100
COLUMBIA, SOUTH CAROLINA 29209

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: JOHN REED

I N D E X

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

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

6 BY COMMISSIONER BARDEN:

7 TODAY'S DATE IS MARCH THE 2ND, 2015. THIS IS
8 SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION FILE
9 NUMBER 1009298. THIS IS THE CASE OF THE CLAIMANT
10 MR. PEDRO MORAN WHO IS PRESENT TODAY AND REPRESENTED
11 BY ATTORNEY MARK CALHOUN VERSUS THE EMPLOYER J.M.R.
12 SIDING AND ITS CARRIER TRAVELERS, BOTH OF WHICH ARE
13 REPRESENTED BY ATTORNEY SARAH ALPHIN. THE PURPOSE
14 OF TODAY'S HEARING IS TO DETERMINE ISSUES RAISED IN
15 FORMS 50, 51 AND 21. THE DEFENDANTS REQUEST TO STOP
16 PAYMENT OF TEMPORARY BENEFITS. THE PARTIES AGREE
17 AND STIPULATE THAT MR. MORAN'S AVERAGE WEEKLY WAGE
18 IS \$700 YIELDING A COMPENSATION RATE OF \$466.20.
19 THE DATE OF THIS ADMITTED ACCIDENT, AND I WILL GET
20 TO THE ADMITTED BODY PARTS MOMENTARILY AND
21 CONDITIONS, WAS JUNE 22ND, 2010.

22 ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION,
23 VENUE, OR ANY OTHER ITEMS?

24 BY MR. CALHOUN:

25 NONE FROM THE CLAIMANT.

1 BY MS. ALPHIN:

2 COMMISSIONER, THIS IS ACTUALLY A HARTFORD
3 POLICY JUST FOR THE RECORD.

4 BY COMMISSIONER BARDEN:

5 OH, I APOLOGIZE.

6 BY MS. ALPHIN:

7 IT'S ADMINISTERED BY TRAVELERS. I JUST WANTED
8 TO GET THAT CLEAR.

9 BY COMMISSIONER BARDEN:

10 I APOLOGIZE. WE WILL GET THAT STRAIGHT. THANK
11 YOU.

12 BY MS. ALPHIN:

13 THANK YOU.

14 BY COMMISSIONER BARDEN:

15 THE CARRIER IS HARTFORD. ALL RIGHT. ANY OTHER
16 CORRECTIONS OR OBJECTIONS?

17 BY MR. CALHOUN:

18 NONE FROM THE CLAIMANT.

19 BY MS. ALPHIN:

20 NO, COMMISSIONER.

21 BY COMMISSIONER BARDEN:

22 THANK YOU BOTH. WITHOUT OBJECTION AND WITH
23 THAT CLARIFICATION, THE COMMISSION FILE BECOMES A
24 PART OF THE RECORD WITH THE EXCEPTION OF ANY SELF-
25 SERVING DECLARATIONS AND UNSTIPULATED MEDICAL

1 REPORTS.

2 AND IF WE CAN DIRECT OUR COURT REPORTER TO MAKE
3 SURE THAT THE RECORD IS CLEAR ABOUT THE APPROPRIATE
4 CARRIER SINCE THE COMMISSION HAD THAT WRONG ON
5 THERE. THANK YOU.

6 AFTER A PREHEARING CONFERENCE, IT IS THE
7 POSITION OF THE CLAIMANT THAT HE HAS SUSTAINED
8 PHYSICAL BRAIN DAMAGE AND IS ENTITLED TO RECEIVE
9 LIFETIME BENEFITS. HE ALSO WOULD CONTEND THAT EVEN
10 ABSENT THAT PARTICULAR CONDITION THAT HE IS
11 PERMANENTLY AND TOTALLY DISABLED BECAUSE OF INJURIES
12 THAT HE SUSTAINED ON JUNE 22ND, 2010, INCLUDING BUT
13 NOT LIMITED TO THE HEADACHES THAT HE SUFFERS, AND AT
14 A MINIMUM, HE HAS SUSTAINED A PHYSICAL BRAIN INJURY
15 PURSUANT TO REGULATION 11-01, BUT HIS POSITION IS
16 THAT HE -- AND I WILL ELABORATE FURTHER MOMENTARILY,
17 THAT THIS IS A LIFETIME BENEFITS CASE BECAUSE HE HAS
18 SUSTAINED PHYSICAL BRAIN DAMAGE, BUT EVEN IF I FIND
19 THAT HE HAS SUSTAINED A PHYSICAL BRAIN INJURY WITH
20 THE COMBINATION OF HIS OTHER INJURIES AND
21 CONDITIONS, HE IS PERMANENTLY AND TOTALLY DISABLED
22 AND ENTITLED TO RECEIVE LIFETIME MEDICAL BENEFITS.
23 BUT AGAIN, HIS PRIMARY POSITION IS THAT THIS IS A
24 LIFETIME BENEFITS CASE BECAUSE OF HIS PHYSICAL BRAIN
25 DAMAGE. HE ALSO INJURED HIS PELVIS, AND HE

1 OBVIOUSLY HAS HEADACHES FROM HIS HEAD INJURY, HIS
2 BRAIN. HE HAS PSYCHOLOGICAL OVERLAY. HE HAS A
3 RIGHT LEG INJURY, A RIGHT UPPER EXTREMITY INJURY AND
4 A BACK INJURY. IT'S HIS POSITION THAT WHILE DR.
5 HEALY MAY HAVE TERMED THE ORGANIC INJURY MILD, DR.
6 HEALY HAS CLARIFIED THAT STATEMENT BY OPINING MORE
7 THAN ONCE THAT THE EFFECTS HAVE BEEN SEVERE, AND SO
8 THEREFORE, THE CLAIMANT CONTENDS THAT HE MEETS THE
9 REQUIREMENTS AS SET FORTH IN THE SPARKS AND CRISP
10 CASES, WHICH HOLD THAT IN ORDER FOR A CLAIM TO BE A
11 LIFETIME BENEFITS CASE, THAT THE BRAIN INJURY MUST
12 BE MOST SERIOUS AND SEVERE, AND THE CLAIMANT
13 BELIEVES THAT HE MEETS THAT BURDEN OR THAT STANDARD
14 AS SET FORTH IN THOSE CASES PER THE NARRATIVE
15 RECORDS AND OPINIONS OF DR. HEALY. DR. HEALY HAS
16 ASSIGNED A 73 PERCENT WHOLE PERSON IMPAIRMENT
17 RATING. SO, THE CLAIMANT WOULD POINT TO THAT ALONE
18 AS EVIDENCE THAT THIS IS PHYSICAL BRAIN DAMAGE AND
19 NOT A BRAIN INJURY. DR. HEALY HAS FURTHER SAID THAT
20 THE CLAIMANT CANNOT RETURN TO WORK AND THAT HE IS
21 DISABLED, AND THE CLAIMANT HAS ALSO ADDITIONALLY
22 PROVIDED A VOCATIONAL REPORT, WHICH SIMILARLY STATES
23 THAT THE CLAIMANT IS VOCATIONALLY DISABLED AND
24 UNABLE TO WORK. DR. HEALY FURTHER STATES THAT THE
25 CLAIMANT IS GETTING WORSE, NOT STAYING STABLE AND

1 CERTAINLY NOT GETTING BETTER, BUT WORSE. HOWEVER,
2 IF I FIND THAT THIS IS A REGULAR PERMANENT AND TOTAL
3 DISABILITY CASE SUBJECT TO THE 500-WEEK LIMITATION
4 OF COMPENSATION, THE CLAIMANT REQUESTS HIS AWARD IN
5 LUMP SUM WITH ALLOCATION LANGUAGE IN THE ORDER AS
6 WELL. BUT, AGAIN, THE CLAIMANT WOULD CONTEND THAT
7 THIS IS A LIFETIME BENEFITS CASE, AND HE WOULD
8 FURTHER CONTEND THAT THE EVIDENCE READILY SUPPORTS
9 HIS CONTENTION, AND AGAIN THE CLAIMANT BELIEVES THAT
10 HE HAS REACHED MAXIMUM MEDICAL IMPROVEMENT. BOTH
11 PARTIES DO.

12 CONVERSELY, IT IS THE POSITION OF THE
13 DEFENDANTS THAT WHILE THE CLAIMANT DOES HAVE SOME
14 HEADACHES, AT MOST, THIS IS A 67-11-01 CASE. AT
15 MOST, THE DEFENDANTS BELIEVE THAT THE CLAIMANT IS
16 ENTITLED TO MEDICAL TREATMENT FOR HIS HEADACHES BUT
17 THAT HE IS NOT ENTITLED TO AN AWARD FOR HIS HEAD.
18 THE DEFENDANTS WOULD CONCEDE THAT THE CLAIMANT
19 INJURED HIS PELVIS AND THAT HE DOES SUFFER FROM
20 PSYCHOLOGICAL OVERLAY. THE DEFENDANTS STRONGLY
21 CONTEND THAT THE CLAIMANT IS NOT PERMANENTLY AND
22 TOTALLY DISABLED. THAT WHILE HE WOULD BE ENTITLED
23 TO SOME COMPENSATION FOR HIS INJURIES, IT IS
24 CERTAINLY NOT A LIFETIME BENEFITS CASE, AND THE
25 DEFENDANTS BELIEVE THAT THERE IS NO AWARD FOR

1 HEADACHES UNDER THE ACT. SO THEREFORE, THE CLAIMANT
2 IS NOT REALLY EVEN ENTITLED TO AN AWARD FOR HIS
3 HEAD. THAT HE WOULD BE ENTITLED TO AN AWARD FOR HIS
4 PELVIS, AND HE WOULD BE ENTITLED TO TREATMENT FOR
5 HIS PSYCHOLOGICAL OVERLAY. AS FAR AS THE CONTENTION
6 THAT THE CLAIMANT HAS A MOST SERIOUS OR A SEVERE
7 BRAIN INJURY, THE DEFENDANTS WOULD POINT TO MY
8 ATTENTION VARIOUS RECORDS FROM THE TREATING
9 PHYSICIAN STATING THAT THE INJURY ITSELF WAS MILD.
10 FURTHER, THE DEFENDANTS HAVE PROVIDED SURVEILLANCE
11 VIDEO SHOWING THE CLAIMANT DRIVING AROUND AND USING
12 JUMPER CABLES BY HIMSELF, AND THE DEFENDANTS BELIEVE
13 THAT THESE BOTH EVENTS ABILITY -- COGNITIVE
14 ABILITIES, WHICH WOULD REFUTE THE CLAIMANT'S
15 CONTENTION THAT THIS IS A MOST SERIOUS OR SEVERE
16 INJURY. THE DEFENDANTS BELIEVE THAT THE CLAIMANT'S
17 ABILITIES TO ENGAGE IN THIS TYPE OF ACTIVITY SHOWS
18 THAT IT IS IN FACT A MILD INJURY AS DR. HEALY HAS
19 WRITTEN. FURTHER, THE DEFENDANTS WOULD STATE THAT
20 TWO OTHER NEUROPSYCH EVALS HAVE SHOWN THAT THE
21 CLAIMANT'S INJURY WAS MILD. SO, THE DEFENDANTS
22 BELIEVE THE CLAIMANT CANNOT AND IS UNABLE TO MEET
23 HIS BURDEN OF PROOF THAT HE IS ENTITLED TO LIFETIME
24 BENEFITS OR THAT HE IS EVEN ENTITLED TO AN AWARD FOR
25 THE BRAIN. AS FAR AS THE RIGHT ARM IS CONCERNED,

1 THE DEFENDANTS WOULD CONCEDE THAT THAT IN FACT MAY
2 HAVE BEEN INJURED INITIALLY. IT WAS MENTIONED IN
3 EARLY MEDICAL RECORDS, BUT IT HAS RESOLVED WITH NO
4 FURTHER TREATMENT UNDERGONE OR RECOMMENDED. AS FAR
5 AS THE BACK, THAT WOULD BE THE SAME, THAT IT WAS
6 MENTIONED EARLY ON BUT THERE WAS NO FURTHER
7 TREATMENT, THAT IT RESOLVED. AND AS FAR AS THE
8 DIFFERENCE BETWEEN THE LEG AND THE PELVIS, I BELIEVE
9 DR. MCINTOSH RATED ONE AND THEN THE OTHER, SO THE
10 DEFENDANTS BELIEVE THAT THE LEG AND THE PELVIS ARE
11 PART AND PARCEL OF THE SAME INJURY. THE DEFENDANTS
12 SEEK A DETERMINATION OF PERMANENCY IF ANY WITH
13 REGARD TO THE CLAIMANT'S INJURIES AND A CREDIT FOR
14 OVERPAYMENT OF TEMPORARY BENEFITS PAID BEYOND THE
15 DATE OF MAXIMUM MEDICAL IMPROVEMENT, AND MS. ALPHIN,
16 I DID NOT ASK YOU. THIS IS MY ERROR. ON BEHALF OF
17 YOUR CLIENTS, I ASSUME THAT YOU -- BASED ON THESE
18 DATES THAT YOU PROVIDED THAT YOU BELIEVE M.M.I. WAS
19 MARCH 26TH, 2012, OR IS THERE A DIFFERENT DATE THAT
20 YOU'RE OPERATING UNDER?

21 **BY MS. ALPHIN:**

22 IT'S THE DATE THAT DR. HEALY PLACED HIM AT
23 M.M.I.

24 **BY COMMISSIONER BARDEN:**

25 AND COULD YOU TELL ME THAT DATE, PLEASE.

1 BY MS. ALPHIN:

2 YES.

3 BY COMMISSIONER BARDEN:

4 I NEGLECTED TO ASK YOU THAT.

5 BY MS. ALPHIN:

6 DR. HEALY PLACED HIM AT M.M.I. ON 7/28/14.

7 BY COMMISSIONER BARDEN:

8 THANK YOU. SO, YOU'RE LOOKING FOR A CREDIT FOR
9 BENEFITS PAID BEYOND THAT DATE. THE DEFENDANTS DO
10 NOT OBJECT TO AN AWARD BEING MADE IN LUMP SUM UNLESS
11 THIS CLAIM IS FOUND TO BE A LIFETIME BENEFITS CASE.

12 ALL RIGHT. IS THAT A FAIR SUMMARY OF YOUR
13 RESPECTIVE POSITIONS, OR IS THERE ANYTHING THAT
14 EITHER OF YOU WOULD LIKE TO CORRECT, CLARIFY OR ADD?
15 I WILL CERTAINLY ENTERTAIN THAT NOW. I STARTED WITH
16 YOU, MR. CALHOUN, UNLESS YOU'RE SATISFIED WITH THE
17 SUMMARY, SIR.

18 BY MR. CALHOUN:

19 YES, YOUR HONOR.

20 BY COMMISSIONER BARDEN:

21 ALL RIGHT. THANK YOU. MS. ALPHIN.

22 BY MS. ALPHIN:

23 THERE IS NOTHING I WOULD LIKE TO CHANGE,
24 COMMISSIONER, BUT I WOULD LIKE TO ADD THAT THERE
25 ACTUALLY IS AN OPINION FROM A NEUROPSYCH EVALUATION

1 THAT MR. MORAN HAD A REASONABLY GOOD RECOVERY FROM
2 HIS MILD INJURY, AND I JUST WOULD LIKE TO POINT THAT
3 OUT, AND IT IS IN THE MEDICALS ON PAGE 54 OF THE
4 CLAIMANT'S APAs.

5 BY COMMISSIONER BARDEN:

6 THANK YOU VERY MUCH. ANYTHING ELSE? ALL
7 RIGHT. MR. CALHOUN, YOUR FIRST AND ONLY WITNESS IS
8 MR. MORAN; IS THAT RIGHT?

9 BY MR. CALHOUN:

10 THAT'S CORRECT, YOUR HONOR.

11 BY COMMISSIONER BARDEN:

12 ALL RIGHT. MR. INTERPRETER, I'M GOING TO SWEAR
13 YOU IN FIRST, PLEASE, IF YOU WILL RAISE YOUR RIGHT
14 HAND.

15 DO YOU SWEAR OR AFFIRM THAT THE INTERPRETATION
16 YOU ARE ABOUT TO GIVE IN THIS CASE IS AS ACCURATE
17 AND VERBATIM AN INTERPRETATION AS YOU ARE CAPABLE OF
18 GIVING?

19 BY THE INTERPRETER:

20 YES.

21 BY COMMISSIONER BARDEN:

22 ALL RIGHT. MR. MORAN, PLEASE RAISE YOUR RIGHT
23 HAND.

24 * * * * * * * * * * * * * * * *

25 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE

1 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
2 MATTER HEREIN:

3 PEDRO A. MORAN

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

5 BY COMMISSIONER BARDEN:

6 PLEASE STATE YOUR FULL NAME FOR THE RECORD.

7 BY THE WITNESS:

8 PEDRO ANTONIO MORAN.

9 BY COMMISSIONER BARDEN:

10 THANK YOU SO MUCH. PLEASE ANSWER ANY QUESTIONS
11 YOUR LAWYER HAS FOR YOU FIRST.

12 BY MR. CALHOUN:

13 YOUR HONOR, MAY I ---

14 BY COMMISSIONER BARDEN:

15 WHEREVER YOU WANT TO BE, AND IF YOU WANT TO
16 PULL THAT CHAIR OVER, YOU'RE WELCOME TO DO THAT AS
17 WELL OR IF YOU WANT TO STAND.

18 BY MR. CALHOUN:

19 IT MIGHT BE EASIER IF I STAND. THANK YOU.

20 BY COMMISSIONER BARDEN:

21 THAT'S FINE. GO AHEAD. WHENEVER YOU'RE
22 READY.

23 DIRECT EXAMINATION BY MR. CALHOUN:

24 Q. PEDRO, GIVE US YOUR AGE, PLEASE.

25 A. MY AGE, IS THAT WHAT YOU ASKED?

1 Q. YES.

2 A. FORTY.

3 Q. WHAT COUNTRY ARE YOU FROM?

4 A. I'M FROM NICARAGUA.

5 Q. HOW MANY YEARS HAVE YOU LIVED IN THE UNITED STATES?

6 A. I DON'T REMEMBER EXACTLY.

7 **BY COMMISSIONER BARDEN:**

8 CAN YOU APPROXIMATE, FIVE YEARS, TEN YEARS?

9 **BY THE WITNESS:**

10 A LITTLE BIT MORE THAN FIVE YEARS.

11 **BY COMMISSIONER BARDEN:**

12 OKAY. THANK YOU.

13 **DIRECT EXAMINATION RESUMED BY MR. CALHOUN:**

14 Q. HOW FAR DID YOU GO IN SCHOOL IN NICARAGUA?

15 A. CAN YOU REPEAT THE QUESTION?

16 Q. HOW FAR DID YOUR EDUCATION GO IN NICARAGUA?

17 A. THE FIRST FEW YEARS OF GRADE SCHOOL.

18 Q. CAN YOU SPEAK OR UNDERSTAND THE ENGLISH LANGUAGE?

19 A. NO.

20 Q. CAN YOU READ OR WRITE IN ENGLISH?

21 A. NO.

22 Q. DO YOU HAVE A FAMILY?

23 A. YES.

24 Q. WHO ARE THEY?

25 A. MY WIFE AND KIDS.

1 Q. HOW MANY CHILDREN DO YOU HAVE?

2 A. I HAVE SEVEN KIDS.

3 Q. WHICH OF YOUR FAMILY MEMBERS LIVE WITH YOU NOW?

4 A. MY WIFE AND TWO OF MY KIDS.

5 Q. WHO PAYS THE BILLS IN YOUR FAMILY?

6 A. CAN YOU REPEAT THE QUESTION?

7 Q. WHO HANDLES THE MONEY AND PAYS THE BILLS IN YOUR
8 FAMILY?

9 A. MY WIFE.

10 Q. WHAT TYPE OF WORK HAVE YOU DONE DURING YOUR LIFE?

11 **BY COMMISSIONER BARDEN:**

12 WHAT SORT OF WORK ---

13 **BY THE WITNESS:**

14 AS FAR AS I REMEMBER, IT'S CONSTRUCTION.

15 **DIRECT EXAMINATION RESUMED BY MR. CALHOUN:**

16 Q. DO YOU REMEMBER THE TYPE OF WORK YOU WERE PERFORMING
17 ON JUNE THE 22ND OF 2010?

18 **BY COMMISSIONER BARDEN:**

19 ON THE DATE OF THE ACCIDENT, WHAT TYPE OF WORK
20 WERE YOU PERFORMING?

21 **BY THE WITNESS:**

22 I DON'T REMEMBER EXACTLY, BUT I KNOW I WAS
23 WORKING FOR A COMPANY FOR SIDING AND ROOFING.

24 **DIRECT EXAMINATION RESUMED BY MR. CALHOUN:**

25 Q. DO YOU REMEMBER FALLING OFF A ROOF ON JUNE THE 22ND

1 OF 2010?

2 A. I DON'T REMEMBER.

3 Q. DO YOU REMEMBER ANYTHING ABOUT YOUR ACCIDENT IN JUNE
4 OF 2010?

5 A. I DON'T UNDERSTAND THE QUESTION.

6 Q. DO YOU REMEMBER FALLING OFF A ROOF WHILE YOU WERE
7 DOING SIDING WORK IN THE YEAR 2010?

8 A. I DON'T REMEMBER THAT.

9 Q. WHAT DOCTORS DO YOU REMEMBER SEEING SINCE YOU WERE
10 INJURED?

11 A. I JUST REMEMBER ONE, THAT IT WAS DR. HEALY.

12 Q. IS HE TREATING YOUR BRAIN INJURY?

13 **BY MS. ALPHIN:**

14 OBJECT TO THE FORM OF THE QUESTION,
15 COMMISSIONER, THAT HE IS CHARACTERIZING IT AS A
16 SPECIFIC BODY PART AS OPPOSED -- A BRAIN CASE.

17 **BY COMMISSIONER BARDEN:**

18 WELL, I SEE WHERE YOU'RE COMING FROM. WHY
19 DON'T YOU REPHRASE YOUR QUESTION. THAT'S ULTIMATELY
20 FOR ME TO DECIDE WHETHER THERE WAS A BRAIN INJURY.

21 **BY MR. CALHOUN:**

22 SURE.

23 **BY COMMISSIONER BARDEN:**

24 BUT FOR HIS CONDITION OR HIS PROBLEMS, HOWEVER
25 YOU WANT TO PHRASE IT.

1 BY MR. CALHOUN:

2 YES, YOUR HONOR.

3 BY COMMISSIONER BARDEN:

4 OBJECTION SUSTAINED.

5 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

6 Q. IS DR. HEALY TREATING YOUR INJURY TO YOUR HEAD?

7 A. YES.

8 Q. WHEN IS THE LAST TIME THAT YOU SAW DR. HEALY?

9 A. AT THE END OF LAST YEAR THAT JUST PASSED.

10 Q. DO YOU REMEMBER SEEING DR. HEALY IN NOVEMBER OF
11 2014?

12 A. I REMEMBER SEEING HIM, BUT I DON'T REMEMBER THE
13 EXACT DATE. I REMEMBER SEEING HIM LATE LAST YEAR.
14 I JUST DON'T REMEMBER THE DATE.

15 Q. WHEN YOU SAW DR. HEALY IN NOVEMBER OF LAST YEAR, HOW
16 DID YOU GET TO DR. HEALY'S OFFICE?

17 A. I REMEMBER ONE OF THE LAST APPOINTMENTS OR THE LAST
18 APPOINTMENT I HAD WITH DR. HEALY THAT I HAD TO PAY
19 FOR SOMEONE TO TAKE ME THERE, AND I HAD TO PAY FOR
20 AN INTERPRETER TO HELP ME.

21 BY MR. CALHOUN:

22 THAT'S IN OUR EXHIBIT NUMBER ONE, YOUR HONOR,
23 THE INVOICE.

24 BY COMMISSIONER BARDEN:

25 OKAY. HAS THAT BEEN PAID?

1 BY MR. CALHOUN:

2 NO.

3 BY COMMISSIONER BARDEN:

4 OH, IT HASN'T?

5 BY MR. CALHOUN:

6 NO, NO, I'M SORRY. HE'S PAID IT, BUT HE HAS
7 NOT BEEN REIMBURSED.

8 BY COMMISSIONER BARDEN:

9 REIMBURSED. IS THAT SOMETHING THAT YOU ARE
10 ASKING FOR TODAY?

11 BY MR. CALHOUN:

12 YES, YOUR HONOR.

13 BY COMMISSIONER BARDEN:

14 BECAUSE I DID NOT READ THAT INTO THE RECORD.
15 YOU DID HAVE UNPAID MILEAGE ON YOUR 58.

16 BY MR. CALHOUN:

17 YES.

18 BY COMMISSIONER BARDEN:

19 IS THERE AN OBJECTION TO THAT?

20 BY MS. ALPHIN:

21 YES, COMMISSIONER. IT'S A HANDWRITTEN INVOICE.
22 THERE'S NO INDICATION ON WHO THE PERSON IS OR -- I
23 MEAN, IT JUST SAYS MR. MORAN'S NAME AND WHERE THE
24 PERSON TOOK HIM, AND IT'S A \$600 BILL. I DON'T --
25 I'M NOT EVEN SURE THAT IT HAS A DATE ON IT.

1 **BY COMMISSIONER BARDEN:**

2 WELL, I THINK WE'LL HAVE TO TAKE THAT UP POST
3 HEARING THEN. OKAY. THANK YOU. GO AHEAD. SORRY
4 TO INTERRUPT YOUR TRAIN OF THOUGHT. GO AHEAD.

5 **BY THE INTERPRETER:**

6 HE REQUESTS TO STAND.

7 **BY COMMISSIONER BARDEN:**

8 THAT'S FINE. HE DOESN'T NEED TO ASK. THANK
9 YOU.

10 YOU ARE WELCOME TO STAND AND SIT AS YOU NEED
11 TO. YOU ARE EVEN WELCOME TO WALK AROUND IF YOU
12 WOULD LIKE AS LONG AS WE CAN HEAR YOU. ALL RIGHT.

13 **BY MR. CALHOUN:**

14 THANK YOU.

15 **DIRECT EXAMINATION RESUMED BY MR. CALHOUN:**

16 Q. PEDRO, TELL THE COMMISSIONER THE BODY PARTS THAT YOU
17 ARE STILL HAVING PROBLEMS WITH TODAY AS A RESULT OF
18 YOUR WORK INJURY.

19 A. WHAT HURTS IS MY RIGHT HAND, MY BACK, MY PELVIS AND
20 MY RIGHT LEG.

21 Q. ARE YOU HAVING ANY PROBLEMS WITH YOUR HEAD?

22 A. YES.

23 Q. PLEASE EXPLAIN THOSE PROBLEMS TO THE COMMISSIONER.

24 A. THE PROBLEMS THAT I'M HAVING IS I HAVE STRONG
25 HEADACHES EVERY DAY. AS THE DAY GOES BY, THE

1 HEADACHE GETS STRONGER, AND I FEEL MORE PRESSURE
2 INTO MY BRAIN. SOMETIMES I HAVE A SENSATION OR A
3 FEELING OF A BALLOON BEING BLOWN UP AND ABOUT TO
4 EXPLODE. I HAVE FREQUENT DIZZINESS THROUGHOUT THE
5 DAY. I LOSE FOCUS OR CONCENTRATION ON SOMETHING
6 THAT I'M DOING INCLUDING A CONVERSATION I MIGHT BE
7 HAVING. THERE ARE MANY TIMES I AM FORGETTING WHAT
8 I'M DOING. MY MEMORY, I HAVE VERY SHORT MEMORY
9 LOSS. FOR EXAMPLE, IF I HAVE SOMETHING IN MY HAND,
10 I'LL BE LOOKING FOR SOMETHING, AND I CAN'T FIND MY-
11 KEYS AND THEY'RE IN MY HAND. SOMETIMES I TRY TO
12 COOK SOMETHING OR MAKE SOME POPCORN IN THE
13 MICROWAVE, AND I FORGET THAT IT'S IN THE MICROWAVE.
14 SOMETIMES I HAVE FOOD IN MY HAND, AND I DON'T
15 REALIZE, AND I DON'T REALIZE -- OR I DON'T REMEMBER
16 THAT I'M EATING. EVEN READING THE BIBLE, I'LL BE
17 READING A LITTLE BIT, AND I FORGET WHAT I JUST READ.
18 THERE'S A STORE RIGHT IN FRONT OF MY HOUSE, AND I
19 CAN BE GOING THERE TO TRY TO BUY A CARD OR A SODA,
20 AND I GET THERE, AND I FORGET WHAT I WAS THERE FOR.
21 I COME BACK HOME, AND MY WIFE ASKS ME -- REMINDS ME
22 IF I BOUGHT WHAT I WAS SUPPOSED TO BUY, AND SHE
23 TELLS ME AND THEN I GO BACK TO THE STORE. MANY
24 TIMES I LOCK MY KEYS INSIDE MY HOUSE, AND THERE'S
25 BEEN SOME INSTANCES WHERE I'VE HAD TO GET SOMEONE TO

1 HELP ME BUST DOWN THE DOOR OR BREAK A WINDOW TO GET
2 IN. THERE ARE SOMETIMES I DON'T EVEN KNOW THE DATE
3 OF THAT PARTICULAR DAY. SOMETIMES I LOSE MONEY OR
4 FORGET MONEY, AND I KNOW THAT I HAVE IT, BUT I JUST
5 DON'T KNOW WHERE I LEFT IT. THERE'S MANY INSTANCES
6 WHERE I DON'T WANT TO BE APPROACHED BY ANYBODY. I
7 WANT TO BE LEFT ALONE. SOMETIMES I'M EASILY
8 BOTHERED OR IRRITABLE. I DON'T EVEN WANT TO TALK TO
9 MY WIFE. I DON'T WANT TO TALK TO MY KIDS.
10 SOMETIMES I FEEL LIKE MY LIFE DOESN'T HAVE ANY VALUE
11 EITHER MORAL, SPIRITUAL OR AS A HUMAN BEING.
12 THERE'S BEEN INSTANCES WHERE I HAVE THOUGHT ABOUT
13 CAUSING PAIN TO MYSELF OR THINKING ABOUT TAKING MY
14 LIFE, BECAUSE I FEEL THAT I WOULD BE BETTER OFF NOT
15 LIVING. SOMETIMES I GET A SENSE OF DESPERATION THAT
16 I CAN'T REALLY DO ANYTHING. I HAVE HEADACHES THAT
17 EVEN KEEPS ME FROM EVEN TRYING TO TAKE A NAP THAT I
18 KNOW I NEED. SOMETIMES WHEN I AM TRYING TO FALL
19 ASLEEP, IT WILL BE TWO A.M., MAYBE STARTING AT
20 TWELVE, THEN TWELVE, TWO A.M., I'M TRYING TO FALL
21 ASLEEP, AND I FEEL LIKE A PART OF MY BRAIN GOES
22 NUMB. SOMETIMES I FEEL ANXIOUS OR AN ANXIETY OR
23 EVEN SCARED THAT I'M NOT GOING TO WAKE UP ALIVE.
24 THE TIMES THAT I DO FALL ASLEEP, I DO HAVE A LOT OF
25 NIGHTMARES AND A LOT OF NIGHTMARES CONSIST OF THE

1 SAME THING. I FEEL LIKE I'M FALLING FROM A SPECIFIC
2 HEIGHT, AND WHEN I FALL, I BREAK. I DO TAKE
3 MEDICATIONS, AND IT DOES HELP ME -- HELPS REGULATE
4 HOW I FEEL, BUT IT DOESN'T TAKE IT ALL AWAY. THAT
5 IS THE PROBLEM THAT I HAVE IN MY BRAIN.

6 Q. DESCRIBE ANY PROBLEMS THAT YOU'RE HAVING WITH YOUR
7 RIGHT ARM AS A RESULT OF YOUR WORK INJURY.

8 A. THE PAIN THAT I FEEL IN MY RIGHT SHOULDER IS I FEEL
9 LIKE IT'S COMING OFF OF MY BODY, AND IT SHOOTS DOWN
10 ALL THE WAY TO MY HAND. I FEEL LIKE AN ITCHY
11 SENSATION IN MY HAND. FREQUENTLY, IT GETS NUMB. I
12 DON'T HAVE STRENGTH, AND I CAN'T HAVE IT RAISED FOR
13 TOO LONG. EVEN WHEN I'M IN CHURCH SOMETIMES, THEY
14 TELL US TO RAISE OUR HAND, AND I CAN'T EVEN DO THAT
15 FOR A PROLONGED PERIOD OF TIME. I HAVE TO BRING IT
16 BACK DOWN. THAT'S MY PROBLEM WITH MY HAND.

17 Q. DESCRIBE ANY PROBLEMS THAT YOU ARE HAVING WITH YOUR
18 BACK AS A RESULT OF YOUR WORK INJURY.

19 A. CAN YOU REPEAT THE QUESTION?

20 Q. PLEASE DESCRIBE ANY PROBLEMS YOU MAY BE HAVING WITH
21 YOUR LOWER BACK AS A RESULT OF YOUR INJURY.

22 A. THE PAIN THAT I HAVE IN MY BACK SHOOTS DOWN TO MY
23 LEG. SOMETIMES I FEEL IT GETS SO SWOLLEN THAT MY
24 MUSCLES IN MY SPINE ARE SWOLLEN. THERE HAVE BEEN
25 INSTANCES WHERE I'VE HAD TO GO TO THE E.R., AND THE

1 PAIN IS SO STRONG THAT IT EVEN KEEPS ME FROM
2 SITTING, WALKING. SOMETIMES THE PAIN IS A LITTLE
3 BIT MORE PASSING, NOT AS STRONG.

4 **BY COMMISSIONER BARDEN:**

5 DO I HAVE THE E.R. RECORDS FOR THE BACK?

6 **BY MR. CALHOUN:**

7 YOU HAVE EVERYTHING THAT WE HAVE. I'M NOT SURE
8 THAT WE SUBMITTED ANY E.R. RECORDS THOUGH.

9 **BY MS. ALPHIN:**

10 I DO NOT HAVE ANY E.R. RECORDS.

11 **BY COMMISSIONER BARDEN:**

12 OKAY. ALL RIGHT, THANK YOU.

13 **BY THE WITNESS:**

14 EVEN RIGHT NOW, I MEAN, I HAVE TO BE STANDING
15 OR SITTING OR TRYING TO STAND UP IN ORDER TO
16 ALLEVIATE THE PAIN THAT I HAVE IN MY BACK.

17 **DIRECT EXAMINATION RESUMED BY MR. CALHOUN:**

18 Q. OKAY. DESCRIBE ANY PROBLEMS THAT YOU MAY BE HAVING
19 WITH YOUR PELVIS AND RIGHT LEG AS A RESULT OF YOUR
20 WORK INJURY.

21 A. THE PAIN THAT I DO HAVE, I HAVE A LOT, AND I FEEL
22 LIKE IT'S A TICKLING -- OR A TINGLING SENSATION, AND
23 IT SHOOTS DOWN FROM MY -- FROM BACK HERE (WITNESS
24 INDICATES) DOWN TO THE BOTTOM PART OF MY LEG ALL THE
25 WAY TO MY HEEL. I FEEL LIKE MY TENDONS TENSE UP,

1 AND THAT'S WHEN IT'S BEEN STRONGER. WHEN IT'S
2 STRONGER, I FEEL LIKE IT WEAKENS OR -- DIRECT
3 TRANSLATION IS TRIP. I WANT TO TRIP, BECAUSE IT
4 GETS SO WEAK. THAT'S MY PROBLEM.

5 Q. OVER THE LAST FIVE YEARS, DO YOU FEEL THAT THE
6 PROBLEMS THAT YOU HAVE WITH YOUR HEAD HAVE IMPROVED,
7 STAYED THE SAME OR GOTTEN WORSE?

8 A. CAN YOU REPEAT THE QUESTION?

9 Q. YES. OVER THE LAST FIVE YEARS, DO YOU BELIEVE THAT
10 THE PROBLEMS THAT YOU HAVE DESCRIBED TO YOUR HEAD
11 HAVE IMPROVED, STAYED THE SAME OR GOTTEN WORSE?

12 A. WORSENER.

13 Q. SO, DO YOU AGREE WITH DR. HEALY THAT YOUR CONDITIONS
14 ARE DETERIORATING OR GETTING WORSE?

15 A. CAN YOU REPEAT THE QUESTION?

16 Q. DO YOU AGREE WITH DR. HEALY THAT THE CONDITIONS WITH
17 YOUR HEAD ARE DETERIORATING AND GETTING WORSE?

18 BY MR. CALHOUN:

19 COMMISSIONER, THAT'S APA PAGES 50 AND 56 -- 150
20 AND 156.

21 BY COMMISSIONER BARDEN:

22 THANK YOU.

23 BY THE WITNESS:

24 A. I AGREE.

25 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

1 Q. WHAT MEDICATIONS OR MEDICINES ARE YOU USING NOW?

2 A. I'M USING CYMBALTA, HYDROCODONE, AND AMBIEN.

3 Q. ARE YOU USING THE DEPAKOTE THAT DR. HEALY PRESCRIBED
4 ON DECEMBER 8TH OF 2014?

5 A. CAN YOU REPEAT THAT, PLEASE?

6 Q. ARE YOU TAKING THE MEDICINE CALLED DEPAKOTE THAT DR.
7 HEALY PRESCRIBED ON DECEMBER 8TH OF 2014?

8 A. NO. I'M JUST USING WHAT I MENTIONED EARLIER.

9 Q. DESCRIBE FOR THE COMMISSIONER WHAT A NORMAL DAY HAS
10 BEEN FOR YOU FOR THE LAST FOUR TO FIVE YEARS.

11 A. ON A NORMAL DAY, I WAKE UP AND GO TO THE BATHROOM,
12 BRUSH MY TEETH. I BATHE, SOMETIMES ALONE SOMETIMES
13 WITH MY WIFE. I MOVE OR MY WIFE HELPS ME MOVE
14 AROUND. I PRAY. I TAKE MY MEDS FOR PAIN -- MEDS
15 FOR DEPRESSION. AFTER BREAKFAST, I'LL TAKE A WALK
16 OUTSIDE AROUND THE APARTMENTS. I'LL TRY TO GET SOME
17 FRESH AIR. I'LL COME BACK IN AND GO TO MY ROOM AND
18 TRY TO WATCH SOME T.V. OR WATCH A SERMON, OR I'LL
19 SIT AND READ MY BIBLE. SOMETIMES I DON'T DO THAT
20 BECAUSE I HAVE SO MUCH PAIN. AS THE DAY GOES BY, MY
21 PAIN WORSENS. SOMETIMES I HAVE TO SIT. SOMETIMES I
22 HAVE TO STAND DEPENDING ON HOW DIZZY I FEEL. LIKE
23 EARLIER WHEN I WAS COMING UP ON THE ELEVATOR, I WAS
24 DIZZY, AND I THEN HAD TO HOLD ON FOR SUPPORT AS I
25 WAS COMING UP. LIKE I SAID, I ALSO TRY TO READ MY

1 BIBLE, BUT I'LL BE LOOKING AT IT, AND I DON'T KNOW
2 WHAT I'M READING. I DON'T UNDERSTAND THE MESSAGE OR
3 MAYBE EVEN THE CONTENT OF THE SUBJECT. SOMETIMES
4 I'LL BE WATCHING A SHOW OR I'LL BE WATCHING A
5 SERMON, AND I DON'T EVEN UNDERSTAND WHAT IS BEING
6 SAID, AND IT'S IN MY SAME -- IN MY LANGUAGE.
7 SOMETIMES I'LL BE TALKING TO MY WIFE AND TO MY
8 DAUGHTERS, AND I HAVE TO ASK -- I'M ASHAMED BUT I
9 HAVE TO ASK "WHAT ARE WE TALKING ABOUT," AND IT'S
10 FRUSTRATING AND SAD. SOMETIMES I REMEMBER WHAT I
11 DID OR WHAT I WAS DOING. SOMETIMES I DON'T REMEMBER
12 IF I ATE OR I DIDN'T EAT. SOMETIMES I DON'T
13 REMEMBER IF I DID OR DIDN'T BRUSH MY TEETH. I WILL
14 BE HEATING SOMETHING IN THE MICROWAVE, AND I FORGET
15 THAT I'M ACTUALLY DOING SOMETHING OR HEATING
16 SOMETHING. AS THE HOURS -- AS THE HOURS GO BY, I
17 FEEL LIKE THE TENSION IN MY BRAIN WORSENS OR GETS
18 BIGGER. SOMETIMES WHEN THE PAIN GETS SO BAD OR
19 UNBEARABLE, I DO TAKE MY MEDICATION TO REGULATE IT,
20 BUT THE SYMPTOMS THAT I HAVE FROM THE MEDICATION
21 PREVENTS ME FROM READING. I SEE BLURRY, AND I FEEL
22 A LITTLE BIT OF TENSION IN MY EYES, SO I CAN'T EVEN
23 REALLY READ WHAT I WANT TO READ. LIKE I SAID, THE
24 MEDICATION HELPS REGULATE SOME OF THE PAIN AND HELPS
25 TO EVEN TAKE IT AWAY FOR A LITTLE BIT, BUT IT

1 DOESN'T ACTUALLY TAKE AWAY THE PAIN. LIKE I SAID ON
2 A NORMAL DAY, I DON'T EVEN FEEL THE NEED TO EAT OR I
3 DON'T FEEL HUNGRY. I DON'T FEEL LIKE DOING
4 ANYTHING. I DON'T LIKE GOING OUT, OR SOMETIMES I
5 DON'T EVEN WANT TO GO TO CHURCH. SOMETIMES I'LL GO
6 BE IN CHURCH, AND I DON'T UNDERSTAND THE MESSAGE,
7 AND SOMETIMES I EVEN GET IRRITABLE OR IRRITATED WITH
8 THE INSTRUMENTS THAT ARE BEING PLAYED. I TAKE MY
9 MEDICATION REGULARLY, BUT I CAN TRY TO GO TO BED AT
10 9:30, 10:00, AND I CAN'T REALLY FALL ASLEEP UNTIL
11 MAYBE 2:00 A.M. AND LIKE I SAY, I ALSO WHEN I'M
12 TRYING TO FALL ASLEEP, IT GETS TO A POINT WHERE I'M
13 AFRAID TO FALL ASLEEP BECAUSE I'M SCARED THAT I'M
14 NOT GOING TO WAKE UP BECAUSE I DO HAVE A PART OF MY
15 BRAIN THAT GOES NUMB. AND THE OTHER TIMES, I DO
16 HAVE THOSE NIGHTMARES WHERE I FEEL LIKE I'M FALLING
17 FROM A LONG -- LONG DISTANCE OR A BIG DISTANCE, AND
18 I'M FALLING ONTO TOOLS, AND I'M AFRAID OF THAT.
19 THAT'S A NORMAL DAY.

20 Q. MR. MORAN, DO YOU BELIEVE WITH DR. HEALY THAT YOU
21 ARE UNABLE TO RETURN TO EMPLOYMENT?

22 A. CAN YOU REPEAT THE QUESTION?

23 Q. DO YOU AGREE WITH DR. HEALY THAT YOU ARE NOT ABLE TO
24 RETURN TO EMPLOYMENT?

25 A. THAT I CAN'T GO BACK TO WORK?

1 Q. THAT YOU CANNOT GO BACK TO WORK.

2 A. YES, I AGREE.

3 Q. AND HAS IT BEEN A PROBLEM FOR YOU OVER THE LAST FOUR
4 YEARS TO RECEIVE MEDICATION AND TREATMENT THAT DR.
5 HEALY HAS ORDERED?

6 A. CAN YOU REPEAT THAT?

7 Q. HAS IT BEEN A PROBLEM FOR YOU OVER THE LAST FOUR
8 YEARS TO RECEIVE THE MEDICINE AND MEDICAL TREATMENT
9 DR. HEALY HAS ORDERED?

10 A. YES.

11 Q. DO YOU AGREE WITH DR. HEALY THAT THE FAILURE FOR YOU
12 TO RECEIVE THIS MEDICINE AND TREATMENT HAS INCREASED
13 THE WORSENING OF YOUR SYMPTOMS AND CONDITIONS?

14 **BY MS. ALPHIN:**

15 I OBJECT TO THE QUESTION, COMMISSIONER. IT'S
16 ASKING IF HE AGREES WITH A MEDICAL CONCLUSION MADE
17 BY A DOCTOR, AND THE RECORD STANDS FOR THEMSELVES AS
18 TO WHAT THE MEDICAL RECORDS SAY.

19 **BY COMMISSIONER BARDEN:**

20 WOULD YOU EITHER REPEAT THAT OR REPHRASE THAT,
21 PLEASE.

22 **BY MR. CALHOUN:**

23 IT'S APA SUBMISSION NUMBER 153, YOUR HONOR.

24 **BY COMMISSIONER BARDEN:**

25 CAN YOU ASK YOUR QUESTION AGAIN, PLEASE, SIR.

1 BY MR. CALHOUN:

2 YES, YOUR HONOR.

3 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

4 Q. DO YOU AGREE WITH DR. HEALY THAT THE FAILURE OF YOU
5 RECEIVING MEDICINE ---

6 BY COMMISSIONER BARDEN:

7 I HAVE TO AGREE. HE CERTAINLY CAN TESTIFY AS
8 TO WHAT EFFECT IT HAS HAD ON HIM PERSONALLY, BUT
9 WHETHER HE AGREES WITH DR. HEALY IS -- I HAVE TO
10 AGREE WITH MS. ALPHIN ON THAT. YOU CAN CERTAINLY
11 REPHRASE YOUR QUESTION.

12 BY MR. CALHOUN:

13 I'LL WITHDRAW THE QUESTION.

14 BY COMMISSIONER BARDEN:

15 ALL RIGHT. THANK YOU, SIR. I WILL READ THE
16 REPORTS, AND IF DR. HEALY ADDRESSES THAT, THEN I
17 WILL READ IT.

18 BY MR. CALHOUN:

19 YES, MA'AM.

20 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

21 Q. MR. MORAN, THERE WERE SOME T.T.D. CHECKS BACK IN
22 FEBRUARY OF 2014 THAT YOU HAVE NOT RECEIVED.

23 BY MS. ALPHIN:

24 OBJECT TO LEADING, COMMISSIONER.

25 BY MR. CALHOUN:

1 I'M SORRY. I'LL REPHRASE.

2 BY COMMISSIONER BARDEN:

3 ALL RIGHT.

4 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

5 Q. IN FEBRUARY OF 2014, DID YOU MISS SOME T.T.D.
6 CHECKS?

7 BY COMMISSIONER BARDEN:

8 I DON'T KNOW THAT HE KNOWS THAT ACRONYM.

9 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

10 Q. DID YOU MISS SOME OF YOUR WEEKLY CHECKS IN 2014 IN
11 THE MONTH OF FEBRUARY?

12 A. I DON'T REMEMBER EXACTLY, BUT MY WIFE DID TELL ME
13 THAT WE WERE MISSING SOMETHING, BECAUSE SHE IS THE
14 ONE MOSTLY IN CHARGE OF THE FINANCES.

15 Q. OKAY. TO YOUR KNOWLEDGE, HAVE YOU RECEIVED ALL OF
16 YOUR WEEKLY CHECKS OVER THE LAST FOUR TO FIVE YEARS?

17 A. CAN YOU REPEAT THE QUESTION?

18 Q. HAVE YOU RECEIVED EACH AND EVERY ONE OF YOUR WEEKLY
19 CHECKS OVER THE LAST FOUR TO FIVE YEARS?

20 A. I DON'T REMEMBER EXACTLY.

21 Q. YOU JUST DON'T KNOW?

22 A. (WITNESS SHAKES HEAD)

23 BY MR. CALHOUN:

24 DID HE ANSWER? I DIDN'T HEAR HIM SAY ANYTHING.

25 BY COMMISSIONER BARDEN:

1 I THINK HE SAID HE DIDN'T REMEMBER.

2 BY MR. CALHOUN:

3 OKAY. THAT'S ALL I HAVE, YOUR HONOR.

4 BY COMMISSIONER BARDEN:

5 OKAY.. FOR CLARIFICATION, HE JUST SAID HE DID
6 NOT REMEMBER?

7 BY THE INTERPRETER:

8 HE DID THIS (INTERPRETER SHAKES HEAD).

9 BY COMMISSIONER BARDEN:

10 OKAY. BUT THE ANSWER BEFORE WAS "I DON'T
11 REMEMBER"?

12 BY THE INTERPRETER:

13 RIGHT.

14 BY COMMISSIONER BARDEN:

15 WOULD YOU LIKE A RESPONSE TO YOUR QUESTION?

16 BY MR. CALHOUN:

17 I WOULD LIKE A VERBAL ANSWER.

18 BY COMMISSIONER BARDEN:

19 ALL RIGHT. IF YOU WILL REPEAT IT THEN FOR THE
20 INTERPRETER.

21 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

22 Q. DO YOU KNOW WHETHER OR NOT YOU RECEIVED EACH AND
23 EVERY ONE OF YOUR WEEKLY CHECKS OVER THE LAST FOUR
24 TO FIVE YEARS?

25 A. I DON'T KNOW. I DON'T KNOW.

1 BY MR. CALHOUN:

2 THAT'S ALL I HAVE.

3 BY COMMISSIONER BARDEN:

4 ALL RIGHT. MS. ALPHIN.

5 BY MS. ALPHIN:

6 THANK YOU, COMMISSIONER.

7 CROSS EXAMINATION BY MS. ALPHIN:

8 Q. MR. MORAN, YOU ARE FROM NICARAGUA, CORRECT?

9 A. YES.

10 Q. SO, YOU'VE BEEN IN THE UNITED STATES A LITTLE MORE
11 THAN FIVE YEARS?

12 A. EXCUSE ME?

13 Q. YOU HAVE BEEN HERE IN THE UNITED STATES A LITTLE
14 OVER FIVE YEARS?

15 A. YES.

16 Q. AND YOU HAVE A WIFE AND SEVEN CHILDREN, CORRECT?

17 A. YES.

18 Q. AND YOU HAVE SOME CHILDREN HERE AND SOME CHILDREN IN
19 NICARAGUA?

20 A. YES.

21 Q. NOW, WHEN YOU LIVED IN NICARAGUA, YOU TESTIFIED
22 EARLIER YOU ONLY WENT TO SCHOOL THE FIRST FEW YEARS
23 OF GRADE SCHOOL?

24 A. CAN YOU REPEAT THE QUESTION?

25 Q. DIDN'T YOU TESTIFY EARLIER HERE TODAY THAT WHEN YOU

1 LIVED IN NICARAGUA, YOU JUST WENT TO THE FIRST FEW
2 YEARS OF GRADE SCHOOL?

3 A. I DON'T KNOW IF I TESTIFIED TO THAT, BUT I DID GO TO
4 A FEW YEARS OF GRADE SCHOOL.

5 Q. OKAY. YOU DIDN'T GO TO TEN YEARS OF SCHOOL LIKE
6 HIGH SCHOOL HERE?

7 A. NO.

8 Q. DO YOU REMEMBER HAVING YOUR DEPOSITION TAKEN BACK IN
9 2010?

10 A. EXCUSE ME?

11 Q. DO YOU REMEMBER HAVING YOUR DEPOSITION TAKEN IN
12 2010?

13 A. I DON'T REMEMBER.

14 Q. OKAY. WELL, I'M GOING TO ASK YOU SOME QUESTIONS
15 ABOUT YOUR DEPOSITION.

16 **BY MS. ALPHIN:**

17 MAY I APPROACH WITH A COPY?

18 **BY COMMISSIONER BARDEN:**

19 YES.

20 **CROSS EXAMINATION RESUMED BY MS. ALPHIN:**

21 Q. AND I'M GOING TO BE ON PAGE SIX. MR. MORAN, YOU
22 WERE ASKED AT A DEPOSITION IN 2010 HOW MUCH
23 SCHOOLING YOU HAD IN NICARAGUA, AND YOU ANSWERED
24 "FOUR YEARS OF SECONDARY SCHOOL." DO YOU REMEMBER
25 THAT?

1 A. I DON'T REMEMBER.

2 Q. OKAY. AND YOU WERE ALSO ASKED HOW MANY YEARS OF
3 SCHOOL OR FORMAL EDUCATION YOU HAD IN NICARAGUA, AND
4 YOU ANSWERED "TEN." DO YOU RECALL THAT TESTIMONY?

5 A. I DON'T REMEMBER.

6 Q. OKAY. YOU'RE UNDER OATH HERE TODAY, CORRECT?

7 A. EXCUSE ME?

8 Q. YOU'RE UNDER OATH TO TELL THE TRUTH TODAY, CORRECT?

9 A. YES.

10 Q. AND YOU WERE UNDER OATH WHEN YOU GAVE YOUR
11 DEPOSITION IN 2010, CORRECT?

12 A. CAN YOU REPEAT THE QUESTION?

13 Q. YES. WHEN YOUR DEPOSITION WAS TAKEN IN 2010, YOU
14 WERE ALSO UNDER OATH AND PROMISED TO TELL THE TRUTH,
15 CORRECT?

16 A. YES.

17 Q. YET YOUR TESTIMONY IN 2010 WAS THAT YOU HAVE TEN
18 YEARS OF FORMAL EDUCATION AND FOUR YEARS OF
19 SECONDARY SCHOOL, AND THAT'S DIFFERENT FROM WHAT
20 YOU'RE SAYING TODAY?

21 A. MAYBE IT WAS A MISUNDERSTANDING OR MAYBE IT WAS JUST
22 A MISTAKE, BECAUSE I DON'T ACTUALLY HOLD THE TITLE
23 OR HAVE THE TITLE.

24 **BY COMMISSIONER BARDEN:**

25 COULD YOU HAVE GONE TEN YEARS TO WHAT TENTH

1 GRADE HERE IS? I KNOW IT'S DIFFERENT WHERE YOU'RE
2 FROM. COULD YOU HAVE TOLD A DOCTOR THAT YOU WENT TO
3 TENTH GRADE?

4 **BY THE WITNESS:**

5 CAN YOU REPEAT THE QUESTION?

6 **BY COMMISSIONER BARDEN:**

7 DID YOU EVER TELL A DOCTOR YOU WENT TO TENTH
8 GRADE?

9 **BY THE WITNESS:**

10 I DON'T REMEMBER.

11 **BY COMMISSIONER BARDEN:**

12 OKAY. THAT'S FINE.

13 **CROSS EXAMINATION RESUMED BY MS. ALPHIN:**

14 Q. YOU HAVE SEEN A LOT OF DOCTORS, WOULD YOU AGREE WITH
15 THAT, FOR YOUR INJURIES?

16 A. YEAH, I'VE SEEN SEVERAL DOCTORS.

17 Q. OKAY. AND YOU HAVE TOLD SEVERAL OF YOUR DOCTORS
18 THAT YOU HAD TEN YEARS OF EDUCATION IN NICARAGUA,
19 DID YOU NOT?

20 A. EXCUSE ME?

21 Q. HAVEN'T YOU SEEN SEVERAL DOCTORS FOR THESE INJURIES
22 AND TOLD THEM THAT YOU HAD TEN YEARS OF EDUCATION IN
23 NICARAGUA?

24 A. I DON'T REMEMBER.

25 **BY MS. ALPHIN:**

1 AND, COMMISSIONER, I WOULD SPECIFICALLY REFER
2 TO APA PAGE 103 AS WELL AS THE VOCATIONAL
3 EVALUATION.

4 CROSS EXAMINATION RESUMED BY MS. ALPHIN:

5 Q. MR. MORAN, YOU WERE WORKING FOR A COMPANY CALLED
6 J.M.R. WHEN YOU WERE INJURED, CORRECT?

7 A. I REMEMBER THAT I WORKED FOR A COMPANY, BUT I DON'T
8 REMEMBER THE EXACT NAME.

9 Q. YOU DID SIDING WORK?

10 A. YES.

11 Q. AND YOU'VE ALSO DONE CONSTRUCTION WORK IN THE PAST?

12 A. IS SIDING CONSTRUCTION?

13 Q. HAVE YOU DONE OTHER WORK OTHER THAN SIDING?

14 A. I DON'T REMEMBER.

15 Q. YOU DON'T REMEMBER OR YOU DON'T KNOW?

16 A. I DON'T REMEMBER.

17 Q. WHAT TYPE OF WORK DID YOU DO IN NICARAGUA BEFORE YOU
18 MOVED HERE?

19 A. CAN YOU REPEAT THE QUESTION?

20 Q. WHAT TYPE OF WORK DID YOU DO IN NICARAGUA BEFORE YOU
21 CAME TO THE UNITED STATES?

22 A. I THINK IT WAS CONSTRUCTION.

23 Q. YOU TESTIFIED EARLIER TODAY YOU'VE BEEN TO THE
24 EMERGENCY ROOM BECAUSE OF BACK PAIN?

25 A. CAN YOU REPEAT THE QUESTION?

1 Q. YES. DIDN'T YOU TESTIFY EARLIER TODAY THAT YOU WENT
2 TO THE EMERGENCY ROOM FOR BACK PAIN OCCASIONALLY?

3 A. YES, I'VE GONE.

4 Q. OKAY. DO YOU HAVE ANY RECORDS OR DOCUMENTATION TO
5 PROVE THAT?

6 A. I DON'T HAVE ANY, BUT I CAN -- YOU CAN LOOK AT THE
7 HOSPITAL RECORDS TO PROVE THAT I WAS THERE.

8 Q. WHAT HOSPITAL DID YOU GO TO?

9 A. IN LEXINGTON.

10 Q. HOW MANY TIMES HAVE YOU HAD TO GO FOR BACK PAIN?

11 A. I DON'T REMEMBER EXACTLY.

12 Q. CAN YOU GUESS FOR ME, GIVE ME AN APPROXIMATION?

13 A. I DON'T REMEMBER EXACTLY, BUT I KNOW THE LAST TIME I
14 WENT WAS LAST YEAR.

15 Q. OKAY. YOU RECALL GOING LAST YEAR?

16 A. I REMEMBER I WENT ONE TIME LAST YEAR, BUT I DON'T
17 REMEMBER THE EXACT DATE.

18 Q. OKAY. YOU GET WEEKLY CHECKS, CORRECT?

19 A. YES.

20 Q. AND THOSE HAVE YOUR NAME ON THEM?

21 A. YES.

22 Q. HAS ANY -- HAVE YOU EVER HAD TO GO TO COURT AND HAVE
23 SOMEBODY APPOINTED TO TAKE CARE OF YOUR INTERESTS?

24 A. I DON'T UNDERSTAND THE QUESTION.

25 Q. HAVE YOU HAD TO GO TO COURT AND HAVE A PERSON

1 APPOINTED AS YOUR GUARDIAN TO TAKE CARE OF YOUR
2 INTERESTS?

3 A. I STILL DON'T UNDERSTAND THE QUESTION.

4 Q. IS THERE ANYBODY WHO LEGALLY HAS CONTROL OVER YOU OR
5 JUST YOURSELF?

6 A. NOT THAT I KNOW OF.

7 Q. MR. MORAN, YOU HAVE A FORD VEHICLE?

8 A. YES.

9 Q. AND IT'S AN S.U.V. TYPE VEHICLE?

10 A. YES.

11 Q. AND YOU DRIVE YOURSELF?

12 A. I HAVE DRIVEN OUT OF NECESSITY OR SOME EMERGENCY.

13 Q. SO, THE ANSWER TO MY QUESTION IS YES, YOU DO DRIVE
14 YOURSELF?

15 A. YES.

16 Q. OKAY. HAVE THERE BEEN TIMES YOU'VE BEEN WITH YOUR
17 WIFE, AND YOU'VE STILL DRIVEN THE VEHICLE?

18 A. CAN YOU REPEAT THE QUESTION?

19 Q. HAVE THERE BEEN TIMES WHERE YOU'VE BEEN WITH YOUR
20 WIFE OR ANOTHER INDIVIDUAL, AND YOU STILL DROVE THE
21 VEHICLE?

22 A. NOT THAT I REMEMBER.

23 Q. OKAY. SO, YOU CAN'T THINK OF A TIME THAT YOU EVER
24 DROVE YOUR FORD VEHICLE WHEN SOMEBODY ELSE WAS WITH
25 YOU?

1 A. CAN YOU REPEAT THE QUESTION, PLEASE?

2 Q. YOU CAN'T THINK OF A TIME, A SINGLE TIME, THAT
3 SOMEBODY WAS WITH YOU AND YOU STILL DROVE THE FORD
4 VEHICLE?

5 A. I DON'T REMEMBER.

6 Q. OKAY. DO YOU KNOW WHAT JUMPER CABLES ARE?

7 A. YES.

8 Q. DO YOU KNOW HOW TO USE THEM?

9 A. YEAH, I'VE USED THEM.

10 Q. OKAY. DO YOU FEEL COMFORTABLE USING JUMPER CABLES,
11 LIKE YOU KNOW HOW TO -- LIKE YOU KNOW WHAT YOU'RE
12 DOING?

13 **BY THE INTERPRETER:**

14 CAN I REPEAT IT?

15 **BY MS. ALPHIN:**

16 YES.

17 **BY THE WITNESS:**

18 I DON'T UNDERSTAND THE QUESTION. WHAT DO YOU
19 MEAN BY FEEL COMFORTABLE?

20 **CROSS EXAMINATION RESUMED BY MS. ALPHIN:**

21 Q. OKAY. DO YOU KNOW HOW TO USE JUMPER CABLES ON A
22 CAR?

23 A. THERE'S ALWAYS SOMEONE THERE. WHEN SOMEONE DOESN'T
24 KNOW HOW TO DO SOMETHING, THEY HELP YOU OUT TO SHOW
25 YOU HOW TO DO IT.

1 Q. I'M ASKING ABOUT YOU SPECIFICALLY. DO YOU KNOW HOW
2 TO USE JUMPER CABLES?

3 A. I'VE USED THEM.

4 Q. AND YOU'VE USED THEM BY YOURSELF?

5 A. IF I'VE USED THEM BY MYSELF?

6 Q. YES, HAVE YOU USED THEM BY YOURSELF?

7 A. I DON'T REMEMBER.

8 Q. AND SO DO YOU HAVE ANY RECOLLECTION OF USING JUMPER
9 CABLES ON YOUR FORD VEHICLE A LITTLE OVER A YEAR
10 AGO?

11 **BY THE INTERPRETER:**

12 CAN I REPHRASE IT -- OR CAN I REPEAT IT?

13 **BY MS. ALPHIN:**

14 YES, YOU CAN REPEAT IT.

15 **BY THE INTERPRETER:**

16 NOT REPHRASE IT.

17 **BY THE WITNESS:**

18 I DON'T REMEMBER. IT'S HARD TO REMEMBER
19 SOMETHING THAT HAPPENED LAST WEEK, HARD TO REMEMBER
20 SOMETHING THAT HAPPENED LAST YEAR.

21 **CROSS EXAMINATION RESUMED BY MS. ALPHIN:**

22 Q. YOU REMEMBER GOING TO THE EMERGENCY ROOM LAST YEAR?

23 A. I REMEMBER THAT I WENT, BUT MY WIFE TOOK ME.

24 Q. WHEN YOU GO TO YOUR DOCTOR'S APPOINTMENTS, YOU ARE
25 THE ONE WHO TELLS THE DOCTOR WHAT'S GOING ON WITH

1 YOU AND WHAT YOUR COMPLAINTS ARE, CORRECT?

2 BY THE INTERPRETER:

3 CAN I REPEAT?

4 BY MS. ALPHIN:

5 YES.

6 BY THE WITNESS:

7 YES.

8 CROSS EXAMINATION RESUMED BY MS. ALPHIN:

9 Q. AND YOU'RE THE ONE THAT CAN TELL THE DOCTOR THE
10 HISTORY OF WHAT YOUR TREATMENT HAS BEEN AND WHAT
11 DOCTORS YOU'VE SEEN?

12 BY THE INTERPRETER:

13 MAY I REPEAT?

14 BY MS. ALPHIN:

15 YES.

16 BY THE WITNESS:

17 SOMETIMES.

18 CROSS EXAMINATION RESUMED BY MS. ALPHIN:

19 Q. WHO DOES IT IF IT'S NOT YOU?

20 A. I MEAN, MOST OF THE TIME WHEN I GO TO A MEDICAL
21 CONSULT OR APPOINTMENT, I GO WITH MY WIFE.

22 Q. YOU HAVEN'T LOOKED FOR ANY WORK SINCE YOU FELL BACK
23 IN 2010, HAVE YOU?

24 A. EXCUSE ME?

25 Q. YOU HAVEN'T LOOKED FOR ANY WORK SINCE YOU FELL BACK

1 IN 2010, HAVE YOU?

2 A. NO.

3 Q. AND YOU HAVE NOT TRIED TO GO WORK ANYWHERE, HAVE
4 YOU?

5 A. NO.

6 Q. DO YOU HAVE A DRIVER'S LICENSE?

7 A. NO.

8 Q. YOU TESTIFIED YOU READ YOUR BIBLE SOMETIMES; IS THAT
9 CORRECT?

10 A. YES.

11 Q. AND YOU HAVE A BIBLE THAT'S IN SPANISH?

12 A. YES.

13 Q. HOW MUCH MONEY WERE YOU PAID WHEN YOU WORKED FOR
14 J.M.R. SIDING?

15 A. I WOULD LIKE FOR YOU TO REPEAT THE QUESTION.

16 Q. YES. WHEN YOU DID THE SIDING WORK YOU WERE DOING
17 WHEN YOU FELL, HOW MUCH MONEY DID YOU MAKE?

18 A. I DON'T REMEMBER EXACTLY.

19 Q. DID YOU MAKE ABOUT A HUNDRED DOLLARS A DAY?

20 A. I DON'T REMEMBER.

21 Q. WHY DON'T YOU REMEMBER?

22 A. THAT HAPPENED A LONG TIME AGO OR MANY YEARS AGO.

23 Q. OKAY. BECAUSE IT'S BEEN A LONG TIME AGO, THAT'S WHY
24 YOU DON'T REMEMBER?

25 A. EXCUSE ME?

1 Q. YOU DON'T REMEMBER HOW MUCH YOU MADE JUST BECAUSE
2 IT'S BEEN A LONG TIME?

3 A. I DON'T REMEMBER BECAUSE A LOT HAS TAKEN PLACE, SO I
4 JUST DON'T REMEMBER.

5 BY MS. ALPHIN:

6 I DON'T HAVE ANY OTHER QUESTIONS. THANK YOU.

7 BY MR. CALHOUN:

8 JUST A COUPLE MORE.

9 BY COMMISSIONER BARDEN:

10 YES, SIR, MR. CALHOUN, GO AHEAD.

11 BY MR. CALHOUN:

12 MAY IT PLEASE THE COURT, THANK YOU.

13 RE-DIRECT EXAMINATION BY MR. CALHOUN:

14 Q. PEDRO, ISN'T IT TRUE THAT EVERY TIME YOU SAW A
15 DOCTOR THERE WAS AN INTERPRETER THERE INTERPRETING
16 EVERYTHING?

17 BY MS. ALPHIN:

18 OBJECT TO LEADING QUESTION.

19 BY COMMISSIONER BARDEN:

20 SUSTAINED.

21 BY THE INTERPRETER:

22 DO YOU WANT ME TO ASK IT ANYWAY?

23 BY COMMISSIONER BARDEN:

24 NO.

25 RE-DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

1 Q. MR. MORAN, EVERY TIME THAT YOU CAN REMEMBER SEEING A
2 DOCTOR, WAS THERE AN INTERPRETER PRESENT?

3 A. YES.

4 Q. DO YOU REMEMBER ME PLAYING THE VIDEOS OF YOU THAT
5 THE INSURANCE COMPANY HAS PROVIDED?

6 A. I DON'T UNDERSTAND THE QUESTION.

7 Q. DO YOU REMEMBER ME PLAYING VIDEOS OF YOU THAT THE
8 INSURANCE COMPANY HAS TAKEN?

9 A. YES, I REMEMBER SOME OF IT.

10 Q. DO YOU REMEMBER IT BEING OF TWO DAYS IN JANUARY OF
11 2014 AND TWO DAYS IN FEBRUARY OF 2015?

12 A. I REMEMBER THAT IT WAS TWO DAYS, BUT I DON'T
13 REMEMBER THE DATES.

14 Q. DO YOU REMEMBER HOW MANY DAYS OF THOSE FOUR DAYS ON
15 THE VIDEO TAPES THAT YOU WERE ACTUALLY DRIVING A
16 TRUCK?

17 A. YEAH, I REMEMBER. I THINK IT WAS MAYBE TWO DAYS.

18 Q. TWO DAYS?

19 A. YEAH.

20 Q. SO, OVER THE LAST FOUR TO FIVE YEARS, THE INSURANCE
21 COMPANY HAS SEEN YOU DRIVING A TRUCK TWO DAYS; IS
22 THAT CORRECT?

23 **BY MS. ALPHIN:**

24 OBJECT TO LEADING.

25 **BY COMMISSIONER BARDEN:**

1 SUSTAINED.

2 BY MR. CALHOUN:

3 I'LL WITHDRAW THE QUESTION. THANK YOU.

4 BY COMMISSIONER BARDEN:

5 IS THAT IT?

6 BY MR. CALHOUN:

7 YES, YOUR HONOR.

8 BY COMMISSIONER BARDEN:

9 OKAY. MS. ALPHIN.

10 BY MS. ALPHIN:

11 I JUST HAVE ONE VERY QUICK FOLLOW UP.

12 BY COMMISSIONER BARDEN:

13 SURE. GO AHEAD.

14 RE-CROSS EXAMINATION BY MS. ALPHIN:

15 Q. MR. MORAN, YOU SAID AN INTERPRETER IS PRESENT WHEN
16 YOU SEE YOUR DOCTORS, CORRECT?

17 A. EXCUSE ME?

18 Q. WHEN YOU GO TO THE DOCTOR, YOU SAID THERE'S AN
19 INTERPRETER THAT GOES WITH YOU?

20 A. YES.

21 Q. AND THE INTERPRETER DOES JUST WHAT WE'RE DOING TODAY
22 WITH AN INTERPRETER?

23 A. I DON'T UNDERSTAND THE QUESTION.

24 Q. OKAY. WHEN YOU GO TO THE DOCTOR WITH AN
25 INTERPRETER, YOU TELL THE INTERPRETER WHAT'S WRONG

1 OR WHAT YOUR COMPLAINTS ARE, AND THEN THE
2 INTERPRETER TELLS THE DOCTOR IN ENGLISH, CORRECT?

3 A. YES.

4 Q. SO, WHAT THE INTERPRETER TELLS THE DOCTOR IS BASED
5 ON WHAT YOU SAY IN SPANISH, CORRECT?

6 A. I SUPPOSE SO.

7 Q. THE INTERPRETER WOULDN'T KNOW WHAT YOUR COMPLAINTS
8 AND PROBLEMS AND HISTORY ARE, WOULD THEY, WITHOUT
9 YOU TELLING THEM?

10 A. CORRECT.

11 **BY MS. ALPHIN:**

12 I DON'T HAVE ANY OTHER QUESTIONS.

13 **BY MR. CALHOUN:**

14 NO FURTHER QUESTIONS.

15 **BY COMMISSIONER BARDEN:**

16 ALL RIGHT. THAT CONCLUDES THIS PROCEEDING.
17 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
18 CONCLUDED AT THE HOUR OF 1:11 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1009298

EMPLOYEE/CLAIMANT: **PEDRO A. MORAN**
EMPLOYER: **J.M.R. SIDING, L.L.C.**
INSURER: **HARTFORD**

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **46** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **PEDRO A. MORAN** TAKEN ON THE 2ND DAY OF MARCH, 2015.

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

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

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 21ST DAY OF MARCH, 2015.

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

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

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2016-000325

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SC Court of Appeals

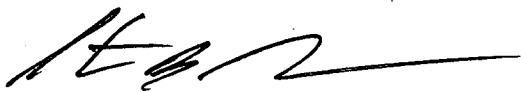
Pedro A. Moran, Employee/Claimant, ... Appellant,

v.

JMR Siding, LLC, Employer, and
Hartford Underwriters Insurance Company, Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all
material proposed to be included by any of the parties and not any other material.



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September 12, 2016
Columbia, South Carolina