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SC Court of Appeals

Time Index of Events

*Please read the three documents enclosed which are : 1)**Sprains and Strains** Workplace Disability Guidelines , 2) **Muscle Injury** Workplace Disability Guidelines, and 3)**Meniscus Disorders, Knee** Workplace Disability Guidelines, **before** looking at Doctors' treatments that they listed on their evaluations, so you can match **standard of care** to what they say they did, which would lead into reasoning on why their actions were done. What **incentive** would a "Doctor" have **to not apply standard** of care to their practice?*

*At the end are emails to and from my supervisor(which he rarely answered in email), Hamp Manning about trying to work under Dr Merritt's restrictions after October 2013 and on **Dr appointment 122713 he states hand and hip have not been evaluated, at Dr appointment 010914 we were still waiting for worker's comp approval of the hand in his notes(so some of his restrictions were based on waiting for hand treatment).***

My best chance of recovery rested in the hands of these two physicians. Everything that was important to do for recovery immediately after the accident was not done. The Something that caused them to change their approach a little was the 030813 PT Evaluation with proof of injuries.

021613 (Saturday) injury ---

021613 Associate Incident Report (Defendants exhibit)

- tripped on loose cord as turned around (was counseling patient)
- tripped on loose cord and hand was caught in HIPPA top, fell to the floor
- cord pulled right foot out and twisted down to where hand was caught in plastic lid

I had not started to walk so there was no walking involved, it was a slingshot effect when I tried to lift the left foot, the right was held in the air and did not come down, by the coiled computer cord.

SEE ACCIDENT VIDEO AND PICTURES (foot action is blocked by wall, etc, but the witness statement by the one who pulled the cord off of my foot should also describe it.

- *On the day of the accident I was counseling at the counsel area. It's not a window, but you just step down from the pharmacy into it. And I turned around because the antibiotic liquid had not been mixed, to hand it to a tech. And I did not look down, but evidently there was a coiled data cord stuck in the wall there that pulled up around my foot. And when I went to take a step, it -- it jerked me out so I KIND OF HUNG BY THE CORD. AND BECAUSE THAT HAZARDOUS WASTE BIN WAS THERE I DIDN'T HIT THE GROUND, I ENDED UP SLAMMING INTO IT AND WHEN THE CORD BROKE, MY HAND WENT IN -- INTO THAT AND I KIND OF ROLLED AND HIT THE FLOOR ON THE LEFT*

SIDE. My right hand one of the two flap holes in the top with the little finger and the next one hitting the separation of the two compartments with my weight until top came off ramming all the way up the arm, rolling to the ground and landing then trying to get my hand out.

- *SEE Dr Merritt's Deposition (at the end of his deposition) p48 through p52 line 5 for **his description** of the **Mechanism of Injury where he learns** from just four pictures (not even the entire video sequence)which was not what he was lead to believe when he was treating me under worker's comp.(I am enclosing Defendants' Deposition of Dr Merritt as well as Defendants' Deposition of Ann Stevenson, as they were not on the Defendants APAs but were referred to at the hearing.)*

(see WCC Hearing Transcript 010815p16 line12 -p17 line 1 -9)
Walmart's adjusters picked and chose what parts of my injury they would treat, **Never** provided me or my lawyer with both oral statements that were recorded. The first one, when I was asked what hurt. I said, " I hurt all over." Then I think the recording was stopped and Barbara said, "Just talk about what hurts the most." Those should have been included in the original subpoena also.

- HAND Problems due to injury (010815Transcriptp17, line line 19 – p18 line 12, p22 line 10 – p23 line3) (See 070115 Hand Ortho surgeon Dr Mikol&shoulder)
- FOOT and LEG Problems due to injury (010815Transcript p25 line 7 – 17) Dr Pappas conclusions about foot are different from FCE and Physical Therapy(they actually measured the dysfunction), in that he thought it was nerve damage radiating from back, which was also a factor.
- NECK and BACK symptoms due to injury (010815Transcript p26 line22 – p27 line 15 and p27 line 25-p28 line 20)

02/17/13 (Sunday)my next day off I call back to the Walmart store. And tell them my hand is hurting worse and the rest of my body is too so I need to see the doctor. I am told I have to go with a manager and they do not have one available that day So I have to wait until my next day off which is friday, when there is manager overlap (See time on encounter is middle of the day instead of early or after 7p after work as the other appointments.

022213 First Office Visit with Dr Scott(**look closely** at what is **missing** from this, that the physician decided not to evaluate or diagnose and his ICD9 codes match preprinted sheet and his treatment does not match standards of care).
022213 First Visit Dr Scott – Form pre-printed WKC/Arm-Hand (left top corner)

- Sat, got leg tangled in cord, fell over- reached out , hurt R arm/hand got caught in trash can (plastic)
- Had swelling of R ring finger, sore pain upper arm/elbow

- Bruise on leg (pt declines eval!)
- shoulder painful ROM , x-rays of R hand R elbow
- elbow mild tenderness some pain
- there was a pee test done
- wrist/hand with no swelling or deformity, pain with grip (hard to read writing)
- diagnosis codes 841.8, E849.3 and 842.10 which **exactly MATCH WC AUTHORIZATION** and that is the only diagnosis (see 031213 Dr Baens encounter for code definition).
- **FULL DUTY per Dr Scott**

Dr Scott never evaluated the back or neck or anything he should have seen.

CONCLUSION Dr Scott DECIDED to only diagnose and do x-rays of the only areas the adjusters authorized of elbow and hand (see 010815HearingTranscript p36line 11-20) and he decided to only list right hand, right ring finger, and right elbow (the only authorized body parts by adjuster) and (see EMAIL040113 11:25AM TO Krystal Rogers), EVEN THOUGH I told him about my other injuries, he should have noticed how stiff and bruised my neck and body were, but instead DECIDED TO WRITE "DECLINED EVALUATION", which I did not do. Why would I do that, when I had to wait to come in to be treated? " (also see040113 8:50 EMAIL from Adjuster --- the exact same parts)

Without evaluating anything but hand and arm, and pushing on the shoulder, he walked over and opened the door, I asked," Aren't you going to look at my knee and the big bruise (pointing at it)? With his hand on the doorknob in the hallway He replied, "You don't really want your knee x-rayed do you? And I said No to the X-ray.

(I did not get a copy of his Eval until weeks later since the Walmart Manager who had accompanied me kept the copy.) (see010815Hearing Transcript p 37

Note there is hardly anything in his evaluation that goes Beyond the adjuster's authorized body parts pre-printed on the evaluation form. HOW can I prove what I told him when he **DID NOT write it down?** Why should a patient be required to prove what is said to a doctor? There is supposed to be a Physician – Patient relationship . (involved in medical treatment see the Medical Standards of Care)... not a Physician -Lawyer Relationship.

- Let's try to match Standard of care, the only thing mentioned not on referral was bruise on leg. First and second degree strains are treated with rest, ice, compression and elevation(RICE) *As you can see in the following index, that did not happen, so **protecting against** further injury did not either.*
- It is important to protect against further injury during this time.
- If needed use supportive devices, like crutches (because of my R

arm/hand/shoulder injury) I **could not use crutches** under my R arm to take the weight off of my Right lower extremity and **had to use a cane,** still walking on that R lower extremity.

- **Estimated Times of Rehab length** are given assuming **<u>one body part</u>** and **<u>adequate treatment before</u>** therapy and that therapy is **<u>consistently for that body part</u>**
- In younger individuals, knee meniscal tears are usually caused by trauma, especially involving a twisting or pivoting of the knee., 1)plain x-rays are not diagnostic(MRI is required for tear)
- Primary focus of rehab for Knee Meniscus Disorder is to control pain and restore function.
- This Rehab program will depend on the extent of injury, length of time since injury, integrity of knee joint, surgery , and functional goals.
- **Complications** – the trauma that led to a meniscal tear may also have caused torn knee ligaments.(so all symptoms would not be due to an isolated meniscal tear as in Dr Merritt's deposition)
- **<u>Muscle Injury</u>**- Moderate strains involve tearing of fibers that result in diminished strength, and Severe strains involve a rupture of a tendon-bone attachment with separation of muscle fibers and may require surgery.
- Muscle contusions are injuries that do not involve a break in the skin, but cause damage to muscle fibers and other soft tissues. Blood seeps out of damaged small blood vessels into the surrounding tissue forming black – and – blue marks beneath the skin(ecchymosis). Gravity may pull the blood down so bruise may not be near the contusion site.
- Blood can form (hematoma) within the muscle that can cause swelling, bleeding and can result in compartment syndrome causing permanent muscle and nerve damage.
- Damaged muscle can convert into a bone-like substance (ossification) that causes impaired muscle function.
- Tearing or ripping the muscle away from an attachment point (avulsions) is usually caused by an intense force or dynamic overload and those injuries frequently happen in the groin and upper connection for the hamstring muscles.
- For Muscle injury treatment is PRICE principle (protection, rest, ice, compression, elevation). Physical activities should be terminated immediately after the injury to avoid further damage. Application of a compression bandage (ACE bandage-type) and ice can reduce the formation of a hematoma.
- Resumption of strenuous physical activity before the muscle has healed completely can lead to reinjury.

- See Ann's Deposition p 37line9 -18 and linep37 line24 -p38 line17 --Oh, I complained about the right knee at the first visit, he just didn't write it up. He put refused something on it, but when I asked him about it before he left the room, he

had his hand on the door knob and sarcastically asked me. "Do you really want your knee and leg x-rayed?' And that's when I requested them to change to the other doctor. That's when I didn't want to see him again, but I had to see him again because the second doctor refused to see me. (line 24- p38line17) No, on the first visit the doctor walked out of the room .....(line 12)Because that doctor wasn't treating me for what was wrong. (line 15) And he upset me so much, I told him, no, I didn't want it. See 040113 11:25amEMAIL also,"I explained the first doctor's attitude and what he had said when I reminded him my knee and legg hurt as he was walking out of the door."

- Ann's Dep p39 line 13 -20 --Baxley says, Quote from 022813 office visit" States full duties have hampered recovery and worsened symptoms" Compare this to 1)the first PT evaluation 030813 where it states same as below about traumatic fall, 2) to all three of the Disability Guidelines enclosed about injury treatment, and 3) **assuming** that statement is **true** wouldn't that prove Walmart **never complied** with any **restrictions** to that point, even if they were "not what standards specify".
- (p40 line5 – 6) I was in pain and I couldn't sleep, I couldn't function.
- (p41 line 22 – 25) 0n March 12th (after030813PT report – Dr wrote up more findings probably due to that),you were reporting muscle pain and joint pain kind of all over and muscle spasms ---------- On every visit from the first one, I had said that, but no-one decided to write it down until after the PT Evaluation.
- (p42 line7 through line 12) I was getting worse that was why there were more symptoms.(line 7-8) and They were increasingly worse, they weren't totally different. (see line 11-12)

Also NOTE , that two different physical therapists came up with the same findings one on March 8,2013(Mike Miller, DPT)and the other one on April22,2013 (Kristin Courtney,DPT)

Signs and symptoms are consistent with multiple upper and lower body strains after a **TRAUMATIC** fall.

How can a competent medically-educated doctor miss all of this Diagnosis? Could it have been because there was no intention to treat me for all of the accident injuries, just what the adjuster said was authorized? Look at Dr Merritt's diagnosis a month later. *The very first patient encounter on an accident should look at everything that is 1) injured, 2)brought up by the patient, and 3) is clearly noticeable by looking at the patient. What did you see here?*

022213-061113 Medical Expense Report listing prescriptions

- Look at the prescriptions written by the two doctors at Doctor's Care – the ones who had the CHOICE **TO TREAT, DID NOT.**

- For a patient **suffering from a traumatic fall**, note the only prescriptions written other than Dr Baens OTC "controversial ones"
- There are no pain killers (no pain blockers) of any type prescribed, so that leaves the patient in pain
- With NO work restrictions that leads to re-injury and more pain
- Only two muscle relaxants are written by Dr. Scott 1)-metaxalone 800mg (skelaxin) and 2) methocarbamol 500mg (Robaxin)
- At Dr Baens visit and following, there was a lot brought up about PT pain management, so why did she CHOOSE NOT TO WRITE FOR PAIN MEDS (see 010815Hearing Transcriptp39 line13)"States full duties have hampered recovery and worsened symptoms" (p39 line19-20) Yes, I was having trouble sleeping, they never gave me pain killers. (p40 line 5-6) I was in pain and I couldn't sleep, I couldn't function.(p41 line 14 -15) "No I didn't tell her I didn't want to go to pain management"
- 2 Plastic heat packs (supposedly reusable) that popped and leaked all over the bed

020913—052313 Paystubs showing taking personal time and vacation when I was allowed to during this time. My time off had to be approved and most of the time it wasn't. No change in hours or restrictions or anything. No time to go to the Physical Therapy that was actually written for. No time off until I was suspended for three prescription errors within two weeks and then I took personal time off til Dr Merritt did something.

EMAILS TO Supervisor (042814, 050814) from personnel file subpoenaed

Asking him to look at what the Ethics Investigators said and to send it up through the supervisory chain about Walmart's worker's comp There were no emails from him to anybody else, so it looks like this request as stated procedure by the Ethics Office was Ignored.

022813 Office visit with Dr Baens (she also states I declined work up on 032213)

- top of sheet says requests Dr Baens
- **she mainly wrote objectively about approved parts and said patient states about other parts(when she should have palpated or examined them, but did not)**
- neck tender and palpable
- neck /upper back along mid-axilliary line increasing pain with abduction of shoulder
- R 4/5 grip tender to palpate wrist
- lateral R hip & knee redness
- wants magnesium salicylate over all other ansaids
- would prefer to see chiropractor if she could

- pharmacist
- states cable cord wrapped around ankle fell on right side hit trash can
- **states** was bruised all over leg/thigh and has had difficulty with ROM
- **states** hurts to move arm up
- **states** pulling at shoulder and hand
- **states** knee feels swollen
- **states** knee and hip hurt – can't resume exercise on treadmill
- doesn't want other ansaids due to side effects of gastric bleeding, kidney & liver dysfunction
- Diagnosis muscle strain, neck pain, shoulder pain with paresthesias
- patient would prefer referral to chiropractor, but worker's comp would most likely prefer Physical Therapy referral for pain management
- states has burning sensation in arm, hip, knee and hand after x-rays done and worse to touch.

022813Work Status Return To work modified duty as of 030113Dr Baens

- no change in hours
- no lifting more than 10 lbs, ground level work only, no ladders, or heights
- no repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing
- limited use of R upper extremity
- no kneeling on right knee
- with diagnosis of multiple joint & muscle strains/paresthesias
- BUT DOESN'T GIVE ANY INSTRUCTIONS FOR CARE FOR INJURY
- says, patient states full duties have hampered recovery and worsened symptoms
- Dr Baens states, will refer to PT for pain management but she prefers chiropractor care

022813Dr Baens writes PT for Fridays only, let's give pain modalities that a chiropractor would offer to alleviate multiple pain/ muscle discomfort (mainly on right side) and PT for 3 times a week for 3 weeks. First PT was 030813

022813 –See notes on Cervical C-Spine 3v (which had error in reading leaving out bone spur, etc – see corrections by Dr Mills office and Dr Derrick(radiologist)

- 03/06/13 ***to call*** (must have been a phone conversation that initiated Dr Baens letters)
- 030813 Letter sent with her signature validating it
- Even though fax dates are off, they appear to be one month off, ***so the note on the x-ray was sent 4 days before the letter 031913 see fax transmission times.***
- The note written on030613(onto c-spine 3v Cervical report022813) says to call the 030813 note says letter sent with Dr Baens signature has

Fax time & date of 030413 08:52am from somewhere to Drs

Care

030613 – See Note on Shoulder X-ray(report dated 022813)030813 –

- **<u>See fax in on 030413 at 09:34am and see fax out 021513(Dr Care fax appears to be one month off), which appears to be 4 days before the letter is faxed out.</u>**
- Dr Baens has emphasized and felt compelled to tell the story several times 1) on this shoulder x-ray reading and 2) in a letter to adjuster dated 031913. This emphasis doesn't have anything to do with medical treatment and does not make any sense to a Medical Professional for any reason. So there is only one conclusion I can come up with is back then the Doctor's Care Doctors and the adjusters were **<u>looking for and creating</u>** anything possible for evidence (even if it wasn't) for the lawyer to use in court against "the victim" (by all employer parties colluding together), so the injured patient would be **in court, found to be not credible.**

If I had seen this letter I would never have stepped foot back in that place again, but I trusted Dr Baens with my injuries and my treatment. I trusted her until I saw this letter back then at the hearing and recently when I was able to pick up my Doctor's Care records on 091416, after more than two years trying.

She compromised any ethics and broke the relationship by "Doing harm to her patient!" (See Standards)

Dr Baens also states "**Referred to PT for pain management**
More than three weeks after the injury, PT is started.

03/08/13 PHYSICAL THERAPY EVALUATION by Mike Miller, DPT

Patient presents with complaints of pain for R shoulder, elbow, wrist, hip, knee pain after tripping on computer cord at work and falling onto her right side. Complains of intermittent headaches and diffuse right extremity numbness/tingling.

- Right Lower Extremity WNL with all motions with complaints of pain at end ranges
- **Right Upper** Extremity Shoulder flexion/abduction restricted to 110 degrees due to anterior shoulder pain, elbow movement and wrist extension **below normal** in measurements
- **STRENGTH**- Left Upper and Left Lower extremity 5 out of 5. **Right Upper 3+/5** with diffuse pain complaints, Right Lower Extremity 4/5 with lateral hip pain complaints and AND **GRIP----- Right** is **30** and Left is 60

- **POSTURE 1) Increasing Cervical Lordosis (** increasingly inward curvature of upper spine or neck vertebrae**), pushing the head forward** causing it to sit lower toward the shoulders **causing back and neck pain and** 2)**Increasing Lumbar Lordosis** (increasingly inward curvature of lower spine) Increasing Lordosis is

usually caused by imbalances in muscle strength and length which can affect how trunk mass is situated over pelvis affecting the gait), and 3)**IncreasingThoracic Kyphosis** (increasing abnormal curvature in the opposite convex direction) producing round back or hunchback. 4) Rounded shoulders and slumped

- **GAIT** - independent, but **ANTALGIC:** favors left side due to **right sided** body **pain.**

Summary of objective findings

- **Right** (dominant) **U**pper **E**xtremity Functional Index Score **14/80 14 out of 80 on the scale**
- **Right Lower Extremity Functional Index Score 25/80 a 25 out of 80 on the scale**
- **Tenderness on palpation, stiffness at end range of flexion and decreased glides**
- **Neck Oswestry 44% and Low Back Oswestry 38% (see rating scale at** https://en.wikipedia.org/wiki/Oswestry_Disability_Index) **Scoring**
  - 0 to 20: Minimal disability
  - 21-40: Moderate Disability
  - 41-60: Severe Disability
  - 61-80: Crippling back pain

ASSESSMENT

- This patient presents with the above functional limitations, affecting ADL (Activities Of Daily Living) and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a **TRAUMATIC** fall.

- ***NOTE after reviewing this , the* only thing *the physician has emphasized by underlining is: "Compliance may be an issue in the future", which follows the sentence before" the patient seems to be more interested in pain modalities" (STOPPING THE PAIN).***
- ***Usually people with traumatic injuries get pain meds for pain and to be used to relieve the EXTRA PAIN when injured parts are being rehabilitated, but this patient was DENIED Prescription Pain Blockers the entire time until Dr Merritt took over.***

So far no decrease in work hours and Walmart never accommodates restrictions until July3,2013, when they told me, I had to sign a temporary employment contract or 1)risk termination or 2)losing worker's compensation benefits.(See contract signed 7/3/13 and see Walmart intermails from personnel file and accommodation letter reject to Dr Merritt's 12-13restrictions)

(see WCC Hearing Transcript 010815p8 line 20- p9 lines 1-2) Pertaining to Back

and Neck", per Mr. Baxley"There is no statement of causation" Here in the PT Evaluation is the answer.

03/11/13 PT Evaluation is received from Progressive Therapy and ALIGN networks (904 area code) faxes it to Dr Baens

031213 Dr Baens signs and send back Physical Therapy authorizing PT plan of care of 2 to 3 times/week for 3 weeks to Mike Miller, therapist for multiple sprains and strains

031213Return to Work Dr Baens

- no lifting more than 15 lbs, ground level work only, no ladders or heights
- no repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing
- **no continuous standing or sitting (** now how can you work regular hours like this?)
- limited use of right arm, no overhead lifting
- I will refer her to Orthopaedics because she is claiming she has suffered "muscle atrophy" & now more pain in her R thigh, more pain in her should/neck and is self-prescribing elastogel splints/ ace wraps as treatment for her pains
- Diagnosis – acute muscle strain/ neck & shoulder strain
- Referring to Ortho and PT (after 030813PT evaluation Dr Baens refers to Ortho)
- Notice the knee is removed from this form

03/12/13 Dr Baens Encounter, she states in writing:

- **841.8 Sprains&strains of elbow and forearm,842.1 Sprains & Strains of wrist and hand, and E849.3 the place of occurrence of the external cause**
- **x-rays normal except for hip has right hip narrowing**
- **Demanding pain relief therapy before any PT to exercise(I asked for pain meds , but she wouldn't give me any).**
- **Right knee with effusions or redness and Points to where her muscles have atrophied -----(At this point, she actually looks at the knee and leg, but where is her diagnosis for the lower extremity? If she did an ortho referral for knee, then the adjuster changed it to upper arm**
- **PT said she didn't want to do exercises due to issues with pain**
- **Worked all day til 6pm got there around 7p was seen after 8PM**
- **she states she feels worse and not happy with PT (with having to use injured parts with "full duties "at work and no medical treatment for condition other than PT trying to exercise injured parts, injured parts are getting worse.) (See 010815 Hearing Transcript p39 line 13 – 18) Baxley, states on 022813,Dr**

writes that patient "states full duties have hampered recovery and worsened symptoms." ------ *so they pay attention to the statement, but don't take action.*

- **Diagnosis muscle pains, joint pains and muscle spasms (Her diagnosis is pain so why are NO PAIN meds prescribed to relieve the pain? Why does Dr Baens leave the patient living in and working in conditions that exacerbate and prolong pain, and make the injuries worse?**
- **I don't know what she needs, and will ask PT specifically for pain relief (When I asked her for pain relief, she REFUSED TO WRITE FOR PAIN MEDS**
- **Dr Baens states, "She is telling me to write for Elastogel Heat packs and Ace bandages which I would not normally write for "(I asked her to write for them, because the adjuster said nothing was covered unless the doctor wrote for it).** *(see below 031413 Email To adjuster -- where adjuster* ***says on the phone****, Nothing is covered* ***unless the doctor writes*** *for it.)(also see 010815Hearing Transcript p45 line 15 through p46 line 15) She wrote for some kind of heat pack that tore up and leaked and I asked her for the Elastogel ones that wrapped around the injured areas (reusable many times without popping and leaking, able to be ziploc-ed on so they don't slip off when moving in bed, and when the ziploc wears out can still use just sitting on an area).*
- **Accommodations 1) lift no more than 10 pounds,2) ground level work only, no ladders or heights,3) No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing,4) Limited use of R upper extremity, 5)no overhead lifting, 6)no high repetitive hand activities for extended periods of time, 7)no use of R knee – no kneeling**
- **self-prescribing (WCC Hearing transcript 010815 p13 line13-16) As a pharmacist, I consult with doctors (to broaden their knowledge ,emphasize problems so they can correct them and patients for meds and OTC products,etc. of which heat/cold pads are included, as are ace bandages)(see FCE Evaluation of defendants APA4 pg54&55 Pharmacist functions) Why would I not take the same care with myself as I would with the patients counselled?**

031213 See prescriptions she wrote for that I had requested

- with **specific diagnosis** written **on** each prescription **matching** the item, so there is a **RELATED BASIS as** to why these prescriptions were written

031213 Dr Baens note to Progressive PT

- see diagnosis/ICD9 code shoulder, neck, knee pain, muscle strain
- she wants **pain relief therapy only before actual PT**

- two weeks at 3 times a week (which would take me up to just before Ortho appt)
- she must have **gotten into TROUBLE** changing the diagnosis codes and sending to PT the new ones

031213Email to Barbara Cowan(adjuster)

- asked about getting videos for doctors to look at
- about adjuster saying Dr did not write for Pain management was why PT did not give it when the doctor had said on 030813/Friday that it would be pain relief only
- balling up in pain, taking muscle relaxant and lots of heat

031313 Physical Therapy visit

- Patient brings in rx for pain modalities only so patient declines exercise therapy
- Ultrasound to R lateral thigh/ IT BAND (see 092115DrTupis correction to knee MRI and Diagnosis)

031413 (12:18P)Email to Barbara Cowan(adjuster)(see010815HearingTranscriptp45 line15--p46line15)

- tried to call you , was forced to see Dr Scott
- trouble with working and cannot take muscle relaxants before/during work
- I would like to be able to go to my PT sessions and there is no such thing as light duty for a pharmacist.
- **Second Dr was antagonized when I asked her to write for prescriptions for what you said the doctor had to write** ..(see ..... and about the PT pain relief that she didn't (according to Barbara)
- Barbara never replies to this email

03/14/2013 Office Visit Dr Baens refuses to see me, so forced to see Dr Scott – who writes

- **Patient requests muscle relaxants (he left out the request for pain meds)**
- **Patient asks that we limit her work hours/days**
- **States she cannot take a muscle relaxant the day before working (cannot take while working either)**
- **very confusing trying to schedule her work/PT/ med schedule (SO IT DID NOT HAPPEN)**
- **I (Dr Scott) cannot do that.**
- **Diagnosis multiple strains s/p(status post or after) fall**

031413Doctors Care Work Status (see Defendant APA33) prepared after PT report

- no lifting more than 15 lbs
- ground level work only, no ladders or heights
- No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing
- No continuous standing and/or sitting
- Limited use of R arm
- No overhead lifting
- No high repetitive hand activities for extended periods of time.
- Please limit to less than or equal to 7 hours.
- Multiple strains s/p fall so diagnosis matches Physical Therapy Diagnosis

A staff pharmacist stands almost continually except for a bathroom break and if the pharmacist gets a meal break in a 8 to 10 to 12 hour shift. His restrictions were not complied with.(See **040413EMAIL** from adjuster about limited duty)

031413 12:18PM EMAIL to Barbara

- Pharmacists are not supposed to take any kind of debilitating drugs while working or before work for many reasons, especially that of patient endangerment (medicine mix-ups and drug interactions which are not caught).
- I would like to go to my physical therapy sessions and there is no such thing as light duty for a pharmacist.
- Not only do I feel that I am not heard, but that my appointments are not thorough with continuing information taken down. I am sure there is no information listed as to daily activities such as getting in and out of cars, braking, and some other things. (which I told both doctors).
- I do need time off to go to physical therapy.

031513 Work Status (see Defendants APA p34)

After talking to Walmart, Dr Scott changes the restrictions a little, but puts ok to work up to 12 hour shifts (I never saw this until Mr. Baxley presented it to me at the hearing p43 line15) and my signature is not on the sheet, no office visit, no arrival or discharge time are either.

031613 12:10am EMAIL to Barbara Cowan (note the times of some my emails)

- Every pharmacist I know understands "we" cannot work while taking muscle relaxants. One pharmacist said I should have asked the doctor did he want a

pharmacist on muscle relaxants calculating and filling his child's prescriptions that doctors may have made a mistake but the pharmacist was not thinking clear and did not catch it.

- Foggy brain does not catch high doses or directions that don't match or whatever.
- So (I need) Walmart working with me so that at the end of the day if I am having spasms bad enough to need muscle relaxant ... I can take it and go to bed, not having to worry about b**eing drugged at work the next day** or not getting enough sleep to function because of muscle spasms/tightness with **foggy brain** due to 3 to 4 hours of intermittent sleep because I could not take a muscle relaxant..
- **Since I am unable to maintain at home**, I try to relax and not push it. So I normally with heat therapy and ace bandage do not need to take a muscle relaxant at night following **LIGHT DUTY AT HOME.**

031913 Dr Baens letter to Ms. Barbara Cowan(adjuster)APAp32

(See030613X-ray with note from Dr Baens) (see010815Hearing Transcript p42line 25 –p43line 14)

- **"On 031213,** Ann requested prescriptions for several items. These items wer elastic gel wrist wrap, elastic hot/cold gel knee wrap, elastic gel cervical collar, elastic gel shoulder splint, and two ace wraps. I do not routinely write for these items and did advise would write for these although ***I did not believe there is any real therapeutic benefit.*** I also c***autioned her that she was determining her own treatment plan***. I was concerned that she had ***varying symptoms with every visit*** **claiming muscle atrophy (which does not occur in just a few days) and "burning sensation" after x-rays were done."**
- **1) if Dr Baens thought they were not therapeutic, why did she assign diagnosis codes specifically to them? 2)See Guidelines to Treatment for sprains & strains, knee and muscle ------ this treatment is recommended along with a protocol which the doctors here chose not to provide, 3) Compare her treatment to standards and see what was missing, 4) Patients are supposed to be INCLUDED in their treatment plan and their input to the doctor is supposed to be taken into account in decisions of treatment(see NC Medical Standards). 5) symptoms were not changing, they were getting progressively worse, 6) these words of muscle atrophy are Dr Baens description, Ann pointed to the area above the knee to the indented area on the right side where some of the muscle was missing (see 092115Dr Tupis ortho sports-specialist)and said so 7)Burning sensation after x-rays -**
- **Burning sensation on the x-rays ----Most doctors and anyone who has ever had multiple x-rays after an injury know the patient would have more pain**

after having injured body parts forced into abnormal positions and laying/sitting there on a hard metal table until clear pictures were achieved.

- **I was in pain bad enough to tell her and crying too.**
- **<u>What was the purpose of this letter?</u> Why would a doctor waste valuable time writing a letter that really makes no sense? Unless she was trying to explain herself to the adjuster (because she had done something she wasn't supposed to? To validate her actions?) Ask any competent doctor whose schedule is full of patients would they waste time doing the things this doctor has done, instead of treating the patients. Would they write notes and/ or letters like these? What is the purpose? She <u>must have had reasons</u> important to her to write these, because they <u>had nothing to do with my medical treatment.</u>**
- **Purpose – so a lawyer can bring this up at a hearing, is my thought. What about yours?**
- **<u>Dr Scott</u> did not write any notes or letters, but then he <u>didn't break protocol</u> either, did he?**

032013 Physical Therapy Visit

- Patient says she sees Dr Merritt next week
- **she worked so many hours yesterday she could hardly walk by the end of the day**
- Ultrasound to **R thigh**
- Tens and heat to **right calf and right thigh**
- **Patient complaints of pain are vague and unable to pinpoint areas of pain** (possibly because the pain is changing with the way tendons, muscles and ligaments slide together in movement)

032013 10am EMAIL to Cheryl Bosse (my supervisor)

- But when a doctor feels threatened when I ask for ACE bandages and special heat wraps for pain and support, calls it self-prescribing, doesn't even know what the gel packs are and shows some mental insecurity threatening me that she may not see me again ... and then the next time I am forced into a visit with someone else who wants to get in control of the situation and does not listen to me.
- I have been trying to work, not doing that well with back to back days. When you told me that I would have to get an accommodation that is when I was forced to see the sarcastic, and "in control of the situation" doctor. He appears to be doing everything the adjuster wants him to.
- I don't know what kind of accommodation you or the other person on the phone

line was working on.

032113Email To Barbara on back of 032413EMAILto Cheryl Bosse(Supervisor)

- What happened the morning before the prescription error – no sleep, in pain, sadistic treatment and less than 3 hours sleep

032113 (5:10am, 10:21am) I stated what happened where Dr Baens refused to see me(see 010815 Hearing Transcript p45 line8 – p46 line& including Defendants' APA p32), and (reply 5:24pm))my EMAIL RESPONSE to a complaint about Drs Care and Dr Scott , his sadistic treatment along with Dr Baens refusal to see me(note times):

- You need to continue with your current doctor at Doctor's Care until your appointment at which time **your orthopedic will become your authorized treating physician**
- As for your work hours, it is my understanding that **you continue to be scheduled for your pre-injury hours.**

032113EMAIL 11:21AM to Barbara

- I am **not a number** on a sheet of paper that can **wait in pain** or **injuries getting worse** until someone decides they want to treat me, answer me or to give me information.
- On 3/12, under Dr Baens, I had asked for something for pain, but she went **ballistic** about me prescribing my own medicines and at that point left the room and making sure there were no further discussions of any other matters other than her nurse coming in. After that visit, I continued to ask you for another doctor and then was forced to see Dr Scott or no-one, because she was **UNAVAILABLE** and had told me she probably would be.
- Doctors and medical personnel should have the interests of their patients in mind and not be ruled by insecurities in knowledge or anything else causing them not to be able to perform their job adequately.

Paystub listing of days taken for personal time and vacation, they never allowed sick pay until I was no longer working and I had accumulated the max possible before rollover to personal time.

032213(12:50PM)Dr Rhoades forwards my email and probably calls him
032213 Dr Scott

- **pulls back the same blank PT form where Dr Baens had already authorized PT on 031213 for PT 2 to 3 times/week for 3 weeks)**
- states **(Hold PT pending Otho consultation), knowing if he read** the chart that Dr Baens had written for **pain management only**(effectively leaving me totally in pain –1)DENYING MEDS and DENYING PT Pain relief
- There was **NO medical reason to DENY PAIN MANAGEMENT** before seeing the Ortho, (pain management means not working or exercising injured parts, only relieving pain)

- **Note this behavior** because it **happens again when Dr Baens accesses my records in a HIPPA BREACH to deny me Physical Therapy written by Dr Merritt (the ortho) and look** at her **reasoning** (061313Dr Baens signing Dr Merritt's PT progress form Align Networks sent her and denying therapy which is then sent back to PT)

032413 08:56pmEMAIL To Cheryl Bosse (my supervisor)

- **"I wanted you to see what happened the day of this prescription error and why I had requested less days of work and not working days in a row. Three prescription errors all within about 2 weeks under treatment with this doctor who prescribes muscle relaxants to take while working and the adjuster refusing to send me to a different location where other Walmarts send their worker comp.**
- **SeeEmail032113 5:10am to Barbara Cowan**

032613Reply Email back to Dr Rhoades, explaining what had happened at the Carolina Forest branch where both of those doctors practiced. (Also included is another email from 101713 to Dr Rhoades ------- who never replied and ignored all the phone call messages left.

032416 Email to Supervisor(Cheryl Bosse) with forward of what happened on the day of the prescription error, for the causes of **prescription errors occurring after ACCIDENT.**

- **In pain , no sleep, no pain meds, no relief, no treatment**

032713---For Dr Merritt Appt (actually received 031513 via phone to his office)

- WMC(worker comp) authorization for
- right arm, wrist, hand, neck as of 031513
- later added R shoulder, R knee R Hip

032713 Dr Merritt (ortho)First visit (Defendants APA

- Here for **evaluation of her R shoulder, arm, wrist, and neck** **and** is also having problems with low back, buttock, and pain down the hip and cramping in the calf on the right side as well.
- Had a work accident where she fell about 6 weeks ago
- Tried a little bit of therapy, but seemed to worsen and they had been doing some pain management type with ultrasound.
- Pain in R hip and leg, with a lot of different myofascial pain in the thigh and hip area and down the leg
- Complaining of a lot of pain in R shoulder and problems with overhead activity
- Gets discomfort in the wrist and hand
- points to pain between ring and the small finger, which she injured when she fell
- Complains of tightness in the neck and does not seem to want to move this

On physical exam ,

- in four measurements shoulder movement is not normal.
- Mild tenderness on wrist and hand
- tender between 4th and 5th fingers between the metacarpal heads
- Mild myofascial pain on the lateral aspect of the hip
- Nerve tension signs give her some buttock pain

ASSESSMENT Probable low back strain with some sciatic discomfort down the R leg and the R shoulder rotator cuff injury, cervical strain and wrist and hand strain.
PLAN

- He thinks most of the discomfort is ligament muscle related and will improve with therapy. He recommends "**we start that with the back trying to restore her motion and strengthen the low back and the neck region**". Lift less than 10 pounds and no overhead activity, or repetitive activity with her arm

032713 1:39PmEMAIL to Barbara Cowan

- Dr Merritt said that the Doctor had only specified arm and shoulder area and did not specify hip, knee, leg and foot ... so he could not evaluate that area with the correct specification. Several of Dr Baens charts specify where the damage is. I don't know why it was left off of the referral.

032713 01:45pmEMAIL to Cheryl Bosse (my supervisor)

- "Somehow the referral only included arm and shoulder, hand area .....so the doctor said he would have to clarify that before he could look at any areas outside of that which were the leg, hip, knee and foot.

after 032713,email in reply to my emails stating when I went to Dr Merritt, the adjusters refused to treat the areas that they had been treating before under Doctors Care (which was PT pain management)(Hearing transcript 010815p12 – 15)
032913 11:22amEMAIL to Barbara Cowan(adjuster)and 03:42PmEMAIL to Barbara

- called Dr Baens office, thinking she had restricted the referral to Dr Merritt and was told worker's comp only authorized the arm, hand and shoulder area.
- PT has been treating my leg and hip area for pain relief for two weeks, but not back since Dr Scott canceled it.
- 0n 03/12 Dr Baens wrote about knee and hip in her paperwork after the xray for leg and hip on her first encounter. What is needed?

040113 at 8:50am EMAIL Written Agreement by Barbara Cowan that stated, "
Compensable body parts: **At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/finger.(no that was preprinted on form)** When I interviewed you on 022813, 12 days after your injury and plenty of time for any other injuries to surface, you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. **These are the only body parts that are covered in this Worker's Comp claim."**

040113 11:25amEMAIL To Krystal Rogers (supervisor over adjuster)

- "On the first visit, I had a problem with the doctor and at that point I had not used email to communicate .... only leaving messages and talking on the phone to Barbara. I explained the first doctor's attitude and what he had said when I reminded him my knee and leg hurst as he was walking out the door. I hope you keep conversations between the adjuster and the patient.
- Asked her to review my case

040213 Right Shoulder MRI -

- Bones – There is degenerative change seen of the AC joint. The acromion is slightly down-sloping.
- A subacromial spur is seen
- Rotator Cuff -Tendinopathy is seen of the rotator cuff with overlying subacromial and subdeltoid bursitis, but no full- thickness tear is identified.

040313 10:18am EMAIL to Krystal Rogers(problems with getting PT that was written and parts that were before, but not now)

- I was scheduled for PT after 10 day cancellation,Dr was restricted and I only got upper body.
- PT all booked up so I only got 1 day this week
- My hip and leg were what was treated in my last session which is the most painful area due to driving, braking, and walking, etc.

040313 03:29PmEMAIL WRITTEN AGREEMENT

- I have spoken to Barbara and **we will cover your right knee, neck, right shoulder, elbow, and hand. Those will be the parts of body that will be covered under your work com claim**. Barbara has been instructed to call your treating physician and inform him of this information

040313PHYSICAL THERAPY EVALUATION by Kristin Courtney, DPT

Patient presents with complaints of pain for R shoulder, elbow, wrist, hip, knee pain after tripping on computer cord at work and falling onto her right side. Complains of intermittent headaches and diffuse right extremity numbness/tingling.

- Currently only cervical strain, hip and low back strain treatment were prescribed
- Workers comp **denied PT for hip and low back** and is authorizing treatment on cervical spine only
- Pain worse when sitting greater 30 minutes, walking greater than 30 minutes, using right upper extremity or using lower extremity, lifting greater than 5 pounds, driving, reaching, laying down/ sleeping greater than 60 minutes
- pain quality is intermittent dull/throbbing
- Thoracic increase Kyphosis
- Cervical moderate FHP
- Unable to test neural tension due to inability to move Upper Extremity
- Unable to evaluate or treat what was denied by Workers comp and/or pending

MRI

- Radicular symptoms – complaints of pain in entire right Upper Extremity and patient is unable to specify locations
- Diffuse cervical pain, increased tone in Right greater than Left UT, right levator and SCM
- Unable to assess shoulder ROM /Strength due to patient resistance
- Oswestry Score 62% NDI (3/8/13 for scoring index)
- Decreased grip strength on R, patient hesitant to perform due to pain

ASSESSMENT -This patient presents with the above functional limitations, affecting ADL (Activities Of Daily Living) and work capacity. Signs and symptoms are consistent with differential diagnosis of cervical myofascial pain, possibly related to rotator cuff injury. Shoulder was not evaluated or treated today due to MD orders and pending MRI.

- Lumbar and hip strain were not assessed due to **denial by WKC on 032913**
- She was seen prior to Ortho referral and refused to perform therapy (Dr Baens said she would only write for pain management for 2 weeks back in March, not sure whether it was stressed at PT)
- She was given HEP to decrease tone and restore muscle length and compliance was stressed with patient.

040313 04:38pEMAIL to Krystal Rogers

- Parts covered before and restricted with Dr Merritt
- Problems with PT stopping
- What is light dutyy and at this point I have never been offered light duty.

040413**EMAIL** **Written Agreement** from Adjuster, Krystal Rogers

- Your recorded interview
- **You are only going to be allowed to treat for your right knee, neck, right shoulder, elbow and hand**
- If you require additional treatment you will need to **use your insurance**
- Unfortunately **inability to sleep** is not covered under your claim
- If you feel your inability to sleep is partly due to your **ALLOWED** treatment you would need to **speak with the treating physician** for treatment options.
- **IF your supervisor would like to contact us**, she is more than welcome to discuss appropriate light duty.....Note, Is adjuster inferring that neither the adjuster or my supervisor have discussed any kind of restrictions or light duty, so nothing was complied with on any restrictions or hours change?

040813 Email Escalation Written Letter to supervisor Vince Cullipher(with forwards)

- asking to review my case file, videos, etc – USING WALMART'S OPEN DOOR POLICY that I was told to use when I complained to my supervisor, his supervisor and up by forward emails.

040913 Work Status Report – Dr Merritt said no work until next evaluation 4/23/13

- Diagnosis Cervical, Lumbar, strain & RC impingement (Defendants APA 1p24)

041613 11:46am EMAIL WRITTEN AGREEMENT from Hanna Wiley
After I reviewed your claim,l we decided to include the right hip to be a part of this claim.

- **041713 Align Networks sends authorization adding R hip to Cervical/shoulder sprain/strain(effective 041613) to ProgressivePT**

042213 Align Networks letterhead and Progressive PT Evaluation sheet from same date

That was faxed from PT to Align who then faxes Dr Merritt's(see physician on PT form) evaluation to Dr Baens as it states in cover letter. Since Dr Baens was no longer the treating physician(see email 032113 where adjuster states only Dr Merritt after 032713) she should never have been given access to my medical records ---**THIS IS A HIPPA BREACH** (evidence from my file acquired on 9/14/16)

042213 PHYSICAL THERAPY EVALUATION by Kristin Courtney, DPT

Patient presents with complaints of pain for R shoulder, elbow, wrist, hip, knee pain after tripping on computer cord at work and falling onto her right side. Complains of intermittent headaches and diffuse right extremity numbness/tingling. Seen today for R hip pain, states told to discontinue PT on neck and shoulder until MRI results in. Diagnostic findings MRI of R shoulder shows bursitis and rotator cuff tendonitis

- Right lower extremity WNL with all motion with complaints of pain at end range of R hip, IR, and ER. Patient refused to perform ROM on right knee
- Right upper extremity – Shoulder restricted in flexion and abduction
- Strength R upper and lower 3/5 and 4/5 with complaints of pain
- **POSTURE 1) Increasing Cervical Lordosis (** increasingly inward curvature (see 030813definitions) 2)**Increasing Lumbar Lordosis** (increasingly inward curvature) , and 3)**IncreasingThoracic Kyphosis** (increasing abnormal curvature in the opposite convex direction) producing round back or hunchback. 4) Rounded shoulders and slumped
- **GAIT** - independent, but **ANTALGIC:** favors left side due to **right sided** body **pain.**

ASSESSMENT

- This patient presents with the above functional limitations, affecting ADL (Activities Of Daily Living) and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a **TRAUMATIC** fall.

- Patient is hesitant to participate in any therapeutic exercises **due to her multiple complaints of pain.** Patient seems more interested in pain modalities only. She may benefit from aquatic therapy, which is not offered at this facility.

042313Dr Merritt Work Status out of work until next Eval 050713

- With diagnosis cervical should knee strains – only what was authorized at PT

042913 Align Networks note to Progressive PT adding R hip and R knee to old authorization for PT

- cervical/shoulder sprain/strain
- Add R hip effective 04/16 and R knee effective 4/23
-

050113 Physical therapy visit

- Ultrasound to R medial thigh/knee
- Tens and heat to Right UT (thoracic), R shoulder and R hip
- patient is left side-lying
- Myofascial pain noted on medial thigh at sartorious/adductors
- complaints of increasing pain in hand on R arm with rows changing to retract

050113 PHYSICAL THERAPY EVALUATION by Kristin Courtney, DPT

Patient presents with complaints of pain for R shoulder, elbow, wrist, hip, knee pain after tripping on computer cord at work and falling onto her right side. Complains of intermittent headaches and diffuse right extremity numbness/tingling.

- She is **seen today** for evaluation of **right knee pain**
- Decreased hip flexion (see 092115Dr Tupis **IT Band)**
- vague superficial pain through out R lower extremity
- point tenderness at medial inferior knee at **pes anserine** (see092115Dr Tupis)
- **increase tone** noted in adductors with **complaints** of **severe pain**
- **Balance impaired on right lower extremity due to pain**
- **COGWHEEL (rigidity)** noted with movement

  ASSESSMENT This patient presents with the bove functional limitations, affecting ADL and work capacity. Signs and symptoms are consistend with adductor strain.
- Patient is hesitant to participate in minimal therapeutic exercises **due to her multiple complaints of pain and severity.**
- If she continues to be resistant, she may benefit from **aquatic therapy**, which is not offered at this facility
- See plan of care

050313Dr Merritt out of work, next appt is 051313

050713Knee MRI (see 092115 Dr Tupis)

- There is an equivocal meniscal tear in the body of the lateral meniscus tear in the body of the lateral meniscus with referenced images above. And popliteal cyst
- 092115Dr Tupis-See addition to this finding on MRI 050713, mild to moderate patellofemoral joint space narrowing and mild medial joint space narrowing. (which **accounts** for some of the non-organic symptoms) (symptoms not from current diagnosis)from PT

050813 Physical Therapy visit Defendant APA 75

- patient reports walking a lot yesterday & her leg pain is much worse
- patient refused to do several therex secondary to doing at home despite the need for 3 to 3 times/ day (Doing all the exercises at once instead of spreading them out would cause more pain so I would do part before, part during and part after) But I would have to be able to walk in and walk out after doing them or I wouldn't be able to function. And since nothing under the knee was authorized no pain modalities were used on anything under the knee (none of the muscles or ligaments there).
- patient reports having to walk a lot yesterday and her leg pain is much worse (see 071213 Dr Pappas Restrictions on walking,etc, evaluation, diagnosis
- Also see FCE about limitations

050913Physical Therapy visit Defendant ADA 74

- pain complaints in r hand and r medial knee – the exercises make me hurt(see 071213 Dr Pappas Evaluation and also see 092115 Dr Tupis diagnosis and evaluation along with FCE measurements)
- continuing with non-organic symptoms that do not match current complaints (non-organic symptoms matched Dr Pappas Evaluation and restrictions)

051313 Dr Merritt Office Visit -- Problems

- Sprains and strains of shoulder and upper arm
- Sprains and strains of knee and leg\ and unspecified site
- Sprains and strains of other and unspecified parts of back, neck
- Patient is in today for followup of her knee MRI, she's continued to have pain in her neck, shoulder, and knee as well fairly global joint pain in the neck and shoulder as well as posterior cervical spine pain – she continues to endorse pain radiating down her right arm

051313 Progressive Physical Therapy Evaluation

- See objective findings
- Strength 4-4+/5 through out R upper extremity and lower extremity with cogwheel rigidity present
- patient is able to walk/stand for 15-20 min, able to go up or down 5 steps with of of both upper extremities, patient able to sit for about 15 min with increasing pain
- cogwheel rigidity noted with all strength testing, very vague complaints, nonorganic complaints with pain noted in adipose areas and superficial pain
- non-improvement due to secondary plateau

- patient refuses to perform most all therex for various reason that do match injury/complaints

051313 Physical Therapy written by Dr Merritt to continue

051313 Work Status Report (Defendants APA 1 p20)-- see limitations/restrictions to start on 052013 and also what Dr Merritt has starred at the bottom of the report IF UNABLE TO PROVIDE LIGHT DUTY PT WOULD NEED TO BE OUT OF WORK

- At this point Walmart decides to comply by taking me out of work themselves by deciding they cannot provide the restrictions (which they never did). Until I have to sign employment contract on 070313. (See email dated 061913EmailFrom Human Resources to Hamp(my supervisor) the provider has indicated restrictions that may be inconsistent with the associate's job description – even though this states **061113-071013**FMLA Reduced hours unpaid (4 hours per day). Most of Dr Merritt's restrictions were similar so none would have been consistent.)
- I did not request FMLA, this was something they came up with to track hours. Later the next year(May2014) I was told get paperwork several times from my doctor and turn it in for medical leaves.

051513 Physical therapy visit

- patient reports Dr Merritt returned her to work. She states she is hoping Walmart keeps her out of work (so I won't have to use injured areas at work and so I can go to physical therapy which was never put into my work schedule)
  continues with non-organic complaints (ie. Plantar foot pain with isometric hip) see 071213 Dr Pappas (foot ortho) Evaluation and restrictions ---------- so these were not non-organic, they were associated with actual tendon and ligament strain diagnosed.

051613 Physical therapy visit Defendants' APA 71

- patient states my knee is still hurting and the pain goes to the ankle sometimes
- complaints of non-specific knee and ankle pain with no palpable restricting (had to cancel 052113 PT because something tore in Ann's foot) (see 071213 Dr Pappas foot Exam with restrictions, diagnosis, and treatment)(See many Emails to adjusters and Dr Merritts office)
- refused to do some exercises today due to doing them at home

052113 Physical therapy visit

- **called to <u>cancel</u> only once *<u>due to Foot Pain</u>***
- reschedule for Thursday

052213 04:37pm EMAIL to Toni (Dr Merritt's office)

052213 4:49Pm **EMAIL written agreement** to Krystal Rogers adjuster's supervisor)Hanna on vacation

- Ann was trying to get in to see Dr Merritt on workers comp because something had ripped in her foot.
- Krystal's reply- **<u>I already talked to her. Dr Merritt will not see you for your ankle. We are going with the 2nd opinion</u>**

052313 Progressive PT visit Defendants' APA 70

- **see canceled visit on 5/21/13**
- **(after something ripped in my foot from walking) See all the Emails to adjusters about trying to get treated during this time)(also see 071213DrPappas Evaluation for foot/ankle etc.)**
- **Patient states my ankle swelled up on Friday , I had to stay in bed for 2 days. It's better now, but I'm not going to do anything that pulls the ankle (see 071213 Dr Pappas instructions and restrictions)**
- **patient refused to perform therex to ankle because of pain**
- **most all therapy she refused in no way involved her ankle (it did if I had to stand on it, move on it or walk on it)**

053013 3:14Pm EMAIL to Hanna Wiley

- Here is an email to Toni at Dr Merritts about trying to get these areas authorized. Look at the date. Have all of the phone calls to me and between me been taped. I think you might need to listen to some of them.
- Hanna's reply – **We are working on it.**

053113 10:10am EMAIL written agreement to Hanna and from her11:31am

- I want to see a doctor for my ankle/foot and discuss with VINCE on a three-way what happened while you were out
- I was told" Dr Merritt would not see me for my ankle" and "when Hanna gets back we'll get that second opinion doctor lined up, leading me to believe this other doctor that handled "ankles" would see me.
- This week I found out from Dr. Merritt's office I could have been seen, but I would have had to pay, which was not what I was told. (I would have paid to be seen if I had been told the truth, I would have had to have a neighbor take me but I would have gone.)
- Making someone wait 2 weeks for treatment is unconsciensable.
- ***HER REPLY -We are in the process to set you up with specialist to address all your issues and we will not be able to treat you for your foot/ankle until after this appointment. We are not refusing treatment but go through the proper channels.***

060313 04:38pm EMAIL AGREEMENT -from Hanna Wiley

- I received your voice mail from Friday and again ask you to be patient
- **We are working on getting a second opinion.**
- We will at this time no authorize treatment for the right foot/ ankle since it is ove r3 and ½ months after the fall.

- ***<u>We will have all body parts addressed at the second opinon</u>***

060513 11:06am (and 060413-053013stream) **<u>EMAIL AGREEMENT</u>** Vince Cullipher (Krystal Roger's supervisor)

- ***<u>A second opinion to address your concern about additional body parts is being arranged.</u>***
- ***<u>In regard to the Video of the incident, CMI did send the doctor a copy so he can review it</u>*** (see Dr Merritt's Deposition -p48 line 15 -18) It was only sent once and that was in September.

060513 Progressive PT visit (Defendants' APA 69

- patient reports continued swelling in right ankle (see 071213Dr Pappas Exam)
- states I've only been wearing flip flops – shoes hurt too much and cause a white bump to surface on the inside of the ankle (see Dr Pappas exam and FCE on day two where white lump appeared probably ligament)
- patient had poor tolerance of any therapy complaints of increasing pain (nonorganic) and unrelated to activity ie. Shooting pain in ankle with upper extremity activity (probably Ann was having to stand on foot, while doing the upper extremity exercises.)

060613001:27Pm EMAIL to Hanna Wiley

- ***Kristin (physical therapist) told Ann, the only parts she could treat were right shoulder, neck, right hip and right knee***
- ***I need to know what parts of my body have been authorized for treatment***
- ***What specific areas of my body have been authorized for treatment to physical therapy?***
- ***What specific areas of my body have been authorized for diagnosis, treatment and follow-up by the physician?***
- ***What specific areas of my body have been refused treatment that did not allow the assigned doctor to treat m?***
- ***What specific areas of my body have been refused treatment that did not allow physical therapy to treat me?***
- ***What are the reasons for refusing areas listed in the answers to #3 and #4?***

060613 2:35Pm and 06061301:27pm EMAIL Hanna Wiley(adjuster)

- ***<u>I thought the right hand was included. Maybe no order was written for the right hand</u>***
- We will have the independent doctor do the examination and determine the body parts.

061113 Work Status Report, Dr Merritt marks limitations along with adding

- Limited work to 4 hours a day
- no pushing, pulling, or excessive lifting in excess of 20 lbs
- allow to receive help with task patient is unable to do. Should not be working while under the influence of narcotic meds.

061113 Dr Merritt Office Visit

- Patient has continued to have a multitude of complaints and reports she is dropping things with the right hand.
- She feels that her hand is weak she complains of cramping on the right side of her body being in the hand and small finger forearm elbo to the armpit aorund the shoulder
- she also has hip pain, right neck pain as well
- complaining of pain in her right foot heel ankle knee holder muscles and tendons around the knee
- as well as going up and the hip areas
- she reports cramping in the leg and foot and heel shell splint versus having trouble driving
- On exam she continues to have pain in the hand motion and wrist, elbow ande shoulder
- No major changes in her . Grip strength does seem to be slightly decreased not sure if this is effort related.

ASSESSMENT PLAN

- right upper and right lower extremity pain. I've told her I would like a second opinion, not sure why she is not improving being 4 months out from injury and I do not see any major structural problems.
- Get her back to work
- I recommended try this.
- She is very concerned that she cannot open bottles and do other task.
- I see no reason from her studies why she can't do regular work, but she may need to have some assistance with certain tasks if she is unable to perform them such as opening bottle or lifting certain thing. Her light started back at 4 hours a day.
- I do have concerns that there is a psychological componenet to her problem and not necessarily an orthopedic one
- Again I would like a second opinion given that I do not seem to be making any significant progress with her and would've expected a full recovery at this point
- See Dr Pappas 0n 071213DrPappas

061213 PHYSICAL THERAPY EVALUATION by Kristin Courtney, DPT

- 21 visits with 1 missed (see 052113PT visit where I called in about foot pain from something tearing in my foot, and see numerous adjuster emails then)
- strength is 4- /5 with cogwheel rigidity present with all motions of strength testing
- patient is able to walk about 5 feet before antalgic gait begins
- unable to stand/ walk greater than 10 to 15 minutes due to increasing complaints of pain (see 071213Dr Pappas restrictions on standing and walking on foot)
- ***unable to perform most therex secondary refusal due to***

inability to use right hand or right foot

- continues with **cogwheel rigidity, non-organic symptoms** (symptoms that don't match the diagnosis) (see071213Dr Pappas visit and prior PT visits to match symptoms) also (see092115 Dr Tupis diagnosis od knee muscles and 070215 Dr Putman diagnoses for cubital syndrome involving ulnar nerve in the arm and cervical radiculopathy)
- patient observed performing activities she states she cannot do and performs increasing AROM when not being measured (might be because measurements are done first while muscles are cold and therex as muscles are warmed by the repetitions)
- She has met 1 out of 6 goals
- increased functional capacity – not met
- recommend discharge due to secondary plateau (area reached in therapy where patient seems stuck) non-improvement

061213 Align Networks faxes PT Eval dated 061213 to Dr Baens (another HIPPA BREACH)

061313 Dr Baens (see email 032113 from adjuster stating Dr Merritt was the only authorized doctor after 032713)

- **denies** Dr Merritt's(treating physician ,(SEE UPPER right hand corner of Eval)PT Evaluation and
- then **signs** at the bottom **with her explanation of why she did it.**
- Until the Doctor's Care records were picked up 9/14/16 no-one seemed to know what happened to the PT Dr Merritt wrote for, except maybe the adjuster must have denied it.

062113 Dr Merritt faxes in signed authorization to continue PT

061913Email in my personnel file (from Subpoena)File contained very little but blank punch forms (greater than 50%)

- 061113-071013 reduced hours unpaid 4 hours per day. The medical certification did not reflect ending date
- The provider (Dr) has indicated restrictions that may be inconsistent with the associate's job description (so they kept me out of work because they could not comply with Dr. Merritt's restrictions until the employment contract was signed)
- and email dated 042014 from Ann with FMLA and Doctor's work status restrictions to Jamey who sends it to Human Resources. We know her condition is due to worker's compensation
- Not sure exactly what these emails mean, but maybe someone else does
- While I was sending in the doctor's restrictions and copies of my licenses for updating, this was all they were concerned with behind the scenes – very disillusioning to know what was orchestrated.

062014Dr Merritt office visit

- right leg pain and follow up: sprain of shoulder and upper arm
- she continues to have a multitude of complaints of discomfort in her right arm and right leg as well as her neck and back. She completed the nerve study
- Upper extremity reveals mild to moderate carpal tunnel and her symptoms don't match with this (see 070215 Dr Putnam diagnosis of cubital syndrome with cervical radiculopathy)
- I told her if she would like she can always get in to see a hand specialist to get their opinion on this. (I did ..... see 070215 Dr Putnam)
- I think that most of her discomfort is muscle ligamentous and will improve with time and appropriate exercises.
- I told her I don't need to see her back unless there are problems or she has any concerns
- orthopaedic referral – schedule within provider's discretion

070313 Walmart put me back to work using Dr Merritt's 061113 Restrictions

- Told me I had to sign this employment contract based on Dr Merritt's Restrictions and theirs or I could be terminated or lose all worker's comp benefits.

070213Dr Pappas(foot ortho)Dr Merritt referred me(Defendants'APA11,12,13) and it took more than a month to get in to see him, because he was booked up

- R foot/ ankle pain
- tarsal tunnel syndrome (355.5)
- other mononeuritis of lower limb (355.79)
- tenosynovitis of foot and ankle (727.06)
- Plantar fascial fibromatosis (728.71)
- Patient says ankle/foot hurts all over for 5 months acute from fall
- she reports she was at work when a cord wrapped around her right leg, creating a falling injury to the right leg, sustaining a twisting injury to the knee, hip, and leg
- she's had persistent radiating pain throught the right lower extremity fradiating from the region of the low back through the posterior thigh and lateral knee into the foot and ankle.
- She reports depending o her position, she has numbness and burning sensations to the right lower extremity
- **She's concerned about a <u>small palpable nodule that forms along the medial heal intermittently.</u>**
- **She says <u>when</u> this <u>forms</u>, there is <u>significant pain</u> (see FCE Eval on 2nd day Defendants' APA p47)**
- She reports that she had a large area of purplish discoloration around the lateral side of the right knee at the time of the injury that has remained.
- She had Physical therapy, but none related to the foot

- patient reports weight gain and exercise intolerance, muscle weakness, back pain, and swelling in the extremities
- Edema right: pedal 2+
- no limp but has antalgic gait
- Right Ankle/foot -Tenderness of the lateral ankle, the calcaneal tuberosity, the tarsometatarsal joints, and the inferior talofibular ligament,
- Tenderness along the tarsal tunnel. With some tingling developing throughout the plantar forefoot with compression.
- Strength on R : Extensor hallucis longus 4/5, tibialis anterior 4/5 and gastrocnemius 4/5
- Exquisite tenderness with palpation along the region of the common peroneal nerve near the fibular head.
- Right lower extremity – There is an area of purplish discoloration around the lateral leg, near the fibular head.
- ASSESSMENT plan
- Right common, peroneal nerve neuropraxia, right foot plantar fascitis, right fibular stress reaction, right sinus tarsi syndrome, right tarsal tunnel syndrome
- Patient counseled on stretching exercise, give arch supports (accommodators, ¾ length) will be placed in patient's shoes. The patient can work on icing the heel in the evening for swelling.
- Patient advised to **avoid impact activities** on the foot including running and **walking**
- Secondary to the severe pain and discomfort throughout the right lower extremity
- Regarding ***work*** *recommend* ***no prolonged standing***. *Also recommend* ***no kneeling or squatting*** *activities. I believe most of her issures related to a common peroneal nerve neurapraxia. She also has symptoms consistent with sciatica. She has radicular findings. I would recommend an EMG nerve conduction study of the right lower extremity to evaluate nerve function. I believe most of her symptoms are related to* ***nerve issues higher in the leg and low/ back(see Dr Merritt's first diagnosis (032713)and adjuster's refusal to treat at physical therapy on 040313).***

071213 Dr Pappas Work Status Report with his restrictions

- of limited standing and no bending or kneeling
- Confusion came about by me asking to merge Dr Merritt's Restrictions with Dr Pappas's Restrictions so I would have one sheet. (see010815Hearing p 77 line 9-18)

071613 Progressive Physical Therapy faxes Patient Discharge to 904 number(Align) Align faxes Discharge sheet to Dr Baens which states Rx expired and she signs it with the date of last treatment on 061713 (about a month later)

- Note Under Physician ... the name is Dr Merritt.

- This is another HIPPA BREACH

071613 PHYSICAL THERAPY DISCHARGE NOTES

- Visits authorized 39
- Visits attended 27

Look at how many I was denied by Align and Dr Baens in their "collusion" which also includes HIPPA VIOLATIONS. Not only did they deprive me of muscle function, treatment, and medical care,but they had all my doctors believing I was lying and having "mental problems". Their charts said I was getting PT.

072413 10:29am EMAIL from Hanna Wiley

- Dr Tamadon will evaluate you and then recommend what treatment should be ordered.
- Until then I just can't say what will be done.

081613 09:26am EMAIL from Hanna Wiley

- **This is out of my hands now and we will wait for the FCE to take place**

08/27/13 FUNCTIONAL CAPACITY EVALUATION (FCE)
08/28/13 **WFL means Within Functional Limits

As with most long-term rehabilitation situations, a course of work conditioning to improve safety with return to work is indicated. (p2 last line)

- **PAIN REPORT** – Reported discomfort in the right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot was part of the reason for limitations with lifts and carries. OBJECTIVE signs coincided with the client's reports of discomfort. (p3 lines 1-6)
- **SAFETY TESTING** –Testing as modified for floor lifts to allow client to safely complete the activity.(p3line8)
- **QUALITY OF MOVEMENT** –Asymmetry of movement was noted in walking and this interfered in safe performance. Compensatory movements were noted during /following activities involving hip hiking.(p3line1-2)
- **LIMITATIONS** – Ms. Stevenson is limited in her ability to walk, climb stairs, carry, stoop, kneel and work overhead. (p3 last line)

TEST RESULTS AND INTERPRETATION

- See Limitations and Recommendations minimize overhead work and work at waist level(p4), limited walking, minimize stairs and low level work on a stool(p5)
- Hand Function –Notice the dominant hand (Right) should be stronger than the left, but it is not. Left grip is near top range and right is close to bottom. On co-ordination with round blocks in hole, the dominant hand is 31% less than the non-dominant one.

Under Musculoskeletal System ..... Neck and Trunk Anything that is not WFL, is

matched to normal and also lowered muscle strength within the body movement.
Certain **Right shoulder** ranges of motion (ROM) are about **2/3 of normal** and less than half strength of the Left.(p6-7)
Notice **Right Wrist** some movements and strengths are lowered by **one-third to one-half** of normal.
The Hip where ranges are **below** normal, as is strength.
Knee Flexion (Bending the knee) ROM and strength is **lowered** in Right knee (p7)

Ankle see Dorsiflexion is **ZERO** where normal is 20 and the left is also restricted to between one-third to half of normal. Also **Eversion** ROM is **less than one-third** and strength also for both movements.
Toe Rise Reps -on the **Right** is **ZERO,** while the left is normal.
Knee squat was able to do half squat three times compared to 20 regular squats.

Second Day Summary of Physical Exam

- Client reports discomfort in right foot, heel, leg and hip (5/10), rating her pain 5 out of 10.
- **White bump** has shown up on medial foot at heel **(possibly ligament)** (p8)

Mechanism /Type of Injury – Client reports she tripped when her ankle was caught in a computer cord, and hit her hand on a hazardous waste bin, separating her small finger from the other fingers of her right hand. On 2/16/13. (p11)

- see 010815Hearing Transcript p56 line2 -line 18, about something ripping in right foot in May from walking and it was poking out
- see 071213Dr Pappas under HPI line 6 in the paragragh – small palpable nodule that forms along the medial heel.

081513 and 082813 EMAIL TO/FROM PHYSICAL THERAPIST , Kristin Courtney

- In Dr. Tamadon's report, he said ,"that I had refused to do physical therapy exercises." Can you get that corrected with his office and worker's com?
- **Kristin's reply, " The records stated refused to perform most therex due to pain/fear of pain."**

082413 06:24PM EMAIL to Janice Van Allen (Director of Walmart's workers comp)

- Every step I take causes pain, every time I walk in to work and out. I have to use a grocery cart most of the time from the parking lot
- Every step hurts and getting worse.
- Worker's comp has left me this way for months refusing to treat every part of the whole injury.

091013Dr Pappas Work Status with Restrictions (Walmart did not

- **comply with these and Dr Pappas kept his restrictions separate from Dr Merritt's)**
- limited to work 4 hours a day
- no pushing, pulling, or excessive lifting in excess of 20 lbs
- no twisting, climbing or stooping
- no kneeling, crawling or squatting

- Other standing as tolerated

091913 EMAIL to Janice Van Allen (Director of Walmart's worker's comp dept)

- says she will send readable(copies that can be opened)accident videos out to the doctors
- **Dr Merritt said in his deposition(p48 line -p52 line5),"I was sent a disc, but it never loads in. It would just come up blank. So I never saw it."**
  1) after viewing 4 pictures his impression of the accident changes from what he was led to believe about a simple fall at floor level from other doctors' notes, etc.
- Dr Tamadon's office said they never received it
- Dr Pappas could not open his
- Dr Owens could not open his
- Dr Rhoades said he never got his either.
  P48 line
-

092713Dr Merritt Rx for TENS vest -(for pain relief – electrical stim with Tens)

- Physical therapist had told me about this vest that you can put the leads and pads into that would treat areas you cannot reach (cervical, back, arms, shoulders, etc) to put the pads from a regular TENS machine that Ann already had

102113 08:59am EMAIL – Hanna Wiley forwards me an email addressed to my Supervisor, Hamp Manning

- Good Morning
- Please find enclosed the latest work status which shows the only restriction is a 20 lb lift limit. No work hour restriction.
- Please let me know when Mrs. Stevenson is on the schedule for her regular work hours.
- Attached is a 14b (dated 101013) stating for full capabilities or questions refer to the FCE

121313Dr Elvington evaluation of knee (Defendants' APA 88 and 89)

- He states in his report, "She a**pparently did not complain** of right **knee pain** until almost **two weeks** after her injury (not true see010815Hearing Transcript p37 (line 9 - 18)
- His evaluation was flawed because ***he depended on first injury visit*** (which was not complete) and others and the length of time before my knee was mentioned in any doctor's report (Because Doctor's care Doctors were ***SELECTIVE as to what they would write in their reports)***
- he must not have had any PT notes, because I did not see either stating traumatic fall, etc with measurements and the 050113 Physical therapy evaluation or any other measurements.

122713 Dr Merritt Office visit

- She has multiple problems

- Still having problems with her right hand, r hip, right ankle, right knee and right shoulder.
- **She is concerned mostly about her hip and hand which have not been evaluated.**
- She continues to use a cane to walk.
- She complains of pain in the buttock lateral thigh.

ASSESSMENT PLAN

- Right hip pain and right hand pain status post work-related fall.
- Since she is still having pain in the hand, I told her **I would like to have her see hand specialists.**
- In regards to hip, I recommend an MRI to rule out any structural problems. I'll see her back when this is done.
- I am trying to get her on light duty work that she will tolerate. She seems hesitant to do this. I would recommend that she be limited to 4 hours a day work limit standing to 2 hours. No repetitive activities with the right hand or arm that aggravate her increase her pain. I would not lift more than 10 pounds (See Walmart's answer in the Email to supervisor and accommodation requests)

122713 Dr Merritt work status restrictions(he is still waiting for worker's comp to approve the hand)

- limited to work 4 hours a day. Limit 2 hours standing
- No pushing, pulling, or excessive lifting in excess of 10 lbs
- no repetitive movements or gripping with the RIGHT ARM

122713 02:38P EMAIL to Hamp Manning (Ann's supervisor)

- Since worker's comp did say that hip and hand were covered, Dr Merritt has sent requests for approval today and referring me to a hand specialist
- along with work restrictions (Walmart had me get extra paperwork for Dr Merritt to fill out on 010914 for Accommodation to his restrictions, which they refused to do.)

010914 Dr Merritt had to fill out an ACCOMMODATION request so Walmart would give the restrictions he wrote for. Walmart denied the accommodation, they denied his restrictions. (see email from Hamp with letter rejecting the accommodation for the second time and why)

010914 Dr Merritt office visit

- Follow up of hip, still having pain there and continues to have other

complaints.

- MRI overal normal with no significant findings
- I told her I think most of her pain probably muscle ligament related and that continued exercise and strengthening will help. I also think this will help her should, kenee and no further orth intervention is warranted. She asked me to fill out a work form for her. I tried to address this with her allowing her to determine what she felt she was capable of doing.
- We will see if we can find some type of light duty that she is able to tolerate. I will be happy to see her back any problem. She is still waiting worker's comp approval to have her hand seen by hand specialists.

012014 PHYSICAL THERAPY EVALUATION by Mike Miller, DPT

Patient presents with complaints of pain for R shoulder, elbow, wrist, hip, knee pain after tripping on computer cord at work and falling onto her right side

- **POSTURE 1) Increasing Cervical Lordosis** (increasingly inward curvature of upper spine or neck vertebrae**), pushing the head forward** causing it to sit lower toward the shoulders **causing back and neck pain and** 2)**Increasing Lumbar Lordosis** (increasingly inward curvature of lower spine) Increasing Lordosis is usually caused by imbalances in muscle strength and length which can affect how trunk mass is situated over pelvis affecting the gait), and 3)**IncreasingThoracic Kyphosis** (increasing abnormal curvature in the opposite convex direction) producing round back or hunchback. 4) Rounded shoulders and slumped
- GAIT - independent, but ANTALGIC: favors left side due to right sided body pain.
- **Functional Index scores are 1) Upper Extremity 19/80 and Lower Extremity 29/80**
- **Neck Oswestry 58% and Low Back Oswestry 58% (see chart on 030813)**

ASSESSMENT

- This patient presents with the above functional limitations, affecting ADL (Activities Of Daily Living) and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a **TRAUMATIC** fall. She will benefit from HEP to restore prior levels of funtion and return to previous work capacity.

010914

032714 Kimberly Bower, (PAC for Dr Merritt)(Defendants' APA renumbered 113&114)

- She started having left-sided neck pain unrelieved by skelaxin, comes in requesting pain medicine
- Her neck began hurting yesterday and she thinks it all stems from her previous injury on the right, but the muscles have all been pto one side causing the left to now spasm
- walks with a cane, splint intact to R wrist and Left hand on the neck for pain relief
- Limited ROM secondary to pain in the neck
- Painful flexion, extension and rotation in both directions
- tenderness over the left paraspinals in the cervical region and the trapezius on the right
- ASSESSMENT - Cervical strain
- Gave rx for hydrocodone and skelaxin (pain blocker and muscle relaxant)

042814 Email Jamey Miller-to Human Resources.(from my personnel file subpoenaed)

- I understand there isn't doctor's paperwork attached but **we know her condition is due to workers' compensation** (see earlier email from Ann to him, with Dr Merritt's work status restrictions from December)

052214 Dr Merritt Office visit(Defendant's APA 110-111)

- Under Right leg ---he states If nerve study is unremarkable again, **I think she would be at maximal medical improvement.**
- We will keep her working restrictions

052214Dr Merritt Work status (see Defendants' APA 112)

- continues work restrictions from **the past Work status after October2013 where form 14B and MMI for shoulder and knee were down.**
- which employer decided not to provide and force me to take a medical leave or whatever they could get me to fill out

052314 Dr Merritt **writes a prescription for Tens unit supplies (see Defendants' APA 109)**

- But adjuster refuses to supply these (company sending them out calls patient to tell her not covered)
- Diagnosis code 719.45, 719.46, and 719.47 (joint, pelvic, thigh,lower leg, joint, ankle and foot)

052814 Dr Merritt office visit

- Follow up of her right legg and continues to report pain in her upper extremity (I think she is seeing another physician for this) ***He must think worker's***

comp finally approved his referral for my hand

- She is also contained pain and swelling in the hip, knee and ankle. She is now walking with no assistive device. She is very concerned regarding nerve damage in her leg.
- On exam she has a much improved gait. There may be mild swelling in the leg.

ASSESSMENT PLAN – Right leg pain

- I have told her given her continued pain. I don't have a problem checking a nerve conduction study. We'll see if and get this done. If this is unremarkable again, I think she would be at maximal medical improvement. We will keep her working restrictions as they were before. (***He thought Walmart was accommodating his work restrictions, but you can tell via many emails they were not.)***

052914 Dr Merritt filled out restrictions for accommodation paperwork (Defendants' APA p107 and 108

111014 LUMBAR MRI - see Hearing transcript correction

110314 Prescription for Tens pads (Defendants' APA)p 98

- diagnosis lumbar sprain (the same one he diagnosed 032713 and sent for PT 040313

111214Dr Merritt office visit (Defendants' APA 88 and 89)

- Right Hip & lumbar spine with right leg pain
- antalgic gait with a cane
- refilled pain meds – may need to be referred to pain management specialist

Many Different doctors visits and more PT from different doctors not noted

070115 (referred to) Dr. Edward Mikol (Carolina Ortho) Hand and wrist specialist who does surgery

- Patient plan She has some symptoms of CTS but not completely with that diagnosis. She has had some WC related injuries. Her EMG/NCS is cw CTS, but her main complaints are not. She does have a trigger finger, but doesn't want it injected. I cannot explain her symptoms with a diagnosis, so I would be reluctant to operate. I will ask Dr Putman to see her as he is our HAND and WRIST specialist and probably best suited to treat her
- History of Present Illness ---------RIGHT HAND PAIN (See notes) She reports for R hand pain radiating up her arm. She had a fall at work and Dr Haskins diagnosed her with CTS. Has a fair amount of pain that she says runs up her ulnar forearm into anterior arm. Reports weak grip and can't hold anything.

Physical Exam Findings

- RIGHT HAND-1)MC joint,2) ring finger -Mass/foreign body : Nodule at MCP joint volar aspect. Tenderness. Over nodule, triggering felt.
- Left Hand Pinch strength decreased, positive basal grind.
- Shoulder ROM R --pain in impingement arc.

070215 (referred to by Dr Mikol)Dr Stephen Putman (Ortho Hand specialist who does no surgery, but diagnoses complicated cases that do not go straight to surgery.)

- Pain hand (719.44)
- R upper extremity pain, diffusely. Stems from accident 2 years ago. Multiple EMG's reviewed that indicated only carpal tunnel syndrome. Exam consistent with cubital tunnel syndrome. Also appears to have R shoulder and cervical radiculopathy type issues which seems to be secondary.
- Discussed treatment options. Recommended activity modifications and keeping elbow straight at night especially. May consider long arm splint in extension. Has wide ranging isssues. Will follow up in 3 weeks and reassess.
- See history
- Elbow Physical Exam findings Maximum tenderness R medial epicondyle, vague tenderness lateral elbow
- Positive ulnar nerve compression test elbow, elbow flexion test
- Active pain free range of motion and passive pain free range of motion
- Neurovascular Upper Extremity – two point discrimination, 2pt 507 mm throughout R hand

092115Dr Tupis (Knee ortho sports medicine) office visit

6, #7

- Right knee pain since work-related injury 021313
- pain along lateral side of thigh (see muscle missing (Dr Baens
- pain along the anterior medial portion of her knee
- walks with antalgic gait
- tenderness over the medial joint line with crepitation
- pain with patellar compression and positive patella grind test
- pain along the IT Band
- MRI of the right knee taken on 050713 dwmonstrates a Baker's cyst with mild to moderate patello-femoral joint space narrowing and mild medial joint space narrowing.
- IMPRESSION Right knee DJD with hamstring tendinitis and IT band tendinitis

More Doctor visits and some PT, but not enough time to find or retrieve

103115,110315 See Dr Russell Derrick's corrections to 0313 Cervical MRI and date

082616 See letter from Dr Mills as to correcting Cervical xray from Dr care and

cervical MRI from 4/13. Also see other MRI repeated102215 and 050516.

091416 Am finally able to have access to Dr care files – HIPPA signature

- File has faxes to and from Dr Baens from Align Network after she was no longer my assigned doctor.

EMAILS TO AND FROM ANN'S SUPERVISOR, HAMP MANNING and Emails found in Personnel file subpoenaed:

102413 12:14PM EMAIL to Hamp Manning & from Hamp 102213

- You had not scheduled me for this week (seeAnn's Deposition p 55 line 17 – 22)
- There was no reply.

122713 02:38PM EMAIL to Hamp

- attached is 122713 Dr Merritt's work restrictions
- He has sent requests out again to worker's comp for hand ,etc and hip
- You have the foot doctor's restrictions.
- Can you let me know when you get my work set up again?
- I hope I can work early hours on MWF so I can go to physical therapy in the afternoons and take a muscle relaxant afterwards

021914 02:29Pm EMAIL to Hamp Manning and from Hamp 022114 09:18am

- From what I hear, worker's comp has refused to treat my hands and arm. So?
- Hamp states, " We are still looking into this. I should know something today or early next week.
- But there was no reply

032214 12:07am EMAIL to Hamp with a forward of short shifts to bid on

- I got some bidding shifts in the email that are 4 and 5 hours. Does this mean that Walmart is going to let me work with the restrictions?
- No email reply, but on the phone I am told, "No."

042114 02:52Pm Email From Hamp with forward of a letter 042114

- Accommodation services has denied your appeal again as it eliminates essential functions of the staff pharmacist's job description

Letter of 042114 Accommodation request for reconsideration

- Letter dated 042114, states" Your health care provider indicates that due to your condition, you cannot lift more than ten poun.ds and cannot work more than four hours per day. You have requested that the company accommodate your work restrictions. We have re-examined the information you submitted and we are unable to reverse the original decision
- Your initial request for accommodation could not be approved since it would require the company to excuse the performance of one or more essential job functions. Excusing the performance of an essential function is not reasonable.

110414 08:30am EMAIL from Hamp

- This is essentially (Dr Merritt's restrictions) the same as the original. Accommodation is not going to approve these limitations as they are the same as before.

061913 2:27pm email from WMCC HRSS (Human resources) to Hamp

- 0611132-071013 FMLA reduced hours unpaid (4 hours per day)
- Please send a reasonable accommodation packet, the provider has indicated restrictions that may be inconsistent with the associate's job description.

042814 09:06am from Jamey Miller to Hrssrep

- I understand there isn't doctor's paperwork attached, but we know her condition is due to workers' compensation

WCC Hearing Transcript010815

Please review the corrections to incorrect statements taken as fact which are not, that the Commission's Order is based on.

DEFENDANTS BRIEF Dated 12/29/15

There are a lot of things I do not understand about this brief.

- have never found where or What the Findings of Fact are listed on page3 line 1 through 2. But some answers to these may be found in the corrections to the Hearing.
- Dr Merritt stated in his deposition that he had referred Ann to the hand specialist (see p19 line 1 – 3), and (p47 line22-25) found out the referral never came through, so he again referred at the next office visit 122713and on 010914Office visit, you can see that he is still waiting for workers comp authorization for the hand.
- (p36 line 9 – 10 and p37 line 9-18) "So I felt that her symptoms were related to the fall. Her complaints are related to her fall."
- (p51 line 3 – p52 line 5) After looking at 4 accident pictures, (which he was never able to see before, video wouldn't open, etc.)" Yeah it looked like she started to go down on the left side and kind of – twisted 40 to 50 degrees.
-

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

Ht: 5 ft 4 in 12/27/2013 11:36 am	**Wt:** 189 lbs 12/27/2013 11:36 am	**BMI:** 32.4 12/27/2013 11:36 am
BP: 131/86 sitting L wrist 12/27/2013 11:38 am	**Pulse:** 83 bpm 12/27/2013 11:38 am	

HPI

This is a pleasant lady who is in today for evaluation. She's contained have multiple problems. Still having problems with her right hand right hip right ankle right knee neck and right shoulder. She is concerned today mostly about her hip and hand which have not been evaluated. She continues to use a cane to walk.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

On exam she has no leg length discrepancy. She complaints pain in the buttock lateral thigh. She does not appear to have any groin pain with motion. She appears to have no focal motor or sensory deficits.

Assessment / Plan

Right hip pain and right hand pain status post work-related fall. Since she is still having pain in the hand I told her I would like to have her see hand specialists. In regards to hip I recommend an MRI to rule out any structural problems. I'll see her back once this is done. I am trying to get her on light duty work that she will tolerate. She seems hesitant to do this. I would recommend that she be limited to 4 hours a day work limit standing to 2 hours. No repetitive activities with the right hand or arm that aggravate her increase her pain. I would not lift more than 10 pounds.

1. Sprain of knee and leg
844.9: Sprains and strains of unspecified site of knee and leg

2. Hip pain
719.45: Pain in joint, pelvic region and thigh
- HIP PAIN: AFTER YOUR VISIT
- MRI, HIP
  Side: RIGHT
- Skelaxin 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by James O. Merritt IV., MD, 12/27/2013.

Encounter performed and documented by James O. Merritt IV., MD

hand referral, Rhip MRI

hand not evaluated

- Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

01/09/2014 11:00 am

Ht: 5 ft 4 in **Wt:** 189 lbs **BMI:** 32.4

BP: 129/77 sitting L wrist **Pulse:** 76 bpm

HPI

This is a pleasant lady who is in today for follow-up of her hip. She still having pain in the hip area. She continues to have other complaints. There doesn't appear to be no major changes.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

Hip pain. I reviewed her MRI with her. I told her that is overall very normal with no significant findings. I have told her that I think most of her pains probably muscle ligament related and that continued exercise and strengthening will help. I discussed with her that I also think that this will help her shoulder knee and that no further orthopedic intervention is warranted. She asked that I fill out a work form for her. I tried to address this with her allowing her to determine what she felt she was capable of doing. We will see if we can find some type of light duty that she is able to tolerate. I will be happy to see her back any problems. She is still waiting worker's comp approval to have her hand seen by hand specialists.

1. Hip pain
719.45: Pain in joint; pain in joint, pelvic region and thigh
719.46: Pain in joint; pain in joint, lower leg
719.47: Pain in joint; pain in joint, ankle and foot

- PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider: EVAL ONE TIME FOR HEP ONLY. SELF PAY. PLS CALL PATIENT TO SCHEDULE.
Evaluate & Treat: ONCE

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 01/09/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 01/09/2014 at 12:13pm

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	01/09/2014 10:45AM
DOB	[redacted]	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

Med Primary: *SELF PAY*
Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013
Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013
Prescription: ESI1 - Member is eligible.

Patient's Care Team

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Insurance Adjuster (Worker's Comp): BARBARA COWAN: Ph (800) 527-0566 X 20746, Fax (479) 273-8058
Insurance Adjuster (Worker's Comp): HANNA WILEY: Ph (800) 527-0566X20748, Fax (479) 273-8052
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

Right hip pain

Problems

Problems not reviewed (last reviewed 09/10/2013)
- Pain in elbow
- Hand joint pain
- Hip pain
- Plantar fascial fibromatosis
- Sprain of shoulder and upper arm
- Tenosynovitis of foot
- Tarsal tunnel syndrome
- Sprain of knee and leg
- Lumbar sprain
- Neck sprain
- Mononeuritis of lower limb

Medications

Reviewed Medications

Name	Date	
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13	prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	12/27/13	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

STRAND ORTHOPAEDIC CONSULTANTS

210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone: (843) 236-3222, Fax: (843) 236-3005

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: [redacted]
Address: [redacted]

Date: 12/27/2013
Patient ID: 231443

Note to Patient:

_x__ Was Seen in my office on: _____12/27/13_____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

____ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

_x__ Released to work WITH THE FOLLOWING RESTICTIONS:

_x__ Limited work to _4_ hours a day. Limit to 2 hours standing.

_x__ No pushing, pulling, or excessive lifting in excess of _10_ lbs

____ No twisting, climbing, or stooping

_x__ No repetitive movements or gripping with the RIGHT ARM

____ No walking on rough or uneven ground

____ The patient needs walking aid(s)

____ Must wear a splint or brace when working

____ Sedentary work with ability to change positions

____ No kneeling, crawling, or squatting

____ Other

The patient has been referred to the following: __PT __OT __Other

Electronically Signed by: JAMES O. MERRITT, IV., MD

Walmart
Save money. Live better.

Medical Questionnaire

Patient Name: Ann Stevenson **Job Title:** Pharmacist
Facility #: 586 **City/State:** Conway, SC

Dear Medical Provider:

Your patient has requested an accommodation under Walmart's Accommodation in Employment - (Medical-Related) Policy. In order to process the request, please complete this medical questionnaire. The patient can provide you details about their work situation and the accommodation requested. Please answer each question thoroughly. If multiple impairments exist, address each separately. Attach additional sheets if needed. ***The completed form can be returned to the associate or faxed directly to the Accommodation Service Center at 1-877-971-5935.***

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Diagnosis: ~~(illegible)~~ Shld, Hip, Rt Strain

2. Prognosis: ☐ Good ☐ Fair ☑ Guarded ☐ Poor ☐ Other _____

3. Describe how the condition specifically limits or impairs this patient (be as specific as possible):
Pt has pain due to certain activity

4. Expected duration of any limitations or impairments:
☐ _____Days ☐ _____Weeks ☐ _____Months ☐ _____Years ☑ Chronic _____ ☐ Other _____

5. Please check the appropriate box for each major life activity affected:

☐ Bending	☑ Lifting	☐ Thinking	☐ Neurological & Brain
☐ Breathing	☑ Performing Manual Tasks	☐ Walking	☐ Respiratory & Circulatory
☐ Caring For Oneself	☐ Reading	☐ Working	☐ Endocrine
☐ Communicating	☐ Seeing	☐ Other	☐ Reproductive Functions
☐ Concentrating	☐ Sleeping	(Specify)_____	☐ Digestive
☐ Eating	☐ Speaking	_____	☐ Bowel
☐ Hearing	☐ Standing	☐ Immune System	☐ Bladder
☐ Learning		☐ Normal Cell Growth	

6. Please describe in specific detail how each major life activity checked above is affected. (Quantifiable measures such as *"can only stand for 10 minutes out of every hour"* or *"can lift up to 10 pounds frequently"* are helpful. Vague statements such as *"cannot stand/walk for long/prolonged periods of time"* or *"cannot lift heavy items"* are not helpful and will delay the process since we will need to request additional information before deciding your patient's request.)

Limit wgt to 4wks/dy, Repetitive (R) arm activity
Limit Standing 2hrs/dy, Do not lift 10 lbs
Help with other activities that cause pain

Physician's Signature **Date** 1-9-14

Physician's Name (Print): James D. Merritt
Address: 210 Village Center Blvd. Ste 200
City/State/Zip: Myrtle Beach SC 29579 Telephone Number: (843)236-3222

Walmart
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508 SW 8th Street
Bentonville, AR 72716-3500
Phone 1-800-530-9929, Option 2
Fax 1-866-556-6321

April 21, 2014

Ann Stevenson, Store #586

RE: Accommodation Request for Reconsideration

Dear Ann:

Thank you for allowing Walmart to reconsider your accommodation request. Your health care provider indicates that, due to your condition, you cannot lift more than ten pounds and cannot work more than four hours per day. You have requested that the company accommodate your work restrictions. We have re-examined the information you submitted and we are unable to reverse the original decision. The reassignment decision is being upheld at this time.

Your initial request for accommodation could not be approved since it would require the company to excuse the performance of one or more essential job functions. Excusing the performance of an essential function is not reasonable. The ability to lift items weighing up to twenty-five pounds without assistance is necessary in order to perform the essential job functions of the Staff Pharmacist position. Based on our commitment to reasonable accommodate all associates with disabilities, we offered reassignment as an equally effective alternative accommodation.

It is important that you notify your management if your work status or medical condition/situation changes. During the reassignment period, you are encouraged to apply and compete for promotional and transfer opportunities that meet your medical restrictions.

To preference for jobs in your facility or in any other part of the company while on leave of absence, you may visit www.walmartcareers.com from a personal or public access computer. If you do not have access to the internet, you may also call store personnel. Facility management is available to discuss any positions that are available in your facility. To apply for any salaried positions, you may do so through the website. To apply for hourly positions that may be open in another facility, your facility manager may assist you with calling the store in which the position is open. Your personnel representative will be able to assist you in applying for open jobs in your current facility, if desired.

If a suitable position is identified by ASC during the reassignment period, you will be offered that position and your Facility Manager will provide you with a fair amount of time (typically 24 hours) to accept. If you do not accept the reassignment offer, or if no suitable reassignment position is found within the 12 week search period, the company will cease the reassignment job search. Then, you would be free to pursue other leave options for which you may be eligible. To file a leave and/or Short Term Disability (STD) claim, please visit the Associate Benefits Toolkit on the WIRE or www.WalmartOne.com to submit an online request using Sedgwick's on-line tool, "ViaOne Express" from a personal or public access computer. If you do not have access to the internet, you may also call Sedgwick at 1 (800) 492-5678.

Your Facility Manager is available to answer any questions you might have.

Sincerely,

Accommodation Service Center

Sylvia J. Hoff

From: WMCC HRSS Replies <H.Rssrep@wal-mart.com>
Sent: Friday, May 2, 2014 12:33 PM
To: Hamp Manning
Subject: Action Needed: ADA, Ann Stevenson, Claim Number: B483002651-0001-01
Attachments: ILOA Tracker.xlsx

Importance: High

Dear Hamp,

Please update the ILOA tracker with the dates and times the associate used their approved Reduced Hours. Any time outside the approval will not be considered for the FMLA SHC and should be reflected as ABSENCE on the tracker. HRSS needs this information as soon as possible to correctly calculate the associate time for leave.

For further assistance please email us at WMCC HRSS Replies (HRSSREP@wal-mart.com) or by phone at 800-530-9929 and choose the best option for your question. For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department

Thank You,
HR Shared Services

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From: WMCC HRSS Replies
Sent: Wednesday, June 19, 2013 2:27 PM
To: Hamp Manning
Subject: LOA, Ann Stevenson, TICKET NUMBER EHINCD000884785

Dear Hamp,

Ann Stevenson has been approved for an intermittent/reduced schedule leave of absence. You are responsible for tracking the hours and/or days missed due to the approved LOA reason. Please notify HR Shared Services once the associate has exhausted 12 weeks of leave time in a rolling 12 month period and/or 90 days salary continuance. Once the associate's LOA has expired, or associate is requesting a new leave please send the completed tracker to HR Shared Services. We have attached an intermittent leave tracker for your convenience. (Note: If the associate has already been on an ILOA in the past 12 months, please continue using their existing ILOA tracker to ensure to correct amount of FMLA used is captured.)
The Intermittent FMLA LOA has been approved as follows:

06/11/2013-07/10/2013-FMLA-SHC-Reduced hours-Unpaid (4 hours per day) The medical certification did not reflect a ending date for the reduced hours)
Please send a reasonable accommodation packet, the provider has indicated restrictions that may be inconsistent with the associate's job description.

06/11/2013-07/10/2013-FMLA-SHC-Reduced hours-Unpaid (4 hours per day) The medical certification did not reflect a ending date for the reduced hours)
Please send a reasonable accommodation packet, the provider has indicated restrictions that may be inconsistent with the associate's job description.

For further assistance please email us at HR Shared Services (HRSS@wal-mart.com) or by phone at 800-530-9929 opt 2, opt 4.For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department.

Thank you,

HR Shared Services

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Sylvia J. Hoff

From: WMCC HRSS Replies <H.Rssrep@wal-mart.com>
Sent: Monday, May 5, 2014 9:57 AM
To: Hamp Manning
Subject: Action Needed: ILOA Tracker, Ann Stevenson, Store 586, Ticket EHINCD000944376
Attachments: ILOA Tracker.xlsx

Importance: High

Dear Hamp

We received a new Leave of Absence for Ann Stevenson. We have been informed that they have had a previous Intermittent Leave of Absence and are requesting their Intermittent Tracker in order to confirm the amount of FMLA hours they have used. Please forward to WMCC HRSS Replies within two business days in order to process the leave within legal guidelines.

For further assistance please email us at HR Shared Services (HRSS@wal-mart.com) or by phone at 800-530-9929 opt 2, opt 4.For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department.

Thank you,

HR Shared Services

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From: WMCC HRSS Replies
Sent: Wednesday, June 19, 2013 2:27 PM
To: Hamp Manning
Subject: LOA, Ann Stevenson, TICKET NUMBER EHINCD000884785

Dear Hamp,

Ann Stevenson has been approved for an intermittent/reduced schedule leave of absence. You are responsible for tracking the hours and/or days missed due to the approved LOA reason. Please notify HR Shared Services once the associate has exhausted 12 weeks of leave time in a rolling 12 month period and/or 90 days salary continuance. Once the associate's LOA has expired, or associate is requesting a new leave please send the completed tracker to HR Shared Services. We have attached an intermittent leave tracker for your convenience. (Note: If the associate has already been on an ILOA in the past 12 months, please continue using their existing ILOA tracker to ensure to correct amount of FMLA used is captured.)
The Intermittent FMLA LOA has been approved as follows:

Thanks
Jamey Miller
770-690-3039

From: Jamey Miller
Sent: Monday, April 28, 2014 9:06 AM
To: 'HRSSREP@wal-mart.com'
Subject: FW: Emailing: FMLA10-13-010414 Ann Stevenson

Please find the attached updated FMLA paperwork for Ann Stevenson. This was not done in the past as it should have been when she left for LOA. At this point I am attempting to get her to sign the correct paperwork so we will have a complete file on her. I understand there isn't doctor's paperwork attached but we know her condition is due to workers' compensation so I am getting the paperwork completed so we can start her personal LOA until her year is up.

Thanks
Jamey

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Sunday, April 20, 2014 9:31 PM
To: Jamey Miller
Subject: Emailing: FMLA10-13-010414 Ann Stevenson

Hi Jamey,
Here is the FMLA paperwork and Dr. Merritt's work status restrictions report from December.

Thank you,
Ann Stevenson

Sylvia J. Hoff

From: Leslie Winters <Leslie.Price@walmart.com>
Sent: Friday, May 2, 2014 3:29 PM
To: Hamp Manning
Subject: FW: ScanSend from PHO2-PG1c-c Ann Stevenson
Attachments: image2014-03-17-194900-1.tif

No hours worked form 6/1 thru 6/28

Thank you
Leslie Winters
Health & Wellness HR Specialist
Phone: 479-204-8001
Fax: 479-273-4332
leslie.winters@wal-mart.com
Wal-Mart Corporate Office
702 Southwest 8th Street
Bentonville, AR 72716-0935
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-----Original Message-----
From: Hamp Manning
Sent: Friday, May 02, 2014 1:53 PM
To: Leslie Winters
Subject: FW: ScanSend from PHO2-PG1c-c Ann Stevenson

Leslie,

We are still working through some LOA issues with this associate. You sent this time punches to me in March. Can you verify if she worked at all in June? The earliest report I have is 6/29/13.

Thanks

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690 jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
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-----Original Message-----
From: Leslie Winters

WCC Hearing Transcript010815

Please review these corrections to incorrect statements taken as fact which are not, that the Commission's Order is based on.

- p4 line 24 (incorrect) was not an electrical cord, it was a computer cord- --1)see p16line12--p17 line 1-9, 2)accident report Defendant's APA 1, 3)videos and pictures, 4) the many PT evaluations, and 5)Ann's Deposition p33 line 3 through p37 line 4.
- p7 line 6 (incorrect) 2% impairment rating was to right shoulder 1) per Dr Merritt in his deposition p30 line 15 and 2)on form 14b MMI sheet
- p7 line 20 (incorrect) in his deposition p30 line 22 ---p31 line3, Dr Merritt states, " I mean there are some objective findings. She did have some impingement when you would – like Neer and Hawkins maneuvers, when you kind of pinch some tendon, it bothered her – she would have reaction, I mean, to that. So there – I think _ I did base that on that there were some objective findings for that."
- p7 line 23 through p8 line 3 (incorrect) see 040213 Shoulder MRI The acromian is slightly down-sloping, a subacromial spur is seen (why steroid shot) and Rotator Cuff tendinopath is seen of the rotator cuff with overlying subacromial and subdeltoid bursitis, but no full thickness tear is identified.

- p8 line 5-6 (incorrect) in his Deposition p31, line 15-17 – The MRI and again it wasn't a large tear and her symptoms weren't consistent with an ISOLATED meniscal tear.
- p8 line 5 - 8 See Dr Merritt's Depositionp31 line9-line 21 --Yes. I think that was because it(MRI) was equivocal for a meniscal tear and I think I gave her the benefit of saying that there was a tear. So I'm pretty sure that's where that 3 percent came from.:Based on the MRI (see **092115DrTupis correction to MRI report** of joint space narrowing which usually means pulled/stretched or torn tendons and ligaments because the joints are not held in place correctly.) and again it wasn't a large tear and her symptoms weren't consistent with an **ISOLATED (just a tear by itself)** lateral meniscus tear. That's why I wouldn't be comfortable operating on it. I don't think it would help **most of her symptoms**. But that is how I gave her that impairment."
- p8 line10 –14 (incorrect) see above and from p31 line 2 -3 and p31line 15-21 Dr Merritt said there were objective findings for both, 1) testing on the shoulder and 2) MRI of knee.
- P8line 23 – 25 (incorrect) See 1)FCE objective measurements and recommendations, 2) different Progressive PT Eval dated 030813,040313, 012014 with other PT Evaluations up until 08-16, AND 3)032714 Kimberly Bower, PAC for Dr Merritt Evaluation giving pain meds for this. There are no impairment ratings, because cervical spine was denied as a covered part in October2013, but accepted as being covered in Email written agreements April 3,2013 at 3:29PM from Krystal Rogers, stating" *I have had a chance to completely review your file. I have spoken to Barbra and* ***we will cover your right knee, neck, right shoulder, elbow and hand. Those will be the parts of body that will be covered under your work comp claim.*** *Barbra has been instructed to call your treating physician and inform him of this."*
- p9line 13 – line 23 --1)The adjusters ignored Dr Merritt's referrals for the right hand to hand specialist (he thought he had referred hand back May/June) and again in 11/13 at Office visit , 2) 010914 Office visit states on 2nd page still waiting for worker's comp authorization for right hand, 3) Dr Mikol (hand surgeon) office visit on 070115 where he examines R hand nodule and

trigger finger and also notes problem with left hand pinch test involving the left thumb, 4) 070215Dr Putnam(hand/wrist ortho specialist for hard to diagnose problems)says it is cubital syndrome and cervical radiculopathy.

- P9 line 20 (incorrect) Dr Haskin stated in his report, that if the patient had an injury to the right wrist then carpal tunnel is a finding for it being work-related.
- P9line 23-p10 line3 (incorrect) 1)Dr Merritt's Dep p19 line 1-3," I believe she was having problems with her hand, and I want to say I thought that I referred her to our hand specialist for that." 2)FCE wrist evaluation on p7(missing from Defendant's APA), and Progressive Physical therapy030813 Evaluation objective measures of Wrist.
- P10 line 19 – line23When Dr Merritt is asked about objective reasons for restrictions (in Deposition p10 line 23 – p11 line 5) He also based his restrictions after his deposition on 1) the MMI return to work restrictions on the FCE Objective findings 2) "awaiting worker's comp authorization for hand referral"(010914Office visit) that must have been ignored, 3)in his deposition what he said about tendonitis and not over-using or re-injuring already damaged body parts before they can heal(see Disability Guidelines Treatment) and 4) possibly the Physical Therapy reports and measurements along with accident pictures seen at the end of his deposition .*We would specifically have to ask for clarification from him about before his deposition and after, since there were parts through his deposition 1)he could not remember (over that length of time and the number of patients he sees) so he can actually have time and access to his records to check.2) he did not know that his hand referral was never accepted(see his deposition) and continued to be ignored (see 010914 office visit in notes "waiting for WC approval of hand"), and 3)latest evidence acquired that the wrong doctor had denied his patient the PT he had written for ..... so his perceptions were changed about the hand at that point in the deposition and later when he will find out about Dr Baens interference..*
- p11 line 4-5 (incorrect) Shoulder and Knee MMI were based on objective findings, the Physical Therapy Evaluations 030813,040313, and other PT Evaluations had objective measurements and findings.
- P18 line 11-12 see Email written agreements April 3,2013 at 3:29PM from **Krystal Rogers,** stating" *I have had a chance to completely review your file. I have spoken to Barbra and* ***we will cover your right knee, neck, right shoulder, elbow and hand. Those will be the parts of body that will be covered under your work comp claim.*** *Barbra has been instructed to call your treating physician and inform him of this."*
- p30line 20 -p32 line 7 see Progressive PT Evals 030813,040313, and more --- **GAIT** - independent, but **ANTALGIC:** favors left side due to **right sided** body **pain., See FCE** Measurements and strengths of left side.
- P32line 18 –line 20 see the many emails to different adjusters, and supervisors about lack of sleep, pain and muscle spasms , having to reuse injured parts in repetitive activities and Walmart not complying with restrictions (until 070313 when the employment contract was signed) leading to lack of sleep, prescription errors, and more pain.
- Pg 33 line 4 -10 , see 032413Email to Supervisor Cheryl Bosse with forward email to adjuster what happened the morning of one prescription error.
- P33 line 25 -p35 line 11 see ***040113*** *at 8:50am EMAIL Written Agreement by* ***Barbara Cowan*** *that stated, "* ***Compensable body parts****: At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/finger. When I interviewed you on 022813, 12 days after your injury and*

plenty of time for any other injuries to surface, ***you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. These are the only body parts that are covered in this Worker's Comp claim."***

- **p35 line 14-line 22 -- 040313PHYSICAL THERAPY EVALUATION Workers comp denied PT for hip and low back** and is authorizing treatment on cervical spine only and Unable to evaluate or treat what was denied by Workers comp and/or pending MRI
- p35 line 24 -p36 line1 see 031213 Dr Baens note to Physical Therapy with diagnosis of shoulder, neck, knee pain and muscle strain.Pain relief only before physical therapy.
- p39 line 6 -line 12 see Dr Mills statement on cervical x-ray error and there may be more
- p37 line 9 –line15 –see EMAIL040113 11:25AM To Krystal Rogers On the first visit, I had a problem with the doctor and at that point I had not used email to communicate .. only leaving messages and talking on the phone to Barbara. I explained the first doctor's attitude and what he had said when I reminded him my knee and leg hurt as he was walking out the door. I hope you keep conversations between the adjuster and the patient.(see many other Emails to different adjusters about that doctor and to Dr Rhoades)The first visit was discussed on the phone and the adjuster decided to change doctors.

- p42 line 25-p43 line 14 Referral was not for leg, it was restricted to right arm, wrist,hand, neck per authorization sheet dated 031513 for Dr's appt on 032713. Other parts were added later.
- P43 line 15 -p44 line16 The 12 hour work status sheet is dated 031513 with no arrival or leave time and does not have my signature on it (I was not there). The 7 hour/day restriction was written on 031413 when I was there and it has an arrival and leave time along with my signature. I have no idea why Dr Scott wrote for 12 hours. It seems crazy especially when you look at the PT Evaluations of multiple strain and sprains of a traumatic fall and the restrictions Dr Merritt put down a month after.
- **p45 line 9-12 and p45 line 12 – p46 line 15 ---See <u>this opportunity of collusion (In Time Index explained)</u>----notes and fax times/dates written on X-ray reports from 022813, and written notes dated 030613, 030813) and the letter written on 031913 and fax date. The shoulder x-ray report note is Defendants' APA 60.**
- p45 line 15 – p46 line 15 see 031413 (12:18P)Email to Barbara Cowan(adjuster) tried to call you , was forced to see Dr Scott

  trouble with working and cannot take muscle relaxants before/during work

  I would like to be able to go to my PT sessions and there is no such thing as light duty for a pharmacist.

Second Dr was antagonized when I asked her to write for prescriptions for what you said the doctor had to write ..(see ..... and about the PT pain relief that she didn't (according to Barbara)
also see... 032113 -10:21am Email to Barbara Cowan, adjuster

- see this p46 line 18-- p47line 21 **See how the patient is bullied and cross-examined with incorrect statements.**
- **P 45 line 20 through 23 ,(incorrect statement) The doctor did not say I didn't need it, said she wouldn't normally write for it and Dr Baens did assign specific ICD9 diagnosis codes to each prescription.**
- p47 line 3 – 7 (incorrect) see 032713 Dr Merritt's First Office visit (Defendant's APA 25) (see first line under HISTORY This is a pleasant lady who is in today **for evaluation of her right shoulder, arm, wrist, and neck** AND also having problems with low back, buttock, and pain down the hip and cramping in the calf on the right side as well.
- P48 line 8-line 20 (incorrect) 040213 Right Shoulder MRI -
  Bones – There is degenerative change seen of the AC joint. The acromion is slightly down-sloping.
  a subacromial spur is seen (for which he gave a steroid shot)
  Rotator Cuff -Tendinopathy is seen of the rotator cuff with overlying subacromial and subdeltoid bursitis, but no full- thickness tear is identified.
- See p49 line11—13--I don't remember him discussing that. I know they only gave me half of what he ordered on physical therapy. (see refusals to allow Pt lower back on 040313 On pt Evaluation and a faxed statement to Dr Baens about how many PT visits were used) and Dr Baens Denying Dr Merritt's Physical therapy on June13,2013
- See p 49 line 14-18 later Dr Merritt clarified what he meant about Ann being resistant to going back to work see Dr Merritt's deposition pp10 line 4 to 13p10 line 23 –p11 line 10. See EMAIL 061913 of Human Resources From Ann's personnel file stating," The provider has indicated restrictions that may be inconsistent with the associate's job description." Most of his restrictions were about the same. Walmart never gave me any of his restrictions until I was forced to sign the employment contract 0n 070313, which is enclosed. (Also see the many emails asking what light duty is and when will it happen?)
- p50 line 22 through p51 line p21 See the Cervical spine MRI, there was a disc bulge and a hematoma and it had to be corrected later showing a bone spur.
- P 53 line15 – 19 -Dr Merritt had a different impression of the accident which changed when he was allowed to view a few pictures from the accident(see the end of his deposition about the twisting degrees and at the beginning p7 line 7 – 9 a fall from a standing height.
- P54 line 17 – 18 see Dr Merritt Deposition p7 line 23-25. " I didn't see a reason she couldn't do some kind of light duty work. I was trying to tailor it to something that she'd be able to do. He was trying, but Walmart was not complying with his restrictions.
- P54 line 24 – p55 line 9 See the many emails and 032413 EMAIL to Cheryl Bosse with forwarded email of what was happening the day of one Prescription Error.
- P56 line 2 – 18 - See all the Emails between adjusters after the middle of May when something torn in Ann's foot, see Physical therapy canceled on 052113, see 071213 Dr Pappas restrictions, evaluations and diagnosis
- p57 line14-p58 line 2 (incorrect statement) see diagnosis of tarsal tunnel syndrome, tenosynovitis of foot and anwas coming from the ankle, plantar fascial fibromatosis, and he believed most of the problem was coming from the ***peroneal nerve*** which supplies movement and sensation to the lower leg, foot and toe , but

his exercises were for plantar fascitis which is in the foot.

- Pg59 line -23-p60line2 that is true carpal tunnel did not account for all of Ann's symptoms see 070215 Dr Putman's diagnosis of cubital syndrome with right shoulder and cervical radiculopathy radiating down into the arm.
- P67line 21- 23 See Defendants' APA 73 (incorrect) Physical therapist wrote," Patient refuses to perform most therex for various reasons that do match injury/ complaints."
- p68line 6 12 Where physical therapist writes continues with non-organic complaints of plantar foot pain with isometric hip (See 071213Dr Pappas Evaluation with restrictions and some exercises for plantar fascitis) Since the foot was never approved by workers comp there was nothing done to strengthen or repair it and it just got worse.
- P69 line 2-6 (see PT visit 051613)complaining of nonspecific pain in ankle and knee (just before something ripped in foot ... see Emails to adjuster trying to get treated, see canceled pT on 052113 because of foot pain. Also see 071213Dr Pappas Evaluation
- p69line 25 – p70 line 16 9(See PT visit 060513) white bump popped out on the inside of the ankle after something ripped in May and the more Ann stands on it the more pressure pushing it out and the more pain. (See FCE on second day where physical therapist writes on the sheet and thinks it is a ligament) But if it was a ligament what else was it attached to. If I had to stand on it while doing other exercises that would have caused more pain. See also 071213 Dr Pappas about restrictions on walking, staying off of foot, along with icing it to keep swelling down.
- P71line 13-18 , when someone is standing most of the time their weight is evenly distributed over both legs, but when someone has to take a step their weight shifts putting more pressure on the frontward moving leg. (See 071213Dr Pappas about staying off foot, and minimize walking). The more pressure on that foot the more it pushed that white lump out (FCE therapist thought it was a ligament) I don't know why this physical therapist never looked at it (maybe because it wasn't authorized to be treated).
- P73 line 4 – 14 Physical therapy discharged me because Dr Baens denied Dr Merritt's authorized order for Physical Therapy . (See 061213-062013 with Pt evaluations faxed to the wrong Dr by Align Networks). Also see the number of physical therapy sessions remaining that Ann was was unable to use that Dr Merritt had authorized.
- P75 line line15 – 21 Defendants' APA p2 – Dr Merritt is referring to the Right leg pain would be at maximum medical improvement,, if the EMG is unremarkable.
- (it is under that section)
- p82 line 25 – p83 line 14 – 111014 Lumbar spine MRI Disc signal loss most prominently at L4-L5, L4 – L5 has broad-disc bulge contacting the thecal sac. This is minimally encroaching the central canal and neural foramen without

significant stenosis, L5 – s1 has mild broad disc bulge, and a perineural (tarlove) cyst in the right S1 foramen.

- P85 line 3 – 10, Dr Elvington based the information he used to make the IME on the first visit at Doctor's Care that was some kind of SHAM, where the doctor does not provide standard of care, does not write down anything but what was preprinted on his evaluation sheet.
- P86 line 16 – 24 , since worker's comp ignored Dr Merritt's hand referalls to a hand specialist , no-one else could figure it out until 070215 Dr Putman who is a hand specialist that diagnoses hard to understand cases and he said it was cubital sydrome with cervical radiculopathy.
- P88 line 6 – 11 Defendants' APA was missing p7 of the report which included the wrist. See Time Index and the copy of the FCE obtained from The Georgetown Hospital system, which is included. Please note what is on the Time Index and the FCE objective findings.. Dr Merritt based his MMI restrictions on this Evaluation and it's recommendations.

Decision and Order of SCWCC file 1303465 by Commissione R. Michael Campbell

I have not had time to look through this or the Appellate Order, but I did find something on page 14 out of 25 pages. See p 14 line 9-10, where it states "**The undersigned also reviewed all of the emails between the claimant and the adjuster on this claim.**"

I don't understand this that well, but unless all of the adjusters that I have had email correspondence with provided it to Mr. Campbell , he couldn't have seen them all. I am just now including a few of the more pertinent ones in this motion. And I never saw any emails that were provided by the Defendants' lawyers. Maybe that was something that was not brought up at the hearings that I was allowed to go to.

end of WCCHT010815

from care. (APA 88-89).

The claimant also submitted a medical report from Dr. Stewart Haskin dated April 2, 2014. She was seen for complaints with both hands hurting. The report notes that the claimant complained of severe diffuse pain throughout both upper extremities. The doctor noted that the claimant has absolutely no symptoms compatible with carpal tunnel syndrome. The doctor also noted that given her exaggerated pain response and posturing, he was doubtful that any treatment would affect a good outcome for that patient. An EMG report was conducted on April 14, 2014, and it revealed evidence of moderate right and mild left carpal tunnel syndrome. (APA 129-132).

The undersigned also reviewed all of the emails between the claimant and the adjuster on this claim.

The Claimant testified at the hearing in this matter, and her testimony allowed this Commissioner to observe the Claimant, to ask questions to the Claimant and to judge her credibility as a witness.

Claimant testified that she is a licensed pharmacist, and she worked for Walmart as a pharmacist. The claimant testified that she last worked in October 2013 and has not had any income since that time.

The claimant testified that when she appeared in front of Commissioner Wilkerson in the past, she complained about a right shoulder and right knee injury. She indicated that the shoulder hasn't changed much and the shoulder was not keeping her out of work this point. She testified that the knee gets better and worse over time, but she is still having problems with both of those body parts. She also indicated that she was claiming injuries to her neck, back, right hand, and right foot. (Hearing transcript at 14-16).

The claimant went over her accident at work and detailed all of her injuries immediately

Radiological Reading Errors

1) Dr Calvin Barnes who read several of my records, evidently was found to have made two mistakes, one the cervical spine MRI and the cervical spine x-ray. The x-ray was never corrected but is noted by the physician's assistant, Shan Fu who works for Dr Williams Mills. He made a mistake in reading the Cervical Spine taken on 4/1713 and did not list the barely there, "barely perceivable" bone spurs (small uncovertebral osteophytes) according to Dr Russell Derrick who had to correct 1)the date with an addendum (as you can see) and then correct his own radiological reading of the cervical spine from 10/22/2015.

2)If Dr Merritt had known about these very small "barely perceivable" bone spurs would he have treated them like the big bone spur found in the shoulder after the accident with a steroid shot and more physical therapy? Steroid shots are only supposed to be given a couple times a year, because of side effects. So would I still have been having physical therapy after the date Dr Merritt wrote for more in June of 2013? instead of being refused by the adjuster?/and with the more therapy would I finally have gotten the hand referral he said he had done in his deposition taken by the defendant? And if so would you accept more medical records from a "Hand Man"? That he has kept referring to in several office visits after I was released. Could that have been because his original request was ignored? Just as his original diagnosis was on 3/27/13? The only thing he knew he was prohibited from treating was the hand because he was not a "hand man" and kept referring me.

3On page 6 of the Commission Hearing, line , line 16 it states" negative with no acute abnormalities, refer to the corrections enclosed from Dr Mills office and

4 On that same page , line 19-20 does not describe the bone spurs found by both Dr Mills office and by Dr Russell Derrick.

5 Since the same doctor who read both of these made mistakes. Could he have ? made them on others too

6 I contacted Radiologist firms in Columbia, SC and Charleston, SC and requested each group to reread my diagnostic tests. But all refused and said"You have to get your doctor to request that they be corrected by the group who originally read them." It took me months to get the MRI corrected and they never replied to the other. What kind of standard of care is that?

7 Should you find more physical therapy was necessary I have enclosed a physical therapy statement from Dr Mills

8 Dr Tupis (a sports medicine specialist ortho) has also written about the Right knee MRI taken on 5/7/13 adding: mild to moderate patellofemoral joint space narrowing and mild medial joint space narrowing. (When joint spaces narrow, usually tendons, or ligaments which hold muscles attached are either stretched, tight, loose or torn or there is inflammation causing a lot of swelling that has changed the joint space. See 092115 Dr Tupis Office visit

Refusal of Care by Carrier and
Representatives without notice to patient

Defendant APA 25

1) On 3/2713, Dr Merritt made an independent diagnosis, assessment and treatment plan according to what he had in his expertise diagnosed ..... but some of his treatment plans were refused . His assessment said probable low back strain with sciatic discomfort down the right leg, and right should, rotator cuff injury, cervical strain, wrist and hand strain., concluding with restrictions of the hand on that date (43)
2) When I got to physical therapy they had refused all except cervical neck.(see physical therapy note 4/3/13) by Kristin and the areas of pain marked. I also have an email that I **did find** from Kristin, The Physical therapist, saying that the reason for refusal to do exercises was due to pain and the fear of pain. I was never sent for pain management on Dr Baens notes (because Dr Scott canceled it or sent for and/or restricted with pain management on Dr Merritt's when he signed I was discharged in October 2013 with ratings and he marked the restrictions he wanted and wrote at the bottom of the sheet. (51)
3) so who decided treatment the doctor or a non-medical person ?
4) See this Align network, a representative of the carrier and what they denied and covered on 4/29/13. This was found in my physical therapy notes I went to get copies of. Why do I not get access to this? Am I supposed to be the one being treated? Am I being treated fairly and in a medically accepted standard or manner? If the doctor who has the patient physician relationship cannot chose treatment, then why is he even involved? I guess doctors who work with these carriers either learn their "place" and lack of control or someone else in the office does and runs system through and navigates the doctor around.
5) In an email stream WRITTEN AGREEMENT dated 4/3/13, from Krystal Rogers, she states that " we will cover your right knee, neck, right shoulder, elbow, and hand." So why do they never come out and tell me the truth? Leading me on in requests when they covertly made up their minds, preventing me from knowing the truth over and over again? I have tons more email, and I have enclosed just a few pertinent ones in the **Index of Time.** Wonder why I have so much email? I found out with the first adjuster someone was not telling me the truth, so I complained and they replaced her with Hannah. Little did I know what was happening, was their protocol approach to denying treatment, which starts with keeping the injured employee in the dark with no answers , continues on behind scenes denying treatment that you are told on the phone is authorized or something else that never happens as the promises don't either. What do you think about this email stating what is covered? They added the hip later in an email. (48)

6) I really did need the full extension I am having a lot of problems especially with the right eye, the right side of my face, ear, etc. where the facial shingles attached to the damage nerves coming out of my neck.

The real reason why my choice of Dr Baens or Dr Scott occurred

I kept complaining about him. At the first visit his eyes were watering, his voice was slightly slurred and his face got red. He started out of the room and I told him you haven't even looked at the big bruise on my knee or the swelling. By then he was standing in an open doorway holding the door knob prepared to shut the door and he told me, " you don't really want any x-rays do you?" He must have had anger issues. I can't remember what I said to him to cause it. But after that altercation with him and "HIS AFFECT", I said no. Later I found out he didn't do a complete workup. I continuously requested a change and on the Phone to the adjuster I explained what AFFECT is? You can not put it into writing or you might get sued. Needless to say after discussing what was wrong with Dr Scot they switched to another doctor.

When I complained to the director the first time, it looks like Dr Scott had a temper fit he changed me to work twelve hour days (that is the only thing I can imagine after Mr. Baxley slid the 12 hour restriction sheet over at me as part of his exhibit) I had never seen it before but the dates on the fax and signature don't match, there is no enter time or leave time, I was not there and I did not sign the form. The day after I had an email requesting my opinion on how I was treated and I sent it back. Dr Rhoades replied back and forwarded my email to Dr Scott who then canceled my physical therapy and continued giving nothing for pain. How well do you think he would do on a standard of care rating? After several complaints and about a year later, they have retired him. I also called the SC Medical Board and they had no information to give me either.So Dr Rhoades continued to avoid me since the problem was moot. There was no doctor working to discipline or report. And later on I found out he had died. They should have retired him before he saw me. But instead he negatively affected my care from day 1. It was really bad when I had discussed with Dr Baens why I did not want to see him, she refused to see me and would not give me any pain medicine either.

I did not mention more than his anger issue and may or may not have mentioned Affect. People who are impaired have an affect and should not be working that way.

I was never put on light duty requested by any doctor on my work schedule until July 2013 when I came back from physical therapy and Walmart taking me out because they could not comply with Dr Merritt's restrictions, see Time Index for all details. Walmart brought me back forcing me to sign an employment contract on 070313 or I could be terminated or lose my worker's comp benefits. This was the only time any restrictions were in any way accommodated. See the different interdepartment emails from my

personnel file and the refusals to accommodate Dr Merritt's restrictions. They gave the same reason in June 2013 as they did in Spring 2014 every time Dr Merritt filled out an accommodation form.

From the substance of all of my emails, what would you deduce was happening?

- Do you think anyone in the medical field wants to talk about medical errors, any more that a pharmacist wants to talk about their prescription errors?

- But isn't it everyone's moral and ethical responsibility to prevent them from occurring?

Or is it just the medical field? What over reasons would Dr Merritt have to take me out of work? Him being connected to prescription eror litigation? Notice he always counselled not to take meds at work. Knowing my mental ability along with my physical was being affected.. To allow me time to have the physical therapy of 3 times a week, I never could under Doctors Care. (See Dr Scott's refusal of physical therapy and not being scheduled so that I could go to physical therapy. See the refusal to change hours and give pain meds, forcing me to work in pain. Of course pain is subjective isn't it because usually the only person feeling it is the one with it? How can anyone else find facts as to what another person is feeling? Actually feeling? Via prior written communication over and over again? Or is nothing acceptable?

Dr Tamadon's Evaluation

According to The NC Medical Board standard specific pages of their Positions Statements, they spell out clearly how a practitioner is expected to behave and what is required of a patient-physician relationship along with treatment of patients. How do you think he measured up on factual, ethical and other comparisons? I was sitting in a chair when he walked into the examination room and he never had me walk around, so I don't see where some of his observations come from. He came in did what he did and left.Upon reviewing his statements, do they really measure up to being factual without accessing any prior medical records and only on one visit. But he did rely on the first Doctor's care visit (see Index of Time) I don't think he was a credible doctor.

Mr. Baxley kept saying that my credibility was lacking and at one point suggested I had mental problems because of the prescriptions errors, not sleeping and the pain and trying to stop being forced to work regular hours after the injury. There is even an email saying the adjuster sees that I continue to be scheduled regular hours on regular duty post injury before Dr. Merritt.

Didn't Dr. Tamadon say that he didn't believe the injury had occurred? When I called to see him and or get him to view the accident video, his nurse refused and said he would only do it if Walmart sent him one, which must have meant they never did. Withholding the mechanism of injury. They also did not give him any of the physical therapy records, which stated muscle strains and sprains related to a traumatic fall. He would not give me an appointment to correct any wrong impressions that he had and that is also in the NC standards of care. By refusing to look at the video which shows what happened in the injury, he is denying an objective finding (see what Dr Merritt thought about the accident at the end of his Deposition compared to what he thought all along of a standard fall. As for nerve tests, they only measure what is happening at the time, and if they are done with arms out straight, or lying down with legs straight, they cannot measure if there is some type of compression injury or a muscle/tendon gliding injury. (See Time Index and also 071213 Dr Pappas office visit.

On September 14,2016 I was able after more than two years of trying to get my records from Doctors Care got them. See INDEX of Time for specifics as to what was going on

1. Dr Baens only wrote objective findings for the ICD9 codes that were originally done and otherwise wrote "she states" and did not do other object measurements or findings. As for Dr Scott check out how his pre-printed authorization matched exactly his ICD9 diagnosis codes and he conveniently put "patient declines evaluation" which is not what happened. This was some kind of set up
2. See Index of Time for details
3. After Dr Baens authorizes Physical Therapy for Pain Management only, Dr Scott pulls back the same blank form from the computer and writes to withhold it pending ortho . The PT had been written for 2 weeks of pain management not therex (exercises).
4. Align continues contacting Dr Baens, they must have come up with something see dates and notes on x-rays and letter written with explanations in Time Index
5. After 032713, Dr Baens is no longer the treating physician (even though she refused to see Ann on 3/14/13), Dr Merritt is and all the paperwork has his name in that blank. Align continues faxing Dr Baens, many more times and in June 2013 Align faxes her ,Dr Merritt Physical Therapy Evaluation and Dr Baens signs denying it with her explanation. This contact between the two of them is a clear HIPPA violation(any time after 032713) and there is a specific email from the adjuster stating who the treating physician is (Time Index) Even though Dr Merritt faxes in authorization to continue physical therapy to Progressive PT on 6/20 or 6/21, it doesn't happen.
6. So you can see this history of "playing with the patient's physical therapy and withholding pain relief and treatment".
7. Check out all the EMAIL written agreements which appear to be stated over and over along with statements of getting a Second Opinion, that never happens because Dr. Tamadon was a one time IME. Look at what parts are promised to be

treated and statements saying we are not denying something but must go through the right channels.

8. I am not normally so nieve, but time went by and I did trust them too long, believed that someone at Walmart would stand up for what is right and that someone would take action if the truth was presented to them. And I went up to the top of Walmart 's Director of Worker's Comp who was Janice Van Allen. Since I was told, by my supervisor, to use the OPEN DOOR policy of contacting each supervisor to get results, that is what I did. I had recently moved to town and had not gotten my own GP yet. If I had gotten one before I was hurt, we would all be hearing a different story and it would never have gotten to you.

Thank you for your attention and consideration of statements made during the Hearing in the Transcript and reading the Time Index which connects most things. Some paperwork I did not have handy and it is not included.

Thank you for your consideration,

Ann Stevenson

After the last hearing, I was shopping at Walmart 4664 where the accident had occurred and bumped into one of the employees in the accident video. She told me something I did not know, that the computer cord was still wrapped around my foot until she removed it. She said she had removed it so I wouldn't fall and I thanked her. When asked did she put that in an accident report, she said she thought so. If that is so that was clear evidence that the adjuster knew there was possible damage to my foot along with other parts from watching the videos soon after the accident. Does she have that report and with that information? Did she deliberately continue to keep me walking long distances and standing on my feet for eight to twelve hour days after the accident happened? What would you call that .. Justice or Abuse?

I have included the injury video and pictures from it. The pictures can be turned into a slide show where you can see that employee moving and the cord moving too. Shouldn't I be provided with this information if this is really true and the adjuster made a decision to withhold reasonable treatment?

In the below Provisions of Rules, under 3,

How is it possible to access witness account of the day of the accident ? Especially since the Defendant litigation did not start until eight months later. These incident forms were required to be filled out as per "in store policy" in the course of regular business within hours of the accident. And were turned in by the witnesses. These forms were not specifically selected they were turned in by co-employees to a manger per store requirements.

I have substantial need of the materials in continuing my appeal and am unable without undue hardship to obtain the equivalent of what was withheld by other means. I was a relief pharmacist working at different locations, so I had less access, connection and information about any of the witnesses. Other than slightly more than their attitudes, how they acted, and their Name Tags. This already put me into a lack of information and ways to acquire it.

I never received a copy of either one of my oral statements that were taken over the phone. On the accident day, I was told that filling out accident forms was regular policy and it has a procedure of steps printed on the form as to what to do with it. Is this regular business?

It was my belief until litigation began that witness statements were take for corroboration not to elicit injustice.

Was I withheld treatment on certain body parts because these witness statements were needed for proof and mechanism of injury, especially if one or more of the witnesses moved or removed structures that caused the accident, such as the computer cord and the large bin pieces. If the computer cord had not been hanging coiled there would there still have been a hanging accident.?

In Confidentiality of Witness Statements: by Rudy Grob , he sets forth that California Code of Civil Procedure Section 2018(b) has an exception to the work product if defendant can withhold information that would cause injustice.
Witness Accident statements collected by the store were never in a log or listing as far as I know and they were not directly Squashed.
Isn't the product of work created by and from the adjuster and files she gathers supposed to determine the details of the accident, whether injuries actually occurred and how to best treat the employee who was injured ? If that is not what this material is used for, isn't that contempt for the Worker's Compensation Rules, of justice, and fair treatment for everyone who has to abide with them? What is the purpose and expectation of worker's compensation laws?

If I was granted access to witness corroboration as to what really happened, I would like to be able to do a motion to include further care past that of worker's comp.
You may be able to see by the video which is proof that the foot was actually involved and so was the hand. I am enclosing exhibits for your consideration should you find there was reasonable doubt to expect me to have injuries to these areas from the factual videos and pictures, enough to request witness statements for you to look at to see if deliberate intent to damage was intended. And if so would it then proceed to admitting the report of physical therapy and other treatment for the foot?

RULE 26
GENERAL PROVISIONS GOVERNING DISCOVERY

(3) Trial Preparation: Materials. Subject to the provisions of subdivision (b)(4) of this rule, a party may obtain discovery of documents and tangible things otherwise discoverable under subdivision (b)(1) of this rule and prepared in anticipation of litigation or for the trial by or for another party or by or for that other party's representative (including his attorney, consultant, surety, indemnitor, insurer, or agent) only upon a showing that the party seeking discovery has substantial need of the materials in the preparation of his case and that he is unable without undue hardship to obtain the substantial equivalent of the materials by other means. In ordering discovery of such materials when the required showing has been made, the court shall protect against disclosure of the mental impressions, conclusions, opinions, or legal theories of an attorney or other representative of a party concerning the litigation.

This amendment to Rule 26(b)(4)(C) replaces the "manifest injustice" standard with that of "good cause shown" to conform to similar references to the standard for controlling discovery practice in other Rules.

(5) Claims of Privilege or Protection of Trial Preparation Materials.

(A) Information Withheld. When a party withholds information otherwise discoverable under these rules by claiming that it is privileged or subject to protection as trial preparation material, the party shall make the claim expressly and shall describe the nature of the documents, communications, or things not produced or disclosed in a manner that, without revealing the information itself privileged or protected, will enable other parties to assess the applicability of the privilege or protection.

Sample Topic

Muscle Injury



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Muscle Injury

Related Terms

- Avulsions
- Bruises
- Detached Injury
- Strains

Medical Codes

- ICD-9-CM: 724, 728.8, 728.83, 728.9, 840, 841, 842, 843, 843.0, 843.8, 844, 844.9, 845, 846, 847, 848, 848.8, 848.9, 905, 920, 922, 922.0, 922.1, 922.2, 922.3, 922.31, 922.32, 922.8, 923, 924
- ICD-10: S09.1, S16, S29.0, S39.0, S46, S46.1, S46.2, S46.3, S56, S66, S76, S76.0, S76.1, S76.3, S86, S86.2, S86.3, S86.7, S86.8, S86.9, S96, S96.1, S96.2, S96.7, S96.8, S96.9, T09.5, T14.6, T79.6, T92.5, T93.5

Definition

Any muscle in the body may be damaged or injured. The various types of muscle injuries are categorized as strains, bruises (contusions), detached injuries (avulsions), and exercise-induced injury or delayed-onset soreness. The thigh and the back muscles are the most commonly injured.

Individuals who are inflexible or fail to warm up sufficiently prior to engaging in physical activity have an increased risk for muscle strains. Muscle strains are classified as mild, moderate, or severe. Mild strains refer to slightly pulled muscle without tearing of muscle or tendon fibers. Moderate strains involve tearing of fibers that result in diminished strength, and severe strains are a rupture of a tendon-bone attachment with separation of muscle fibers. Severe strains may require surgical repair.

Muscle contusions are also classified as mild, moderate, or severe. Contusions refer to injuries that do not involve a break in the skin but cause damage to muscle fibers and other soft tissues. Blood seeps out of damaged small blood vessels into the surrounding tissue forming black-and-blue marks beneath the skin (ecchymosis). After injury, gravity may pull the blood downward so that the black-and-blue "bruise" may be far from the contusion site. Blood can form (hematoma) within the muscle. Muscle contusions frequently occur in athletes participating in contact sports like football, hockey, and boxing.

Tearing or ripping the muscle away from an attachment point (avulsions) is usually caused by an intense force or dynamic overload. Avulsion injuries most frequently occur in the groin and upper connections of the hamstring muscles. Individuals with rapid growth, stress fractures, overdeveloped muscles in combination with an immature skeletal system, or weakened bones (osteoporosis) are at risk for avulsion injuries.

Exercise-induced injuries and delayed-onset soreness occur when stress applied to a muscle exceeds the tolerance level of the muscle and muscle attachments. Viral infection, performance of a new activity, or excessive away-from-center (eccentric) work can predispose an individual to this type of injury.

Sports- and work-related muscle injuries are common, often leading to time away from sports participation and/or work.

Risk: Athletes are at a particularly high-risk for muscle injuries caused by over stretching, sudden muscle contraction (weight lifting), or rapid changes in speed or direction (sprinting, tennis).

Diagnosis

History: Symptoms of a muscle strain include swelling, constant pain or pain with muscle use, and muscle weakness or loss of muscle function. Muscle contusion symptoms include pain, swelling, and local skin discoloration. A muscle avulsion usually causes severe pain, swelling, and loss of function in the affected limb. An exercise-induced injury may result in swelling, joint stiffness, pain, and usually a decrease or loss of muscle function 1 to 2 days after exercising. Delayed-onset soreness refers to muscle pain, weakness, and a decreased range of motion occurring 1 to 3 days following the performance of a new exercise. Headaches or dizziness (vertigo) may also be present if neck muscles are injured.

Physical exam: The exam may reveal swelling, muscle tenderness, ecchymosis, and hard areas in the affected muscle. Specific "trigger points" of pain may be present. Movement may be decreased with the individual guarding the affected muscle.

Tests: Plain x-rays, CT, MRI, nerve conduction tests, or electromyography (EMG) may be done to determine the extent of the injury and rule out bone fractures.

Treatment

Mild strains, exercise-induced injuries, delayed-onset soreness, and most contusions are treated by resting the affected muscle, applying ice initially or heat later, compression, and the use of pain relievers (analgesics) or muscle relaxants. Open injuries are treated with surgical cleansing (débridement), repair, and antibiotic therapy. Muscle tears may also require surgery to re align (reapproximate) the torn edges. Avulsions require surgery to reattach the muscle to the tendon. Traction, a cervical collar, splints, crutches, or a cane may be prescribed. Corticosteroids, in rare circumstances, may be given to reduce inflammation especially in chronic conditions. When recovery is complete, gradual strengthening of the muscle is important.

Prognosis

Most contusions resolve completely without residual symptoms within a few weeks. Delayed-onset soreness resolves within a few days. Mild strains heal in 2 to 10 days, moderate strains in 10 days to 6 weeks, and severe strains in 6 to 10 weeks. Avulsions usually require 6 to 10 weeks to heal. A longer recovery period (6 to 10 weeks) is also necessary for any muscle injury requiring surgical repair.

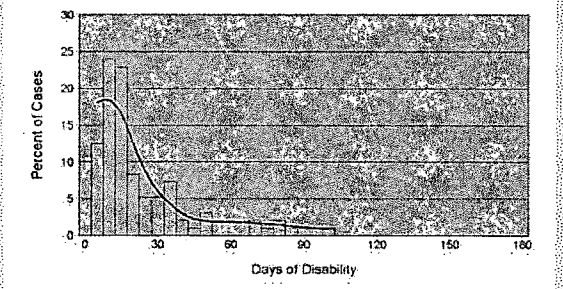
Differential Diagnoses

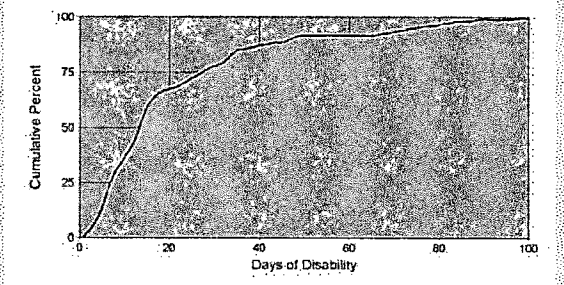
- Bone fractures
- Compartment syndrome
- Muscle fatigue
- Muscular dystrophies

Reference Data

DURATION TRENDS - ICD-9-CM: 843.0

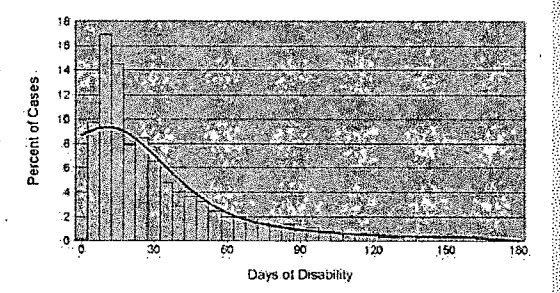
Cases	Mean	Min	Max	No Lost Time	Over 6 Months	Percentile	5th	25th	Median	75th	95th
96	21	1	97	0%	0%	Days:	3	7	14	28	74

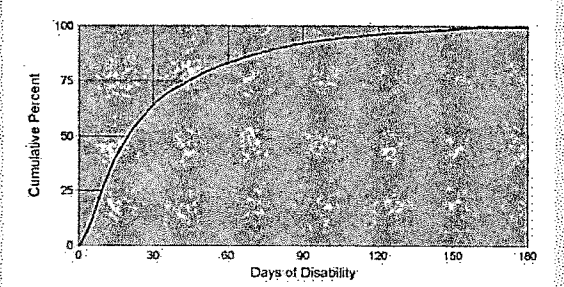




DURATION TRENDS - ICD-9-CM: 843.8, 844.9

Cases	Mean	Min	Max	No Lost Time	Over 6 Months	Percentile	5th	25th	Median	75th	95th
2215	33	0	178	0.2%	0%	Days:	3	10	21	44	109





Note: Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

Return to Work

Repetitive motion, strenuous activities, or movement of the affected limb may be restricted. For leg injuries, crutches or a cane may be required or a brace may need to be worn over the affected muscle or limb. Muscle injuries in a lower limb may affect the individual's ability to walk, stand, or sit for extended periods of time. The individual with upper limb muscle injury may be temporarily unable to lift and carry heavy or bulky objects, operate equipment, or perform other tasks requiring the use of both hands. Muscle injury in the dominant arm or hand may affect fine motor skills such as those needed to write legibly, type well, or work in a laboratory. Depending on work duties, the individual may need to be temporarily reassigned. Training on proper lifting and movement is helpful.

Failure to Recover

Regarding diagnosis:

- Has muscle injury been confirmed?
- Has type of injury been identified?
- Did individual experience any complications such as reinjury; damage so extensive that muscle must be removed; compartment syndrome causing permanent muscle and nerve damage; disintegration (rhabdomyolysis) of muscle; and a condition known as myositis ossificans in which damaged muscle converts into a bone-like substance (ossification) causes disfigurement and impaired muscle function?
- Does individual have an underlying condition that may impact recovery?

- Fibromyalgia
- Lumbar disc syndrome
- Muscle cramps
- Myasthenia gravis
- Rheumatoid arthritis

Specialists

- Orthopedic Surgeon
- Physiatrist
- Physical Therapist
- Sports Medicine Internist

Rehabilitation†

The various types of muscle injuries are categorized as strains, bruises (contusions), detached injuries (avulsions), and exercise-induced injury or delayed onset soreness.

Rehabilitation of a muscle injury depends on the type, location, and extent of the injury. For example, muscles can be strained by excessive stretching or forced contracture. They can also be torn and need surgical repair. Each muscle performs a different function and responds differently to injury as well as treatment. Consequently, the degree of the strain will determine the rate of rehabilitation.

Muscle injuries often result in the formation of a hematoma. The immediate goal of the rehabilitation of all muscle injuries is to decrease pain and swelling. The best way is to follow the PRICE principle (protection, rest, ice, compression, elevation) (Braddom). Physical activities should be terminated immediately after the injury to avoid further damage. Application of a compression bandage and ice can reduce the formation of a hematoma. Elevation of the injured extremity decreases blood flow to the injury site and increases venous return, thus further limiting the size of the hematoma. The immobilization should be kept as short as possible. It has been shown that short immobilization is beneficial in the early phase of muscle regeneration and prolonged immobilization results in the atrophy of healthy fibers around the injury. Usually 1 to 5 days after injury gentle exercise can be started, depending on the severity of the injury, with the intensity increased as tolerated. Early stretching exercises as tolerated help to minimize the negative effects of scar formation. Modalities such as local heat can be used for pain management once the edema is controlled.

If pain and functional limitations persist, the injury needs to be re-evaluated. Besides clinical evaluation, sonography or an MRI may help to detect the extent of the injury (Noonan). Depending on the severity of the muscle injury a surgical intervention might be necessary.

Additional information may provide insight into the rehabilitation needs of these individuals (Kirkendall).

FREQUENCY OF REHABILITATION VISITS	
Nonsurgical and Surgical	
Specialist	Guidelines
Physical Therapist	Up to 4 visits within 3 weeks

The table above represents a range of the usual acceptable number of visits for uncomplicated cases. It provides a framework based on the duration of tissue healing time and standard clinical practice.

Comorbid Conditions

- Coagulation disorders
- Musculoskeletal disorders

Complications

Resumption of strenuous physical activity before the muscle has healed completely can lead to reinjury. A muscle may be so extensively damaged that it must be removed. Hematomas within the muscle prolong recovery time and delay return of function. Pressure on the muscle from swelling or bleeding can result in compartment syndrome, causing permanent muscle and nerve damage. Disintegration of muscle (rhabdomyolysis) can occur. In a condition known as myositis ossificans, damaged muscle converts into a bone-like substance (ossification) that causes disfigurement and impaired muscle function.

Factors Influencing Duration

Length of disability may be influenced by the location of injured muscle, type of muscle injury, severity of injury, type of treatment, response to treatment, and any coexisting injuries (laceration, fracture) or complications.

Length of Disability

Supportive treatment, groin strain.

	DURATION IN DAYS		
Jbb Classification	Minimum	Optimum	Maximum
Sedentary	0	3	7
Light	0	3	7
Medium	3	7	14
Heavy	7	14	28
Very Heavy	7	14	28

Supportive treatment, quadriceps or hamstring strain or contusion.

	DURATION IN DAYS		
Jbb Classification	Minimum	Optimum	Maximum
Sedentary	1	3	7
Light	3	7	14
Medium	7	14	28
Heavy	14	28	56
Very Heavy	28	56	112

† Researched and authored by the OIOC of New York University Medical Center. To understand the underlying methodology, please refer to "The Rehabilitation Guidelines" at the beginning of this volume.

Regarding treatment:

- Has individual overused the injured muscle?
- Is individual following the plan of treatment?
- Was surgery required to repair a muscle tear?
- Was individual treated with corticosteroids?

Regarding prognosis:

- How severe are the persisting symptoms? Are they incapacitating?
- Can individual perform normal activities of daily life?
- Would individual benefit from muscle conditioning or additional physical therapy?
- Has individual injured this same muscle before?
- Did the individual resume strenuous physical activity before the muscle was completely healed?
- Have X-rays, MRI, or other scans been used to detect muscle tears, avulsions, fractures, or complicating conditions?

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Noonan, T.J., and W. E. Garrett. "Muscle Strain Injury: Diagnosis and Treatment." Journal of the American Academy of Orthopedic Surgeons 7 4 (2002): 262-269. National Center for Biotechnology Information. National Library of Medicine. 12 Nov. 2004 <PMID: 10434080>.

Sample Topic

Meniscus Disorders, Knee



The Medical Disability Advisor: Workplace Guidelines for Disability Duration

Fifth Edition

Presley Reed, MD
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Meniscus Disorders, Knee

Related Terms

- Injured Knee Cartilage
- Meniscus Lesion
- Meniscal Injury

Medical Codes

- **ICD-9-CM:** 717.0, 717.1, 717.2, 717.3, 717.4, 717.5, 836.0, 836.1, 836.2
- **ICD-10:** M23.0, M23.1, M23.2, M23.3, S83.2, S83.3

Definition

Knee meniscus disorders involve the medial meniscus or lateral meniscus, two semicircular pads of cartilage in the knee between the joint surfaces of the femur and tibia (femoral and tibial condyles). Menisci serve as shock absorbers. The most common meniscus disorder is a tear. The medial meniscus is more commonly torn than the lateral, because it is more firmly anchored to the joint capsule and surrounding ligaments. Tears are classified according to location, shape, size, and stability. The major classes of tears include the vertical longitudinal, oblique (often called parrot-beaked, or flap tear), displaced (bucket handle), degenerative, transverse, horizontal, or complex (involving multiple tears). Oblique and vertical longitudinal tears are the most common.

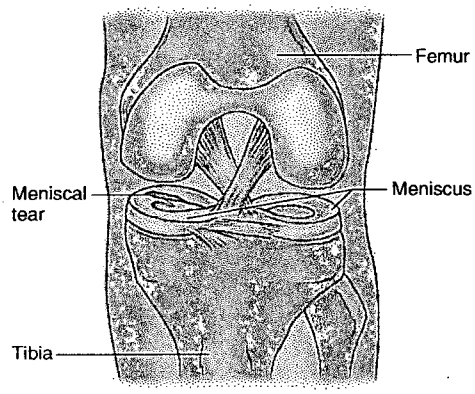
In young individuals, meniscal tears are usually caused by trauma, especially involving a twisting or pivoting of the knee. In older individuals, there may be a gradual degeneration of the meniscus with no single causative event.

Symptomatic meniscal tears usually require surgery, because the meniscus has a relatively poor blood supply and does not heal easily without intervention. Only the peripheral 10% to 30% of the medial meniscus and 10% to 25% of the lateral meniscus is well-vascularized (Kocher). If a tear is small and peripheral, it may heal without surgery. However, the risk of not performing surgery for a meniscus tear is that it may lengthen, worsening the original tear.

Risk: Individuals who have a previous knee injury, leg length difference, an abnormally shaped (discoid) meniscus, cysts (pockets of thick liquid) of the meniscus, or tight, weak muscles or who walk on the insides of the feet (gross pronation) are at risk for knee injuries.

Meniscus tears occur 2.5 times more frequently in males than females (Baker), although disorders of the lateral meniscus occur more often in women. Meniscus tears are most common in individuals between the ages of 20 to 30 or over the age of 60 (Levy). The peak incidence of meniscus tears is 31 to 40 years of age in males and 11 to 20 years in females (Baker).

Incidence and Prevalence: Knee injury is the second most common work-related accident. More than 3 million Americans have knee injuries each year, and the meniscus is the most commonly injured part of the knee (Levy). In the US, 61 of out every 100,000 people have suffered a meniscal tear; the incidence of meniscus surgery in the US is 850,000 per year (Baker).



Diagnosis

History: In younger individuals, there is usually a history of trauma. The individual may recall feeling a popping or snapping sensation when the trauma occurred. In older individuals, the trauma may be nonspecific, such as repeated squatting or kneeling. The individual may complain of knee pain, swelling, limited range of motion, and a clicking sound. Locking (an inability to straighten the knee) or buckling (a sudden giving way of the knee) may occur.

Physical exam: The exam may reveal tenderness over the medial or lateral joint line of the knee. There may be evidence of fluid buildup (effusion) in the joint. Squatting may cause pain. Tests may be positive that apply rotational and axial compression forces to the knee (such as Apley's compression and distraction test or McMurray's flexion test).

Tests: Plain x-rays are not diagnostic but can rule out fracture and most loose bodies. MRI is a non-invasive method of evaluating the condition of the menisci. Individuals who cannot undergo MRI testing may be evaluated by an arthrogram (x-rays taken after dye is injected into the joint) or CT arthrogram. The interior of the joint can be examined directly by exploratory arthroscopy, and if indicated, arthroscopic surgery to trim or repair a meniscal tear may be performed at the same time.

Treatment

Smaller meniscal tears with mild tolerable symptoms may be treated with rehabilitative exercise, activity modification, and analgesics, because some individuals are not willing to undergo surgery. More symptomatic meniscus injuries are treated surgically. Some meniscus tears can be repaired by suturing or by scraping (abrasion) to stimulate blood vessel growth. The possibility of repair must be determined by the surgeon at the time of surgery. Meniscus repair is generally reserved for younger individuals, and it is estimated that only 10% to 15% of meniscal tears are reparable (Canale 2531). Most tears require removal of the damaged part of the meniscus (partial meniscectomy).

Because removal of the entire meniscus (complete or total meniscectomy) leads to bone remodeling and cartilage degeneration, it is avoided whenever possible.

Meniscectomy is done most commonly by arthroscopy but may also be done by open operation (arthrotomy). Arthroscopy has the advantage of producing less pain and a quicker recovery. However, arthroscopic meniscectomy is occasionally difficult, depending on the type and location of the tear and the presence of adhesions. In those cases when the entire meniscus must be removed, open surgery may be preferable to avoid damaging the articular surfaces.

Younger individuals-those between the ages of 20 and 40-who require a complete meniscectomy or have degenerative changes following meniscectomy are candidates for meniscal reconstruction (transplantation) through use of graft tissue. Meniscal reconstruction may also be performed in middle-aged or elderly individuals to delay the need for total knee replacement (arthroplasty).

Prognosis

The outcome of meniscectomy depends on the location, severity of the tear, and the repair technique used. Most individuals can return to previous activities, including athletics, although the shock-absorbing capacity of the knee after a meniscectomy is reduced by 20% (Kocher). Meniscus injury may predispose the individual to develop osteoarthritis in the involved knee. Progressive joint deterioration occurs following partial or complete meniscectomy. Long-term outcome of meniscal reconstruction is unknown.

Differential Diagnoses

- Ligament injuries (anterior or posterior cruciate)
- Osteoarthritis
- Patellofemoral joint dysfunction
- Pes anserine bursitis
- Rheumatoid arthritis
- Tendon inflammation (tendinitis)
- Tibial tubercle avulsion fracture

Specialists

- Orthopedic Surgeon
- Physiatrist
- Physical Therapist
- Sports Medicine Internist

Rehabilitation†

The primary focus of rehabilitation for a meniscus disorder of the knee is to control pain and restore function. The rehabilitation program will depend on the extent of injury, length of time since injury, integrity of the knee joint, possibility of surgery, and the functional goals of the individual.

Initially, if pain is an issue, modalities such as heat and cold may be used (Braddom). Unless the knee is swollen, it is common to initiate physical therapy with a heat treatment and conclude with cold. Additionally, cold may be used as needed to control the edema often associated with meniscus disorders.

† Researched and authored by the OIOC of New York University Medical Center. To understand the underlying methodology, please refer to "The Rehabilitation Guidelines" at the beginning of this volume.

Gait training with an assistive device may be necessary for independent ambulation; the treating physician will determine the individual's ability to bear weight on the affected knee.

The next goal is to restore motion and strength to the involved knee, with exercise progression according to the recommendations of the physician. Knee range of motion exercises can help to restore full mobility to the joint. Therapy should progress to strengthening exercises as tolerated. Throughout the period of strengthening, therapy should include flexibility exercises. Although strong muscles around the joint are critical, flexibility of the same muscle groups must be considered (Viljakka). It is important to emphasize both open and closed chain exercises during this stage of rehabilitation (Witvrouw). It may also be necessary to strengthen the adjacent joints if limited weight bearing was necessary after the injury.

The therapist should continue to use modalities as needed to control pain and swelling, and, when appropriate, the therapist should instruct individuals in a home exercise program to be performed independently, complementing the supervised exercise regimen.

When full, pain-free motion is regained and the individual has sufficient strength for all activities of daily living, the individual may be progressed to balance and proprioceptive exercises. The extent of these exercises will be determined by the physician, individual, and physical therapist (Boyd).

Prior to discharge from physical therapy, individuals should understand both the need for continued exercise to maintain the stability of the knee joint and ways to protect the joint during work and leisure activities. Although a meniscus can heal within approximately 12 weeks, the joint should be protected from heavy loading until the meniscus has regained its full strength.

FREQUENCY OF REHABILITATION VISITS

Nonsurgical	
Specialist	Guidelines
Physical Therapist	Up to 16 visits within 6 weeks
Surgical (Meniscectomy)	
Specialist	Guidelines
Physical Therapist	Up to 12 visits within 6 weeks
Surgical (Meniscus Repair)	
Specialist	Guidelines
Physical Therapist	Up to 24 visits within 12 weeks

The table above represents a range of the usual acceptable number of visits for uncomplicated cases. It provides a framework based on the duration of tissue healing time and standard clinical practice.

Comorbid Conditions

- Diabetes
- Ligamentous instability
- Obesity
- Osteoarthritis
- Rheumatoid arthritis

Complications

The trauma that led to a meniscal tear may also have caused torn knee ligaments. Older individuals may have other degenerative

changes of the knee. Complications of diagnostic procedures and surgical treatment may include neuropathic pain (RSO), as a result of nerve injury due to prolonged tourniquet time and/or direct nerve injury by an arthroscopic instrument.

Factors Influencing Duration

Length of disability is influenced by the severity of symptoms, region of meniscal tear, presence of underlying joint disease (osteoarthritis, rheumatoid arthritis), and type of surgery. Sustaining multiple injuries to the knee lengthens disability. Individuals who sit while they work may return sooner than those who stand. Nonsurgical treatment of meniscal tears usually interferes with heavy work.

Return to Work

The individual may need to use crutches or a cane temporarily when walking. Standing and walking may need to be limited temporarily. Squatting, kneeling, and crawling may need to be limited permanently.

Length of Disability

Duration depends on job requirements.

Medical treatment, meniscus disorder.

	DURATION IN DAYS		
Job Classification	Minimum	Optimum	Maximum
Sedentary	7	7	14
Light	7	14	21
Medium	14	28	42
Heavy	28	35	91
Very Heavy	28	42	91

Surgical treatment, arthroscopic meniscectomy.

	DURATION IN DAYS		
Job Classification	Minimum	Optimum	Maximum
Sedentary	7	14	28
Light	7	14	35
Medium	14	21	56
Heavy	21	42	84
Very Heavy	28	42	126

Surgical treatment, open meniscectomy.

	DURATION IN DAYS		
Job Classification	Minimum	Optimum	Maximum
Sedentary	7	14	42
Light	7	14	49
Medium	21	35	56
Heavy	35	42	84
Very Heavy	35	56	126

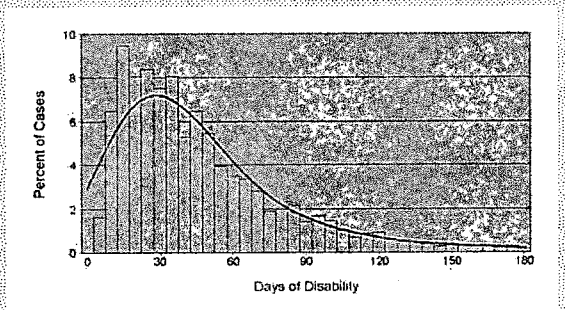
Surgical treatment, meniscus repair.

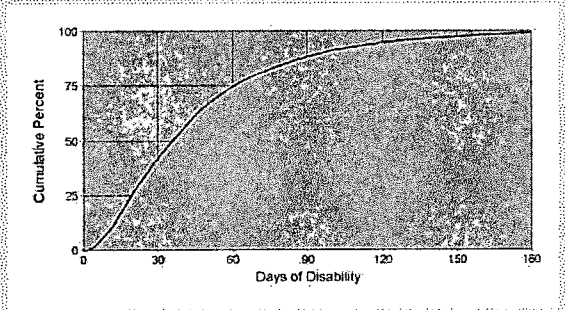
	DURATION IN DAYS		
Job Classification	Minimum	Optimum	Maximum
Sedentary	7	14	42
Light	14	21	84
Medium	28	35	91
Heavy	42	84	140
Very Heavy	56	91	182

Reference Data

DURATION TRENDS - ICD-9-CM: 717.0, 717.1, 717.2, 717.3, 717.5, 836.0, 836.1, 836.2

Cases	Mean	Min	Max	No Lost Time	Over 6 Months	Percentile:	5th	25th	Median	75th	95th
11719	47	0	216	0%	1.0%	Days:	7	20	36	62	124





Note: Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

Failure to Recover

Regarding diagnosis:

- Does individual have a history of trauma, especially twisting of the knee?
- Did individual feel a popping or snapping sensation when the trauma occurred?
- Does repeated squatting or kneeling cause pain?
- Is knee swollen and does it have a limited range of motion?
- Were x-rays done to rule out a fracture?
- Was an MRI done to confirm the diagnosis? If not, was an arthrogram done?
- Was meniscus examined directly by exploratory arthroscopy?
- Was arthroscopic surgery done at the same time?

Regarding treatment:

- Did surgeon miss small tears during arthroscopic surgery?
- Is individual motivated to comply with the rehabilitation regimen?
- Has individual demonstrated an increase in range of motion at each physical therapy session?
- If arthroscopic surgery was performed, would arthrotomy be more effective?
- Is individual a candidate for meniscal reconstruction?

Regarding prognosis:

- What is extent and location of meniscal tear?
- Was tear located in a region of the meniscus with no blood supply (avascular)? If so, was a fibrin clot used to facilitate healing?
- Has physical therapy been effective?
- Is individual prolonging rehabilitation out of fear of sustaining another knee injury?
- Are knee ligaments torn?
- Is there evidence of joint deterioration?

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Sample Topic

Sprains and Strains



The Medical Disability Advisor: Workplace Guidelines for Disability Duration

Fifth Edition

Presley Reed, MD
Editor-in-Chief

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Sprains and Strains

Related Terms

- Joint Separation
- Muscle Pull
- Muscle Tear
- Stretched Ligaments
- Subluxation
- Torn Ligaments

Medical Codes

- ICD-9-CM: 840, 840.8, 840.9, 841, 842, 843, 844, 845, 846, 847, 848, 848.9, 905.7
- ICD-10: S03, S03.4, S03.5, S13, S13.4, S13.5, S13.6, S23, S23.3, S23.4, S23.5, S33, S33.5, S33.6, S33.7, S43, S43.4, S43.5, S43.6, S43.7, S53, S53.4, S63, S63.5, S63.6, S73, S73.1, S83, S83.4, S83.5, S83.6, S93, S93.4, S93.5, S93.6, T03, T03.0, T03.1, T03.2, T03.3, T03.4, T03.8, T03.9, T09.2, T11.2, T13.2, T14.3, T14.6, T92.3, T93.3

Definition

Sprains are injuries to the fibrous bands that connect bones and stabilize joints (ligaments). Strains are injuries to muscles. Sprains and strains generally involve stretching or tearing of tissue and are defined by the amount of damage caused to the ligament or muscle.

A first-degree injury is a stretching of the ligament (sprain) or muscle (strain) with the tissue fibers remaining intact. Second-degree sprains and strains show evidence of stretching and tearing of some fibers, but the ligament or muscle remains partially intact. A third-degree injury is complete disruption of the ligament or muscle.

By bridging across the joint from bone to bone, ligaments function as hinges. A sprain of the ligament disrupts the joint, allowing it to move outside of its normal range of motion (subluxation), or in the case of a third-degree sprain, resulting in a complete displacement (dislocation). A dislocated joint may involve all the ligaments in a joint, in which case the joint has no stability, or may involve individual ligaments, in which case some of the joint's stability remains.

Muscles lose strength and function when injured. While first-degree strains may be the result of a bruise (contusion) or over-stretching, a second-degree strain involves injury to the muscle tendon junction (musculotendinous junction). Third-degree strains involve tearing or disruption of the muscle fibers and the sheath (fascia) around it.

A common sprain is of the ankle joint, which caused by twisting the joint beyond its normal range of motion. A common strain is of the quadriceps muscle, which pulls or tears from accelerating quickly when running.

Risk: Risk increases with participation in sports and activities that involve lifting and bending.

Diagnosis

History: A known injury can result in sprains or strains, but sometimes the actual event is subtle and there may not be any immediate symptoms. The individual may complain of pain, loss of function, change in sensation in the case of muscle strains, or may feel a defect or swelling along the body of the muscle. The individual may have heard a "pop" or "snap" or experienced a sensation of the joint slipping with continued instability or something tearing in ligament injuries. There is usually swelling, lack of function or stability, bruising (ecchymosis) and pain in the affected area.

Physical exam: Inspection reveals swelling of the soft tissue, swelling within a joint (effusion), bruising (ecchymosis), tenderness, inability to use a muscle, or changes in joint stability. There may be some deformity of a joint in the case of sprains. Complete muscle tears (third-degree strain) could appear as a ball or knot under the skin. Touching (palpation) the area in either sprains or strains may produce diffuse or point specific pain. In sprains, joints should be tested for laxity, and evaluation of muscle strength is important in strains. The individual may have decreased active and passive motion that is limited by pain and loss of function. In general, ligamentous sprains are indicated if passive joint motion reproduces complaints, whereas a musculotendinous strain is indicated if resisted joint motion reproduces the complaint. A neurological examination is necessary as the tendons and nerves often lie very close to each other and damage can occur to both.

Tests: X-rays may reveal fractures caused by the muscle pulling away from the bone (avulsion fracture) or from dislocations. Stress x-rays evaluate the severity of a sprain. Arthrograms, a test used to view the joint space, are infrequently used now that MRI is available. MRI is useful to determine the integrity of the muscle or ligament.

Treatment

First-and second-degree sprains are treated with rest, ice, compression, and elevation (RICE). Early movement and activity therapy should be explored. If needed, rest may be accomplished with supportive devices such as splints, casts, slings or crutches. Individuals can usually bear partial weight on leg and foot injuries, which promotes normal motion while providing rest. In second-degree sprains, ligament tissue does not grow back together, but immobilization of the area allows scar tissue to form, which provides joint stability. Third-degree sprains are either immobilized or repaired surgically (joint capsulorrhaphy or ligament repair/reconstruction). Regaining normal joint function is essential as quickly as possible while guarding against abnormal motion. Physical therapy is very important during the healing process.

First-degree muscle strains repair with little intervention except applications of compression and ice and/or heat. It is important to protect against further injury during this time, especially through either too little or too much activity. Second-degree strains rarely require surgery, unless complete loss of function

has occurred and the other muscles near the injury cannot compensate. Cosmetic deformity is sometimes an indication for surgery to repair the torn muscle or tendon. Third-degree muscle strains sometimes require surgical repair to restore function. Muscle tissue will regenerate and heal, but physical therapy is important to regain the full range of motion, muscle length and strength.

Prognosis

With proper rehabilitation, first and second-degree injuries should heal without significant change in function. Third-degree injuries are much more significant, and while resolution of pain can be expected over time, there may be a degree of impairment.

Residual lifestyle-limiting symptoms are common 6 to 18 months after an ankle sprain.

Differential Diagnoses

- Bursitis
- Cysts
- Fractures or dislocations
- Infections
- Joint deformity and laxity caused by inflammatory joint disease
- Muscle tumors
- Shin splints (tibial periostitis)
- Synovitis

Specialists

- Chiropractor
- Orthopedic Surgeon
- Physiatrist
- Physical Therapist
- Sports Medicine Internist

Rehabilitation[1]

The primary focus of rehabilitation for sprains and strains is to control pain and restore function. The involved body part and the severity of the injury will dictate the type and intensity of rehabilitation required.

PRICE (protection, rest, ice, compression, elevation) may be followed for the first 48 hours or until the swelling has stabilized (Braddom). If the lower extremity is involved, temporary use of an assistive device may be necessary to promote pain-free and normal ambulation. A compressive wrap may be useful for controlling edema and providing some stability during healing.

The next phase of rehabilitation should focus on range of motion and strength of involved structures. Modalities, such as heat and ice, may be used to facilitate motion and control edema. Early in this phase of treatment, individuals should be instructed in a home exercise program to be continued daily, with all exercises progressed as tolerated (Biundo). Proprioceptive exercises are recommended, especially if unweighting of the lower extremity is required (i.e. ambulation with an assistive device).

The therapist should consider those factors that may have led to the development of this condition. If work tasks are suspected as contributing to the symptoms, an ergonomic evaluation is advised to modify work tasks or other risk factors that may have led to sprains and strains (Lincoln). If leisure activities are suspect, the individual should be instructed in adjustments that might lessen the likelihood of developing painful symptoms.

Additional information may provide insight into the rehabilitation needs of these individuals (Huang).

FREQUENCY OF REHABILITATION VISITS

Nonsurgical	
Specialist	Guidelines
Physical Therapist	Up to 12 visits within 6 weeks

The table above represents a range of the usual acceptable number of visits for uncomplicated cases. It provides a framework based on the duration of tissue healing time and standard clinical practice.

Comorbid Conditions

- Diabetes
- Hypothyroid conditions
- Inflammatory diseases
- Neurological disease
- Psychosocial conditions
- Vascular disease

Complications

There is often bleeding into the tissues (hematoma) when a sprain or strain occurs. Bleeding into a joint space (hemarthrosis) may require removal (evacuation, aspiration). Rarely, deposits of calcium in the areas of bleeding in the muscle (myositis ossificans) can lead to stiffness and pain in the muscle. Damage to the surface (articular) cartilage in joints with lax ligaments is possible.

Lack of treatment, especially exercise, often delays recovery because the injury is thought to be slight. Lack of exercise as treatment can result in poor repair and reflex inhibition, which can lead to reinjury during or after the healing phase as a result of the area not being protected.

Factors Influencing Duration

Factors include the location of the injury, the degree of the injury, and how it affects the individual's job performance. Surgery may lengthen the period of disability. Re-injury caused by early return to activity will delay full recovery. For hip level sprains and strains, duration depends on severity of injury.

Length of Disability

Length of disability is dependent on the relationship of the injury to job requirements. Return to work that stresses the injured area before complete healing has occurred is likely to cause reinsure and further delay recovery.

In addition to the following disability duration table, please see the tables specific to each of the following sprains-and-strains topics: Acromioclavicular Joint, Ankle, Back, Cervical Spine (Neck), Elbow, Foot, Hand or Fingers, Knee, Rotator Cuff (Capsule), and Wrist.

Supportive treatment, shoulder sprain or strain (second-degree).

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	1	7	14
Light	1	7	14
Medium	7	14	21
Heavy	14	21	42
Very Heavy	14	21	56

Return to Work

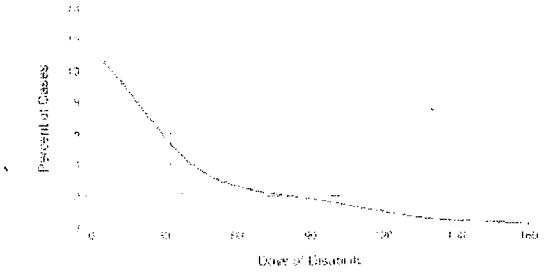
A return to activity and early return to work are important, in spite of discomfort, because this results in better outcomes. Modified duties should be sought, if needed. If the lower extremity is involved, use of assistive devices such as crutches, casts and braces may be necessary. If the upper extremity is involved, restrictions may include little to no use of arm, hand, or shoulder, with limited lifting and carrying. Dexterity may be affected by the injury and use of protective splints. Back strain may be totally incapacitating for a period of time during recovery. Use of medications for management of pain and inflammation may require review of drug policies. Safety issues may need to be evaluated.

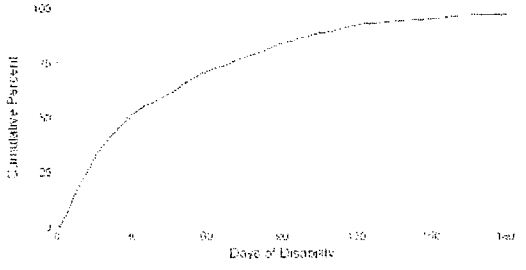
Reference Data

DURATION TRENDS - ICD-9-CM: 840.8

Cases	Mean	Min	Max	No Lost Time	Over 6 Months
562	48	1	246	0%	3.0%

Percentile:	5th	25th	Median	75th	95th
Days:	4	13	29	70	149

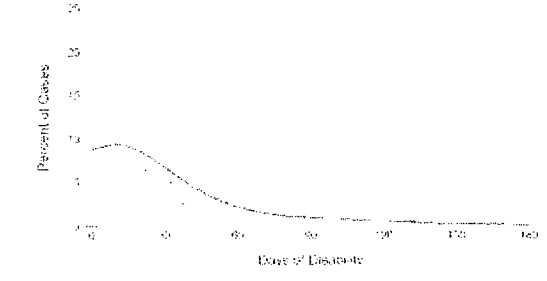


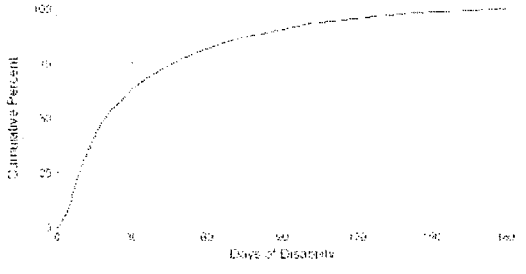


DURATION TRENDS - ICD-9-CM: 840.9

Cases	Mean	Min	Max	No Lost Time	Over 6 Months
3480	35	0	185	0.1%	0.3%

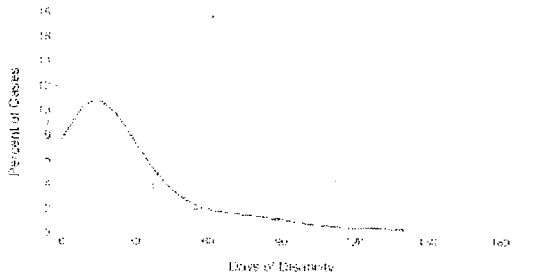
Percentile:	5th	25th	Median	75th	95th
Days:	4	9	21	47	118

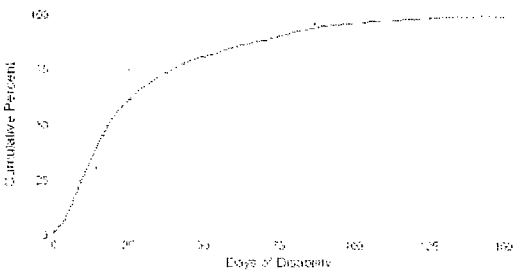




DURATION TRENDS - ICD-9-CM: 848, 848.9

Cases	Mean	Min	Max	No Lost Time	Over 6 Months	Percentile:	5th	25th	Median	75th	95th
993	29	0	137	1.3%	0%	Days:	3	10	19	40	90





Note: Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

Failure to Recover

Regarding diagnosis:

- Does the individual complain of pain, loss of function or change in sensation?
- Did individual hear a "pop" or "snap"? Experience a sensation of the joint slipping?
- Are swelling, lack of function or stability, and ecchymosis present?
- On exam is soft tissue swelling present? Effusion? Ecchymosis? Tenderness?
- Is individual unable to use a muscle or are there changes in joint stability?
- Is there a ball or a knot under the skin? Joint deformity?
- Is the individual exquisitely tender to palpation?
- Is there any laxity in the joint?
- What were the results of the neurological exam?
- Has the individual had plain x-rays and stress x-rays? MRI?
- Have conditions with similar symptoms been ruled out?

Regarding treatment:

- Is the injury first-, second-, or third-degree?
- Has it been treated with rest, ice, compression and elevation (RICE)?
- Was it necessary to immobilize the area?
- Was surgery necessary?

Regarding prognosis:

- Is the individual active in physical therapy? Does the individual have a home exercise program?
- Is the individual's employer able to accommodate any necessary restrictions?
- Does the individual have any conditions that may affect ability to recover?
- Does the individual have any complications such as hemarthrosis or myositis ossificans?
- Was any damage done to the cartilage?

Cited References

Biundo, J. J., R. W. Irwin, and E. Umpierre. "Sports and Other Soft Tissue Injuries Tendinitis, Bursitis, and Occupation-related Syndromes." Current Opinion in Rheumatology 13 2 (2001): 146-149. National Center for Biotechnology Information. National Library of Medicine. 3 Dec. 2004 <PMID: 11224739>.

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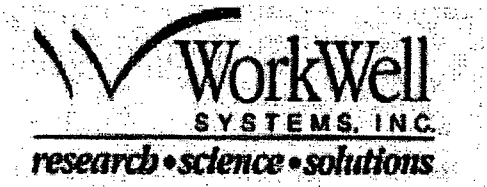
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Lincoln, A. E., et al. "Impact of Case Manager Training on Worksite Accommodations in Workers' Compensation Claimants with Upper Extremity Disorders." Journal of Occupational and Environmental Medicine. 237-245. National Center for Biotechnology Information. 44 National Library of Medicine. 3 Dec. 2004 <PMID: 11911025>.

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- Request a **RESTRICTION** on uses and disclosures
- Request **CONFIDENTIAL COMMUNICATIONS**
- File a **COMPLAINT** to the CE & to DHHS
- Receive an **ACCOUNTING OF DISCLOSURES**
- Receive a copy of the **NOTICE OF PRIVACY PRACTICES**
- Right to **BREACH NOTIFICATION**
- Right to **CONTROL the sale, marketing & research of PHI**
- These rights apply to the Designated Record Set- more than the Legal Health Record! Includes:
  - Medical records
  - Billing records
  - Any record used by the facility to make decisions about the patient such as records from other facilities used in treatment.

Functional Capacity Evaluation



Client Name: Ann Stevenson

Dates of FCE: 08/27/2013, 08/28/2013

Therapist: James Kuykendall

Facility

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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WorkWell Functional Capacity Evaluation

Summary Report
Name: Ann Stevenson
Test Date: 08/27/2013
2nd Date of Testing: 08/28/2013
Date of Birth: [redacted]
Gender: F
Physician: James Merritt, IV, MD

Job Match Grid
Pharmacist

Critical Demand from Job Description	FCE Abilities	Job Match
Grasps, turns, manipulates objects	Hand dexterity: average/above average	Yes
Uses writing instrument	Client filled out documentation for evaluation	Yes
Reaches overhead, below knees, bending, twisting, pulling, stooping	Overhead work, stooping, bending twisting pulling, pushing: Occasionally	Yes
Moves, lifts, carries up to 25#	Lifts, carries 25# maximum	Yes

US Department of Labor Physical Demand Level
Light

Summary/Recommendations
These projections are for 8 hours a day 6 days a week at the levels indicated on the FCE grid.

Ms. Stevenson demonstrated maximal effort in most tests. Heart rate increased and muscle recruitment were noted to increase as predicted. Maximal effort was not observed on day two for waist-crown lifts using handles or two-handed carries. Despite these issues, Ms. Stevenson demonstrates ability to perform work as delineated in her job description.

As with most long-term rehabilitation situations, a course of work conditioning to improve safety with return to work is indicated.

Client Name: Ann Stevenson

FCE Dates: 08/27/2013 and 08/28/2013

Therapist: James Kuykendall

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Reason for Testing
Determine ability to return to previous job

Description of Test Done
Two Day WorkWell FCE
Supplemental testing was added based on client presentation/diagnosis

Cooperation and Effort
Client participated in all activities but limited some activities prior to objective signs of maximal performance due to reports of inability.

Consistency of Performance
Client's performance was inconsistent in the following ways:
Client was able to maintain grip with right hand on one-hand carry with weight up to 20#. She was unable to carry 30# with two hands reporting loss of grip with right hand.
Client was able to lift 15# from waist-crown with no signs of limitation. She was unable to lift 20# (No accessory muscle strain was observed. Client showed no shoulder flexion despite verbal and physical cues).
Performance on the second day was less than performance on the first day. The second day is more reflective of what the client is capable of repeating on a day to day basis.

Pain Report
Reported discomfort in the right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot was part of the reason for limitations with lifts and carries. Objective signs coincided with the client's reports of discomfort.
Client reported discomfort present in right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot during all activities, but there was no interference in safety.
Client reported pain in the right neck, shoulder, wrist, hand and foot while performing lifts caused her to perform the activity unsafely. Few objective signs of discomfort were noted. Pain behaviors such as grimacing, exaggerated posture and pain talk were displayed.
Client noted increased symptoms upon presenting for day 2 testing including soreness and tightness in the legs and pain in the right arm/hand .
Client noted decreased discomfort/stiffness as day 2 testing progressed indicating some delayed muscle soreness involvement

Safety
Client demonstrated unsafe body mechanics during lifts and carries, at which time the test was stopped. Client was provided additional instruction and demonstration and testing proceeded safely.
Client demonstrated unsafe body mechanics during waist-crown lifts at which time the test was stopped. Client was provided additional instruction and demonstration; due to continued use of unsafe body mechanics and/or uncontrolled movement the evaluator terminated the activity. This also happened during day 2 carrying.
Client implemented safety and body mechanics techniques taught on Day 1 which resulted in reduced need for verbal cues on Day 2.
Testing was modified for floor lifts bgto allow client to safely complete the activity.

Quality of Movement
Asymmetry of movement was noted in walking and this interfered in safe performance
Compensatory movements such as walking were noted during/following activities involving hip hiking. These movements did not interfere in safety.

Abilities/Strengths
Ms. Stevenson demonstrates ability to lift up to 25# and work in sitting and standing without limitation.

Limitations
Ms. Stevenson is limited in her ability to walk, climb stairs, carry, stoop, kneel and work overhead.

Signature _____ OTR, CHT

Date 8/29/2013

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

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WorkWell FCE Test Results and Interpretation

The interpretation of WorkWell's standardized functional testing is based on assumptions including normal breaks, basic ergonomic conditions and that the tested functions are not required more than 2/3 of a normal working day. If a function is required continuously, job specific testing should be performed.

Client Name: Ann Stevenson
Test Date: 08/27/2013
2nd Date of Testing: 08/28/2013

Interpretation of observed function regarding activity during a normal working day

Frequency	Weighted Activities Observed Physiologic Effort Level	Position/Ambulation Quantitative + Qualitative Results	% of Workday
NEVER	Contraindicated	Not Possible	0%
RARELY	Maximum	Significant Limitation	1-5%
OCCASIONALLY	Heavy	Some Limitation	6-33%
FREQUENTLY	Low	Slight/No Limitation	34-66%
SELF LIMITED	Client stopped test; submaximum effort level		Submax percent

Lifting, Strength (lbs)	Never	Max Rare 1-5%	Heavy Occ 6-33%	Low Freq 34-66%	Limitations	Recommendations
Waist to Floor (11 in. from floor)		25	20	10		
Waist To Crown (Handles)				10	Client self-limited lift	
Waist To Crown (Preferred)		15	10	0		
Front Carry			20	0	Client self-limited. Frequent carry limited by walking limitation.	
Right Carry		20	10	0	Frequent carrying is limited by walking limitation.	Carrying should be limited to short distances with allowance for slow ambulation.
Left Carry		35	30	0	Frequent carrying is limited by walking limitation.	Carrying should be limited to short distances with allowance for slow ambulation.

Posture, Flexibility, Ambulation	Never	Significant Limitation Rare 1-5%	Some Limitation Occ 6-33%	Slight/No Limitation Noted Freq 34-66%	Limitations	Recommendations
Elevated Work (Weighted - 2# cuff on both wrists)			X		R shoulder fatigue	Minimize overhead work until right shoulder strengthens.
Forward			X		Postural muscle fatigue.	Perform work at waist

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

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Posture, Flexibility, Ambulation	Never	Significant Limitation Rare 1-5%	Some Limitation Occ 6-33%	Slight/No Limitation Noted Freq 34-66%	Limitations	Recommendations
Bending-Standing						height.
Kneel - Half Kneel			X		Core fatigue and pain in left knee.	Low level work should be performed while sitting on a chair or stool when available.
Stairs			X		Client requires use of two handrails and decends with left foot leading.	Minimize stair-climbing at work.
Walk - 6 Min Walk Test			X		Client is limited by pain and decreased range of motion in the right ankle.	Walking should be limited to short distances with slow pace.
Sitting				X		

Push-Pull (Static)	Force Generated (pounds)	Limitations	Recommendations
Push Static	77		
Pull Static	105		

(Numerous variables impact Push/Pull force including load, equipment, surface, etc. These forces do not represent the amount of weight that is moved.)

Hand Function

Hand/Finger Strength	Force Generated (pounds)	Mean for Age/ Gender	Values for approx 2/3 of this age/ gender group	Limitation	Recommendations
Hand Grip Right	49	57.3	45 - 70		
Hand Grip Left	59	47.3	35 - 59		

Coordination	Standard Score	Rating	Limitations	Recommendations
Round Blocks Dominant Hand	80	Average		
Round Blocks Non Dominant Hand	105	Above Average		

Signature [signature] OTR/L, CDT
Date 8/29/2013

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

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WorkWell FCE Physical Exam

Systems Review

Blood Pressure: 117/67
Height: 64
Heart Rate (resting): 73
Weight: 189

PAR-Q

Yes	No	Question
	X	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
	X	2. Do you feel pain in your chest when you do physical activity?
	X	3. In the past month, have you had chest pain when you weren't doing physical activity?
	X	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
	X	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
	X	6. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or heart condition?
	X	7. Do you know any other reason why you should not do physical activity?

Musculoskeletal System

Neck	Normal	Range of Motion	Muscle Strength
Flexion	45	WFL	5
Extension	45	WFL	5
Right Lateral Flexion	45	34	2
Left Lateral Flexion	45	34	2
Right Rotation	90	70	2
Left Rotation	90	70	2

Trunk	Normal	Range of Motion	Muscle Strength
Flexion	80	WFL	5
Extension	30	15	2
Right Lateral Flexion	35	WFL	5
Left Lateral Flexion	35	WFL	5
Right Rotation	45	WFL	5
Left Rotation	45	30	2

		Range of Motion		Muscle Strength	
Shoulder	Normal	Right	Left	Right	Left
Forward Flexion	180	110	WFL	2	5

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

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		Range of Motion		Muscle Strength	
Shoulder	**Normal**	**Right**	**Left**	**Right**	**Left**
Extension	60	WFL	WFL	5	5
Abduction	180	137	WFL	2	5
Internal Rotation	70	56	WFL	2	5
External Rotation	90	WFL	WFL	5	5

		Range of Motion		Muscle Strength	
Elbow	**Normal**	**Right**	**Left**	**Right**	**Left**
Flexion	150	WFL	WFL	4	5
Extension	0	WFL	WFL	4	5

		Range of Motion		Muscle Strength	
Forearm	**Normal**	**Right**	**Left**	**Right**	**Left**
Pronation	80	WFL	WFL	5	5
Supination	80	WFL	WFL	5	5

		Range of Motion		Muscle Strength	
Wrist	**Normal**	**Right**	**Left**	**Right**	**Left**
Flexion	80	37	WFL	2	5
Extension	70	55	WFL	2	5
Ulnar Deviation	30	WFL	WFL	4	5
Radial Deviation	20	WFL	WFL	4	5

		Range of Motion		Muscle Strength	
Gross Hand Motion	**Normal**	**Right**	**Left**	**Right**	**Left**
Composite Motion		WFL	WFL	5	5

		Range of Motion		Muscle Strength	
Hip	**Normal**	**Right**	**Left**	**Right**	**Left**
Flexion (knee extd)	90	74	107	2	4
Flexion (knee fixd)	120	104	WFL	2	4
Abduction	45	WFL	WFL	5	4
Adduction	30	WFL	WFL	4	4
Extension	30	WFL	WFL	3	4
Internal Rotation	45	40	40	2	2
External Rotation	45	35	WFL	2	4

		Range of Motion		Muscle Strength	
Knee	**Normal**	**Right**	**Left**	**Right**	**Left**
Flexion	135	110	WFL	2	5
Extension	0	WFL	WFL	5	5

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		Range of Motion		Muscle Strength	
Ankle	Normal	Right	Left	Right	Left
Plantar Flexion	50	WFL	WFL	5	5
Dorsiflexion	20	0	13	1	2
Inversion	35	WFL	WFL	4	4
Eversion	15	6	5	1	1

Other

Toe Rise Reps (10)	Right	0	Left	10
Knee Squat (20)	Half squat x 3			

Screening for Gross Balance

Attribute	Trial 1(Times)	Trial 2(Times)
Standing on Floor, Eyes Open	30	
Standing on Floor, Eyes Closed	30	
Standing on Foam, Eyes Open	30	
Standing on Foam, Eyes Closed	30	

Questions related to Back Specific Involvement Nerve Root Pain

Unilateral leg pain worse than LB?	no, hip is worse
Pain generally radiates to foot or toes	yes
Numbness or paresthesia in same distribution?	yes

Back Related Questions (CPR)

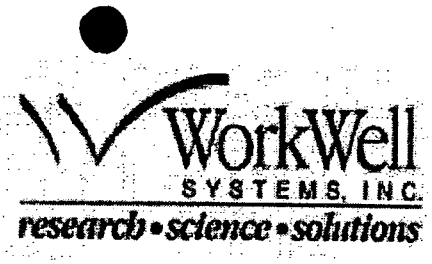
Do you think you will be back to normal work in 3 months?	No
Does the pain go from your back into your leg/arm?	Yes
On a scale of 0-10 (0 = no pain), what number has your average pain been over the past 6 months?	3
Lately have you needed to change positions often?	Yes
Do you think lately you have been more irritable than usual?	Yes
Does your back pain affect your ability to sleep?	Yes

Questions related to Neck Specific Involvement

Unilateral arm pain worse than neck pain?	Yes
Pain generally radiates to hand or fingers	Yes
Numbness or paresthesia in same distribution?	Yes, burning

Second Day Summary of Physical Exam
BP: 122/75
HR: 76
Client reports discomfort in right foot, heel, leg and hip (5/10).
White bump has shown up on medial foot at heel. (possibly ligament)

Hand Measurements



Thumb			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
CMC	Abduction	40	WFL	WFL		
CMC	Flexion	20	WFL	WFL		
CMC	Extension	50	WFL	WFL		
MCP	Flexion	60	WFL	WFL		
MCP	Extension	0	WFL	WFL		
IP	Flexion	90	WFL	WFL		
IP	Extension	0	WFL	WFL		

Digit 2			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 3			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 4			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 5			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		

Client Name: Ann Stevenson

FCE Dates: 08/27/2013 and 08/28/2013

Therapist: James Kuykendall

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

WorkWell SYSTEMS, INC.
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Digit 5			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Signature [signature] DPT, CWPT
Date 8/29/2013

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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WorkWell FCE History

Name: Ann Stevenson
Dates of FCE Testing: 08/27/2013,08/28/2013
Date of Birth: 05/19/1956
Gender: F
Physician: James Merritt, IV, MD
Area of Injury: Multiple Areas
Mechanism/Type of Injury:
Client reports she tripped when her ankle was caught in a computer cord, and hit her hand on a hazardous waste bin, separating her small finger from the other fingers of her right hand. 2/16/2013. Injury to neck, shoulder, hip

Previous Treatment:
Physical Therapy from March-July, 2013. Neck, shoulder, low back and right hip.

Pertinent Surgery/Other Clinical Tests/Past Medical History:
No surgery. She reports she is now seeing a chiropractor. MRI, X-ray, nerve conduction study of right hip and right hand. Hx of Tonsillectomy as a child, recent weight gain secondary to pain with walking.

Current Medications:
Sodium Salycilate, Skelaxin, Lortab

Functional Status/ Activity Level:
Client reports no difficulty with BADL. She is working modified duty (16 hours/week).

Chief Complaints/Symptoms:
Pain in right leg, hip, knee, foot. Pain in neck and lower back. Occasional pain in right shoulder.

Return to Work Information:
working modified duty or transitional work

Goals:
Assess client's ability to perform work.

Signature J. Kuykendall, OTR, CWS
Date 8/29/2013

The following physical activities are necessary to perform one or more essential functions of this position.

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.

Travel

Traveling is necessary to perform one or more essential functions of this position.

Travels domestically to and from multiple facilities or work-sites requiring consecutive overnight stays.

Travels domestically to and from multiple facilities or work-sites during the workday.

Work Environment

Working in the following environment is necessary to perform one or more of the essential functions of this position.

Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.

May work with substances that require special handling

Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD. Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

Job Description

Staff Pharmacist

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Maintains confidential information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Manages Pharmacy Operations - Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Customer/Member Centered: Meet Internal and External Customer/Member Needs - Identifies the requirements, expectations, and needs of customers/members. Supports and aligns with initiatives, goals, and actions focused on improving customer/member service. Addresses the concerns and issues of internal and external customers/members. Uses customer/member data, analyses, and insights to improve customer/member-related decisions.

Judgment: Demonstrate Professional Judgment - Researches and integrates relevant information and data, and uses expertise to make recommendations or decisions. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Uses business measures and analyses to identify improvement opportunities. Probes and looks beyond symptoms to determine the root causes of problems and identify possible solutions.

Execution and Results: Focus on Execution and Results - Aligns and pursues work activities to achieve the mission and business priorities of the organization. Shares information, practices, and resources across functions, organizations, and locations to improve performance. Effectively uses existing processes and tools to achieve performance objectives. Uses and explains major process steps to manage time, resources, and challenges to meet goals.

Planning and Improvement: Plan for and Improve Performance - Develops and implements plans, practices, and processes to better achieve organizational goals. Develops contingency plans to manage or eliminate potential problems. Identifies and recommends ways to continually improve and streamline processes and practices.

Influence and Communicate: Build Influence - Develops and presents logical, convincing reasons in support of one's perspectives and initiatives. Proactively shares relevant information and timely updates with appropriate people. Listens attentively and asks questions to ensure understanding. Researches information for and prepares documents and presentations that effectively convey relevant information in a timely manner.

Ethics and Compliance: Model Ethics and Compliance - Complies with policies and procedures. Demonstrates ethical performance. Supports efforts to enforce compliance with policies and procedures.

Adaptability: Adapt Professionally - Demonstrates creativity and strength in the face of change, obstacles, and adversity. Adapts to competing demands and shifting priorities. Updates and shares knowledge and skills to keep current in one's area of expertise. Embraces change and supports its implementation.

Build Relationships: Form Relationships - Builds trusting, collaborative relationships and alliances across functional and organizational boundaries. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Collaborates with people from diverse backgrounds, experiences, and functional areas to discover new perspectives.

Physical Activities

Transcript of the Testimony of
JAMES OZ MERRITT, IV, M.D.

Date: December 18, 2013



CREEL COURT REPORTING, INC.
Condensed Transcript and Word Index

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1303465

Ann Stevenson,
Claimant,
v.
Wal-Mart Stores, Inc.,
Employer,
and
American Home Assurance,
Carrier/Defendants.

DEPOSITION OF
JAMES OZ MERRITT, IV, M.D.
****
Wednesday, December 18, 2013
2:32 p.m. - 3:32 p.m.

The deposition of JAMES OZ MERRITT, IV, M.D., taken on behalf of the Defendant at Strand Orthopaedic Consultants, 210 Village Center Boulevard, Suite 200, Myrtle Beach, South Carolina, on the 18th day of December, 2013 before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.

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APPEARANCES

Carter Martling, Esquire
THE LAW OFFICE OF CARTER MARTLING, P.C.
7337 St. Andrews Road, Suite D
Irmo, South Carolina 29063
Attorney for the Claimant

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Mount Pleasant, South Carolina 29464
Attorney for the Defendants

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DR. MERRITT: PAGE

MS. VERSTRATEN . . . . EXAMINATION. 3
MR. MARTLING . . . . . EXAMINATION. 35
Certificate 54

EXHIBITS

Claimant's Exhibit Number One. 49
(Five pictures of Claimant falling)

STIPULATIONS

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

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

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JAMES OZ MERRITT, IV, M.D., being duly sworn, deposes and testifies as follows:

DR. MERRITT - EXAMINATION BY MS. VERSTRATEN:

Q: Dr. Merritt, we've met before but for the record my name's Sarah Verstraten. I'm the attorney here today on behalf of Wal-Mart to take your deposition as a result of a workers' compensation claim filed by one of your patient's by the name of Ann Stevenson. Ms. Stevenson is here in the room with us today. She has listed the date of accident as February 16th, 2013, and it is my understanding that you have been treating her since approximately March of this year. Is that correct?

A: That's correct.

Q: Dr. Merritt, if you could, please just give us a brief background of your education, schooling, residencies, that sort of thing.

A: I did my undergraduate at Wofford College. I did my medical school at the Medical University of South Carolina, graduated in 2000 and finished my orthopedic residency in Charleston at the University in 2005. I've been practicing here since. I'm board certified in orthopedic surgery.

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Q: Okay. And just on average, how many surgeries have you performed in the past year?

A: Surgeries, average in a year, I average five or six a week, so two to three hundred a year.

Q: And when you first saw Ms. Stevenson on or about March 27th of 2013, what were you seeing her for at that time?

A: She had multiple complaints including pain in the neck, shoulder, arm, wrist, back and right leg.

Q: And when you first met with her at that visit, you went through her medical history with her. Is that right?

A: I don't know if I went through that with her, her past medical history. I don't think I went through it with her. I reviewed it in her chart.

Q: Okay. And did you discuss her current symptoms with her?

A: Yes.

Q: And conducted a physical examination as well. Is that right?

A: That's correct.

Q: And what did that reveal?

A: I mean, she had a lot of myofascial pain in the

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neck, shoulder and leg. She kind of, all on the right side, was having a lot of pain. So it was kind of hard to see exactly where her pain was coming from, but I felt that mostly -- you know, I mean, she had myofascial pain in the neck, low back, right leg and right shoulder region as well as the right hand and wrist.

Q: And when you say myofascial pain, what do you mean by that?

A: The muscles and ligaments hurt when you move or touch that area of the body.

Q: And you did indeed conduct a full physical examination of her upper and lower extremity at that visit, correct?

A: As best I could, yes.

Q: Okay. What did that physical examination reveal other than myofascial pain?

A: Muscle ligamentous pain. I didn't really -- there were no concerns of anything broken or dislocated, and she was neurologically intact. I mean, there was no paralysis or anything like that, but just a lot of myofascial pain was the basis -- basically what I noted on exam.

Q: And it's my understanding you went ahead and

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ordered an MRI for her neck out of an abundance of caution to rule out any issue there ---

MR. MARTLING: Objection, leading.

Q: --- correct?

A: I think it was her shoul- -- I thought it was her shoulder that we ordered the MRI, because that was bothering her the most at that visit I thought.

Q: Okay.

A: So I was going to start with the shoulder. I think that was the one I did first. Let me check.

Q: Okay. Under the plan section I see that it says, I'm going to hold off on any therapy on the neck and at this point, until we get her an MRI --

A: I may have done both, I might just not have dictated it. I dictated in the clinic ---

Q: Okay.

A: --- so let me see if they were done at the same time. They were both done. So yeah, I would have ordered an MRI of the neck and the shoulder that visit and held off therapy in that region until we got the studies.

Q: And you ordered that diagnostic testing -- or

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what was the purpose of ordering that diagnostic testing?

A: She was close to two months out from -- over two months I guess. When was her date of injury? February?

Q: February 16th.

A: She was six weeks out from her injury and really not been improving from a fall from a standing height.

Q: And it's my understanding, at that visit, you went ahead and gave her some lifting restrictions or work restrictions. Is that correct?

A: Yes, I thought that, you know, she didn't need to be -- if she was having a lot of muscle ligament pain, she didn't need to be lifting a lot of heavy things.

Q: Okay. Were there any indications at that visit to sign her completely out of work?

A: No. I didn't have any, you know -- six weeks out from a fall, I didn't see that -- you know, she was able to walk. You know, I didn't see a reason she couldn't do some type of light-duty work. I was trying to tailor it to something that she'd be able to do.

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Q: And so essentially your diagnosis at that point, was that just of muscle strains? Is that correct?

A: Yes. Muscle ligament strain.

Q: It's my understanding she did indeed have an MRI to her right shoulder on April 2nd, 2013, and that she came to see you again on April 9th, 2013. Does that match your records?

A: Yes, I'm sorry. That's correct. I guess they didn't do the neck MRI at the same time, so she saw me after the shoulder and we went back and got the neck.

Q: Okay.

A: I'm not sure why that happened, but yes she had a shoulder MRI on April 2nd and I saw her back on April 9th.

Q: And when you saw her back on April 9th, you reviewed the results of that MRI scan with her, correct?

A: Correct.

Q: And what did that reveal?

A: Just some shoulder tendinitis and bursitis.

Q: Anything that would indicate surgical intervention?

A: No.

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Q: Now, is that to a reasonable degree of medical certainty?
A: Most of the time, people do not need surgery for tendinitis. That is correct.
Q: And at that visit, did Ms. Stevenson report any significant changes in her medical history or symptomatology?
A: She seemed to be -- I felt she was -- I mean, she had this vague kind of leg pain at the first visit and I couldn't really determine where it was coming from, and I think at the next visit she was complaining of pain around the knee region. So I felt like, you know, that was the only thing I noted in my history that was different, that she was complaining more of knee pain than just leg pain.
Q: And it's my understanding at that visit that you then recommended some physical therapy and a cortisone injection. Is that right?
A: That's correct.
Q: And would you expect the symptoms, based on your physical examination and the diagnostic testing you had revealed up to that point, for her symptoms to begin to improve with therapy?
A: I would have thought that they would have

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improved with therapy. That's correct.
Q: At that visit though, you did sign her out of work?
A: Yes. She was very resistant to try and get back to work, but I tried to encourage her to do light duty. She would say she couldn't do this or they would make her do this or that and that would increase her pain. And we would go back and forth and it was just too difficult to get her to find something that she could do at work and, you know, it was easier to put her out of work. I didn't think getting her on light duty was helping her.
Q: Okay. And signing her out of work, that was based then on her subjective complaints to you. Is that right?
A: That's correct.
Q: Was there any objective reason for completely signing her out of work? In other words, anything on a diagnostic test or on physical examination that indicated to you that she should not work?
A: She shouldn't be lifting heavy things with tendinitis and, you know, sometimes repetitive activities, overhead activities, would irritate

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rotator cuff tendinitis or inflammation of shoulder. So, you know, you would think you would be able to tailor light duty but you never know what the employer or the manager is asking her to do. So, she felt that she was being asked to do too much and that she couldn't tolerate that at work. So, I would have thought I would have been able to get her to do some light duty, but she didn't feel that she could do that.
Q: Okay. Do you believe, to a reasonable degree of medical certainty, that her rotator cuff inflammation and/or tendinitis was caused by her accident at work on February 16th, 2013?
A: Yes. I have no reason to believe it was any other injury.
Q: Is that because you'd not reviewed any medical records prior to -
A: I don't -
Q: - when she first came to see you?
A: I don't recall seeing any records prior to her having shoulder problems.
Q: Do you believe that those are conditions that may have existed prior to February of 2013?
A: I would have no way of knowing without a

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previous visit from someone else. I don't recall seeing anything.
Q: What causes tendinitis?
A: It can come from overuse. It can come from a fall. I mean, just when you -- trauma to the tendon. You know, if you fall on that side, the ball part of the ball socket kind of moves up and hits the tendon and it can get it inflamed. Repetitive over-activity can irritate a tendon from a -- that's usually from an impingement type of -- where the tendon's levered on the shoulder blade bone and it irritates it. You can also see that as well.
Q: So you would agree there are various causes for tendinitis, it's not one particular thing?
A: There could be several causes, correct.
Q: Okay. It looks like that MRI of the cervical spine was performed on April 17th, 2013?
A: That's correct.
Q: What did that MRI reveal?
A: Just a very mild disc bulge at the 6-7 level, no evidence of any other problems.
Q: Was there anything about that MRI that indicated to you that Ms. Stevenson would be a surgical candidate?

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A: No.
Q: Is a mild disc bulge -- or the results of the MRI in this particular case, were the results fairly typical for somebody of Ms. Stevenson's age and gender?
A: A mild disc bulge is very normal in someone over the age of 30.
Q: And it appears that you have included in your note here that you discussed with her returning to work on light duty, but that there was some resistence from the patient in that regard. Is that correct?
A: Yes.
Q: Okay. So, it was actually Ms. Stevenson who was objecting to returning to work?
MR. MARTLING: Object to the form.
A: She was saying that the activities that they were doing were irritating her arm, I believe, and she could not do them. If I put her back to light duty and she couldn't do her work they would fire her and she did not want to go back until she felt that she could do her normal activities, was my recollection of the events that occurred. So she was very hesitant to try and go back to work.

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Q: Okay. But that information was coming directly from the patient, correct?
A: That was from her, yes.
Q: So you did not have any conversations with anybody at the store --
A: No.
Q: - as to what the actual duty requirements were for her --
A: No.
Q: - at that point?
A: No, I did not have any conversations.
Q: Okay. And it's my understanding you also had some concerns about her motivation to return to work at that point. Is that correct?
A: I didn't feel like she wanted to go back to work. That's correct.
Q: And it appears at that point you ordered a functional capacity evaluation. What is the purpose of a FCE, or why would you order that?
A: Well, we were going around in circles about what she could do and couldn't do, and the best way to kind of see what someone can do is have them go through a battery of tests to see how much they can, you know, lift, push, pull, stand, turn, twist, things of that nature. And

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that's what a functional capacity exam can help you with.
Q: Okay. It appears you also ordered an MRI of her right knee at that visit.
A: Yes.
Q: That was performed on or about May 7th, 2013, according to the notes I have. Does that match your records?
A: That's correct.
Q: Okay. What were the results of that MRI?
A: It was very unremarkable. There was a little bit of signal change within both meniscus, but it was equivocal for any type of tear.
Q: Okay. Pretty typical normal for a patient of her age?
A: You can see some signal change within the meniscus as people get into the forties and fifties, kind of what we can myxoid degeneration.
Q: And was there anything about the results of that MRI that would indicate surgical intervention or further invasive treatment of any kind?
A: There's -- there's -- given where her pain was, I don't -- you have to kind of correlate an MRI

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with where the pain is. I mean, if they have a tear in the medial meniscus but all their pain is lateral, then the meniscal tear is probably asymptomatic to them and certainly you wouldn't operate. She had fairly global pain. It wasn't localized to any one particular area in the knee, and you know with a little bit of signal in the lateral meniscus, I would be hard pressed to tell you there was a tear there. I think that would be stretching it. You know, when you're deciding whether someone is a surgical candidate, it's not just the studies, it's where their pain is and so. But, I didn't see anything on the MRI that had to have surgery.
Q: Okay. Do you believe the condition of her knee, that there were any per se acute injuries on that MRI?
A: There was no obvious structural problems.
Q: And is that to a reasonable degree of medical certainty?
A: Yes.
Q: Okay. It appears on May 13th, 2013, you saw Ms. Stevenson again and at that visit reviewed that MRI of her knee with her and explained the

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results of that, right?
A: April?
Q: May 13th.
A: May 13th, yes.
Q: Okay. Again, it appears you discussed returning to work with her and again you note that she was very hesitant to that recommendation. Is that right?
A: That's correct.
Q: Okay. It appears you gave her some work restrictions at that point, limiting her work day to six hours a day and limiting her standing to four hours a day, limiting her lifting to ten pounds. Were those work restrictions and recommendations solely based on her complaints of pain to you?
A: Yes.
Q: Were there any objective reasons based on the diagnostic testing performed and physical examination to warrant those restrictions?
A: No, it was mainly -- I mean, if anything, I don't know if I said like repetitive overhead activity, but the only thing would have been if she had some shoulder tendinitis and bursitis consistent with MRI, I wouldn't want her doing

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a lot of overhead work. I don't remember if we put that in her restrictions that day or not. That would be the only thing I'd probably say based on the study that I would limit at that point in time.
Q: And by this visit, you'd been -- you'd seen this patient over the course of about two months. Were her complaints of pain, her subjective complaints of pain, did they match the objective findings that you saw in physical examination and objective testing in this case?
A: She had more pain than I would have expected if that's what you're asking, subjectively.
Q: Do you have any explanation for her ongoing complaints of pain at this point?
A: No, I don't, not orthopedic.
Q: And at this point in May of this year, you've now done an MRI on her shoulder, MRI on her neck, MRI on her knee.
A: That's correct.
Q: To a reasonable degree of medical certainty, do you believe that this work-up meets the standard of care and is a full work-up or evaluation of her complaints at that point, from an orthopedic standpoint?

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A: I believe she was having problems with her hand, and I want to say I thought that I referred her to our hand specialist for that.
Q: Okay.
A: And she also had problems with her foot, and I told her I didn't think that was work related, and I believe she did see someone else for that. But for the injuries that I initially saw her for and thought that we'd done a thorough work-up, you know, the only thing I can think of that we didn't do would be an MRI of her low back. But I was hesitant to keep ordering studies when every study was coming back normal and things weren't getting -- I guess studies were coming back unremarkable, you know, I mean...
Q: And you would have done a physical examination of her lumbar spine, correct?
A: Yeah, I mean, I -- we check lower extremity motor sensory function and make sure there's no severe nerve impingement, but she was just having mainly myofascial pain and she had normal alignment of her spine. Yes, so I did evaluate that.
Q: Okay. It appears she came back to see you yet

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again in June of 2013, and in your note you state she does have a multitude of complaints. At this point, complains of cramping pain on the right side of her body, some ongoing hip pain, right neck pain as well. Again, at this point you found no evidence of any structural problems, correct?
MR. MARTLING: Object to the form.
A: No. There was no -- we didn't order any studies and you know, her exam didn't reveal any deformities or structural problems. Again, it's myofascial pain and there's never any structural abnormalities noted on exam.
Q: Okay. And in your note, again you say she can go back to work, correct?
A: I was trying to get her back to light duty.
Q: And at this point, you also advised her and recommended to her that she could seek a second opinion. Is that correct?
A: Yes.
Q: Why did you suggest that?
A: Because I didn't feel that I was making any progress and I thought that she should've improved.
Q: And in your notes, you actually indicate that

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this may be more of a mental problem instead of a --

A: Yes. I think I had notes from the therapist suggesting that she was -- didn't seem to be putting forth the effort and wasn't progressing like they'd hoped. They pretty much exhausted... So I was concerned whether she be (sic) depressed or had, you know, desires not to get back to work. So I did feel that that would be beneficial to have that type of evaluation.

Q: Because you would have expected a recovery at this point, correct?

A: From a fall from a standing height four months out, maybe not a complete recovery but at least a significant improvement, not to be getting worse or not improving.

Q: Dr. Pappas is a partner in your practice, correct?

A: That's correct.

Q: And what is his specialty?

A: Foot and ankle.

Q: And so it's my understanding she went to see him, which would have been a second opinion I guess in this case, on July 12th, 2013?

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A: I think she went and saw him on her on own for her foot --

Q: Okay.

A: --- not for the... So it wasn't the type -- I was talking about a second opinion on her, you know, shoulder, knee, neck, back. That wasn't what I was referring to as a second opinion.

Q: Okay.

A: I mean she was -- she saw him for her foot. It was bothering her as well.

Q: Have you reviewed his notes?

A: No, I have not.

Q: Okay. It appears he did recommend and order an EMG nerve conduction study, because you did not order one, correct?

A: I don't recall doing that, no.

Q: Okay. It's my understanding that was indeed performed. Do you have the results of that in the record?

A: Yes, I think I've seen... I'm trying to remember where it is. Is that Dr. Tamadon? Who did the EMG? Do you know?

MS. VERSTRATEN: Do you have a copy of it?

MR. MARTLING: Of which?

MS. VERSTRATEN: The EMG study? Can we go off the record?

(Off the record discussion)

Q: So you did not actually order an EMG study, it was ordered by your partner, correct? Dr. Pappas?

A: I'm not sure whether he ordered it or not.

Q: Okay. You have not seen the results of that?

A: I have not seen the order to see who ordered it.

Q: Okay. Have you seen the IME report by Dr. Tamadon?

A: Yes, I have.

Q: In that report he references some physical therapy notes indicating that she was indeed released from physical therapy on June 12th due to non-improvement and notes indicating non-organic symptoms, refusal to perform most all therapy exercises for various reasons and possible malingering. Based on your experience with this patient, would you agree that there's a possibility of malingering in this case?

A: There is a possibility of it. I don't consider myself an expert on psychological problems.

Q: Okay. In this report from Dr. Tamadon, he also appears to indicate that with the exception of

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the myofascial pain, the objective findings in this case are all pre-existing. Would you agree with that to a reasonable degree of medical certainty?

A: I'm sorry, I need to get to where you are.

Q: Paragraph five.

A: Okay.

Q: The question is --

A: The knee findings and the back findings, certainly there is no evidence of any -- those findings are more likely not pre-existing, the signal in the meniscus and the bulging disc. I mean, there's no large herniation or acute problem that I can see. The bursitis and tendinitis, I don't know how you can't say that's pre-existing without a study or something showing she had it before. I mean, most people don't walk around with inflammation in their tendon or bursitis. Usually, they will seek attention if it bothers them enough. So ---

Q: Okay.

A: --- I don't feel comfortable saying that. I don't have enough knowledge to know whether that was pre-existing or not.

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Q: Okay. Is it possible that if there is bursitis or tendinitis in the shoulder and it was beginning to cause her pain after the accident, then it was then an exacerbation or aggravation of a pre-existing condition. Would you agree with that?
A: I mean that's possible, but without any knowledge of shoulder pain or problems prior to the injuries, you know, I would assume that it probably can occur.
Q: And again, would you expect those symptoms to resolve with physical therapy, medications, that sort of treatment?
A: Usually, about 80 percent of the time patients get, you know, complete resolution of their symptoms and usually it's -- rarely do people not get any improvement.
Q: The functional capacity evaluation was indeed performed. In this case, it appears on or about August 27th, 2013 and August 28th, 2013. Have you seen that report?
A: Yes. I have at some point, yes.
Q: I noted by reading through it that there was some evidence of self-limiting behavior. Would you agree with that?

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A: I'm trying to remember where I saw that. I mean, it's been a while since I've read this.
Q: Sure. On page four of eleven, under the WorkWell FCE test results.
A: Yes, self-limited, client stopped stop test ---
Q: Okay.
A: -- sub-maximal effort, sub max percent -- I'm sorry, hold on. That wasn't... Give me just a minute here.
Q: Sure.
A: I see where she was doing certain things. Client self-limited. Client self limited. So yes, there was some self-limiting behavior.
Q: Okay. But it appears despite the self-limiting behavior, the test determined that she could still return to work in the light physical demand category?
A: That is correct.
Q: Based on the results of the FCE and your physical examination, is there any reason sitting here today, from an orthopedic standpoint, that Ms. Stevenson couldn't be released to return to work in a light physical demand category?
A: I would think she would be able to do that.

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Q: Is there any reason, based on your evaluation of the patient and objective testing, all of that, to believe that she should have problems walking up a few steps?
A: I don't -- based on her MRI of her knee, I don't see any problems. Again, I did not examine her foot. I don't recall doing that, but from my standpoint I don't see why she wouldn't be able to go up and down some stairs.
Q: Okay. Any reason to believe, to a reasonable degree of medical certainty, that she would require a cane or be limited in her ability to ambulate?
A: I'm not sure why she would need a cane unless it was related to something Dr. Pappas was treating.
Q: Sitting hear today, do you believe that her work hours still need to be limited for any reason?
A: Other than her subjective complaints of pain, no. I don't have any orthopedic reason at this point. You know, I think that she ought to be able to do some light duty for, you know, an extended period. It may not be a complete regular day. I mean, if people haven't worked

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for a while, it's sometimes hard for them to go back, but I would think she would be able to go back to close an eight-hour day at some point.
Q: And again, those limitations on hours are based solely on her subjective complaints, correct?
A: That's correct.
Q: Okay. You would have no problem with her going and getting as many second opinions as she would like would you?
A: No, I'd be -- I never have a problem with that. You know, I probably have missed things before. I'm sure I'll miss things in the future. You know, when I feel like I'm giving them the appropriate treatment for what I think their injuries are and they're not improving, I think it's wise to get a second opinion. I mean, sometimes people can find other reasons. It would not bother or offend me at all if she wanted to find another physician. If they could find some way to help her that would be great.
Q: But after your review of three different MRIs, seeing her over the course of a couple of months, sending her for a second opinion with an orthopaedist in your practice, the fact that

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she's been for a second opinion with a pain management specialist, with all of that you haven't seen anything that would change your opinions regarding ---

MR. MARTLING: Objection, leading question.

Q: --- her treatment, correct?

A: I would be surprised if an orthopaedic surgeon found something else they could do. I mean, you know if people keep showing up at your office with pain, eventually you will find someone that will operate on you or do something to you. I do- -- but I don't think that any type of surgery would have a predictable outcome. Not to say that something may benefit her, I just wouldn't feel comfortable doing that.

Q: Was the last time that you saw this patient on October 8th, 2013?

A: Okay. I think that was Pappas. Hold on. I'm sorry. Was it from the 10th? Did I see her in October?

Q: I have a report here indicating you did.

A: Yeah. I don't think I have that visit.

Q: Okay.

A: They didn't put that in here, sorry.

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Q: Sure.

A: So yes, that would be correct.

Q: I'm going to hand you a copy of the Form 14-B that we received from your office. This is dated October 10th, 2013. Is that your signature?

A: Yes.

Q: The treating physicians line?

A: Yes.

Q: And did you indeed complete this form?

A: Yes.

Q: Okay. It appears on her that you have assigned a 2 percent impairment rating to her right-upper extremity. Is that correct?

A: Her shoulder, correct.

Q: Okay. Is that impairment rating -- or what is that impairment rating based on?

A: Continued shoulder rotator cuff tendinitis.

Q: Is that based on subjective complaints of pain or is that based on actual objective findings?

A: Well, mostly subjective. I mean there are some objective findings. She did have some impingement when you would -- like Neer and Hawkins maneuvers, when you kind of pinch some tendon, it bothered her -- she would have

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reactions, I mean, to that. So there -- I think -- I did base that on that there were some objective findings for that.

Q: Okay. And then you also signed, what appears to be, a 3 percent impairment to her right-lower extremity, correct?

A: Correct.

Q: Do you stand by that opinion today?

A: Yes. I think that was because it was equivocal for a meniscal tear and I think I gave her the benefit of saying that there was a tear. So I'm pretty sure that's where that 3 percent came from.

Q: And is that based on the MRI findings?

A: The MRI -- and again it wasn't a large tear and her symptoms weren't consistent, you know, with an isolated lateral meniscus tear. That's why I wouldn't be comfortable operating on it. I don't think it would help most of her symptoms. But, that was how I gave her that di- -- that impairment.

Q: Okay. Sitting here today, what is your diagnosis of the injury or illness in this case?

A: Shoulder strain and knee strain. I think

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originally I also had her as a cervical sprain but I think her symptoms really localized in the shoulder and knee.

Q: Okay. And under the future medical section, it appears that you've indicated it's possible that pain management may be necessary if pain continues and is not controlled with over-the-counter medications. Can you state to a reasonable degree of medical certainty that it is more likely than not she will require pain management now as a direct result of this accident at work in February of 2013?

A: I don't have in my records whether she was still taking narcotics at the last visit. I don't recall that she was. So I would think that and hope that she would be able to get by without needing pain management, but I don't have that in front of me. I don't have her medical list. Do you have my last note?

Q: I do.

A: So I can see her medications.

Q: Sure.

A: I don't have that. we were still giving her -- she was still on pain medicine, so; Lortab and the muscle relaxant. So, I think that probably

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more -- if she's still needing it 5-6 months out, she probably would need that ---

Q: Okay.

A: --- more likely than not. If she's still needing it at that point.

Q: How long do you think she'll need those medications for?

A: It's a lot of speculation. I mean I would expect that she would -- I would have expected that wouldn't need them at that point in time, but she's -- she was continuing to have pain and needing those medicines, so I would -- I mean, it's a coin toss. I mean I would hope that she wouldn't be on them but there's a good chance she may.

Q: So as of October you would have expected that she wouldn't even have needed them at that point, correct?

A: I mean without any structural -- major structural damage -- I mean I have people that shatter their knees and their off narcotics in six days. But then there's people that have muscle pain with a diagnosis of fibromyalgia that are on chronic narcotics. So I mean, a muscle ligament doesn't go away and -- you

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know, I personally think there are better ways to treat it than narcotics, but there are some people that feel narcotics give them the relief they need and it's no -- my personal belief's though that that's not a good way to treat it, but that's just my feelings towards narcotics.

Q: Okay.

A: But I mean, if she's needing them, she's needing them.

Q: Are you aware if she has any follow-up visits to see you anymore?

A: I'm not aware.

Q: Okay. Are you recommending she come back and see you?

A: I don't know that there's much I can do. Again, I'd probably send her to another orthopaedic surgeon, see if they had any other recommendation for the shoulder or knee that they wanted to perform. I jut didn't feel comfortable telling her that, you know, sur- -- I could fix anything surgically. I mean, as much as I like to operate, I don't want to operate on someone and not have the feeling that they're going to get better.

Q: Do you believe that any additional diagnostic

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testing is necessary for you to solidify your opinions here today?

A: No.

Q: Dr. Merritt, I believe those are all the questions I have for you. Thank you for your time.

A: All right.

MR. MARTLING: Thank you. If I could just have a minute.

MS. VERSTRATEN: Sure.

DR. MERRITT - EXAMINATION BY MR. MARTLING:

Q: All right. Dr. Merritt, were going to go a little bit off -- jump a little bit. Just because a lot of what I'm going to ask is in follow-up. So if you need me to ---

A: Okay.

Q: if it seems like I get ahead of myself. I mean, but a lot of these -- almost 75 percent of what I'm going to ask you is in response to what we've discussed. Earlier in the deposition you were asked, and I'm paraphrasing so don't ---

MS. VERSTRATEN: Sure.

Q: But whether or not you believe that her symptoms were a result of this accident. Your

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response was based on medicals that you had seen? That ---

A: Yeah. Her -- my respo- -- I believe my response was is that I had nothing to show me that -- I have no history of problems with her shoulder, neck, back or knee prior to the fall ---

Q: Okay.

A: --- so that I felt that her symptoms were related to the fall.

Q: Now in the last -- in the course of this -- first of all, in the course of treating her you hadn't -- as you said, you hadn't seen any previous medicals. Now you haven't been shown any new medicals here today, correct?

A: Correct.

Q: So you've -- to the best of your knowledge and to the best of anyone's knowledge there are no medical -- previous medical records indicating in the last five to ten years injuries to any of these body parts?

A: I'm not aware of any, so.

Q: Okay. Assuming what I tell you is -- assuming this to be th truth, Ms. Stevenson has no significant, by significant I miss -- mean --

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meaning more than two or three days in a year for random -- you know, your generic illnesses or whatnot, has no significant history of missing work prior to this accident along with, as we discussed, no previous medical records. Would that also solidify your opinion that these pains -- that her symptoms are related in some degree to her fall?

A: Her complaint -- her complaints are related to her fall.

Q: Okay. Obviously there is a lot of -- everyone's got a lot of variance on the opinion of the degree of the complaints, but just as far as the complaints themself they -- it does appear based on the evidence?

A: Yes.

Q: Okay.

A: She -- you know, they're related to her fall.

Q: Okay. And Dr. Tamadon's deposition -- I'm sorry, his independent -- his IME, this is question number five.

A: Okay.

Q: He states, all objective findings, with the exception of myofascial pain, are preexisting. Would you be able to agree with -- how would

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you come to a -- it seems like you come to somewhat of a different opinion based on preexisting conditions based on the fact that you don't have any evidence prior, correct?

A: Correct, I think. I mean I'm not sure what you're asking really.

Q: Well, because there just seems -- and ---

A: I'm not sure what objective findings he says are preexisting. Unless he's talking about the results of his -- the studies.

Q: Okay.

A: I'm not sure what -- he doesn't specify which -- you know, went back to his exam, but I'm not sure ---

Q: What does an EMG do?

A: It's a nerve conduction study. It looks at velocities of nerve conduction. It can signify nerve injury or compression.

Q: From an orthopaedic standpoint, is it any value to you?

A: If I'm trying to evaluate for ricido- -- radiculopathy or carpal tunnel syndrome, but for a shoulder injury or a knee injury, no. But sometimes unexplained pain can be nerve related. Occasionally EMG might give you a

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finding.

Q: What does a physiatrist do?

A: I'm not a specialist in that, but. They usually -- physiology of the body, a lot of them specialize in rehab after injuries. Some of them will sub-specialize in pain management. They kind of -- it's kind of a general field of people localized in different areas. Some people stick to rehab medicine, work for a rehab facility and things of that nature. Some -- we have one in our practice who does post-operative care, rehabilitation after injuries and things like that.

Q: From an orthopaedic standpoint, though, what are their qualifications in terms of evaluating -- let's say we were talking about the shoulder and the knee injury.

A: They -- again, it depends on how they do their practice and their experience. I don't know exactly what they go through in their training to be honest with you. So -- but, you know, our physiatrist in our practice here treats, you know, acute, non-surgical injuries. You know, and if they're not sure or think something's surgical, they refer it to other

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people, but they're not ---

Q: Is it more, as the name suggests, rehab oriented or diagnostic oriented?

A: They diagnose, too, as far as I know. But again, I'm not an expert on what the training is in that area.

Q: Would you have -- personally in terms of trying to -- we're going to talk specifically about the knee. In terms of them getting a second look or a second opinion, would you give them an orthopaedic second opinion or the test specifically that Dr. Tamadon did, the EMG?

A: I didn't -- did he even do one of the lower extremity? I saw him -- I mean, I never saw -- I mean, I'm not sure what he did. I never saw the EMG results.

Q: No; he did not.

A: So I don't even know what he did with the knee. You know, I would prefer that, you know -- I mean, she'd gone through therapy for her leg. I would prefer that she'd seen an orthopaedic surgeon because, you know, again, I don't think that the signal change in the lateral meniscus was explaining all of her pain and I don't think the surgery would be very predictable on

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it. And I think that more likely than not, another surgeon would say no, I wouldn't be doing surgery. And if that's the case, you know, she's kind of had the non-operative treatment for, you know, a knee injury.
Q: Okay.
A: So.
Q: Ms. Stevenson was sent to and she has visited with Dr. Elvington at Pee Dee Ortho.
A: Okay.
Q: As of last Friday there's -- Johnnie's aware, there's no report as of yet. You've seen Dr. Tamadon's report. In your opinion as a fellow orthopaedist, would you feel more comfortable with the final diagnosis of Ms. Stevenson's knee after seeing the second orthopaedic opinion or are you comfortable with what we have?
A: I mean I'm comfortable with mine. If he thought she had a lateral meniscus tear and needed surgery, I would -- you know, I mean, if he wanted to do it, it's fine. I don't feel -- it wouldn't change my opinion if that's what you're asking.
Q: No, no, I understand that. You know, obviously

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in a workers' comp, second opinions are fairly common. They're almost ---
A: Yes.
Q: They happen almost all the time. Well, fairly common, let's go with that.
A: Yeah.
Q: And I guess I'm just trying to ask and I'm not doing a great job of it, would you feel more comfortable in the confines of this case, or if you are comfortable with her second opinion being given by an orthopaedic such as ---
A: Yeah, I would rather have a second opinion on the knee from an orthopaedic, certainly.
Q: Okay. I have a picture -- I got off of Insight. I've got more copies here, this is just a -- just from an educational standpoint, can you sort of show where -- and this has -- also has the tendons and I believe because she has -- was diagnosed with a cyst.
A: She has a small popliteal cyst.
Q: Okay. And that was -- you cut off again ---
A: Yeah.
Q: --- smaller. Can you just sort of show what exactly you're seeing or not seeing in terms of the meniscus and then explain what's happening

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with the cyst as well?
A: Well, the cyst is sometimes -- again, I think it was a trace popliteal cyst. You just have a little pouching from the joint fluid and it goes out behind the knee.
Q: Okay.
A: It's very common. I mean, we see them all the time. You don't do anything to them or -- you know. If it -- and anyone that has any cartilage wear or arthritis will have them so, you know, I don't really do anything with it.
Q: How do they occur?
A: Usually if there's a little inflammation in the knee they'll -- you'll get a little fluid and it'll patch out the back, but she didn't have a large effusion and again, it's trace -- it may be physiologic, you know, you don't do anything with those. The meniscus is, you know, just kind of a discoid cushion that we have in between the knee. And on the lateral meniscus there was a little bit of signal, which may or may not be a tear but, -- I mean, the meniscus is -- this is just showing one side (indicated). It's not medial or lateral but the tear ---

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Q: Okay.
A: The signal was in here, in the, you know, the lateral meniscus area. And I don't have the MRI in front of me to look at the size of the cyst, but usually when they say a trace cyst, you just see a little bulge of fluid out here and, you know, it's nothing like that (indicated).
Q: Right.
A: It's usually a few millimeters or something.
Q: Can they occur after a trauma like the tendinitis or do they form on their own or does this sort of ---
A: They usually form over time due to, you know, arthritis. You know, inflammation of the knee would be like fluid. It's not something like you fall and twist and then tear the cartilage. I mean, a cyst occurs.
Q: Is it anything like the cyst, like when people sometimes get in their back or another part of their body?
A: Arthritic synovial cysts, yeah. Like a synovial cyst -- well, there's like subaceous cysts and things like that in the skin and other areas, but cysts associated with a joint

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like a ganglion cyst that can come from a joint. It's a very similar type thing where you have fluid from the joint that leaks out of the joint capsule and forms a small cyst.

Q: Could that be -- I think most people who have some form of subaceous cysts, at some point they're quite painful. Could that explain any of the symptoms pain wise?

A: A trace cyst should not be something symptomatic. I would not expect that to be giving her any pain ---

Q: Okay.

A: --- in my opinion.

Q: The -- I want to switch gears a little bit to the disc bulge. This is in the neck?

A: Uh-huh (affirmative response).

Q: I'm going to ask you just some generic questions on how they may or kind of form. Is it always -- I'm sorry. Is it always a degenerative, can they form from trauma or does it vary?

A: Most all discs age and with age we lose water content and they flatten a little bit like a pancake so you get bulging. Forty years old walking around with no problems whatsoever, if

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you MRI them, half of them have some slight disc bulge and as you get in your 60s, you're talking 80 or 90 percent will have a disc bulge. So, it's typically an aging process, more often than not. I'm not, and I've never been of a belief that a small bulge occurs with a trauma. You can get annular tears which heal. You can get acute disc herniations. They may not be a trauma, may be just bending over, maybe sitting down in the chair. But you do have acute structural changes that occur real quickly like a disc herniation or something of that nature. But a little disc bulging, to my knowledge and training, is not something that typically would occur with an injury.

Q: Can they -- even to a slight degree, can they go from asymptomatic to slightly symptomatic in terms of -- with ---

A: I'm not a big believer in discogenic pain.

Q: Okay.

A: I think that the pain that people have in their back and neck is more ligament and muscle related. There's a lot more nerve endings around at the joints and facets of the spine.

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And when those areas have ---get inflamed or irritated or you get swelling in that area from an injury, whether it be a ligamentous or muscle injury, you get a lot of muscle spasm and discomfort and I feel that that would much more likely be the root of someone's pain after an injury of a fall or something than a slight bulging disc. I mean, you don't do anything to a slight bulging disc. I mean, if they're there and if it -- I don't know that -- I just don't believe that would be causing any pain.

Q: All right, I understand. And when she first came to you, she was complaining also of a hand injury. Is that correct?

A: I believe so.

Q: Okay. Let me -- any reason to doubt that she may or may not have injured her hand in the accident?

A: I don't have any reason to believe that she didn't. I have no history of another injury or anything like that.

Q: Okay. Did you say you sent her to a hand -- or you referred her to a hand specialist?

A: I referred her to Dr. Leak.

Q: She's never been.

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A: Okay. Maybe I mentioned that if it didn't get better I would have her do -- I don't really do any hand -- try not to do any hand stuff.

Q: At least at the time, if I understand you correct, you would have liked to have seen -- had her see your hand specialist here?

A: I don't remember.

Q: Okay.

A: I mean I ---

Q: Okay.

A: My memory's not that great.

Q: Did you ever have -- are there -- there are some surveillance video of the fellow. Did you ever have a chance to see it?

A: I was sent a disc, but it never loaded in. It would just come up blank.

Q: Okay.

A: So I never saw it.

Q: I have just a couple of pictures and I just want to ---just to confirm the mechanisms -- mechanics of the injury.

A: Okay.

Q: This is straight -- I'm going to put it into evidence.

MR. MARTLING: This is straight from the disc that

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you guys sent me.
MS. VERSTRATEN: Okay.
MR. MARTLING: They're just stills. Do you want to mark them as one or as four?
MS. VERSTRATEN: Just mark them as one, that's fine.
MR. MARTLING: We'll just mark them as one.
(Claimant's Exhibit Number One was marked for identification purposes.)
Q: This is just -- and you can see the times right after it.
A: Okay.
Q: Here is one where he seems to be -- I'll let you describe what you see, that's better.
A: I see a computer. Somebody standing next to a ---
Q: No, that's her arm coming down.
A: Okay.
Q: All right. Maybe if it starts -- if you ---
A: Okay.
Q: --- look at them quick, you start ---
A: Okay. I see someone falling.
Q: Okay.
A: I see someone landing on their left arm.
Q: Right.
A: And the floor.

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Q: Do you see where the right hand is? Just to help you, that's a medical waste bin.
A: It's in the trash can?
Q: Yeah, that's a medical waste bin.
A: Okay. Yeah. Her right arm was in the ---
Q: Right.
A: --- trash can.
Q: Over.
A: Okay. Falling to the floor ---
Q: And then...
A: --- on the left side.
Q: And then finally with the ---
A: And rolling to their back. It looks like maybe he's trying to sit back up.
Q: Okay. Do you see where the right hand is though?
A: It's in the waste basket?
Q: Yeah.
A: Okay.
Q: All right. So, does that leave any doubt with you that she did land on her right hand in the ---
A: The right hand was in the waste basket ---
Q: Okay.
A: --- as she went down.

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Q: Okay. Is it consistent with her description of having a twisting fall?
A: Yeah. It looked like she started to go down on the left side and kind of ---
Q: Okay.
A: --- twisted 40 to 50 degrees.
Q: And it's impossible to tell from there, but if, according to her description, her knee, her right knee was planted and it did twist, is it possible to either aggravate or create new symptoms in the knee as she complained of?
A: It's a little difficult to see what the right knee is doing, but certainly a fall from a height, you know, you can twist or strain your knee.
Q: Assuming -- again, everything I tell you, you're just assuming to be -- hypothetically to be true. If her foot had been caught in a type of wire, a cable wire, the type that doesn't move -- you know, when you have computers, not a ---
A: Uh-huh (affirmative response).
Q: --- plug like those that will snap right out, could that cause the jerking and twisting with her coming down?

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A: That could have created ---
MS. VERSTRATEN: Objection.
A: --- twisting ---
Q: Okay.
A: --- of the knee as well.
Q: You said there's nothing -- I'm skipping back to the -- assess- -- there's nothing in your opinion that can be done about that?
A: No. A trace cyst should not give anyone any symptoms. I wouldn't be -- I wouldn't operate on it or do anything to it.
Q: The subject of malingering came up. In general -- I'm sure you, especially in a work comp setting, that's a term that is questioned every now and then correct?
A: Every now and then, yes.
Q: Okay. What are some of the motivations of the -- for lack of a better term, behind malingering? Why do people malinger?
A: It can be monetary. It can be psychological, depression, unhappy with the work environment. Those are probably the most, you know, most common.
Q: Okay.
A: Again, I'm not a specialist on that subject.

Q: And I understand that. It was addresses, I just need to bring it up a little bit.
A: Uh-huh.
Q: Ms. Stevenson is a pharmacist making in excess of $54 an hour at full time. Under work comp law, the maximum comp rate per week while she's out is $743. Would that impact whether you think malingering might be affected by monetary reasons?
MR. VERSTRATEN: Objection.
A: I'm not an expert on people -- people's motivations for, you know, why they don't want to get back to work. I mean, it ---
Q: I understand these are not totally fair questions.
A: Yeah, I mean -- again, don't -- that's why I recommended, you know, another evaluation or opinion may be beneficial. I just -- I just was looking for other reasons why she wasn't getting better.
Q: Okay. All right, Doctor. That's all I have right now.
(There being no further questions, the deposition concluded at 3:32 p.m.)

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Defendants APA 40-55
missing FCE pg 7 of 11 wrist
and bottom staff pharmacist

Functional Capacity Evaluation

WorkWell SYSTEMS, INC.
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Client Name: Ann Stevenson

Dates of FCE: 08/27/2013, 08/28/2013

Therapist: James Kuykendall

Facility

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

Defendants Exhibit 11

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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WorkWell Functional Capacity Evaluation

Summary Report
Name: Ann Stevenson
Test Date: 08/27/2013
2nd Date of Testing: [illegible]
Date of Birth: [illegible]
Gender: F
Physician: James Merritt, IV, MD

Job Match Grid
Pharmacist

Critical Demand from Job Description	FCE Abilities	Job Match
Grasps, turns, manipulates objects	Hand dexterity: average/above average	Yes
Uses writing instrument	Client filled out documentation for evaluation	Yes
Reaches overhead, below knees, bending, twisting, pulling, stooping	Overhead work, stooping, bending twisting pulling, pushing: Occasionally	Yes
Moves, lifts, carries up to 25#	Lifts, carries 25# maximum	Yes

US Department of Labor Physical Demand Level
Light

Summary/Recommendations:
These projections are for 8 hours a day 5 days a week at the levels indicated on the FCE grid.

Ms. Stevenson demonstrated maximal effort in most tests. Heart rate increased and muscle recruitment were noted to increase as predicted. Maximal effort was not observed on day two for waist-crown lifts using handles or two-handed carries. Despite these issues, Ms. Stevenson demonstrates ability to perform work as delineated in her job description.

As with most long-term rehabilitation situations, a course of work conditioning to improve safety with return to work is indicated.

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kinykendall
NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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Reason for Testing
Determine ability to return to previous job

Description of Test Done
Two Day WorkWell FCE
Supplemental testing was added based on client presentation/diagnosis

Cooperation and Effort
Client participated in all activities but limited some activities prior to objective signs of maximal performance due to reports of inability.

Consistency of Performance
Client's performance was inconsistent in the following ways:
Client was able to maintain grip with right hand on one-hand carry with weight up to 20#. She was unable to carry 30# with two hands reporting loss of grip with right hand.
Client was able to lift 15# from waist-crown with no signs of limitation. She was unable to lift 20# (No accessory muscle strain was observed. Client showed no shoulder flexion despite verbal and physical cues).
Performance on the second day was less than performance on the first day. The second day is more reflective of what the client is
Reported discomfort in the right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot during all
limitations with lifts and carries. Objective signs coincided with the client's reports of discomfort.
Client reported discomfort present in right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot during all activities, but there was no increase in safety.
Client reported pain in the right neck, shoulder, wrist, hand and foot while performing lifts caused her to perform the activity unsafely. Few objective signs of discomfort were noted. Pain behaviors such as grimacing, exaggerated posture and pain talk were displayed.
Client noted increased symptoms upon presenting for day 2 testing including soreness and tightness in the legs and pain in the right arm/hand.
Client noted decreased discomfort/stiffness as day 2 testing progressed indicating some delayed muscle soreness involvement

Safety
Client demonstrated unsafe body mechanics during lifts and carries, at which time the test was stopped. Client was provided additional instruction and demonstration and testing proceeded safely.
Client demonstrated unsafe body mechanics during waist-crown lifts at which time the test was stopped. Client was provided additional instruction and demonstration due to continued use of unsafe body mechanics and/or uncontrolled movement the evaluator terminated the activity. This also happened during day 2 carrying.
Client implemented safety and body mechanics techniques taught on Day 1 which resulted in reduced need for verbal cues on Day 2.
Testing was modified for floor lifts bgto allow client to safely complete the activity.

Quality of Movement
Asymmetry of movement was noted in walking and this interfered in safe performance
Compensatory movements such as walking were noted during/following activities involving hip hiking. These movements did not interfere in safety.

Abilities/Strengths
Ms. Stevenson demonstrates ability to lift up to 25# and work in sitting and standing without limitation.

Limitations
Ms. Stevenson is limited in her ability to walk, climb stairs, carry, stoop, kneel and work overhead.

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
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Myrtle Beach, SC 29578

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WorkWell FCE Test Results and Interpretation

The interpretation of WorkWell's standardized functional testing is based on assumptions including normal breaks, basic ergonomic conditions and that the tested functions are not required more than 2/3 of a normal working day. If a function is required continuously, job specific testing should be performed.

Client Name: Ann Stevenson
Test Date: 08/27/2013
2nd Date of Testing: 08/28/2013

Interpretation of observed function regarding activity during a normal working day

Frequency	Weighted Activities Observed Physiologic Effort Level	Position/Ambulation Quantitative + Qualitative Results	% of Workday
NEVER	Contraindicated	Not Possible	0%
RARELY	Maximum	Significant Limitation	1-5%
OCCASIONALLY	Heavy	Some Limitation	6-33%
FREQUENTLY	Low	Slight/No Limitation	34-66%
SELF LIMITED	Client stopped test, submaximum effort level		Submax percent

Lifting, Strength (lbs)	Never	Max Rare 1-5%	Heavy Occ 6-33%	Low Freq 34-66%	Limitations	Recommendations
Waist to Floor (11 in. from floor)		25	20	10		
Waist To Crown (Handles)				10	Client self-limited lift	
Waist To Crown (Preferred)		15	10	0		
Front Carry			20	0	Client self-limited. Frequent carry limited by walking limitation.	
Right Carry		20	10	0	Frequent carrying is limited by walking limitation.	Carrying should be limited to short distances with allowance for slow ambulation.
Left Carry		35	30	0	Frequent carrying is limited by walking limitation.	Carrying should be limited to short distances with allowance for slow ambulation.

Posture, Flexibility, Ambulation	Never	Significant Limitation Rare 1-5%	Some Limitation Occ 6-33%	Slight/No Limitation Noted Freq 34-66%	Limitations	Recommendations
Elevated Work (Weighted - 2# cuff on both wrists)			X		R shoulder fatigue	Minimize overhead work until right shoulder strengthens.
Forward			X		Postural muscle fatigue	Perform work at waist

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Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3850 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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Posture, Flexibility, Ambulation	Never	Significant Limitation Rare 1-5%	Some Limitation Occ 6-33%	Slight/No Limitation Noted Freq 34-66%	Limitations	Recommendations
						height.
Bending-Standing						
Kneel - Half Kneel			X		Core fatigue and pain in left knee.	Low level work should be performed while sitting on a chair or stool when available.
Stairs			X		Client requires use of two handrails and descends with left foot leading.	Minimize stair-climbing at work.
			II	II	Client is limited by pain	Walking should be
Sitting				X		

Push-Pull (Static)	Force Generated (pounds)	Limitations	Recommendations
Push Static	77		
Pull Static	105		

(Numerous variables impact Push/Pull force including load, equipment, surface, etc. These forces do not represent the amount of weight that is moved.)

Hand Function

Hand/Finger Strength	Force Generated (pounds)	Mean for Age/ Gender	Values for approx 2/3 of this age/ gender group	Limitation	Recommendations
Hand Grip Right	48	57.3	45 - 70		
Hand Grip Left	58	47.6	35 - 69		

Coordination	Standard Score	Rating	Limitations	Recommendations
Round Blocks Dominant Hand	80	Average		
Round Blocks Non Dominant Hand	105	Above Average		

Signature
Date 8/29/2013

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Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3550 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

WorkWell SYSTEMS, INC.
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WorkWell FCE Physical Exam

Systems Review

Blood Pressure: 117/67
Height: 64
Heart Rate (resting): 73
Weight: 189

PAR-Q

Yes	No	Question
	X	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
	X	2. Do you feel pain in your chest when you do physical activity?
	X	3. In the past month, have you had chest pain when you weren't doing physical activity?
	X	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
	X	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
	X	6. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or heart condition?
	X	7. Do you know any other reason why you should not do physical activity?

Musculoskeletal System

Neck	Normal	Range of Motion	Muscle Strength
Flexion	45	WFL	5
Extension	45	WFL	5
Right Lateral Flexion	45	34	2
Left Lateral Flexion	45	34	2
Right Rotation	90	70	2
Left Rotation	90	70	2

Trunk	Normal	Range of Motion	Muscle Strength
Flexion	80	WFL	5
Extension	30	15	2
Right Lateral Flexion	35	WFL	5
Left Lateral Flexion	35	WFL	5
Right Rotation	45	WFL	5
Left Rotation	45	30	2

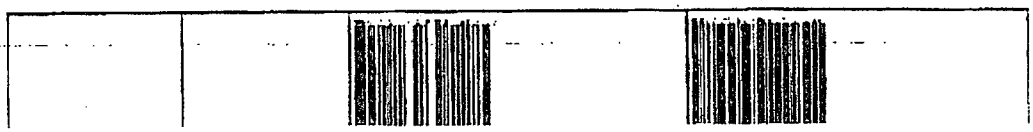
		Range of Motion		Muscle Strength	
Shoulder	Normal	Right	Left	Right	Left
Forward Flexion	180	110	WFL	2	5

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Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

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		Range of Motion		Muscle Strength	
Ankle	Normal	Right	Left	Right	Left
Plantar Flexion	50	WFL	WFL	5	5
Dorsiflexion	20	0	13	1	2
Inversion	35	WFL	WFL	4	4
Eversion	15	6	5	1	1

Other

Toe Rise Reps (10)	Right	0	Left	10
Knee Squat (20)	Half squat x 3			

Screening for Gross Balance

Attribute	Trial 1(Times)	Trial 2(Times)
Standing on Floor, Eyes Open	30	
Standing on Floor, Eyes Closed	30	
Standing on Foam, Eyes Open	30	
Standing on Foam, Eyes Closed	30	

Questions related to Back Specific Involvement Nerve Root Pain

Unilateral leg pain worse than LB?	no, hip is worse.
Pain generally radiates to foot or toes	yes
Numbness or paresthesia in same distribution?	yes

Back Related Questions (CPR)

Do you think you will be back to normal work in 3 months?	No
Does the pain go from your back into your leg/arm?	Yes
On a scale of 0-10 (0 = no pain), what number has your average pain been over the past 6 months?	3
Lately have you needed to change positions often?	Yes
Do you think lately you have been more irritable than usual?	Yes
Does your back pain affect your ability to sleep?	Yes

Questions related to Neck Specific Involvement

Unilateral arm pain worse than neck pain?	Yes
Pain generally radiates to hand or fingers	Yes
Numbness or paresthesia in same distribution?	Yes, burning

Second Day Summary of Physical Exam
BP: 122/75
HR: 78
Client reports discomfort in right foot, heel, leg and hip (5/10).
White bump has shown up on medial foot at heel. (possibly ligament)

Hand Measurements:

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Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
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Thumb			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
CMC	Abduction	40	WFL	WFL		
CMC	Flexion	20	WFL	WFL		
CMC	Extension	50	WFL	WFL		
MCP	Flexion	60	WFL	WFL		
MCP	Extension	0	WFL	WFL		
IP	Flexion	90	WFL	WFL		
IP	Extension	0	WFL	WFL		

Digit 2			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 3			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 4			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Digit 5			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Flexion	90	WFL	WFL		

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Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall

NextStep Rehabilitation
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Myrtle Beach, SC 29578

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Digit 5			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

Signature [signature] Occ. Ctr.
Date 8 29 2013

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

WorkWell SYSTEMS, INC
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WorkWell FCE History

Name: Ann Stevenson
Dates of FCE Testing: 08/27/2013,08/28/2013
Date of Birth: 05/19/1956
Gender: F
Physician: James Merrill, IV, MD
Area of Injury: Multiple Areas
Mechanism/Type of Injury:
Client reports she tripped when her ankle was caught in a computer cord, and hit her hand on a hazardous waste bin, separating her small finger from the other fingers of her right hand. 2/16/2013. Injury to neck, shoulder, hip

Previous Treatment:
Physical Therapy from March-July, 2013. Neck, shoulder, low back and right hip.

Pertinent Surgery/Other Clinical Tests/Past Medical History:
No surgery. She reports she is now seeing a chiropractor. MRI, X-ray, nerve conduction study of right hip and right hand. Hx of Tonsillectomy as a child, recent weight gain secondary to pain with walking.

Current Medications:
Sodium Salycilate, Skelaxin, Lortab

Functional Status/ Activity Level:
Client reports no difficulty with BADL. She is working modified duty (16 hours/week).

Chief Complaints/Symptoms:
Pain in right leg, hip, knee, foot. Pain in neck and lower back. Occasional pain in right shoulder.

Return to Work Information:
working modified duty or transitional work

Goals:
Assess client's ability to perform work.

Signature _____ OTR, CHT
Date 8/29/2013

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NEXTSTEP REHABILITATION
A FAMILY MEMBER OF THE GEORGETOWN HOSPITAL SYSTEM
MEDICAL HISTORY FORM

Name: Ann Stevenson Birth Date: [illegible] Today's Date: 08/27/13
Phone Number: 843-347-5651
Address: [illegible]
Emergency Contact Person: Denny Stevenson Emergency Contact Phone #: 843-454-6038
Referring Physician: DR. Merritt Next Physician Appointment: / /
Reason coming to therapy (body part/problem): referral whiplash injury
What do you hope to gain from therapy(goals): [illegible]

PAST MEDICAL HISTORY (PLEASE CHECK ALL THAT APPLY):
☐ Osteoarthritis ☐ HIV/Aids ☐ Pacemaker ☐ Diabetes ☐ Heart Disease ☐ MRSA
☐ Osteoporosis ☐ Tuberculosis ☐ Fainting ☐ Epilepsy ☐ High Blood Pressure ☐ Asthma
☐ Joint Replacement ☐ Stroke ☐ Headaches ☐ Pregnancy ☐ Hearing impaired ☐ Cancer
☐ Visual Impaired ☐ Allergies (list): [illegible]
☐ Other: [illegible]

PLEASE ANSWER THE FOLLOWING QUESTIONS:
- Current medications: ☐ Yes ☐ No Current number of medications: Please list: Magnesium, Calcium, Ametiza, Skelaxin, Lortab
- Previous surgeries: tonsillectomy / age 5 Date: / /
- Type of surgery related to this problem: [illegible]
- Who have you seen for this problem: ☐ Doctor/PA/NP ☐ Other PT/OT/ST ☐ Chiropractor ☐ Other: [illegible]
- Have you been treated in therapy prior for this same problem: ☐ Yes ☐ No
- Are your symptoms: ☐ Getting better ☐ Not changing ☐ Getting worse scale 1 <---> 8
- Current pain level: 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (unbearable)
  - Describe your pain type: ☐ Burning ☐ Stabbing ☐ Shooting ☐ Aching ☐ Throbbing ☐ Other: [illegible]
  - What increases your pain: use of arm
  - What decreases your pain: lack of use of arm
- Would you like to speak to someone regarding abuse or neglect you have recently experienced? ☐ Yes ☐ No
- Do you plan to harm yourself or commit suicide? ☐ Yes ☒ No (If yes, provide with Lifeline number)
- Do you have transportation concerns? ☐ Yes ☒ No
- Current household occupants: ☐ Alone ☐ Spouse ☐ Children ☐ Others: [illegible]

Job Description

Staff Pharmacist

Walmart

Signature

I have read and understand the essential functions for this position and certify that:

I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

I do not have the ability to perform the essential functions of this position at

This is for the FCE on Ann Stevenson which is scheduled for 8/27 and 8/28/13

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 58041 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288

Walmart

Job Description

Staff Pharmacist

The following physical activities are necessary to perform one or more essential functions of this position.

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.

Travel

Traveling is necessary to perform one or more essential functions of this position.

Travels domestically to and from multiple facilities or work-sites requiring consecutive overnight stays.

Travels domestically to and from multiple facilities or work-sites during the workday.

Work Environment

Working in the following environment is necessary to perform one or more of the essential functions of this position.

Moves through narrow, confined spaces such as aisles of merchandise or supplies, storage areas, and closets

May work with substances that require special handling

Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or oily conditions.

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD. Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

Job Description

Walmart

Staff Pharmacist

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Maintains confidential information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Manages Pharmacy Operations - Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Customer/Member Centered: Meet Internal and External Customer/Member Needs - Identifies the requirements, expectations, and needs of customers/members. Supports and aligns with initiatives, goals, and actions focused on improving customer/member service. Addresses the concerns and issues of internal and external customers/members. Uses customer/member data, analyses, and insights to improve customer/member-related decisions.

Judgment: Demonstrate Professional Judgment - Researches and integrates relevant information and data, and uses expertise to make recommendations or decisions. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Uses business measures and analyses to identify improvement opportunities. Probes and looks beyond symptoms to determine the root causes of problems and identify possible solutions.

Execution and Results: Focus on Execution and Results - Aligns and pursues work activities to achieve the mission and business priorities of the organization. Shares information, practices, and resources across functions, organizations, and locations to improve performance. Effectively uses existing processes and tools to achieve performance objectives. Uses and explains major process steps to manage time, resources, and challenges to meet goals.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1303465

Ann Stevenson,

Claimant,

v.

Wal-Mart Stores, Inc.,

Employer,

and

American Home Assurance,

Carrier/Defendants.

DEPOSITION OF

ANN STEVENSON

****

Tuesday, November 26, 2013
1:22 p.m. - 3:00 p.m.

The deposition of ANN STEVENSON was taken on behalf of the Defendants at the offices of Hearn & Hearn, Attorneys at Law, 1206 3rd Avenue, Conway, South Carolina, on the 26th day of November 2013, before Alexandra A. Patrick, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.

APPEARANCES

Carter Martling, Esquire
THE LAW OFFICES OF CARTER MARTLING, PC
7337 St. Andrews Road, Suite D
Irmo, South Carolina 29063
Attorney for the Claimant

Johnnie W. Baxley, III, Esquire
WILLSON JONES CARTER & BAXLEY, PA
421 Wando Park Boulevard, Suite 100
Mt. Pleasant, South Carolina 29464
Attorney for the Defendants

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MS. STEVENSON: PAGE
MR. BAXLEY . . . . . .EXAMINATION. 3
Certificate 75

EXHIBITS

Defendant's Exhibit Number 1 36
(Incident report)

STIPULATIONS

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

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

ANN STEVENSON, being duly sworn, deposes and testifies as follows:

MS. STEVENSON - EXAMINATION BY MR. BAXLEY:

Q: Ms. Stevenson, my name is Johnnie Baxley. I'm the lawyer who represents Wal-Mart on your workers' compensation claim. The reason that we're here today is so that I can take your deposition, which is an opportunity for me to ask you questions and investigate your claim. What I'm going to do with you right now is go over the rules of the deposition with you, so that you can understand what we're going to do here today, okay?

A: Okay.

Q: During the course of the deposition, I'm going to ask you a lot of questions about a lot of different things. I need you to answer those questions as truthfully and as fully as you can, okay?

A: Yes.

Q: During the course of the deposition, if I ask you something that you do not understand or if you're confused by one of my questions, I'd ask you to please stop me and tell me that. I will then rephrase the question so that you can understand it and then answer it, okay?

A: Okay.

Q: During the course of the deposition today, you've taken an oath to tell the truth just like you would in court, so the same rules apply as they would in court. You need to answer all the questions truthfully. If you do not answer the questions truthfully, you're subject to penalties of perjury and things, just like in regular court. Do you understand that?

A: Yes.

Q: Okay. During the course of the deposition today, if I ask you a question and you answer it, I'm going to assume that you heard it, that you understood it and that you're answering it truthfully to the best of your ability. Is that fair?

A: Yes.

Q: During the course of the deposition today, if you need to take a break for anything, please let me know. If you need to run to the restroom or something, that's fine. We can do that, okay?

A: Okay. I may need to stand if I start having

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trouble sitting.
Q: That'll be fine. During the course of the deposition today, I need for you to answer everything out loud. This court reporter is going to take down everything that I say and everything that you say. If you say uh-huh or huh-uh or you shake your head, she's not going to be able to pick that up, so I need you to answer everything out loud today, okay?
A: Yes.
Q: Are you under the influence of any medications, drugs, alcohol, anything today that would prohibit you from understanding my questions and answering those questions truthfully?
A: No.
Q: Okay. Let me get some background information from you please ma'am. What's your full name?
A: Ann W. Stevenson.
Q: What's your current address?
A: 2261 Green Leaf Drive Conway, South Carolina.
Q: What's your Social Security number?
A: ***-**-5185.
Q: What's your date of birth?
A: 5/19/19/56.
Q: That makes you how old right now?

Page 6

A: Fifty-seven, I think.
Q: Are you married?
A: Yes.
Q: How long have you been married?
A: More than 20 years. We were married in '86. I'd have to figure it out.
Q: Do you have any children?
A: No.
Q: Is there anyone that is dependent upon you for financial support at this time other than yourself and your husband?
A: Yes.
Q: My niece who's in college.
Q: Just one niece?
A: I have other children too, but they're -- right now they're okay.
Q: I thought you said you didn't have any children.
A: I have no children directly. I have nieces and nephews that require money for school and other things.
Q: Okay. So, no biological children.
A: No biological children.
Q: But you do have some nieces and nephews that you help out?

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A: Yes.
Q: How far did you go in school?
A: BS in Pharmacy.
Q: What year did you graduate high school?
A: I think it was '73, but I'm not sure.
Q: All right. Where did you go to college?
A: Pre-pharmacy or after pharmacy?
Q: Let's start with the first college you went to.
A: USC in Columbia.
Q: Okay. And is that where you got your undergraduate degree from?
A: I didn't get an undergraduate degree.
Q: You just got a pharmacy degree?
A: Right.
Q: Okay. Where did you end up getting your pharmacy degree from?
A: Charleston Medical University.
Q: Okay. And that's a BS in pharmacy?
A: Yes.
Q: Do you have any degrees past your Bachelor's?
A: No.
Q: What year did you get your BS in Pharmacy from the Medical University?
A: I think that was '79.
Q: Okay. And are you a licensed pharmacist?

Page 8

A: Yes.
Q: I mean, did you get your license to become a pharmacist?
A: Well, I don't remember what year that was. It was some -- either in '80 or '81. I had to do interning before I could get my license.
Q: Okay. And you still have your valid license now?
A: Yes.
Q: Since 1980 or 1981 when you got your license, have you worked as a pharmacist since that time?
A: Yes.
Q: And it is my understanding that you are currently working for Wal-Mart?
A: Yes.
Q: When did you start working at Wal-Mart?
A: 2001, March 2001.
Q: And you started working for them as a pharmacist?
A: Yes.
Q: Have you held any other jobs at Wal-Mart other than that of a pharmacist?
A: No.
Q: I've got the date of your accident written down

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at February 16, 2013. Is that correct?
A: Yes.
Q: In February of 2013, was Wal-Mart your only job?
A: Other than self-employed? I worked some in our comic book store too.
Q: Okay. So, Wal-Mart was your primary job?
A: Yes.
Q: And you had another job doing what?
A: Ordering promotions and other things.
Q: For whom?
A: Our comic book store we have in Florence.
Q: And when you say ours -
A: Legends Comics on Irby Street.
Q: Yes, ma'am. Who owns that?
A: My husband and I.
Q: Okay.
A: He's self-employed.
Q: Do you take any kind of salary from that comic book store?
A: No.
Q: Okay. Do you get paid, like if you're helping him out, do you get paid by the hour?
A: No.
Q: But obviously, that's household income whatever

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profit the place makes.
A: If there's a profit, then that would be income.
Q: Okay. How long have y'all owned that store?
A: I can't really remember. I think it's been around 20 years.
Q: Have you already filed your tax returns for the tax year 2012?
A: You're saying the ones that were due last April?
Q: Yes, ma'am.
A: Yes.
Q: Did you have any other employment in February of 2013 other than your job as a pharmacist at Wal-Mart and helping out your husband with Legend's Comics?
A: No.
Q: Before working at Wal-Mart, had you worked as a pharmacist at some other places?
A: Yes.
Q: Where else had you worked as a pharmacist?
A: Winn-Dixie.
Q: Okay. Anywhere else other than that?
A: CVS and Rite Aid.
Q: Okay. So, we've got CVS, Rite Aid, Winn-Dixie and Wal-Mart. Every worked as a pharmacist

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anywhere else other than those places?
A: Revco and CVS are the same.
Q: Yes, ma'am.
A: I filled in at a small pharmacy in Cheraw called Wannamaker's.
Q: Kind of a mom and pop type pharmacy?
A: Yes. When she'd need off, she'd call me.
Q: Okay. And it's called Wannamaker?
A: Yes.
Q: Okay. Any other pharmacy jobs in the past?
A: I might have filled in some other ones too that people would call me when they need off.
Q: Okay.
A: But not within, since I've been working at Wal-Mart.
Q: Okay. Has your license as a pharmacist ever been suspended or revoked for any reason?
A: No.
Q: Have you ever been investigated for any problems related to your license?
A: No.
Q: Have you ever been terminated from any of the pharmacy jobs that you've had in the past?
A: Yes.
Q: Okay. Which one?

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A: Revco.
Q: And why were you terminated from Revco?
A: I don't know why.
Q: They fired you without giving a reason?
A: I don't remember what reason they used.
Q: Okay. Did it have anything to do with your making mistakes or job performance as a pharmacist, anything like that?
A: No.
Q: Have you ever been terminated from any other place that you've worked as a pharmacist?
A: I'm not sure whether that would be classified as termination or not. They closed two stores in the area and didn't give me hours.
Q: And who was that?
A: Rite Aid.
Q: And why was it that they were not giving you hours?
A: They closed the two stores in the area.
Q: Okay. When you left Rite Aid, you went to work where?
A: I think it was Winn-Dixie. I think it might have been Winn-Dixie, but I may have filled in at some independents in-between.
Q: Okay. But your not getting hours at Rite Aid

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was not due to any problems that you were having as a pharmacist. It was just that stores weren't there anymore?
A: Yes.
Q: Okay.
A: I think they sold them, but it's been a long time since then.
Q: Any other terminations from any places that you've worked in the past?
A: No.
Q: All right. Have you ever had a Workers' Compensation claim before?
A: No.
Q: Have you ever had an on the job injury before?
A: No.
Q: Have you ever -
A: Not that I know of. I was in a tornado -
Q: Okay.
A: - in Bennettsville.
Q: All right. Did you get hurt?
A: I don't remember a lot about it.
Q: And why is it that you don't remember that?
A: It's been a long time. It was back when I worked for Revco.
Q: Okay.

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A: When I was single.
Q: Have you ever been involved in an automobile accident?
A: Yes.
Q: Have you ever been involved in an automobile accident where you've got hurt?
A: Yes.
Q: Tell me about that.
A: A meat truck ran me off the road.
Q: When was that?
A: It's when I was working for Winn-Dixie but I don't remember the date.
Q: Were you, was that a job-related thing? Were you working at the time?
A: No, I was driving down there. I stayed down there and was going to work the next day.
Q: Okay.
A: At the beach.
Q: What kind of injuries did you have?
A: My left arm.
Q: What happened to your left arm?
A: The meat truck ran me off the road, and my car spun around and my arm hit up against the door.
Q: What kind of injury did you have to your left arm?

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A: It was the top of it that was bruised.
Q: Did you have any other injuries other than some bruising or contusions?
A: It hurt for a couple of weeks, but I think that was all that was wrong with it.
Q: Did you get any medical treatment?
A: I did, but I don't remember much about it.
Q: Okay. Do you remember if you went to an emergency room or what?
A: Well, I had to have seen a doctor. I think I probably did go to the emergency room.
Q: Where were you living when that happened?
A: Bennettsville.
Q: Did you have an attorney representing you on that claim?
A: Yes.
Q: Who was that attorney?
A: I don't know what his name was.
Q: I'm assuming that claim has been resolved a long time ago?
A: Yes.
Q: Did y'all settle or did you have to go to court or what?
A: I think he settled with the meat company.
Q: Okay. Any other automobile accidents?

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A: I had one when I was in college on the Cooper River Bridge, at the foot of the Cooper River Bridge.
Q: Did you get hurt in that?
A: No.
Q: Any other automobile accidents?
A: I think I did have one down in Beaufort, but that was a long time ago. I don't remember anything about that too much.
Q: Okay. Anything else?
A: No, I can't think of any other accidents. Maybe I had one when I was 15 or 16 driving in the car with my father, but I don't remember that too well either.
Q: Have you ever been involved in a lawsuit where you sued someone or someone sued you?
A: I don't think so. Is that what that other lawyer thing would be?
Q: Maybe, but I know about that one.
A: Well, I don't think I've had anything other than that.
Q: Have you ever hired or been represented by an attorney for anything before? I know about this claim, and I know about the previous automobile accident back when you were working

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at Winn-Dixie. Anything else other than that?
A: To settle my father-in-law's estate.
Q: Okay.
A: And I don't think I've had a lawyer other than that meat company.
Q: Have you ever had surgery for anything?
A: Tonsillectomy, and I think I had a mole removal when I was -- I don't know how old I was then. I was a child.
Q: Okay. Anything else other than that?
A: Not that I know of.
Q: Have you ever been hospitalized where you had to stay in the hospital overnight?
A: When I had that tonsillectomy.
Q: Anything else other than that?
A: I don't know if I did when I had that mole removed or not.
Q: Anything else other than those two?
A: No, I don't think so.
Q: Okay. Tell me what parts of your body you hurt in your accident at Wal-Mart.
A: It's all over the right side.
Q: Okay. Well, let's do this. We'll start from the very top of your head, and you tell me what kind of problems you're having, just body

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parts. Just list the body parts for me that you're having problems with that are related to this work accident.
A: Neck, shoulder, back.
Q: Which shoulder? Right?
A: Right most of the time.
Q: Okay. All right. I've got neck, right shoulder, back.
A: Arm.
Q: Right arm?
A: Right.
Q: Okay.
A: Elbow.
Q: Right elbow?
A: Yes.
Q: Okay.
A: Hand.
Q: Right hand?
A: Right hand, right wrist, right fingers. My left thumb was swollen too. You want me to go down the rest of the back?
Q: Yes, ma'am.
A: All the way down the back, the hip, right hip, whatever that muscle is on the butt, the right leg, the knee, the right calf, the right ankle,

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foot, right foot. All of it's on the right, most of it's on the right side.
Q: Okay. Are you having any problems with your left shoulder related to this accident?
A: Having to use the left side a lot more, so I don't know whether it's from tiredness or not. I'm having to use the left side to do more things.
Q: Okay. Are you having problems with your left shoulder at this point?
A: Not usually.
Q: How about your left arm? Are you having any problems with your left arm?
A: Not most of the time.
Q: How about your left hand or your left wrist or your left fingers?
A: My left thumb bothers me.
Q: Okay. How about your left hip, left leg, left knee, left ankle, left foot, anything down there?
A: Well, my back hurts, and that bothers anything that comes down there.
Q: Okay. So, you do have some pain going into your left leg from your back?
A: I don't feel it as much as I feel the right

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side, but my back on that side gets sore.
Q: Yes, ma'am. I guess what I'm asking you is does it go down into your left buttock, your left hip, your left leg?
A: Not like the right side.
Q: Does it go down at all into your left buttock, left hip or your left leg?
A: I'm having to use that side more.
Q: Okay.
A: So, it gets tireder. I'm having to use it most of the time instead of the right side.
Q: Okay. All right. Any other problems other than those body parts?
A: What else are you asking about?
Q: I'm just asking you what other parts we're here about. I mean, you pretty much listed every body part that I can think of, but I just didn't know if there was anything else that you hadn't listed that you're having problems with.
A: I told you my back. It hurts up at the top of my back a lot. The more I try to use my arms.
Q: Are there any other body parts that I'm missing though?
A: What parts did I say already?
Q: All right. I've got neck, right shoulder,

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back, right arm, right elbow, right hand, right wrist, right fingers, left thumb, right hip, right buttock, right leg, right knee, right ankle, right foot. Left shoulder and arm, you use it a little bit more but it doesn't hurt that much and left hip, left leg, left knee, left ankle and left foot don't bother you very much but gets more tired because you use it and so on.

A: My back.
Q: Yes, ma'am. I've got that one.
A: You've got that one?
Q: Yes, ma'am.
A: Okay.
Q: Any other body parts that I've missed out on?
A: You're just talking about body parts and not other problems?
Q: Any other problems that you're having.
A: I have trouble concentrating.
Q: Okay. Anything else?
A: I'm having a lot of pain.
Q: Okay. Anything else?
A: Headaches.
Q: Anything else?
A: I can't think right now, but --

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Q: All right. Before your accident at Wal-Mart, had you ever had an injury or any problem with any part of your back? By that, I mean your neck, you mid back, your low back, any part of your spine?
A: I slipped in some mayonnaise but not at work.
Q: Okay.
A: At a grocery store.
Q: All right. And did you hurt your back?
A: I'm not sure what part I hurt. It was butt or something right about there.
Q: When did that happen?
A: That was probably 2002 or 2003. I don't really remember.
Q: Did you file a claim against that store?
A: Did I fill out an accident report?
Q: Yes, ma'am.
A: Yes.
Q: What store were you in when that happened?
A: Wal-Mart grocery store.
Q: The same Wal-Mart you work at or a different one?
A: It was in Lumberton, North Carolina.
Q: Is that case settled or did you file a lawsuit against them? What happened with that?

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A: No, I didn't file any lawsuit.
Q: Did they settle the case with you?
A: They reimbursed the chiropractor bills.
Q: What chiropractor did you go to?
A: I think his name was Ray Armstrong.
Q: And he's a chiropractor?
A: Yes.
Q: What city was he located in?
A: Laurinburg, North Carolina.
Q: Laurinburg? Is that right?
A: Yes.
Q: Okay. Have you ever had any other injuries or problems with any other part of your back?
A: I don't think so.
Q: Have you ever had any type of medical treatment on your back before February 16, 2012, other than the chiropractor that you just told me about?
A: No, not that I know of.
Q: How about with regard to your right shoulder, your right arm, your right elbow, have you ever had any prior injuries or problems with any of those body parts before February 16, 2012?
A: I had a frozen shoulder.
Q: Okay. When was that?

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A: I think five or six years ago.
Q: How did you get a frozen shoulder?
A: The dog pulled the leash.
Q: Did you go and get medical treatment?
A: Yes.
Q: With whom?
A: Paul somebody, Dr. Paul, I can't remember. It might have been longer than five or six years ago. It might have been seven or eight years ago. I can't remember. He's in Bennettsville, Rush.
Q: Dr. Paul Rush?
A: Yes.
Q: What kind of doctor is he?
A: I think he's an ortho doctor.
Q: What kind of treatment did you have on your -- this is your right shoulder that we're talking about, correct?
A: Right.
Q: Okay. What kind of treatment did you have on your right shoulder?
A: He gave me a steroid shot and physical therapy.
Q: Okay. Did you see anyone else for that problem other than Dr. Paul Rush?
A: No.

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Q: All right. And how long did it take for you to recover from that injury?
A: Three or four months.
Q: After those three or four months, did you continue having problems with the right shoulder or did it resolve a hundred percent?
A: It was gone.
Q: So, it resolved completely?
A: Yes.
Q: Okay. Any other previous problems or injuries with your right shoulder, your right arm, your right elbow?
A: I don't remember any other reason why I went to see a doctor.
Q: Okay. Do you ever remember having medical treatment of any kind on your right shoulder, your right arm or your right elbow other than this previous treatment that you just told me about with Dr. Rush, before your accident at Wal-Mart?
A: Not on those areas. No, I don't think so.
Q: Okay. Next, I'll move the hand and wrist area. Your right hand, your right wrist, your right fingers. Had you ever had any injuries or problems with your right hand, your right wrist

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or your right fingers before your accident on February 16, 2013?
A: No.
Q: Had you ever had any medical treatment of any kind on your right hand, your right wrist or your right fingers before February 16, 2013?
A: No, I don't think so.
Q: What about your left thumb? Had you ever had any problems or injuries to your left thumb before the accident on February 16, 2013?
A: No.
Q: Had you ever had any medical treatment on your left thumb before February 16, 2013?
A: No.
Q: Let's go down from there and talk about the right hip, right buttocks, right leg, right knee, right ankle, right foot, basically that entire right lower extremity. Had you ever had any problem or injuries with any part of that right lower extremity before the accident on February 16, 2013?
A: No, I don't think so.
Q: Have you ever had any medical treatment before February 16, 2013, on your right hip, your right buttocks, your right leg, your right

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knee, your right ankle or your right foot?
A: What did you just ask?
Q: Have you ever had any medical treatment on any body parts basically from your right hip down, anything involving your right lower extremity.
A: I don't think so.
Q: Okay. How about your left lower extremity? Any problems or injuries or medical treatment before February 16, 2013, on your left lower extremity? Basically left hip all the way down to your left foot.
A: I don't remember anything on the left side.
Q: You mentioned earlier a problem with concentration and headaches. Have you ever had a problem with concentration or headaches before February 16, 2013?
A: What kind of headaches are you talking about?
Q: Any kind.
A: Sinus headaches before.
Q: Okay. Anything else before February 16, 2013, other than sinus headaches?
A: I don't know what causes different kinds of headaches.
Q: I'm not asking you what caused them. I'm asking you if you had them.

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A: Rarely.
Q: And what does that mean, rarely?
A: Hardly at all headaches.
Q: Once a month, once a year?
A: I don't know, usually when I had a sinus infection.
Q: Okay. Are we talking about something that happened on a monthly basis?
A: No.
Q: Less frequent than that?
A: Yes.
Q: Had you ever had any problems with concentration before this accident on February 16, 2013?
A: If I don't get enough sleep.
Q: Okay. And how long have you been having problems with your concentration if you don't get enough sleep?
A: You mean due to the accident?
Q: No, ma'am. I'm asking you specifically before the accident.
A: I don't remember much about that. I didn't stay up too late most of the time.
Q: So, did you ever have problems with concentration before this accident?

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A: No, not in general.
Q: Okay. Have you ever had problems with memory loss, forgetting things, not being able to recall things?
A: Are you asking is that a big problem or is that, what are you asking exactly?
Q: I'm asking if you've ever had those problems.
A: Because everybody has that.
Q: Okay. Do you have that?
A: Are you asking did the accident cause that or what are you asking?
Q: No, ma'am. It's very simple. I'm just asking if you ever had problems with memory loss or forgetting things.
A: Not most of the time until the accident.
Q: Okay. Have you ever sought medical treatment before February 16, 2013, for any type of headache, regardless of what type it was or what caused it?
A: Sinus.
Q: Okay. And who would you have seen for sinus headaches?
A: Well, I might now have had treatment for the headache. It might have been an infection by then.

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Q: All right. Who would you have treated with for a sinus infection?
A: I saw Dr. -- let me see, there was a doctor in Surfside. I can't think of his name. I only saw him that time, and one of the pharmacists recommended him. I can't remember what his name is.
Q: How many times did you see this doctor in Surfside Beach?
A: Once.
Q: Okay. And just for a sinus injection?
A: That one time, yes.
Q: Have you seen anyone else for any sinus infections or sinus headaches?
A: I went to a Doctors Care for some infection.
Q: Okay. Which Doctors Care did you go to?
A: Conway.
Q: I don't know if there's more than one in Conway. What street was it on in Conway?
A: Main Street.
Q: Ever been anywhere else for any medical treatment related to either sinus infections or sinus headaches?
A: Not within the last seven years.
Q: Yes, ma'am. I'm just asking generally, not within the last seven years.
A: I didn't usually go see doctors very often. I only saw my gynecologist. That was the only other doctor I saw.
Q: Okay.
A: So, if I had an infection when I saw him, I got an antibiotic for the sinus infection. I don't remember what I had when.
Q: Who's your gynecologist?
A: I hadn't seen him in a long time either.
Q: Who is it?
A: He's in Bennettsville.
Q: Okay.
A: I don't remember what his name is.
Q: How long did you go to the OB/GYN in Bennettsville?
A: Probably five years. John Nobles is the doctor's name.
Q: All right. You've lived here in the general Conway, Myrtle Beach, Grand Strand area for how long?
A: Five to, four to seven years maybe.
Q: Do you have a family doctor that you see here in the Grand Strand area?
A: No.

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Q: Have you seen anyone for just routine healthcare other than Doctors Care in Conway and this doctor that you saw one time in Surfside Beach?
A: I saw a doctor for a well visit.
Q: Who was that?
A: Dr. Sienna Alford.
Q: Sienna?
A: S-I-E-N-N-A.
Q: Okay. Alford?
A: Uh-huh (affirmative response). Yes.
Q: Where's Dr. Alford's office located?
A: I think she's still on Main Street.
Q: Here in Conway?
A: Yes.
Q: Have you seen any other doctors?
A: I don't think so.
Q: Okay.
A: I think that's the only one in Conway.
Q: Have you ever seen a doctor for problems with concentration, memory loss or focus, attention, anything like that?
A: No.
Q: All right. Ms. Stevenson, tell me about your accident. How did you get hurt?

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A: You mean at Wal-Mart at the pharmacy?
Q: Yes, ma'am.
A: I had walked down to the counsel window to talk to a mom about the child's antibiotic, and I talked to her and the antibiotic wasn't mixed. So, I turned to tell a tech that it needed to be mixed, and my foot had to have stepped down into a coiled cord.
Q: What kind of cord? Like a telephone cord? What kind of cord are we talking about?
A: It was a computer cord.
Q: Okay. Basically a power cord? That kind of thing?
A: No, it was a computer cord, computer notched telephone computer.
Q: Okay. What we call a cap five line?
A: I don't know what that is.
Q: I mean, are you talking about a cord like that's plugged into the wall here or not that thick?
A: No, it's not a plug. It was like a cable cord.
Q: Okay, I gotcha.
A: But it's notched.
Q: All right. And okay, so what happened after your foot stepped into that cord?

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A: Okay. I didn't know it had stepped into there until after I turned and tried to take a step, and I fell forward and hit that, hit the counter and the can and my hand went through it, and I bounced a little bit I guess.
Q: Which hand are we talking about that went through something?
A: The right hand.
Q: And it went through what.
A: The hazardous waste bin.
Q: Okay. What other parts of your body did you hit in that fall?
A: I'm not sure exactly what hit, but I think almost everything hit something. Maybe my head didn't hit anything.
Q: Okay. Did you fall all the way to the ground?
A: I ended up on the ground.
Q: Were you laying on the ground, or did you fall like on hands and knees or how did you fall?
A: I landed on, I landed on the left hand and knee or hand, left side and left hand.
Q: Okay. So, you ended up on the ground on your left side?
A: Yes.
Q: Okay. What did all the stuff on the right side

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hit?
A: That hazardous waste bin.
Q: Okay. And -
A: I think when the hazardous waste bin went down and the computer cord ripped out of the wall is when I hit the ground on the left side.
Q: Okay. Did you fill out the accident paperwork that day?
A: Yes.
Q: Okay. And did you go and get medical treatment that day?
A: No.
Q: But you did fill out the incident report?
A: Yes.
Q: What body parts did you indicate that you had injured when you filled out your incident report?
A: I don't know. I haven't seen it. They wouldn't give me a copy of it.
Q: Is that a copy of the incident report that you completed?
A: Yeah, it looks like my handwriting on there.
Q: Okay. And is that your signature down at the bottom?
A: Yes.

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Q: What body parts does it say were injured?
A: It says the cord pulled the right foot out and twisted down where hand was caught in plastic lid, and I put right hand and pinkie finger.
Q: Okay.
A: That's what was hurting at the time when I filled out the form.
Q: Okay. We'll mark this as Exhibit Number 1.
(Defendant's Exhibit Number 1 was marked for identification purposes.)
A: But that wasn't all that was hurting.
Q: You had more stuff hurting at the time?
A: I don't remember exactly what else was going on. My hand was throbbing.
Q: Okay. Well, you just said that's not all that was hurting at the time.
A: I was sore.
Q: Okay.
A: But I didn't put anything down. I was sore all over probably.
Q: Why did you not list that on the form?
A: They asked me what part got hurt.
Q: Yes, ma'am.
A: So, I put down what part I knew got hurt.
Q: But you were having soreness and pain in other

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parts right?
A: It was sore.
Q: Why didn't you put those parts down if they were sore?
A: I don't know. I don't have any idea. I don't remember too much about back then.
Q: Okay. When is it that you went to the doctor for the first time?
A: I think it was the Friday following that. That was the first day off I could go.
Q: Okay. And the doctor that you went to was Doctors Care?
A: Yes.
Q: In Myrtle Beach?
A: At Carolina Forest.
Q: Okay. When you got to Doctors Care, did they take a history from you, ask you the usual doctor questions?
A: I guess he did, yes.
Q: What happened, how did it happen, what got hurt, you know those sorts of questions?
A: Yes.
Q: Okay. Did you tell them all the problems that you were having?
A: I told him how I got hurt.

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Q: Did you tell them what body parts got hurt?
A: Yes, and I told him I was sore all over.
Q: Okay. It said you had been using some Elasto-gel on your own. What's Elasto-gel?
A: Heat pack. Ice pack, heat pack.
Q: Okay. Had you been treating yourself in any other way other than heat packs and ice packs before you saw Doctors Care?
A: Before the accident?
Q: No, ma'am. Before you saw the doctor, in between February 16th when you got hurt and February 20th when you saw Doctors Care. During those brief couple of days, did you have any, did you do anything else to treat yourself?
A: I took an anti-inflammatory.
Q: What kind of anti-inflammatory did you take?
A: It might have been Advil or Percogesic.
Q: Where would you have gotten Percogesic from?
A: It's -- Percogesic backache.
Q: I don't know what that -
A: It's on the shelf. You can get it.
Q: Oh, it's an over-the-counter-type thing?
A: Yes.
Q: Okay. When you first went to Doctors Care, did

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they release you to go back to work?
A: They didn't take me out of work.
Q: Okay. Did you continue working?
A: Yes.
Q: And you continued working as a pharmacist?
A: Yes.
Q: All right. It looks like you went to Doctors Care several times over the course of about a month. Is that accurate?
A: Yes.
Q: And it looks like they also started you at Progressive Physical Therapy. Is that correct?
A: The one on 21st Avenue.
Q: Yes, ma'am.
A: I don't remember what their name was.
Q: But they stared you in physical therapy?
A: Yes.
Q: And it looks like after they saw you in March, they sent you over to an orthopedist. Is that correct?
A: Yes.
Q: And you saw Dr. Merritt at Strand Orthopedics?
A: Yes.
Q: And it looks like Dr. Merritt continued you in physical therapy for quite some time.

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A: Yes.
Q: It looks like you ended up doing a full three months of physical therapy.
A: Yes.
Q: Okay.
A: Can I stand up for a little while?
Q: Sure.
A: My neck's getting awfully stiff.
Q: Okay. Do you need to take a break or do you -
A: No, I don't need to take a break. I just need to stand up.
Q: All right. When you went to Dr. Merritt, did you tell him all the problems you were having with all the various body parts?
A: Yes.
Q: Okay. And what problems were the most pressing when you went to Dr. Merritt? What was hurting you the most?
A: Everything hurt, but he'd only treat what they said.
Q: Okay. How do you know that?
A: He said he wouldn't look at anything but what they had on the sheet.
Q: Okay. What did they have on the sheet?

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A: I don't remember exactly, but they didn't -- I don't know. I don't know exactly what they had. They didn't send the same thing the first doctor okayed.
Q: Who is they that wrote on the sheet?
A: Workers' comp.
Q: Did you see the sheet?
A: No, he said he wasn't allowed to look at anything that wasn't authorized.
Q: Yes, ma'am. You're referring to the sheet I just -
A: I don't know. He said whatever he was authorized to see was on some sheet. I never saw it.
Q: Okay. What was it that you were having the most problem with when you saw him?
A: Pain all over the right side.
Q: Was there anything on the right side that was hurting more than the rest or was it all the same?
A: At different times, some hurt worse than others, but I don't remember which ones were the worst.
Q: Okay. What body parts has Dr. Merritt actually treated?

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A: I don't remember what parts he's actually treated.
Q: What have you had medical treatment on, ma'am?
A: I don't remember which ones he actually treated.
Q: Okay.
A: I know which ones he didn't.
Q: Let's go with that then. Which ones didn't he treat?
A: He didn't treat my arm or hand or fingers or any of that.
Q: Okay.
A: Because I don't know what they approved or what they didn't approve. They changed things.
Q: So, he didn't treat the right arm, correct?
A: Right.
Q: The right hand? Is that right?
A: Yes.
Q: The right fingers?
A: Yes.
Q: How about the right shoulder?
A: He gave me a shot in the shoulder.
Q: Okay. So, he did do some treatment on the shoulder?
A: Yes.

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Q: How about the neck? Did he do treatment on the neck?
A: He did something there.
Q: How about the low back?
A: I don't know what he did. I don't know what he chose to treat or what they let him treat.
Q: Okay. How about your hip and your knee and your right leg? Did he treat any of that?
A: He evaluated my knee.
Q: Did he treat any of that?
A: I don't know if he did, what exactly he did. I think he looked at the knee, so he must have done something with that.
Q: Okay. How about physical therapy? Did you ever have any physical therapy on your right arm, your right hand or your right fingers?
A: Most of what they had me do was on the shoulder.
Q: Did they ever do anything with the arm or the hand or the fingers?
A: Some of the exercise I couldn't do.
Q: Yes, ma'am. That's not what I asked. What I asked is did they ever do -
A: Specifically do it?
Q: Yes, ma'am. Any physical therapy on the arm or

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the hand?
A: It wasn't ordered.
Q: Okay. All right. How many injections did you have in your shoulder?
A: One.
Q: Did you have injections anywhere else?
A: By who?
Q: Any injections anywhere else on your body other than the one in your right shoulder.
A: Dr. Pappas.
Q: Okay. Who's Dr. Pappas?
A: He's another doctor there.
Q: At Strand Orthopedics?
A: Yes.
Q: Where did he give you the injection?
A: In the foot.
Q: In the right foot?
A: Right.
Q: Okay. Any other injections to any other body parts?
A: I don't think so. I can't remember anything else.
Q: It looks like you had an MRI of your right knee. Is that correct?
A: Yes.

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Q: You had an MRI of your neck.
A: Is that the spine?
Q: Yes, ma'am.
A: Yes.
Q: You had an MRI of your right shoulder.
A: Yes.
Q: You had x-rays of the pelvis and hips.
A: I know I had a hip x-ray. I don't remember exactly what was on it.
Q: You had x-rays of your shoulder, your right shoulder specifically.
A: I think, they took a lot of x-rays at that place, but I think nothing came back that they told me about.
Q: Yeah, it looks like they also did x-rays of your neck, your right knee, your right elbow and your right hand. Does that sound right?
A: Yeah, I think they did those too.
Q: Okay. It looks like Dr. Merritt released you from his care on October 8th of this year. Is that true?
A: If that's what he wrote on that date, that is.
Q: Have you seen him since then?
A: No.
Q: Do you feel like any of the medical treatment

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he gave you helped?
A: The steroid shot helped.
Q: The one in the right shoulder?
A: Yes.
Q: How about any of the physical therapy, did that help?
A: Yes.
Q: How about the medications that he had you on?
A: Are you asking did it help with the pain?
Q: Yes, ma'am.
A: Yes.
Q: So, were you happy with Dr. Merritt's treatment?
A: No.
Q: Why?
A: He was a workers' comp doctor. They only let him see certain parts.
Q: Okay. Is that the only reason you're not happy with him?
A: He never had time for me.
Q: Is there any other reason you're not happy with him?
A: He didn't answer questions. He didn't have time for me.
Q: Okay. Any other reasons that you're not happy

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with him?
A: He didn't explain things well.
Q: Yes, ma'am. You said that. Anything else?
A: I didn't feel like he was my doctor.
Q: What did you feel like he was the doctor for?
A: He was workers' comp doctor. He didn't listen to me.
Q: Do you feel like he was just doing what they wanted him to do?
A: He didn't believe me. He didn't listen to me.
Q: How about Doctors Care? Did you feel the same way about Doctors Care?
A: I saw two different doctors. The lady doctor was nice.
Q: Okay. How about the physical therapy place? How were they?
A: I saw two different physical therapists too. They were pretty good.
Q: You were happy with them?
A: Most of the time.
Q: Were there periods of time that you weren't happy with them?
A: I -- everything I know was smooth over there -
-
Q: Okay.

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A: - when I went. It seemed to be smooth.
Q: All right. How about Dr. Pappas. Were you happy with him?
A: Yes.
Q: Okay. And then you had a one time evaluation with Dr. Tamadon, correct?
A: Yes.
Q: How was Dr. Tamadon?
A: What do you mean by that?
Q: How did you like him?
A: Well, he was a doctor.
Q: Did he listen to you?
A: He didn't believe what I said either.
Q: How do you know that?
A: I read his report.
Q: Did he let you tell him what was wrong?
A: He took the time to be in there to do the nerve test.
Q: He did a nerve conduction study?
A: Yes.
Q: Okay. Did he talk with you about what kind of problems you were having and take a history from you?
A: About ten minutes before, I think about ten minutes before he did the nerve test.

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Q: Okay. And did he meet with you after the nerve test?
A: No.
Q: All right. Have you seen any other doctors other than the doctors that we've already mentioned? Let me read them to you so -- this is my list. I've got Dr. Merritt, Dr. Pappas, Dr. Tamadon, Doctors Care, and Progressive Physical Therapy. Have you seen any other health providers for this accident other than that?
A: Other than Doctors Care?
Q: Yes, ma'am.
A: I saw Dr. Ownens.
Q: Who is Dr. Owens?
A: He's in Georgetown.
Q: Okay. What kind of doctor is Dr. Owens?
A: He's a chiropractor.
Q: Is that Winyah Chiropractic Clinic?
A: Yes.
Q: Okay. And what has Dr. Owens done for you?
A: Pain relief and treatment.
Q: What has he actually done though?
A: Pain relief and treatment.
Q: Yes, ma'am. I understand that's the goal, but

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what has he actually done? Is it the manipulation, cracking your back and the massage and all that stuff?
A: Yes.
Q: Is he treating you for anything other than your spine?
A: No.
Q: Is his treatment helping?
A: Yes.
Q: Are you still seeing him?
A: Yes.
Q: And how are you paying for Dr. Owens?
A: Cash.
Q: Do you have health insurance?
A: Yes.
Q: And do you have health insurance through Wal-Mart?
A: Yes.
Q: Have you seen any other doctors other than the ones that I mentioned earlier, and now you've just told me about Dr. Owens? Anybody else?
A: No.
Q: Do you have any pending appointments to see any doctors at this time?
A: I don't know.

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Q: Okay. Are there any doctors you're supposed to follow up with?
A: I don't have any follow-ups with anybody.
Q: Okay. When's the last time you saw Dr. Owens?
A: Oh, I have continuing appointments with him.
Q: That's what I'm asking.
A: Okay. I saw him on Monday.
Q: Okay. So, you saw him yesterday, the 25th?
A: Yes.
Q: Actually, yeah, yesterday. How often do you see Dr. Owens?
A: Most of the time three times a week.
Q: And is that the kind of place where you just show up or you have to make an appointment?
A: I have an appointment.
Q: And how much does he charge you a visit?
A: I think it's $55.
Q: And you can't put any of that on your health insurance?
A: No.
Q: Okay. All right. Are you seeing anybody else in an ongoing fashion at this point?
A: No.
Q: Do you have any appointments coming up with anybody else?

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A: I don't know.
Q: I don't even understand --
A: I haven't made any.
Q: Okay.
A: I haven't made any yet, so I don't know who I will be seeing.
Q: Okay. Do you plan to see somebody else?
A: I'm still hurt. Workers' comp didn't fix everything.
Q: Okay.
A: I'm going to need to see somebody.
Q: Okay. But you haven't done that yet?
A: No, I haven't gotten any appointments.
Q: Okay. When do you plan to do that?
A: As soon as I get a chance to.
Q: And what is it that's stopping you from getting a chance to do that for now?
A: When I can get an appointment.
Q: Have you called anybody to try and get an appointment?
A: I called a couple of offices, but they don't do what I want done.
Q: Okay. Who have you called?
A: Two offices in Georgetown.
Q: What kind of doctors?

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A: Orthopedics.
Q: Okay. And what is it that you want done?
A: The same thing Dr. Tamadon did.
Q: I don't know what that is.
A: That was some kind of second opinion doctor.
Q: Oh, okay. Do you remember the names of the doctors you saw?
A: I didn't see anybody.
Q: That you called about?
A: Well, it was two of them that my chiropractor recommended.
Q: Okay.
A: But I don't remember what their names are.
Q: Okay.
A: One starts with a T, and I don't know what the other one's name is.
Q: Are you waiting on an appointment or you couldn't get one?
A: No, they did not do that.
Q: Okay. So, now you've got to go and find somebody else who does that.
A: So, I have to find an appointment with someone who does that.
Q: Okay. And specifically, what kind of, what body parts are that you want someone to look

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at?
A: Everything that was hurt.
Q: Okay. Back and all the stuff on the -
A: Everything you have on your list that was hurt.
Q: Okay. All right. At this point, you feel like you still need medical treatment for all those body parts I have listed?
A: Yes.
Q: Do you feel like any of the body parts that were injured have resolved?
A: No.
Q: Are any of the body parts that were injured improved?
A: Somewhat.
Q: Which body parts are improved?
A: The shoulder is some.
Q: Right shoulder?
A: Right.
Q: How much improvement would you say you've gotten?
A: Well, I can't tell. It gets worse. It's been getting worse since the physical therapy stopped in June.
Q: Okay. I mean, sitting here right now, is it any better than it was before you had medical

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treatment, or it's about the same?
A: I don't remember.
Q: Okay.
A: I don't remember. That was seven or eight months ago.
Q: All right. Do you have any, any opinion on anything else that's gotten better other than the right shoulder maybe a little bit?
A: I don't know. It all hurts.
Q: And it all hurts just as much now as it has the whole time?
A: No, it goes back and forth with what I use.
Q: What do you mean by that, with what you use?
A: With anything the way I move.
Q: Okay. With activities?
A: Yes.
Q: All right. Are you still working at Wal-Mart right now?
A: I'm still employed by Wal-Mart.
Q: Are you still working at Wal-Mart right now? Physically showing up, clocking in and working?
A: No, they don't have me scheduled.
Q: Okay. When is the last time you actually physically worked at Wal-Mart?
A: I don't remember. It was in October.

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Q: Between February 16, 2012, and October of 2013, were you working that entire period of time?
A: No.
Q: What periods of time did you miss?
A: I don't remember those exact days either.
Q: Are we talking periods of time that you missed or just a day here and a day there or what?
A: I don't remember exactly, but I know that I went back around July 3rd or July 4th. I don't know when I was totally out and when I, my last, anything of that, but I know it was around the 3rd that I went back.
Q: Okay. And when you went back to work, you went back to work being a pharmacist?
A: Yes.
Q: Were you working full-time at that point or just part-time?
A: They had me on a limited schedule.
Q: All right. And what happened that you went out of work in October?
A: I was suspended.
Q: Why were you suspended?
A: For a prescription error.
Q: What does that mean?
A: A mistake on a prescription.

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Q: How many prescriptions errors did you make after you returned in July?
A: That one.
Q: Only one?
A: That I know of. That's the only one they told me about.
Q: Okay. Have you ever made any other prescription errors during your time at Wal-Mart?
A: You mean after the accident?
Q: No, ma'am, during your entire period of employment at Wal-Mart.
A: Yes.
Q: Okay. It's my understanding that there were some prescription errors before this accident, within the past year.
A: Yes.
Q: How many?
A: I don't know.
Q: More than -
A: Within the last year, there may have been, I think I had one in January or maybe it was December, before the accident.
Q: Only one?
A: I don't know how many before that. You said

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within a year.
Q: Yes, ma'am.
A: I don't remember.
Q: Did you have any back in 2012?
A: Yes.
Q: How many?
A: I don't remember.
Q: More than one.
A: More than one.
Q: Okay. How about 2011?
A: Yes.
Q: How many, more than one?
A: Yes.
Q: Okay. And these are errors in either mixing things or wrong prescription in the bottle or wrong number of pills in the bottle, anything like that?
A: Uh-huh (affirmative response). Yes.
Q: Okay. And working in a pharmacy, there's a whole series of -- Wal-Mart calls them coachings, discipline --
A: Yes.
Q: - when you make those sorts of errors?
A: Yes,
Q: Okay. And in October, you were suspended,

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correct?
A: Yes.
Q: That's still being investigated at this point?
A: I haven't heard anything from them.
Q: Okay.
A: Usually they tell you in three days.
Q: Okay. All right. So, you have not worked at all since October, correct?
A: No, not at Wal-Mart.
Q: Have you worked anywhere since October?
A: No, not at any other pharmacy.
Q: Have you worked anywhere --
A: I haven't been working anywhere.
Q: Okay. Have you worked with your husband at the comic book store?
A: No, I haven't gone to the comic book store.
Q: Okay. There was a period of time where I know you were out of work completely and you were paid Workers' Comp checks, correct?
A: Yes.
Q: Are you still getting any kind of workers' comp checks at this point?
A: Yes.
Q: How much are your workers' comp checks that you're getting now.

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A: Seven hundred and something.
Q: $743.72?
A: Probably so, a week.
Q: Okay. And as a pharmacist, you were on an annual salary before this happened, correct or did you get paid by the hour?
A: I'm hourly.
Q: Okay. And it looks like your hourly rate before this accident was $62.60 an hour?
A: I don't remember how much exactly.
Q: Okay. The form that Wal-Mart filled out showed that you made just a hair over $115,000 in 2012. Does that sound about right to you?
A: Probably so. I don't know the exact amount.
Q: Okay. When you, before you got suspended and you were working, what did they have you doing? Were you still working as a pharmacist?
A: Yes.
Q: Were you doing all the duties as a pharmacist or no?
A: No.
Q: What were you not doing?
A: I couldn't open bottles.
Q: Couldn't open bottles?
A: Right.

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Q: Like prescription bottles?
A: Right.
Q: Okay. Why couldn't you open a bottle?
A: Because I had a hand injury. I couldn't open bottles.
Q: You couldn't open it with either hand?
A: Okay. I couldn't open the bottles.
Q: Yes, ma'am.
A: You have to use both hands to open the bottles.
Q: Okay.
A: I couldn't open the bottles.
Q: Was there anything that you couldn't do in the pharmacy other than opening the bottles?
A: There were a lot of things. They only had me doing the things that I could do.
Q: Okay. I guess that's -- I don't know what you do in a pharmacy. So, I don't know what it is that you can and can't do.
A: They had me counsel the patients.
Q: Yes, ma'am.
A: And look in the computer and do four point.
Q: Do what?
A: Four point.
Q: What's four point?
A: That's checking the directions on the

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prescriptions.
Q: Okay. So, you were counseling patients when they had questions?
A: Yes.
Q: And you were looking in a computer doing four points?
A: Right.
Q: Were you doing anything else in the pharmacy other than that?
A: There were other things too.
Q: Like what?
A: The techs would bring me bottles to check and make sure they were in the right bag.
Q: Okay. Anything else?
A: Doctor's phone calls.
Q: You could field the phone calls coming in from the doctor's offices?
A: Yes.
Q: Okay.
A: Calling about drug interactions.
Q: Okay.
A: I couldn't staple. I didn't do visual verify. I didn't bag prescriptions, and I didn't carry things.
Q: And when you went back to work, were you

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working a full 40 hours a week or no?
A: No.
Q: How many hours a week were you working?
A: Sixteen.
Q: Okay. So, you were doing two eight hour shifts or four four hour shifts or what?
A: Four hour shifts.
Q: Okay. Four hour shifts four times a week?
A: Yes.
Q: And that was the most you were able to work?
A: Yes.
Q: Okay. Why is it that you could not work more than 16 hours a week?
A: I had trouble with 16 hours a week.
Q: Tell me why.
A: I was restricted from the doctor to four hour days, because I was already having problems.
Q: Yes, ma'am. I'm asking what problems you were having. Tell me why you couldn't work more than that.
A: The pain, no sleep.
Q: Pain where?
A: All over where I had injuries.
Q: All the body parts I have listed down?
A: Yes.

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Q: Okay. All right. Any other reason?
A: I couldn't walk. I was having trouble walking. There was all kinds of stuff going on.
Q: Why is it you're having difficulty walking?
A: My leg, all my injuries.
Q: Okay. Specifically what part? Are we talking about your right leg?
A: Yes.
Q: Specifically what about your right leg prevented you from walking?
A: From the foot to the hip and probably the back.
Q: Just pain?
A: No.
Q: You've got to tell me. You're the only one that listens to your body.
A: Pulling, snapping.
Q: Pulling and snapping where?
A: All up and down the leg and in the hip.
Q: Okay. What other symptoms are you having there that prevent you from walking?
A: I don't know. Pain is more than enough to cause you not to, to avoid things.
Q: Okay. I see you've got a cane with you here today. Who prescribed the cane for you?
A: Dr. Pappas told me not to walk on my foot.

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Q: At all?
A: He told me to avoid walking and to stay off of my feet.
Q: Okay. So, who prescribed the cane to you? Or is that just something you went out and got?
A: Well, I got it so I wouldn't be stepping on my foot that much. He told me I could use crutches or something, and I told him I couldn't.
Q: Okay. So, you got the cane on your own.
A: Yes.
Q: Are you wearing any kind of braces or walking boots or anything like that on any part of your leg or your foot?
A: I'm not wearing anything, no.
Q: Okay. How about, do you have something wrapped around your right wrist?
A: That's a, yes.
Q: Show me what, I can't remember what you have wrapped around your right wrist. Oh, like a tennis -
A: Yes.
Q: - sweatband?
A: Uh-huh (affirmative response).
Q: What's that there for?

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A: Because my wrist hurts.
Q: What does that sweatband do for you?
A: It makes it hurt less sometimes, and then I take it off when it -- because it might hurt sometimes with it on there.
Q: Okay. Any other assisted devices that you're using at this point? Wraps, compresses, hot and cold, anything?
A: Yes, I'm using all of that.
Q: Okay. Are you taking any medication at this point?
A: The same stuff that the doctor prescribed and what's on my chart.
Q: I don't know what that is. What are you taking at this point?
A: The medicines that the doctor prescribed was Skelaxin and I think it was either Lortab or Lorcet.
Q: You're still taking Skelaxin?
A: And the Percogesic.
Q: Okay. The Percogesic is something you're buying over-the-counter, correct?
A: Yes.
Q: Are you still taking Skelaxin?
A: Sometimes.

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Q: How often do you take Skelaxin?
A: I don't know. It's whenever it hurts really bad.
Q: Once a day, once a week, once a month, I mean, about how often?
A: I don't, can't, can't really tell because if I have to do something the next day, I can't take it. It makes my brain fuzzy.
Q: Okay. When's the last time you've taken Skelaxin before today?
A: Probably about two weeks ago.
Q: And you still have some of that prescription left over from Dr. Merritt?
A: Yes.
Q: What about either the Lortab or the Lorcet? How often do you take that?
A: I try not to take it very often.
Q: How often do you take it?
A: I don't remember how often. He wouldn't write me anymore, so I try not to take it very often.
Q: When's the last time you took any of that?
A: After that exam. After that exam they made me take.
Q: I don't know what exam you're talking about.
A: That test, that function test.

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Q: Oh, the functional capacity evaluation. Okay. That was back in August. That was the last time you took any of that stuff?
A: I think probably so.
Q: Okay. Are you taking anything over the counter other than the Percogesic?
A: I don't know if I've taken Advil or something like that.
Q: Okay. How often are you taking Percogesic?
A: Most of the time four times a day, three or four times a day.
Q: If, I'm not, I don't know what's going to happen with your suspension, but if that gets resolved and you're able to come back to work, do you feel like you can go back and work 16 hours a week again like you were? I mean, physically, can you do it?
A: Probably not.
Q: And why not?
A: After that test, it got, places got worse.
Q: Do you think you could work any hours at all right now?
A: I don't know. I'm having a lot of trouble sleeping.
Q: What's giving you problems sleeping?

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A: Pain.
Q: How much sleep do you get per night?
A: It depends upon how long I can stay in the bed.
Q: How long can you normally stay in the bed?
A: If I don't have to go anywhere and I can choose ten or 11 hours to go back and forth to sleep, I might get more sleep.
Q: Okay.
A: Most of the time, it's about three hour time periods.
Q: Okay.
A: Two or three hour time periods.
Q: Now, you've been out of work now for about five weeks, correct?
A: I don't know. It was some time in October.
Q: Okay. What have you been doing since you've been out of work?
A: Going to the chiropractors.
Q: That's three times a week. I'm assuming about 45 minutes a time?
A: Yeah, that 45 minutes to an hour.
Q: Yes, ma'am. What else are you doing other than that?
A: Trying to keep from having pain.
Q: How is it that you try and keep from having

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pain?
A: Distraction.
Q: How do you do that?
A: Music.
Q: You listen to music?
A: Uh-huh (affirmative response).
Q: Is that a yes?
A: Yes.
Q: Okay. What else?
A: I have that TENS machine.
Q: Where do you use the TENS unit?
A: Wherever I can reach.
Q: Does it help?
A: Some.
Q: What else are you doing?
A: Most normal things.
Q: I mean like, you're able to get up and take care of yourself and that sort of thing?
A: The majority of the time. I have some trouble doing things with my hair and raising my hand up a lot.
Q: Okay. Are you able to run to the grocery store and buy groceries or run out and buy stuff?
A: I haven't been doing that.
Q: Okay. Who does that for you?

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A: Usually my husband. If he takes me, he drops me at the door, and I get a cart.
Q: Are you able to go shopping -
A: No.
Q: - go outside, do anything like that?
A: No, I do outside. I sit out when it's nice days. I just sit out there.
Q: Can you drive?
A: You mean normally or with pain?
Q: Just can you physically get in a car and drive it.
A: I have trouble driving.
Q: Okay. But you can drive?
A: Sometimes.
Q: Okay.
A: I'm driving back and forth to the chiropractors.
Q: All right. Have you had any injuries or accidents after February 16, 2013?
A: The functional test hurt me worse.
Q: Okay. And what about that functional capacity evaluation hurt you worse?
A: For three days, my left side hurt worse, and my right side hurt for three or four weeks.
Q: Just from all the lifting and stooping and -

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A: Whatever he made me do.
Q: Okay. Do you think you could work right now unrestricted as a pharmacist?
A: No.
Q: Could you go back to your regular job?
A: No.
Q: Even at reduced hours?
A: No.
Q: And do you feel like you could go back and do the light duty job you were doing prior to your suspension?
A: That was part of the reason why I was suspended.
Q: Why?
A: I couldn't get enough sleep in-between. I was having pain in-between, and I was having trouble with concentration.
Q: And you think that's the reason you had the error?
A: Yes.
Q: What about all the errors before this accident?
A: You get distracted.
Q: Okay. You would agree that you had errors before this accident, right?
A: Say, I filled possibly more than 800

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prescriptions between July and October, and I had one prescription error, one out of 800. It was probably more than that, but ...

Q: That's the only one they caught.

A: As far as I know. They haven't told me about any others. You never know. It's a possibility of anything.

Q: Okay. Did you want to go back to work when you went back to work in July?

A: I didn't think I was ready to.

Q: Why is that?

A: Because I still needed more treatment. I couldn't take muscle relaxants and work. You can't take anything and work. You have to be able to concentrate.

Q: All right. Do you feel like you could go back and do even a light duty job right now?

A: I'm not sure. It's gotten worse since that test.

Q: All right. Ms. Stevenson, I'm going to ask you a couple of questions. Please don't take any offense to these. These are just standard deposition questions. Do you have any kind of a criminal record?

A: No.

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Q: Have you ever been convicted of a crime or pled guilty to a crime?

A: No.

Q: Do you have any arrests or warrants that are out there that have not been taken care of?

A: No.

Q: Have you ever had treatment or been recommended treatment for any type of mental or psychological problem?

A: No.

Q: Have you ever had treatment or been recommended treatment for any type of substance abuse?

A: No.

Q: All right, ma'am. I think that's all the questions I have for you. I appreciate your time.

(There being no further questions, the deposition was concluded at 3:00 p.m.)

ASSOCIATE INCIDENT REPORT

Walmart

INSTRUCTIONS TO ASSOCIATE: *Fill out this form completely, sign the form where indicated and return the original signed form to your Manager immediately.*

INSTRUCTIONS TO MANAGER: *Have Associate complete and sign this form immediately after the injury is reported to you. If no medical treatment is requested by the Associate, file the report in the appropriate location unless your facility is located in Alaska, Idaho, Maine or Texas. In Alaska, Idaho, Maine, and Texas, all incidents must be reported via the Incident Reporting System (IRS) within 24 hours of notice. Once you enter the incident via IRS, fax or email this completed form to your Claims Administrator.*

4pm 10 AM

ASSOCIATE INFORMATION:

Associate Name: Ann W Stevenson (first, middle, last)

Home Address: [redacted]

City, State, Zip: [redacted]

Home Phone #: 843-347-5151 Cell #: 843-454-6185 (area code + phone)

Birth Date: [redacted] ___Male ✓Female

Email Address: astevend@coastnet

Hire Date: 3/6/01 Marital status: M

Department/Location: Pharmacy

Job Title: Pharmacy

INCIDENT INFORMATION:

Incident Location: _____

Work Phone #: _____

Manager's Name: _____

Manager's Phone #: _____

Date/Time of Incident: ___/___/___ (___am ___pm)

Date/Time Reported: ___/___/___ (___am ___pm)

Reported To: _____

Witnesses (Name/phone number for each witness): _____

What were you doing just before the incident happened? Describe the activity, as well as the tools, equipment, or materials that you were using. Be specific. (*Example:* "I was climbing a ladder"): Counselling patient tripped on hose cord as turn around

Describe what happened. Describe how the injury actually occurred (*Example:* "I slipped off the ladder and hit the ground."): tripped on hose cord & hand was caught in Hippa top fell to floor

Describe the part(s) of your body (including left or right side) affected and type of injury (bruise, cut, etc.). Be more specific than just saying "hurt" or "sore". (*Example:* "Nature of Injury: twisted and bruised ankle; Part of Body Injured: left ankle"):

Nature of Injury:	Part of Body Injured:
cord pulled right foot out & twisted down other hand was caught in plastic lid	R hand & pinkie finger

Have you ever been treated for a similar injury? ___ Yes ✓ No If yes, please describe any previous treatment that you received and the Name(s) and Telephone Number(s) of the Health Care Provider(s) that provided you with previous treatment:

Are you requesting medical treatment at this time? ___ Yes ___ No unknown will see how swelling on finger goes

I certify that the above information is true and correct to the best of my knowledge. I understand that my employer will not be responsible for any expenses related to the incident or any resulting injury, unless the expenses are pre-approved and obtained from an Approved Provider.

ASSOCIATE SIGNATURE: Ann W Stevenson DATE: 2/16/13

MANAGER - AFTER ENTERING THE CLAIM VIA IRS, FAX THE COMPLETED FORM TO YOUR CLAIMS ADMINISTRATOR

Effective 2/10/12

DEFENDANT'S EXHIBIT 2/12/15

COASTAL
ORTHOPEDICS
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SEP 30 2016
SC Court of Appeals

RECEIVED
SEP 16 2016
SC Court of Appeals

Ann Stevenson
Date: **8/26/2016**
Case No. **210630**
DOB: [redacted]

Patient called wanting documentation of our interpretation of her scans.

The Cervical MRI from April 2013 shows disc space narrowing C5-6. The cervical x-ray done on 2/28/2013 does show disc space narrowing C5-6 with small anterior osteophyte. No nerve root compression.

Cervical MRI done on 10/22/2015 shows disc space narrowing C5-6 with small uncovertebral osteophyte. No nerve root compression. No spinal stenosis.

Cervical MRI done on 5/5/2016 shows no nerve root compression. Disc space narrowing C5-6 with small osteophyte.

Shan Fu PA-C for

William L. Mills, M.D.

Fcc: None.

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843-347-7222

<www.corthopedics.com>

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2

-- Addended Report --

Addendum 10/31/2015: An outside examination from 04/17/2003 is available for comparison. The small uncovertebral osteophytes at C5-6 and C6-7 (incorrectly spoken on the previous exam as T5-6 and T6-7) are barely perceivable on the previous exam from 2003.

Electronically Signed By: This was dictated by Russell Derrick
This was signed by Russell Derrick
DD: 11/02/2015

Addendum 11/3/2015:

The outside comparison exam is from 4/17/2013 (not 2003).

Preliminary addendum report faxed COA on 11/3/2015 at 9:56 a.m.

Russell Derrick, M.D./smj

Electronically Signed By: This was dictated by Russell Derrick
This was signed by Russell Derrick
DD: 11/03/2015

Coastal Orthopaedic Associates MRI
235 Singleton Ridge Road
Conway, South Carolina, 29527
(843) 347-7222 Office
(843) 347-4375 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: William Mills MD

EXAM DATE: 10/22/2015
PATIENT ID: COA210630

3

Indication: M5412, 59-year-old female complains of neck pain with numbness, tingling, burning and weakness.

Exam: MRI of the cervical spine without contrast.

Comparison: None.

Technique: Using a 1.5 Tesla Siemens magnet following overview coronal T1, sagittal and axial T1, T2, and axial gradient echo imaging obtained.

Findings: Overview coronal imaging is unremarkable.

The visualized posterior fossa and prevertebral soft tissues have a normal appearance. Flow voids are present in the vertebral arteries.

The cervical vertebral bodies are anatomically aligned, of normal height and marrow signal intensity.

The spinal cord is of normal course, caliber and signal intensity.

Benign hemangioma at C7.

T5-6 and T6-7 shows small uncovertebral osteophytes, however, these create no significant exiting foraminal narrowing. The remainder of the examination is unremarkable.

Impression:

1. No central canal or exiting foraminal narrowing seen.

Electronically Signed by: Russell Derrick MD
DS: 10/22/2015

4

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON. ANN
DOB: [redacted]
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: C-SPINE 3V

IMPRESSION: No acute abnormality.

Agree.

Calvin Barnes, M.D.
Electronic Signature
Mar 4 2013 8:09AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

5

3/8/13 letter sent to Dr. Baens al

3/6/13 vm to Call HK

ECOPIES

3/4

MRI of the right knee taken on 5/7/13 demonstrates a Baker's cyst with mild to moderate patellofemoral joint space narrowing and mild medial joint space narrowing. No evidence of internal derangement.

IMPRESSION: Right knee DJD with hamstring tendinitis and IT band tendinitis

PLAN: I reviewed the x-rays and exam finding with the patient. I have had a long discussion regarding the treatment of arthritis. I discussed conservative treatments including weight loss, activity modification, non-steroidal anti-inflammatory medications, bracing, physical therapy, and injections including viscosupplementation. We also discussed surgical treatment options including arthroplasty. They understand these treatment options and all questions were answered today. I have offered the patient a cortisone injection and they were agreeable to it. Using sterile technique, the right knee was injected with 40mg of Kenalog and 6cc of 0.5% Marcaine. They tolerated the injection well. I have instructed them to ice and elevate over the next 48 hours and gradually resume normal activities. I gave her a home exercise program for hamstring tendinitis and IT band tendinitis for strengthening and stretching. All questions were answered today and she will follow up as needed. Patient was agreeable with this treatment plan.

A supervising or alternate supervising physician personally participated in the physical exam and care plan for this patient.

Dictated by Steven LoPresto, PA-C for Todd Tupis, MD

Todd Tupis, M.D.

Fcc: Jack Haskin Jr, MD

RFn

COASTAL
ORTHOPEDICS
Specializing in You

Ann Stevenson
Date: 9/21/2015
Case No. 210630
DOB:

CHIEF COMPLAINT: Right knee pain

HISTORY: This is a 59-year-old female who presents with the above complaint which is ongoing since her work-related injury on 2/13/13. His injury is no longer related to Worker's Compensation. She worked as a pharmacist at Walmart and got a cord wrapped around her right leg, then landing on her left lower extremity. She's had multiple x-rays and an MRI of her right knee which showed a Baker's cyst. She now works out 3 times per week and has pain along the lateral side of her thigh. Also has pain along the anterior medial portion of her knee.

PAST MEDICAL HISTORY: A complete Review of Systems, Allergies, Past Medical, Family, and Social History was performed using the Health Questionnaire. This information has been documented, reviewed and signed and is available in the chart for review.

PHYSICAL:

GENERAL: Upon physical examination, the patient is a well developed, well nourished female, alert and oriented times three, with normal mood and affect and walks with a antalgic gait.
ORTHOPEDIC: Physical exam of the right knee demonstrates no evidence of skin lesions or muscle atrophy. Overall alignment of the leg is varus. There is no effusion present. Active ROM is from 0-125 degrees. There is tenderness over the medial joint line with crepitation. There is also pain with patellar compression and a positive patella grind test. There is also pain along the IT band and pes anserinus. Lachman exam is negative. Anterior and posterior drawer testing are normal. There is no instability with varus and valgus stress testing at 0 and 30 degrees. The calf is soft and nontender. Senstation and pulses are intact distally.

Examination of the contralateral extremity reveals a normal exam in terms of strength, ROM, sensation, and pulses.

IMAGING: AP, lateral, notch, sunrise weightbearing views of the right knee today demonstrate mild medial joint space narrowing and mild patellofemoral joint space narrowing.

RFn

7

251-0[illegible]

ASSOCIATE INCIDENT REPORT

Walmart

INSTRUCTIONS TO ASSOCIATE: *Fill out this form completely, sign the form where indicated and return the original signed form to your Manager immediately.*

INSTRUCTIONS TO MANAGER: *Have Associate complete and sign this form immediately after the injury is reported to you. If no medical treatment is requested by the Associate, file the report in the appropriate location unless your facility is located in Alaska, Idaho, Maine or Texas. In Alaska, Idaho, Maine, and Texas, all incidents must be reported via the Incident Reporting System (IRS) within 24 hours of notice. Once you enter the incident via IRS, fax or email this completed form to your Claims Administrator.*

about 10 am

ASSOCIATE INFORMATION:

Associate Name: Ann W Stevenson (first, middle, last)

Home Address:

City, State, Zip

Home Phone #: 843-347-5151 (area code + phone) Cell #: 843-454-6186 (area code + phone)

Birth Dat Male Female

Email Address: asbuend sc coastnet

Hire Date: 3/6/01 Marital status: M

Department/Location: Pharmacy

Job Title: Pharmacy

INCIDENT INFORMATION:

Incident Location:

Work Phone #:

Manager's Name:

Manager's Phone #:

Date/Time of Incident: __/__/__ (__am __pm)

Date/Time Reported: __/__/__ (__am__pm)

Reported To:

Witnesses (Name/phone number for each witness):

What were you doing just before the incident happened? Describe the activity, as well as the tools, equipment, or materials that you were using. Be specific. (*Example:* "I was climbing a ladder"): Counselling patient tripped on lose cord as turn around

Describe what happened. Describe how the injury actually occurred (*Example:* "I slipped off the ladder and hit the ground."): tripped on lose cord + hand was caught in trippa top fell to floor

Describe the part(s) of your body (including left or right side) affected and type of injury (bruise, cut, etc.). Be more specific than just saying "hurt" or "sore". (*Example:* "Nature of Injury: twisted and bruised ankle; Part of Body Injured: left ankle"):

Nature of Injury:	Part of Body Injured:
cord pulled right foot out + twisted down ~~plate hand was caught in~~ plastic lid	R hand + pinkie finger

Have you ever been treated for a similar injury? ___ Yes X No If yes, please describe any previous treatment that you received and the Name(s) and Telephone Number(s) of the Health Care Provider(s) that provided you with previous treatment:

Are you requesting medical treatment at this time? ___ Yes ___ No unknown will see how swelling on finger goes

I certify that the above information is true and correct to the best of my knowledge. I understand that my employer will not be responsible for any expenses related to the incident or any resulting injury, unless the expenses are pre-approved and obtained from an Approved Provider.

ASSOCIATE SIGNATURE: Ann W Stevenson **DATE:** 2/16/13

MANAGER - AFTER ENTERING THE CLAIM VIA IRS, FAX THE COMPLETED FORM TO YOUR CLAIMS ADMINISTRATOR

Effective 2/10/12

PENGAD 800-631-6989 DEFENDANT'S EXHIBIT 21 2-26-13 Stevenson

8

n\ 12:00

EXAM ROOM TIME

Doctors Care

CHECKOUT TIME 1:58

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
B86516	02/22/13 FRIDAY	12:32pm	DC CAROLINA FOREST,	17485

ME & ADDRESS

DOB: (56 years)
GENDER: F

IBG:
CELL:

843-454-6186
WRK:
INSURED: STEVENSON, ANN RELATION: OTHER
INS: ESCREEN
REASON: WKC/ARM-HAND/POST ACC-UDS
NICKNAME:

COPAY: BT

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$0.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

onal Hx / Family Hx / Social Hx

	Family Hx	Social Hx
	DM	Alcohol
	HTN	Tobacco

lent? ☐ yes ☐ no If yes, which state:
of Accident:
chart rev., no sig chg.: Above Hx rev.:

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

Allergies: lidocaine
clerael epinephine

Medications:
magnesium salicylate (ie pcans)

☐ Meds/Allergies Reviewed

.8	HT 5'4"	BMI	BP 100/62	PULSE UB	RESP 16	TEMP 98.8

☐ LMP 3 YRS ago
☐ Tetanus

SICAL: (see reverse) Omit if N/A
_nml., O if abnml. & give details)

eneral
EENT
ck
des
ings
d
ack
t
J
uro
in/Breasts
aperone
ection
bulizer
ocedure
lse Ox

Chief Complaint:

HPI

2/16/13
1246 Sat, got leg tangled in cord, fell over - landed on Hurt (R) arm/hand - got caught in mainspring (plastic)
Had swelling (R) wrist Sore in upper arm/elbow.
Bruise on leg (pt declines xrad.)
(R) shoulder NT, slt painful rom Xray - (R) Hand
elbow c mild discomfort/pain - sore c (R) elbow (R) wrist
c sup/pronat wrist/hand c swelling/deformity
Sore pain c grip Thumb 3+ Good radial pulse

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

GNOSIS:

Strain (R) arm (R) Hand UDS collected CLL # 2005158817
S61.80 E849.3 S62.10

atient Care Instructions Discussed ☐ Crutches/Splints/Supplies ☐ Given ☐ Recommended
iestyle Modification
eventative Recommendation(s)
escriptions / OTC Meds
de Effects Discussed
llow-Up: 1 week
rn:
orsening symptoms: ASAP
not better:
ER if:

Xray (2)

Rx: Robaxin 500 (#80)
1-11 po QID prn Spasm.

Off Work / School Full Duty

PSR Notes:
73080 Rt NEW
73130 Rt
99202-107

80

F/U - PRN

1328

M.D., D.O., P.A., F.N.P.

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

t or Authorized Person's Signature: Ann Stevenson Date: 2/22/13

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

t or Authorized Person's Signature: Date:

9

#1 1410

4 EXAM ROOM TIME

Doctors Care

1635 CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO
B86516	02/28/13	02:03pm	DC CAROLINA FOREST,	41561

THURSDAY

NAME & ADDRESS [redacted]

DOB: [redacted] (56 years)
GENDER: F

IBG:
843-454-6186
CELL:
WRK:
INSURED: STEVENSON, ANN
RELATION: OTHER
INS: WC/WALMART
REASON: WKC/EVAL PROG *requests Dr. Bailey
NICKNAME:
COPAY: BT
WMC WKC Recheck

INSURANCE BALANCE	$263.00
ACCOUNT BALANCE	$263.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.
	-		

ersonal Hx
M
TN

Family Hx
DM
HTN

Social Hx
Alcohol
Tobacco

ccident? ☐ yes ☐ no If yes, which state:
ate of Accident: 02/16/13 SH
rev. chart rev., no sig chg.: Above Hx rev.:

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

Allergies: Lidocaine
Dental epinephrine

Medications:
Darvocet (migraine skilights)
Rotrain

T	HT	BMI	BP	PULSE	RESP	TEMP
85.2	64"		106/64	80	14	99.2 F

☐ LMP 2010
☐ Tetanus
☐ Meds/Allergies Reviewed

HYSICAL: (see reverse) Omit if N/A
if nml., O if abnml. & give details)

General
HEENT Alert Conversant
Neck tender to palpate
Nodes
Lungs neck / upper back
CV along medially
Abd line ↑ pain
Back
Ext ↓ abduction
GU of shoulder
Neuro (R)
Skin/Breasts
Chaperone ____ 4/5 grip
I.V.
Injection tender to palpation over
Nebulizer Radial R
Procedure
Pulse Ox ____ tightness

Chief Complaint:

HPI

56 y.o. ♀ fell at work at Walmart 2/16/2013 injuring R elbow & hand. X-rays were obtained but declined work up that day of visit 2/22/2013. Seen Robert - released to full duty.

Pharmacist "I don't like traditional medicine" states cable cord was wrapped around ankle fell on R side - hit against trash can. went back to full duty - states "was bruised all over leg/thigh" & has had difficulty ↓ ROM / pain ↑ more arm up. states pulling at shoulder & hand / states knee & hip hurt - can't [illegible]

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

AGNOSIS:

1) Muscle Strain 959.3 2) Neck Pain 723.1 3) Shoulder Pain 719.41

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: p 1 week PT
turn:
Worsening symptoms: ↑ pain / tingling / weakness
If not better: 1 week
to ER if:

Pt would prefer referral to chiropractor but workman's comp would most likely prefer PT referral for pain management.

Wants prescription for Magnesium Lactate 250 mg #90 1 po TID (for) Abilify pain #90 1 po

Off Work / School

Requested script for Robaxin

Crutches/Splints/Supplies ☐ Given ☐ Recommended

States has burning sensation in arm / hip / knee / head

Claims was sore Monday!

Wants thermal pads & Magnesium Lactate. Requested brand is not available in US - Calcium Stimulates GI etc. other NSAIDS - gastritis, bleeding, liver / kidney issues, ulcers, diarrhea

PSR Notes: treadmill — ESTAB

72040	92	250
73510 Rt	76	
73560 Rt	76	
73030 Rt	80	

574

If: [redacted] M.D., D.O., P.A., F.N.P.

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

ent or Authorized Person's Signature: [redacted] Date: 02/28/13

X-rays to be reviewed by RADIOLOGIST - but I see no obvious fractures.

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

ent or Authorized Person's Signature: X Ann Stevenson Date: 02/28/13

10

Progressive Physical Therapy

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9168
Fax: (843) 916-2348

Tridayonly

Patient Name ANN STEVENSON

Diagnosis/ICD 9 Code Cervical / R shoulder / R arm / R wrist / R hand / R lower extremity Strain

☑ EVALUATE AND TREAT

☐ EXERCISE
- ☐ Active Exercise
- ☐ Passive Exercise
- ☐ Fitness Assessment
- ☐ Low Back Rehab
- ☐ Home Exercise Program

☐ MODALITIES
- ☑ T.E.N.S./I.F.C
- ☐ Electrical Muscle Stimulation
- ☐ Iontophoresis
- ☐ Phonophoresis
- ☐ Light Therapy

☑ HEAT/COLD
- ☐ Hydrocollator Hot Packs
- ☐ Ultrasound
- ☐ Ice/Cold Packs
- ☐ Paraffin Bath

☐ FUNCTIONAL TRAINING
- ☐ Back School
- ☐ Ambulation Training
- ☐ Postural Training/Balance
- ☐ Neck/Arm School

☐ INDUSTRIAL REHABILITATION
- ☐ Job Site Analysis
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Work Hardening/Conditioning

☐ COMPREHENSIVE CERVICAL EVALUATION (MCU)

☐ FOOT ORTHOTICS

☑ SUBSTITUTION BY THERAPIST IS PERMITTED

☐ OTHER ____

TREATMENT OBJECTIVES/GOALS/COMMENTS: Ms. Stevenson would like to try pain relief modalities that a chiropractor would offer to alleviate multiple joint/muscle discomfort

PHYSICAL THERAPY (mainly right side)

Frequency	☐ 2x /wk	☑ 3x /wk	☐ 4x /wk
Duration	☐ 2 weeks	☑ 3 weeks	☐ 4 weeks

Physician Name (please print) MARIA BACNS MD

Physician Signature [signature]

Phone Number 903-6650 Date 2/1/2013

IN MAKING THIS REFERRAL, PHYSICIAN CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY

10A

Progressive Physical Therapy

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

Patient Name Ann Stevenson

Diagnosis/ICD 9 Code Shoulder / Neck / Knee pain / muscle strain

- ☐ **EVALUATE AND TREAT**
- ☐ **EXERCISE**
  - ☐ Active Exercise
  - ☐ Passive Exercise
  - ☐ Fitness Assessment
  - ☐ Low Back Rehab
  - ☐ Home Exercise Program
- ☐ **MODALITIES**
  - ☑ T.E.N.S./I.F.C
  - ☑ Electrical Muscle Stimulation
  - ☐ Iontophoresis
  - ☐ Phonophoresis
  - ☐ Light Therapy
- ☐ **HEAT/COLD**
  - ☑ Hydrocollator Hot Packs
  - ☑ Ultrasound
  - ☐ Ice/Cold Packs
  - ☐ Paraffin Bath
- ☐ **FUNCTIONAL TRAINING**
  - ☐ Back School
  - ☐ Ambulation Training
  - ☐ Postural Training/Balance
  - ☐ Neck/Arm School
- ☐ **INDUSTRIAL REHABILITATION**
  - ☐ Job Site Analysis
  - ☐ Functional Capacity Evaluation (FCE)
  - ☐ Work Hardening/Conditioning
- ☐ **COMPREHENSIVE CERVICAL EVALUATION (MCU)**
- ☐ **FOOT ORTHOTICS**
- ☐ **SUBSTITUTION BY THERAPIST IS PERMITTED**
- ☑ **OTHER** She wants pain relief therapy only before actual PT

TREATMENT OBJECTIVES/GOALS/COMMENTS:

PHYSICAL THERAPY

Frequency	☐ 2x /wk	☑ 3x /wk	☐ 4x /wk
Duration	☑ 2 weeks	☐ 3 weeks	☐ 4 weeks

Physician Name *(please print)* MARIA BAENS

Physician Signature Maria Baenas

Phone Number 903 665 0 Date 3/12/2013

IN MAKING THIS REFERRAL, PHYSICIAN CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

10B

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

accident date 2-16-13

Pay Period Beginning Date: 02-09-2013 through Ending Date: 02-22-2013

ANN STEVENSON

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	xxxxxxxxxxxx	$3,106.83
		Total Amount	**$3,106.83**

Deposit Date 02-28-2013 **Advice #**

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	$62.6000	69.97	$4,380.12	$21,345.97	FEDERAL TAX	$812.36	$3,318.14
VAC PAY			$0.00	$798.15	SOCIAL SECURITY	$394.69	$1,725.05
HOLIDAY PAY			$0.00	$774.36	S. CAROLINA	$325.95	$1,418.82
CO STK CONT			$4.35	$270.00	INS DEP LIFE	$1.66	$8.30
PHARM SUN PREM			$0.00	$100.00	INS STD	$58.01	$203.04
PERSONAL TIME	$62.6000	20.00	$1,252.00	$1,252.00	INS LTD-HOURLY	$40.55	$166.99
					INS MED U *	$61.00	$291.64
VACATION AVAILABLE		20.04			INS DEN U *	$14.90	$73.53
SICK AVAILABLE		192.00			INS AD&D U *	$1.24	$6.20
WRKDHRS		69.97			401K *	$337.93	$1,456.24
PERS HRS AVAIL		132.44			HSA CONTR *	$400.00	$1,400.00
					CO STK CONT	$4.35	$270.00
					STOCK PURCH	$77.00	$1,848.00
					CHECK DEPOSIT	$3,106.83	$13,817.53

	Earnings	Taxes	Deductions	Net Pay
Current	**$5,636.47**	**$1,533.00**	**$996.64**	**$3,106.83**
Year to Date	**$24,321.03**	**$6,462.01**	**$4,041.49**	**$13,817.53**

Deposit No.	Amt. of Deposit
262957895	$3,106.83

Would you like to receive your W-2 online? Click here for more information.

11

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 02-23-2013 through Ending Date: 03-08-2013

ANN STEVENSON

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	xxxxxxxxxxx	$3,793.43
		Total Amount	**$3,793.43**

Deposit Date	Advice #
03-14-2013	26

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	$62.6000	62.11	$3,888.09	$25,234.06	FEDERAL TAX	$1,108.66	$4,426.80
OVERTIME/INCT			$1.43	$1.43	SOCIAL SECURITY	$490.67	$2,215.72
INCTV H&W HRLY			$1,749.60	$1,749.60	S. CAROLINA	$408.49	$1,827.31
VAC PAY	$62.6000	20.00	$1,252.00	$2,050.15	INS DEP LIFE	$1.66	$9.96
HOLIDAY PAY			$0.00	$774.36	INS STD	$70.98	$274.02
CO STK CONT			$0.00	$270.00	INS LTD-HOURLY	$49.62	$216.61
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$352.64
PERSONAL TIME			$0.00	$1,252.00	INS DEN U *	$14.90	$88.43
					INS AD&D U *	$1.24	$7.44
VACATION AVAILABLE		105.31			401K *	$413.47	$1,869.71
SICK AVAILABLE		192.00			HSA CONTR *	$400.00	$1,800.00
WRKDHRS		62.11			CO STK CONT	$0.00	$270.00
PERS HRS AVAIL		147.43			STOCK PURCH	$77.00	$1,925.00
					CHECK DEPOSIT	$3,793.43	$17,610.96

	Earnings	Taxes	Deductions	Net Pay
Current	**$6,891.12**	**$2,007.82**	**$1,089.87**	**$3,793.43**
Year to Date	**$31,212.15**	**$8,469.83**	**$5,131.36**	**$17,610.96**

Deposit No.	Amt. of Deposit
264212754	$3,793.43

Would you like to receive your W-2 online? Click here for more information.

12

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 03-23-2013 through Ending Date: 04-05-2013

ANN STEVENSON

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	xxxxxxxxxx	$1,642.83
		Total Amount	**$1,642.83**

Deposit Date 04-11-2013 **Advice #**

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	$62.6000	23.00	$1,439.80	$31,065.25	FEDERAL TAX	$279.99	$5,226.50
OVERTIME/INCT			$0.00	$1.43	SOCIAL SECURITY	$197.07	$2,712.23
INCTV H&W HRLY			$0.00	$1,749.60	S. CAROLINA	$157.49	$2,228.81
VAC PAY			$0.00	$2,050.15	INS DEP LIFE	$1.66	$13.28
HOLIDAY PAY			$0.00	$774.36	INS STD	$27.73	$346.98
CO STK CONT			$11.55	$11.55	INS LTD-HOURLY	$19.38	$267.61
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$474.64
PERSONAL TIME	$62.6000	20.00	$1,252.00	$2,504.00	INS DEN U *	$14.90	$118.23
					INS AD&D U *	$1.24	$9.92
VACATION AVAILABLE		105.31			401K *	$161.51	$2,294.70
SICK AVAILABLE		192.00			HSA CONTR *	$50.00	$2,250.00
WRKDHRS		23.00			CO STK CONT	$11.55	$11.55
PERS HRS AVAIL		128.74			STOCK PURCH	$77.00	$77.00
					CHECK DEPOSIT	$1,642.83	$21,685.89

	Earnings	Taxes	Deductions	Net Pay
Current	**$2,703.35**	**$634.55**	**$425.97**	**$1,642.83**
Year to Date	**$38,306.89**	**$10,167.54**	**$6,453.46**	**$21,685.89**

Deposit No.	Amt. of Deposit
266770468	$1,642.83

Would you like to receive your W-2 online? Click here for more information.

13

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 03-09-2013 through Ending Date: 03-22-2013

ANN STEVENS
, SC 29526

Deposit [illegible]

Advice #
265512449

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	xxxxxxxxxxx	$2,432.10
		Total Amount	**$2,432.10**

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	$62.6000	70.15	$4,391.39	$29,625.45	FEDERAL TAX	$519.71	$4,946.51
OVERTIME/INCT			$0.00	$1.43	SOCIAL SECURITY	$299.44	$2,515.16
INCTV H&W HRLY			$0.00	$1,749.60	S. CAROLINA	$244.01	$2,071.32
VAC PAY			$0.00	$2,050.15	INS DEP LIFE	$1.66	$11.62
HOLIDAY PAY			$0.00	$774.36	INS STD	$45.23	$319.25
CO STK CONT			$0.00	$270.00	INS LTD-HOURLY	$31.62	$248.23
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$413.64
PERSONAL TIME			$0.00	$1,252.00	INS DEN U *	$14.90	$103.33
					INS AD&D U *	$1.24	$8.68
VACATION AVAILABLE		105.31			401K *	$263.48	$2,133.19
SICK AVAILABLE		192.00			HSA CONTR *	$400.00	$2,200.00
WRKDHRS		70.15			CO STK CONT	$0.00	$270.00
PERS HRS AVAIL		148.24			STOCK PURCH	$77.00	$2,002.00
					CHECK DEPOSIT	$2,432.10	$20,043.06

	Earnings	Taxes	Deductions	Net Pay
Current	**$4,391.39**	**$1,063.16**	**$896.13**	**$2,432.10**
Year to Date	**$35,603.54**	**$9,532.99**	**$6,027.49**	**$20,043.06**

Deposit No.	Amt. of Deposit
265512449	$2,432.10

Would you like to receive your W-2 online? Click here for more information.

14

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 04-06-2013 through Ending Date: 04-19-2013

ANN STEVENSON

[redacted]

Deposit Date: [redacted]-2013 Advice # [redacted]

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	xxxxxxxxxxx[redacted]	$381.63
		Total Amount	$381.63

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING			$0.00	$31,065.25	FEDERAL TAX	$27.13	$5,253.63
OVERTIME/INCT			$0.00	$1.43	SOCIAL SECURITY	$48.63	$2,760.86
INCTV H&W HRLY			$0.00	$1,749.60	S. CAROLINA	$29.79	$2,258.60
VAC PAY			$0.00	$2,050.15	INS DEP LIFE	$1.66	$14.94
HOLIDAY PAY			$0.00	$774.36	INS STD	$7.74	$354.72
CO STK CONT			$11.55	$23.10	INS LTD-HOURLY	$5.41	$273.02
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$535.64
PERSONAL TIME	$62.6000	12.00	$751.20	$3,255.20	INS DEN U *	$14.90	$133.13
					INS AD&D U *	$1.24	$11.16
VACATION AVAILABLE		105.31			401K *	$45.07	$2,339.77
SICK AVAILABLE		192.00			HSA CONTR *	$50.00	$2,300.00
PERS HRS AVAIL		116.88			CO STK CONT	$11.55	$23.10
					STOCK PURCH	$77.00	$154.00
					CHECK DEPOSIT	$381.63	$22,067.52

	Earnings	Taxes	Deductions	Net Pay
Current	$762.75	$105.55	$275.57	$381.63
Year to Date	$39,069.64	$10,273.09	$6,729.03	$22,067.52

Deposit No.	Amt. of Deposit
268034101	$381.63

Would you like to receive your W-2 online? Click here for more information.

15

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 04-20-2013 through Ending Date: 05-03-2013

ANN STEVENSON

[redacted]

Deposit Date **Advice #**

[redacted] 301847

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT	[redacted]	$209.50
		Total Amount	**$209.50**

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING			$0.00	$31,065.25	FEDERAL TAX	$3.59	$5,257.22
OVERTIME/INCT			$0.00	$1.43	SOCIAL SECURITY	$29.48	$2,790.34
INCTV H&W HRLY			$0.00	$1,749.60	S. CAROLINA	$13.61	$2,272.21
VAC PAY			$0.00	$2,050.15	INS DEP LIFE	$1.66	$16.60
HOLIDAY PAY			$0.00	$774.36	INS STD	$5.16	$359.88
CO STK CONT			$11.55	$34.65	INS LTD-HOURLY	$3.61	$276.63
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$596.64
PERSONAL TIME	$62.6000	8.00	$500.80	$3,756.00	INS DEN U *	$14.90	$148.03
					INS AD&D U *	$1.24	$12.40
VACATION AVAILABLE		105.31			401K *	$30.05	$2,369.82
SICK AVAILABLE		192.00			HSA CONTR *	$50.00	$2,350.00
PERS HRS AVAIL		108.97			CO STK CONT	$11.55	$34.65
					STOCK PURCH	$77.00	$231.00
					CHECK DEPOSIT	$209.50	$22,277.02

	Earnings	Taxes	Deductions	Net Pay
Current	**$512.35**	**$46.68**	**$256.17**	**$209.50**
Year to Date	**$39,581.99**	**$10,319.77**	**$6,985.20**	**$22,277.02**

Deposit No.	Amt. of Deposit
269301847	$209.50

Would you like to receive your W-2 online? Click here for more information.

16

Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St.,Bentonville, Arkansas 72716.

Pay Period Beginning Date: 05-04-2013 through Ending Date: 05-17-2013

ANN STEVENSON

Payee	Type	Account #	Amount
Wachovia Bank	CHECK DEPOSIT		$252.78
		Total Amount	**$252.78**

Deposit Date

Advice # 270573985

W4 Withholding:	Tax Method:	Exemptions:	Additional Withholding:
Federal	Married	0	$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING			$0.00	$31,065.25	FEDERAL TAX	$9.47	$5,266.69
OVERTIME/INCT			$0.00	$1.43	SOCIAL SECURITY	$34.25	$2,824.59
INCTV H&W HRLY			$0.00	$1,749.60	S. CAROLINA	$17.44	$2,289.65
VAC PAY			$0.00	$2,050.15	INS DEP LIFE	$1.66	$18.26
HOLIDAY PAY			$0.00	$774.36	INS STD	$5.80	$365.68
CO STK CONT			$11.55	$46.20	INS LTD-HOURLY	$4.06	$280.69
PHARM SUN PREM			$0.00	$100.00	INS MED U *	$61.00	$657.64
PERSONAL TIME	$62.6000	9.00	$563.40	$4,319.40	INS DEN U *	$14.90	$162.93
					INS AD&D U *	$1.24	$13.64
VACATION AVAILABLE		105.31			401K *	$33.80	$2,403.62
SICK AVAILABLE		192.00			HSA CONTR *	$50.00	$2,400.00
PERS HRS AVAIL		100.08			CO STK CONT	$11.55	$46.20
					STOCK PURCH	$77.00	$308.00
					CHECK DEPOSIT	$252.78	$22,529.80

	Earnings	Taxes	Deductions	Net Pay
Current	**$574.95**	**$61.16**	**$261.01**	**$252.78**
Year to Date	**$40,156.94**	**$10,380.93**	**$7,246.21**	**$22,529.80**

Deposit No.	Amt. of Deposit
270573985	$252.78

Would you like to receive your W-2 online? Click here for more information.

17

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: [redacted]
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: C-SPINE 3V

IMPRESSION: No acute abnormality.

Agree.

Calvin Barnes, M.D.
Electronic Signature
Mar 4 2013 8:09AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

18
3/8/13 letter sent
3/6/13 vm to call
ECOPIES
3/4

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by,
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: [redacted]
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: SHOULDER 2V

IMPRESSION: Negative exam.

Agree.

Gary L. Rike, M.D.
Electronic Signature
Mar 4 2013 8:43AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

3/8/13 - letter sent >ISE

(multiple complaints of "burning pain" worst w Touch & shortly after Inap — then demanded Magnesium Citrate - for Lt WSHD - please advise No, only Ultram/Flexeril pend Xrays of Shoulder/Knee/neck/Hips Referred to PT for pain management.

4 reports

RECEIVED
POSTED
COPIED

3/6/13 on file (10f4)

19

10

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by,
Carolina Radiology Associates, I I C

NAME: STEVENSON, ANN
DOB:
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGS886516

EXAM: SHOULDER 2V

IMPRESSION: Negative exam.

Agree.

Gary L Rike, M.D.
Electronic Signature
Mar 4 2013 8:43AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

3/8/13- letter sent >15c

(multiple complaints of "burning pain" worse to touch & shortly after Xrays — then demanded Magnesium Infusate. for Lt WSMD & please advise No, further treatment Pain Xrays of Shoulder/knee/neck/Hips Referred to PT for pain Management.

4 reports

RECEIVED
COPIED

3/6/13 (10f4)

20

10

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: [redacted]
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 03/08/2013
Physician: Dr. Baens
Therapist: Mike Miller, DPT

Continued Page 2/2

Goals: to be met in 3 weeks

1. Patient will report decreased pain to < 2/10 at rest and <4/10 at worst to allow greater functional mobility.
2. Patient will increase right grip strength > 50# to improve grasping abilities.
3. Patient will increase right upper and lower extremity strength ≥4+/5 without increased pain to allow greater functional mobility.
4. Patient will be independent with a home exercise program to allow return to previous functional status.
5. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to walk greater than 60 minutes in order to perform pharmacological duties.

Plan of Care: Physical Therapy 2-3 x per week for 3 weeks with treatment including the following:

- ☑ Therapeutic exercise- UE and LE rehab- ROM/ strengthening, postural stabilization
- ☑ Functional activities- reach, lifting, push, pull as required for job
- ☑ Manual therapy- prn – myofascial release, dry needling
- ☑ Modalities as appropriate- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

Please sign and date the PT plan of care. Return to the therapist as soon as possible.
Thank you for this referral!

x Maria Stevenson x 3/12/2013
Physician / Nurse Practitioner / Physician's Asst. Date

Mike Miller DPT 3/8/13
Physical Therapist Date

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: [illegible]
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 03/08/2013
Physician: Dr. Baens
Therapist: Mike Miller, DPT

Continued Page 2/2

Goals: to be met in 3 weeks

1. Patient will report decreased pain to < 2/10 at rest and <4/10 at worst to allow greater functional mobility.
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- ☑ Manual therapy- prn – myofascial release, dry needling
- ☑ Modalities as appropriate- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

Please sign and date the PT plan of care. Return to the therapist as soon as possible.
Thank you for this referral!

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Mike Miller, DPT 3/8/13
Physical Therapist Date

Hold P.T. pending Ortho consultation.
B Smith
3/22/13

FAXED 03/22/13 @ 1853

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Time In: 1030 / Time Out: 1143

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	03/13/13	10:30am	PT STRAND, APPT ONLY	109660

NAME & ADDRESS

WEDNESDAY
STEVENSON, ANN
[redacted]
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: [redacted] (56 years)
GENDER: F
IBG:
FCL: 6
CELL:
RELATION: OTHER
COPAY:

HH

INSURANCE BALANCE	$206.00
ACCOUNT BALANCE	$206.00
CURRENT CHARGES	80.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
☐	Evaluation	97001	
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
☐	Therapeutic Exercise, 15 mins	97110	
☐	Functional Activities, 15 mins	97530	
☑	Electrical Stim., Unattended, 15 mins	97014	50.00
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐	Electrical Stim., Manual, 15 mins	97032	
☑	Ultrasound, 15 mins	97035	30.00
☐	Paraffin Bath	97018	
☐	Massage, 15 mins	97124	
☐	Manual Therapy	97140	
☐	Mechanical Traction	97012	
☐	Neuromuscular Re-Educ., 15 mins	97112	
☐	Self Care Training, 15 mins	97535	
☐	ROM Measure and Report	95851	
☐	Other / Supplies	99070	

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S: Pt. brings in Rx for modalities only + states she is not to do any exercises. She also states she is being sent to another MD.

O: US c biofreeze to (R) lat. thigh/ IT band x 8' (100%, 1.0 1.5w/cm²) IFC x 15' c MHP to (R) upper arm/elbow + (R) knee/lower thigh x 15' (30' concurrent)

A: Pt. declines any TherEx; difficult passes 2° locations of pain sporatic - Pt. observed carrying heavy items in (R) UE.

P: Cont. per POC

Visit Number: 2 of 9

Staff:

Therapist's Signature: K. Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

HTC Webmail **asteven@sccoast.net**

Re: different doctor for treatment followup

From : ANN STEVENSON <asteven@sccoast.net> Thu, Mar 14, 2013 12:18 PM

Subject : Re: different doctor for treatment followup

To : Barbara Cowan <Barbara.Cowan@cmiw.com>

Hi,

I tried to call you a couple of times. I went and waited, was told the only one to see today was Dr Scott. When I again reinterated that I could not take muscle relaxants at work ..... and needed a work schedule where I had one day off after working so I could take a muscle relaxant after work and be able to sleep without intermittent pain on movement and spasms or tightness after working, which woke me up so that sometimes I wake up 4 or more times in a 6 to 10 hour period of trying to sleep each day after working. Then if I work the next day it is much harder to concentrate and sometimes the pain gradually increases after much repetitive motion so that it is additive and I am sure that is a big reason why I may not be getting better that fast.

The doctor decided to change my muscle relaxant ..... still to take at work..... " to something less sedating".

This is something that is not possible for me to do. Pharmacists are not supposed to take any kind of debilitating drugs while working or before work for many reasons, especially that of patient endangerment (medicine mix-ups and drug interactions which are not caught).

I would like to be able to go to my physical therapy sessions and there is no such thing as light duty for a pharmacist.

I still would like to see a different doctor than those at this

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practice for my follow-up therapy. The second doctor was antagonized when I asked for prescriptions for what you said the doctor had to write and she was antagonized when she had told me I was to get pain management with ultrasound and did not get it..... you told me she had not prescribed so that was why PT did not do it. I talked to her about that and she had said all PT had to do was call, but it wasn't on the orders. So I had PT fax their records to her before that last appointment.

It would be nice if THE Doctors covered all the aspects of therapy so there was no confusion or mistakes made as to what was going on.

I have been having some difficulty sleeping most nights after working because of the additive repetitive movements and muscle spasms and as such it has affected my work at the pharmacy and pharmacy patients.

Today I will go in to work with about 3 to 4 hours sleep because I got up to go early to Dr since the last wait was about 3 hours(which the DR wait there is typically 2 to 3 hours). I was told to get an accomodation from the Dr if I needed it, but he refused to give it and just told me to continue taking muscle relaxants during working hours. (This even after the above conversation).

I should like to see a doctor who actually understands the injuries (which appear to be soft tissue) and you had said that SC worker's comp does not allow me to see a chiropractor (which is their specialty). So how can I get a different general doctor for followup.

Not only do I feel that I am not heard, but that my appointments are not thorough with continuing information taken down. I am sure there is no information listed as to daily activities with increasing problems with such as getting in and out of cars, braking and some other things. I do need some time off to go to physical therapy. You already told me I wouldn't be paid for it , so I don't see why the doctor would not write for it.

Thank you,
Ann Stevenson

25

1915

Doctors Care

8:29pm

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME		
B86516	03/12/13	07:06pm	DC CAROLINA FOREST,	94720

NAME & ADDRESS TUESDAY

DOB: (56 years)
GENDER: F

IBG:
CELL:

843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/WALMART
REASON: WKC-EVAL PROG
NICKNAME:

RELATION: OTHER

COPAY: BT

INSURANCE BALANCE	$837.00
ACCOUNT BALANCE	$837.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

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

Personal Hx	Family Hx	Social Hx
DM	DM	Alcohol
HTN	HTN	Tobacco

Accident? ☐ yes ☐ no If yes, which state:
Date of Accident:
Prev. chart rev., no sig chg: Above Hx rev.:

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

Allergies: Lidocaine, Dental epinephrine

Medications: Robaxin Doos

☐ Meds/Allergies Reviewed

WT	HT	BMI	BP	PULSE	RESP	TEMP	
185.2	64"		130/82	80	16	98.2 (T)	☐ LMP ☐ Tetanus

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)

- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts
- ☐ Chaperone
- ☐ I.V.
- ☐ Injection
- ☐ Nebulizer
- ☐ Procedure
- ☐ Pulse Ox

Chief Complaint:

HPI

Here for WKC recheck - Hop soreness Issues w/ PT Treatment Worked all day today

holding neck stiff
Had PT
Headache / head aches in mornings
didn't want to do exercises per PT - due to issues & pain
(R knee 5 effusion or redness
Tender
pointed to where her muscles have discomfort
X-ray (R shoulder normal
R knee normal
C-spine - normal
R hip & pelvis - mild R hip narrowing
Static she feels worse not happy & PT - wanted from her knees/neck now more

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

DIAGNOSIS: 1) Muscle pains 2) Joint Pains 3) Muscle Spasm

- ☐ Patient Care Instructions Discussed
- ☐ Lifestyle Modification
- ☐ Preventative Recommendation(s)
- ☐ Prescriptions / OTC Meds
- ☐ Side Effects Discussed
- ☐ Follow-Up:
- Return:
- ☐ Worsening symptoms:
- ☐ If not better:
- Go to ER if:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Self treat / self pressure treatment

States she ordered stuff on her own - elasto-gels on her own - Which she knows helps

demanding pain whif therapy

Pain - before any PT to resume

2 days ACE wraps / 2 elbow wraps / Ahh is telling me to wait for prescriptions I would not release

Off Work / School

PSR Notes:

ESTAB

99214 (155)

Start PT specifically for pain relief Spasms

Dr. will ask PT

Thru Caseid to treatment Team

Staff: M.D., D.O., P.A., F.N.P. wife for decision

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

Patient or Authorized Person's Signature: Ann Stevenson Date: 3/12/13

she decided they were right for her - I told her I'll

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

Patient or Authorized Person's Signature: Date:

subject to work restrictions the effect had

26

35

Return to Work Form

Doctors Care

- 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650
- 1600 Hwy 17 North, Surfside Beach, SC 29575 (843) 238-1461
- 1400 Main Street, Conway, SC 29526 (843) 381-8206
- 1113 Church Street, Conway, SC 29526 (843) 248-6269
- 1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7100
- 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
- 1220 21st Avenue North Myrtle Beach, SC 29577 (843) 626-9379

Name: STEVENSON, ANDREW Arrival Time: ~~[illegible]~~ Discharge Time: ~~[illegible]~~

Date: 3/14/13. Company Name:

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - **RETURN FOR RE-EVALUATION AT THIS LOCATION ON** _____ **Time:** _____
- ☐ 3. May work with the following accommodations as of: 3/14/13
  - ☐ No lifting more than 25 lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☐ Ground level work only, no ladders or heights.
  - ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☐ No continuous standing and/or sitting.
  - ☐ Minimum ~~walking~~ or climbing (including stairs)
  - ☐ Limited use of (R) arm.
  - ☐ No overhead lifting.
  - ☐ No high repetitive hand activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: Ok to work up to 12 hr. shifts (479) 273 8058

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Multiple strains S/P fall. Medications: ☐ as directed ☐ as needed

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

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

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

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

To: Ortho _____ Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** 3/15/13

[MED-F016-(8-09)]

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4/8:40 EXAM ROOM TIME

Doctors Care

0930 CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
B86516	03/14/13 THURSDAY	08:31am	DC CAROLINA FOREST,	101566

NAME & ADDRESS

DB STEVENSON, ANN

DOB: (56 years)
GENDER: F

843-454-6186
WRK:
IBG:
CELL:
INSURED: STEVENSON, ANN
INS: WC/WALMART
REASON: EVAL PROG/Rx Refill (Roboxm)
NICKNAME:
RELATION: OTHER
COPAY: BT

INSURANCE BALANCE	$1,032.00
ACCOUNT BALANCE	$1,032.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

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

Personal Hx M ___ N ___ **Family Hx** DM ___ HTN ___ **Social Hx** Alcohol ___ Tobacco ___

☐ accident? ☐ yes ☐ no If yes, which state: ___
Date of Accident: ___
Rev. chart rev., no sig chg.: ___ Above Hx rev.: ___

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

Allergies: Lidocaine Dental epinephrine

Medications: Roboxin Magnesium Salicylate

☐ Meds/Allergies Reviewed ___

WT	HT	BMI	BP	PULSE	RESP	TEMP	
84.0	X	X	112/78	72	16	98.6	☐ LMP ___ ☐ Tetanus ___

PHYSICAL: (see reverse) Omit if N/A if nml., O if abnml. & give details)

General
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
Ext
GU
Neuro
Skin/Breasts
Chaperone ___
I.V.
Injection
Nebulizer
Procedure
Pulse Ox ___

Chief Complaint:

HPI

0900 Pt requests muscle relaxants — advises that we limit her work hrs/days — states she cannot work if she takes a muscle relaxer the day before. Very confusing trying to juggle her work/PT/med schedule — I cannot do that — told her I would give her 1 hrs/d to 7°. May be that will help and let's try Skelaxin — hopefully less sedating.

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

DIAGNOSIS: Multiple strains s/p fall. 841.8 | E849.3 | E42.10 DB

☐ Labs - Send Out

☐ Patient Care Instructions Discussed
☐ Lifestyle Modification
☐ Preventative Recommendation(s)
☐ Prescriptions / OTC Meds
☐ Side Effects Discussed
Follow-Up: ___
Return:
Worsening symptoms: ASAP
not better: ___
Go ER if:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Lt Dutsy shifts 7° or 4

Rx Skelaxin 800 mg (#60) qs

PSR Notes:
E9213 ESTAB
105
105

Off Work / School ___ 0920

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

M.D., D.O., P.A., F.N.P.

Patient or Authorized Person's Signature: WHC **Date:** 03/14/13

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

Patient or Authorized Person's Signature: Ann Stevenson **Date:** 03/14/13

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Store Info: Walmart #4664
151 Myrtle Ridge Dr
Conway, SC 29526
NABP # 4216417

For

06/11/2013 / 06/11/2013	4425326-4664	HYDROCO/ACETAMINOP 5-500MG TAB- 00406035705	MERRITT JAMES O	40.0/ 1	10	0	$0.00
05/13/2013 / 05/13/2013	4424871-4664	HYDROCO/ACETAMINOP 5-500MG TAB- 00406035705	MERRITT JAMES O	30.0/ 1	8	0	$0.00
05/09/2013 / 05/09/2013	6765760-4664	METAXALONE 800MG TAB- 64720032110	MERRITT JAMES O	40.0/ 1	13	0	$0.00
04/23/2013 / 04/23/2013	6763647-4664	METAXALONE 800MG TAB- 64720032110	MERRITT JAMES O	30.0/ 1	10	0	$0.00
04/09/2013 / 04/09/2013	6761553-4664	METAXALONE 800MG TAB- 64720032110	MERRITT JAMES O	30.0/ 1	10	0	$0.00
03/22/2013 / 03/22/2013	6759122-4664	TRAMA-DOL HCL 50MG TAB- 00378415101	GARBER MARK WILLIAM	20.0/ 1	5	0	$4.00
03/14/2013 / 03/14/2013	6757951-4664	METAXALONE 800MG TAB- 64720032110	SCOTT BRIAN S	60.0/ 1	15	0	$0.00
03/05/2013 / 02/18/2013	8804378-4664	SMART TEMP TWIN PCK- 28785001303	BAENS MARIA PAZ	1.0/ 2	1	0	$18.78
03/01/2013 / 02/18/2013	8804378-4664	SMART TEMP TWIN PCK- 28785001303	BAENS MARIA PAZ	1.0/ 1	1	0	$18.78
02/22/2013 / 02/22/2013	6755140-4664	METHOCARBAM 500MG TAB- 31722053301	SCOTT BRIAN S	80.0/ 1	10	0	$0.00

Total $41.56

AB 1442,1454,1462;35447,35630,35726
ns193
idg=-1
/WEB-INF/jsp/rx/mvc/refill/medicalExpenseSummary.jsp

For a patient suffering from a traumatic fall
note the only prescriptions written other than
Dr Baens controversial ones.

1) there are no pain blockers. (no pain meds)
2) 2 muscle relaxants - metaxalone 800g (Skelaxin)
- methocarbamol 500g (Robaxin)
3) 2 ~~Heat pa~~ plastic heat packs that leaked + popped in bed
1 of which was never reimbursed

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Progressive Physical Therapy

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

Patient Name ANN Stevenson

Diagnosis/ICD 9 Code Shoulder / Neck / Knee pain / muscle strain

- ☐ **EVALUATE AND TREAT**
- ☐ **EXERCISE**
  - ☐ Active Exercise
  - ☐ Passive Exercise
  - ☐ Fitness Assessment
  - ☐ Low Back Rehab
  - ☐ Home Exercise Program
- ☐ **MODALITIES**
  - ☑ T.E.N.S./I.F.C
  - ☑ Electrical Muscle Stimulation
  - ☐ Iontophoresis
  - ☐ Phonophoresis
  - ☐ Light Therapy
- ☐ **HEAT/COLD**
  - ☑ Hydrocollator Hot Packs
  - ☑ Ultrasound
  - ☑ Ice/Cold Packs
  - ☐ Paraffin Bath
- ☐ **FUNCTIONAL TRAINING**
  - ☐ Back School
  - ☐ Ambulation Training
  - ☐ Postural Training/Balance
  - ☐ Neck/Arm School
- ☐ **INDUSTRIAL REHABILITATION**
  - ☐ Job Site Analysis
  - ☐ Functional Capacity Evaluation (FCE)
  - ☐ Work Hardening/Conditioning
- ☐ **COMPREHENSIVE CERVICAL EVALUATION (MCU)**
- ☐ **FOOT ORTHOTICS**
- ☐ **SUBSTITUTION BY THERAPIST IS PERMITTED**
- ☑ **OTHER** She wants pain relief therapy only before actual PT

TREATMENT OBJECTIVES/GOALS/COMMENTS:

PHYSICAL THERAPY

Frequency	☐ 2x /wk	☑ 3x /wk	☐ 4x /wk
Duration	☑ 2 weeks	☐ 3 weeks	☐ 4 weeks

Physician Name (*please print*) MARIA EATON

Physician Signature Maria Eaton

Phone Number 903 665 0 Date 3/12/2013

IN MAKING THIS REFERRAL, PHYSICIAN CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

MARIA BAENS, M.D.
200 MIDDLEBURG DRIVE
MYRTLE BEACH, SC 29579-3408
(843) 903-6650
UPINF#38420
LIC. # 15077
NPI # 1447256672

NAME Ann Stevens DOB
ADDRESS DATE 3/12/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

℞

per pt request
Elastogel Wristwrap
Wrist Brace

☐ 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
2KIM1141755

MARIA BAENS, M.D.
200 MIDDLEBURG DRIVE
MYRTLE BEACH, SC 29579-3408
(843) 903-6650
UPINF#38420
LIC. # 15077
NPI # 1447256672

NAME Ann Stevens DOB
ADDRESS DATE 3/12/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

℞

per pt request
Elastogel Wristwrap
Knee Brace/XL
Knee Brace

☐ 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
2KIM1141755

MARIA BAENS, M.D.
200 MIDDLEBURG DRIVE
MYRTLE BEACH, SC 29579-3408
(843) 903-6650
UPINF#38420
LIC. # 15077
NPI # 1447256672

NAME Ann Stevens DOB
ADDRESS DATE 3/12/2013

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

℞

Elastogel
Shredder Splint
per patient request
Shredder Brace

☐ 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
2KIM1141755

MARIA BAENS, M.D.
200 MIDDLEBURG DRIVE
MYRTLE BEACH, SC 29579-3408
(843) 903-6650
UPINF#38420
LIC. # 15077
NPI # 1447256672

NAME Ann Stevens DOB
ADDRESS DATE 3/12/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH, QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

℞

per patient request
Elastogel Cervical
Neck Brace

☐ 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
2KIM1141755

HTC Webmail **asteven@sccoast.net**

Re: different doctor for treatment followup

From : ANN STEVENSON <asteven@sccoast.net> Thu, Mar 14, 2013 12:18 PM

Subject : Re: different doctor for treatment followup

To : Barbara Cowan <Barbara.Cowan@cmiw.com>

Hi,

I tried to call you a couple of times. I went and waited, was told the only one to see today was Dr Scott. When I again reinterated that I could not take muscle relaxants at work ..... and needed a work schedule where I had one day off after working so I could take a muscle relaxant after work and be able to sleep without intermittent pain on movement and spasms or tightness after working, which woke me up so that sometimes I wake up 4 or more times in a 6 to 10 hour period of trying to sleep each day after working. Then if I work the next day it is much harder to concentrate and sometimes the pain gradually increases after much repetitive motion so that it is additive and I am sure that is a big reason why I may not be getting better that fast.

The doctor decided to change my muscle relaxant ..... still to take at work..... " to something less sedating".

This is something that is not possible for me to do. Pharmacists are not supposed to take any kind of debilitating drugs while working or before work for many reasons, especially that of patient endangerment (medicine mix-ups and drug interactions which are not caught).

I would like to be able to go to my physical therapy sessions and there is no such thing as light duty for a pharmacist.

I still would like to see a different doctor than those at this

practice for my follow-up therapy. The second doctor was antagonized when I asked for prescriptions for what you said the doctor had to write and she was antagonized when she had told me I was to get pain management with ultrasound and did not get it..... you told me she had not prescribed so that was why PT did not do it. I talked to her about that and she had said all PT had to do was call, but it wasn't on the orders. So I had PT fax their records to her before that last appointment.

It would be nice if THE Doctors covered all the aspects of therapy so there was no confusion or mistakes made as to what was going on.

I have been having some difficulty sleeping most nights after working because of the additive repetitive movements and muscle spasms and as such it has affected my work at the pharmacy and pharmacy patients.

Today I will go in to work with about 3 to 4 hours sleep because I got up to go early to Dr since the last wait was about 3 hours(which the DR wait there is typically 2 to 3 hours). I was told to get an accomodation from the Dr if I needed it, but he refused to give it and just told me to continue taking muscle relaxants during working hours. (This even after the above conversation).

I should like to see a doctor who actually understands the injuries (which appear to be soft tissue) and you had said that SC worker's comp does not allow me to see a chiropractor (which is their specialty). So how can I get a different general doctor for followup.

Not only do I feel that I am not heard, but that my appointments are not thorough with continuing information taken down. I am sure there is no information listed as to daily activities with increasing problems with such as getting in and out of cars, braking and some other things. I do need some time off to go to physical therapy. You already told me I wouldn't be paid for it , so I don't see why the doctor would not write for it.

Thank you,

Ann Stevenson

HTC Webmail **asteven@sccoast.net**

Re: different doctor for treatment followup

From : ANN STEVENSON <asteven@sccoast.net> Sat, Mar 16, 2013 12:10 AM

2 attachments

Subject : Re: different doctor for treatment followup

To : Barbara Cowan <Barbara.Cowan@cmiw.com>

Hi,

Yes. Every pharmacist I know understands "we" cannot work while taking muscle relaxants. One pharmacist said I should have asked the doctor did he want a pharmacist on muscle relaxants calculating and filling his child's prescriptions that doctors may have made a mistake but the pharmacist was not thinking clear and did not catch it. Foggy brain does not catch high doses or directions that don't match or whatever.

So Walmart working with me so that at the end of the day if I am having spasms bad enough to need a muscle relaxant..... I can take it and go to bed, not having to worry about being drugged at work the next day or not getting enough sleep to function because of muscle spasms/tightness with foggy brain due to 3 to 4 hours of intermittent sleep because I could not take a muscle relaxant.

Since I am unable to maintain at home, I try to relax and not push it. So I normally with heat therapy and ace bandage do not need to take a muscle relaxant at night following light duty at home. As the healing occurs, so will the use.

Thanks,

Ann

---- Original Message ----

From:

34

March 19, 2013

Dear Ms. Cowan,

During Ms. Ann Stevenson's last visit with me on 03/12/2013 she requested prescriptions written for several items. These items were elastic gel wrist wrap, elastic hot/cold gel knee wrap, elastic gel cervical collar, elastic gel shoulder splint, a shoulder splint and 2 ace wraps. I do not routinely write for these items and did advice her that I would write for these on her behalf although I did not believe there is any real therapeutic benefit. I also advised her that they would be subject to workers comp decision on paying for above items. I also cautioned her that she was determining her own treatment plan. I was concerned that she had varying symptoms with every visit claiming "muscle atrophy" (which does not occur in just a few days), and "burning sensation" after her x-rays were done.
I am aware of her upcoming appointment with Dr. Merritt and thank you for your prompt attention to my request for an orthopedic evaluation.

Sincerely,

M.Baens MD
Doctors Care Carolina Forest
200 Middleburg Drive
Myrtle Beach SC 29579
843 903-6650

hmf

FEB-19-2013 23:07 From:DrsCare Car Forest 843 903 0758 To:14792738058 Page:2/3

35

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HTC Webmail **asteven@sccoast.net**

Re: different doctor for treatment followup

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Subject : Re: different doctor for treatment followup

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I have been having some difficulty sleeping most nights after working because of the additive repetitive movements and muscle spasms and as such it has affected my work at the pharmacy and pharmacy patients.

Today I will go in to work with about 3 to 4 hours sleep because I got up to go early to Dr since the last wait was about 3 hours(which the DR wait there is typically 2 to 3 hours). I was told to get an accomodation from the Dr if I needed it, but he refused to give it and just told me to continue taking muscle relaxants during working hours. (This even after the above conversation).

I should like to see a doctor who actually understands the injuries (which appear to be soft tissue) and you had said that SC worker's comp does not allow me to see a chiropractor (which is their specialty). So how can I get a different general doctor for followup.

Not only do I feel that I am not heard, but that my appointments are not thorough with continuing information taken down. I am sure there is no information listed as to daily activities with increasing problems with such as getting in and out of cars, braking and some other things. I do need some time off to go to physical therapy. You already told me I wouldn't be paid for it , so I don't see why the doctor would not write for it.

Thank you,
Ann Stevenson

3/6 B

Time In: 1030 / Time Out: 1115

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	03/20/13	10:30am	PT STRAND, APPT ONLY	109999

AME & ADDRESS

WEDNESDAY
STEVENSON, ANN
[redacted]
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: [redacted] (56 years)
GENDER: F
IBG:
FCL: 6
CELL:
RELATION: OTHER
COPAY:

ftl

INSURANCE BALANCE	$286.00
ACCOUNT BALANCE	$286.00
CURRENT CHARGES	80.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
	Evaluation	97001	
	Re-Evaluation	97002	
	OT Evaluation	97003	
	Functional Capacity Evaluation	97750	
	Work Hardening, 2 hours	97545	
	Work Hardening, add'l. 1 hour	97546	
	Therapeutic Exercise, 15 mins	97110	
	Functional Activities, 15 mins	97530	
4	Electrical Stim., Unattended, 15 mins	97014	50.00
	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
	Paraffin Bath	97018	
	Massage, 15 mins	97124	
	Manual Therapy	97140	
	Mechanical Traction	97012	
	Neuromuscular Re-Educ., 15 mins	97112	
	Self Care Training, 15 mins	97535	
	ROM Measure and Report	95851	
	Other / Supplies	99070	

36

S: Pt. states she sees Dr. Merritt next wed. Continues c the same c/o's - states she worked so many hours yesterday she could hardly walk by the end of the day.

O: US c biofreeze to (B) lateral thigh x 8' (100%, 1.0, 1.5w/cm²)
IFC x 15' c MHP to (B) calf + (R) thigh (30' total)

A: Pt. c/o vague p/ u/a to pinpt. areas of pain.

P: Cont. per POC

Visit Number: 3 of 9

Staff:

Therapist's Signature: J. Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

HTC Webmail **asteven@sccoast.net**

Fw:

From : ANN STEVENSON <asteven@sccoast.net> Thu, Mar 21, 2013 11:21 AM

Subject : Fw:

To : Barbara Cowan <Barbara.Cowan@cmiw.com>

Hi,

I just got off the phone with Heidi at Carolina Forest who said that someone had told me I had to go back in to be seen before I could get anything for pain. I made it clear to her ..... that noone called me back, after I called and was only told they would pull my chart and leave it for the doctor to see inbetween patients. Possibly they were too busy to call me to make me aware of that information or I would have gone to see a doctor on Wed instead of waking up in pain. Now I have to get ready for work and do not have time to wait somewhere to see a doctor. So it looks like I will be in pain again tonight and will forced to see a doctor on friday.

So that was my answer from Carolina Forest Doctors Care..... no care.

I am not a number on a sheet of paper that can wait in pain or injuries getting worse til someone decides they want to treat me, answer me, or to give me information. On 3/12, under Dr Baens I had asked for something for pain but she went balistic about me prescribing my own medicines and at that point left the room and making sure there were no further discussion of any other matters other than her nurse coming in. After that visit, I continued to ask you for another doctor and then was forced to see Dr. Scott or noone, because she was UNAVAILABLE and had told me she probably would be.

37

Doctors and medical personnel should have the interests of their patients in mind and not be ruled by insecurities in knowledge or anything else causing them not to be able to perform their job adequately.
Thank you,
Ann
—— Original Message ——
From: ANN STEVENSON
To: Barbara Cowan
Sent: Thursday, March 21, 2013 5:10 AM
Subject: Re:

Hi,
I have been up in pain for the last two hours and unable to sleep. I called the Carolina Forest Doctors Care as soon as they opened on 3/20 requesting some pain blockers, enough to last until the orthopedic appt. So far I have not heard from them or the pharmacy about anything being ready, or any other problems and I am on ready reminder. I will call again but..... forcing me to remain in pain is sadistic.
I did not have their email address and you cannot leave messages on their phone when they are not open, that is why I had to wait until they opened at 8am yesterday morning to call them.
And yes, I do have to work today..... probably will go in with less than3 hours sleep and since I have not gotten back to sleep yet, I don't know about the intermittent sleep that may occur if the pain lets off.

Thank you,
Ann Stevenson
----- Original Message -----

From: Barbara Cowan
To: asteven@sccoast.net
Sent: Tuesday, March 05, 2013 11:48 AM

HTC Webmail **asteven@sccoast.net**

Ann Stevenson

From : Barbara Cowan <Barbara.Cowan@cmiw.com> Thu, Mar 21, 2013 05:24 PM
1 attachment

Subject : Ann Stevenson

To : ANN STEVENSON <asteven@sccoast.net>

Cc : Krystal Rogers <k2roger@wal-mart.com>

Ann,

As previously discussed, in South Carolina workers' comp, the employer has choice of physician. I did allow you to switch between doctors at Doctors Care early on. You have an appointment 3-27-13 with a new doctor. He is an orthopedic. If you need to treat between now and your orthopedic appointment then feel free to treat with the Doctors Care that you have been treating with to date.

I have discussed this with my Team leader and we agree that you need to continue with your current doctor at Doctors Care until your orthopedic appointment at which time your orthopedic will become your authorized treating physician.

As for your work hours, it is my understanding that you continue to be scheduled for your pre-injury hours. I will pull an earning history for you and a copy of your schedule to make sure then get back to you.

You mentioned a second job? Please let me know where you work at your 2nd job.

Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288

Respect - Service - Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, March 21, 2013 10:21 AM
To: Barbara Cowan
Subject: Fw:

Subject: Ann injuries and time
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 3/22/2013 10:00 AM
To: "Cheryl Bosse" <cheryl.bosse@wal-mart.com>

Hi,
Can you give me a call sometime after 3pm or after you are back from that meeting? I have physical therapy this morning and because of lack of concern with the "doctor" Walmart assigned me to for workers comp and the adjuster in not changing me, I am going to sit at another doctor's office to be seen and pay for it.
I am not a strong person like you, but when a doctor feels threatened when I ask for ace bandages and special heat wraps for pain and support, calls it self-prescribing, doesn't even know what the gel packs are and shows some mental insecurity threatening me that she may not see me again..... and then the next time I am forced into a visit with someone else who wants to get in control of the situation and does not listen to me.
I have been trying to work, not doing that well with back to back days. When you told me I needed to get an accomodation that is when I was forced to see the sarcastic, and "in control of the situation" doctor. He appears to be doing everything the adjuster wants him to do.
I asked him to prescribe me to work every other day, so if necessary I could take a muscle relaxant the night after work(instead of intermittent little sleep) and would be off the next day so the only mistakes and problems would be burning pots or things at home..... most things not likely to kill someone.
This he would not do and I do not know what he did. Either way he is Walmart's chosen and the insecure doctor is the other one who conveniently is unavailable. What a choice! It is a good thing I am not a minimum-wage worker living from paycheck to paycheck and with no other alternative and no patient advocator.
I still don't have a patient advocator, but I can pay for a doctor who will listen to me and treat me like a human being.

I didn't know what kind of accomodation you or the other person on the phone line was working on and I hope these manpower shortages of all pharmacy people gets better soon. There is nothing we can do for our customers when there is just 1 tech, a pharmacist and a new cashier borrowed from the front(checkout error).
I want our customers and patients to be treated like human beings, but when the system is clogged with two of the people missing in a four spot job (that is 50% out), you cannot get the people in and out as they should. I had a CSM come up telling me about complaints yesterday..... I don't think she realized that was making other people wait longer.
The best laid plans sometimes don't come to fruition for awhile.
Thank you,
Ann Stevenson 843-454-6186

40

HTC Webmail **asteven@sccoast.net**

Fw: email to adjuster early morning of error

From : ANN STEVENSON <asteven@sccoast.net> Sun, Mar 24, 2013 08:56 PM
RX LICENSE Printed Email09-16
Subject : Fw: email to adjuster early morning of error
To : Cheryl Bosse <cheryl.bosse@wal-mart.com>

Cheryl,

In my defense on being fired, I wanted you to see what happened the day of the error and what has been happening..... this was why I had requested less days of work and not working days in a row. Three prescription errors all within about 2 weeks under treatment with this doctor who prescibes muscle relaxants to take while working and the adjuster refusing to send me to a different location where other Walmarts send their worker comp meanwhile neither one of them saw any problem at all with my treatment or restrictions even when I confided I had already had 2 errors.

If you could step into my shoes, and see what has actually been going on..... you would be frustrated and sleepless too. Look at this time I was emailing Barbara on thursday 3/21. She never replied back.

This worker's comp is a game the doctor and adjuster play without giving the rules to the patient or as I see it, not taking care of the physical needs of the patient.

Thank you and I will await the decision,

Ann

---- Original Message ----

From: ANN STEVENSON
To: Barbara Cowan
Sent: Thursday, March 21, 2013 5:10 AM
Subject: Re:

Hi,

I have been up in pain for the last two hours and unable to sleep. I called the Carolina Forest Doctors Care as soon as they opened on 3/20 requesting some pain blockers, enough to last until the orthopedic appt. So far I have not heard from them or the pharmacy about anything being ready, or any other problems and I am on ready reminder. I will call again but..... forcing me to remain in pain is sadistic.

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And yes, I do have to work today..... probably will go in with less than3 hours sleep and since I have not gotten back to sleep yet, I don't know about the intermittent sleep that may occur if the pain lets off.

Thank you,
Ann Stevenson
----- Original Message -----

From: Barbara Cowan
To: asteven@sccoast.net
Sent: Tuesday, March 05, 2013 11:48 AM

Barbara Cowan
Case Manager III, Workers' Compensation SC
Phone 479.621.2900 ext 20746 Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect - Service - Excellence

STRAND ORTHOPAEDIC CONSULTANTS

Patient ID: 137403AS
Patient Name: ANN W STEVENSON
Date of Birth:

Date of Service: 03/27/2013
MYRTLE BEACH OFFICE

HISTORY: This is a pleasant lady who is in today for evaluation of her right shoulder, arm, wrist, and neck and also having problems with low back, buttock, and pain down the hip and cramping in the calf on the right side as well. She had an accident at work where she fell about six weeks ago. She tried a little bit of therapy but this seemed to worsen and they just had been doing some pain management type of therapy with ultrasound recently for it, which helps her a little bit. Her greatest problem she states is pain in her right hip and leg. She also she states she has not had that before. She does not endorse any focal weakness. She seems to have a lot of different myofascial pain in the thigh and hip area and down the leg. She also is complaining of a lot of pain in the right shoulder and problems with overhead activity. It bothers her. She also gets discomfort in the wrist and hand. She points to pain between the ring and the small finger, which she states she injured when she fell. She is also complaining of tightness in the neck and does not seem to want to move this.

PHYSICAL EXAMINATION: On physical exam, she has forward flexion in the shoulder to 100 degrees. She has abduction 80 degrees. She internally rotates just to the back pocket. She has 35 degrees of external rotation. She has some mild tenderness on the wrist and hand. Alignment is normal. There are no deficits but she is hesitant to move the wrist. She is a little tender between the fourth and fifth fingers between the metacarpal heads; otherwise, the alignment is normal and the exam is fairly benign. As far as her lower extremity, she has no deficits. There is no hip or groin pain with motion. She has some mild myofascial pain on the lateral aspect of the hip. Nerve tension signs do give her some buttock pain but did not reproduce any significant radicular discomfort.

ASSESSMENT: Probable low back strain with some sciatic discomfort down the right leg, and right shoulder rotator cuff injury, cervical strain and wrist and hand strain.

PLAN: I told her I think that most of this discomfort is ligament muscle related and will improve with therapy. I did recommend that we start that on the back trying to restore her motion and strengthen the low back and the neck region. I am going to hold off on any therapy on the neck at this point until we get her an MRI performed just to make sure there are no structural problems that need to be addressed. As far as work, I want her not to do any type of repetitive activity with her left arm, not to lift more than 10 pounds and no overhead activity and we will keep her lifting to less than 10 pounds.

James O. Merritt, IV, M.D.
JM/ft

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131403

STRAND ORTHOPAEDIC CONSULTANTS, L.L.C

(R)Shoulder/(R)Knee/(R)Hip

WMC AUTHORIZATION FORM

Vauth
X-rays

The ONLY anatomical body part this patient is authorized to be seen for is:

Rt arm, wrist, hand, neck *Injury Date:* 2/16/13

**if you are given diagnoses for anything else, have patient wait + contact Toni for direction.*

Patients Name: Lisa Stevenson SS#: [redacted]

Patients Phone: 843 347 5751 DOB: [redacted]

Appt. Date: 3/27/13 Appt. Time: 10:00 Doctor: Jam

Employer: Walmart Phone: _____

Referred by: WMC - Barbara

Nurse Case Manager& #: _____

Is this a Second Opinion? ___ Has the patient been treated for this problem before? _____ Where: _____

WMC Carrier: CMI Claim #: _____

Adjuster: Barbara x20746

Address: PO Box 1288 Phone: 877 521-0566

Bentonville AR 72712 Fax: 479 273-8058

Verified By: _____ Title: _____

Info obtained by: Jane Date: 3/10/13

Revised 1/06

44

HTC Webmail **asteven@sccoast.net**

Fw: Dr Merritt Arm Restrictions and PT referral

From : ANN STEVENSON <asteven@sccoast.net> Wed, Mar 27, 2013 01:45 PM

Subject : Fw: Dr Merritt Arm Restrictions and PT referral

2 attachments

To : Cheryl Bosse <cheryl.bosse@wal-mart.com>

Hi Cheryl,
I forwarded you this email and copy of orthopedics orders that I sent to the adjuster.
Somehow the referral only included arm and shoulder, hand area..... so the doctor said he would have to clarify that before he could look at any areas outside of that which were the leg, hip, knee and foot.

Thank you,
Ann Stevenson

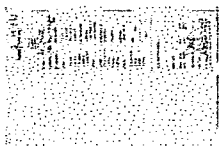
----- Original Message -----
From: ANN STEVENSON
To: Barbara Cowan
Sent: Wednesday, March 27, 2013 1:39 PM
Subject: Dr Merritt Arm Restrictions and PT referral

Barbara,
Here is the PT referral from Dr Merritt along with the restrictions for only areas he was authorized to evaluate.

He said that the Doctor had only specified arm, shoulder area and did not specify hip, knee, leg and foot..... so he could not evaluate that area without the correct specification. Doctor Baens is not in today, but I left a message for her for tomorrow. I am not sure where the confusion comes in. Several of her charts specify where the damage is. I don't know why it was left off of the referral.

Also the doctor is trying to get MRI authorized for upper area before he sees me again.

Thank you,
Ann Stevenson



Merrit-PT1.jpg
583 KB



arm-Mer-Restr.jpg
1 MB

—— Original Message ——
From: Barbara Cowan
To: ANN STEVENSON
Sent: Monday, April 01, 2013 8:50 AM
Subject: RE: referral

Ann,
Compensable body parts:
At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/fingers. When I interviewed you on 2-28-13, 12 days after your injury and plenty of time for any other injures to surface, you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. These are the only body parts that are covered in this workers' comp claim.

Work status:
At your initial orthopedic visit on 3-27-13, Dr. Merritt continued your light duty work restrictions of no pushing/pulling/lifting over 10 pounds, no repetitive movements or gripping with the right hand/wrist, limit standing to less than four hours and no overhead activity. You have no other restrictions including no driving restriction. Your employer has offered you full hours light duty giving you the opportunity to work. You have not been authorized out of work by the authorized treating physician. It is my understanding that you have requested a personal medical loa from your employer. This would be something that you would arrange between you and your management. You do not qualify for indemnity benefits from workers' comp because you have not been taken out of work by the authorized treating physician.

Please contact me with any questions or concerns,
Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect - **Service - Excellence**

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Sunday, March 31, 2013 10:39 PM
To: Barbara Cowan
Subject: referral

Barbara,

HTC Webmail **asteven@sccoast.net**

Fw: referral

From : ANN STEVENSON <asteven@sccoast.net>
Mon, Apr 01, 2013 11:25 AM
Walmart Board Printed Email09-16
1 attachment

Subject : Fw: referral
To : Krystal Rogers <krystal.rogers@cmiw.com>
Cc : Cheryl Bosse <cheryl.bosse@wal-mart.com>

Hi Krystal,
I would like you to review my entire case along with the doctor's notes on treatment and what areas for x-rays, etc. I have emailed Barbara several times about fixing the referral so I can have the orthopedic treat all of my injuries and not just part of them.
As you can see, this is her last reply. As far as I can tell, she has not looked at doctor encounter notes or x-rays and maybe she hasn't looked at the 2 videos of the injuries. If she had seen the videos, there would be a logical assumption of the injuries.
On the first visit, I had a problem with the doctor and at that point I had not used email to communicate..... only leaving messages and talking on the phone to Barbara. I explained the first doctor's attitude and what he had said when I reminded him my knee and leg hurt as he was walking out the door. I hope you keep conversations between the adjuster and the patient.
Since I have a certain time limit about getting a medical leave of absence, this refusal to authorize the doctor to treat all of my injuries has caused me a substantial delay. Since Dr Merritt is the now worker comp doctor, he should be allowed to treat me for all of the injuries sustained not restricted from treating me..... forcing me not to get the injury treatment I need from him and prolonging more problems.
He should be the doctor I get to fill out the Medical LOA form(a 15 day requirement with Walmart). It has been almost a week of trying to get Barbara to correct the referral.
Thank you,
Ann Stevenson

HTC Webmail asteven@sccoast.net

RE: referral

From : Krystal Rogers <k2roger@wal-mart.com>
Wed, Apr 03, 2013 03:29 PM
1 attachment

Subject : RE: referral

To : ANN STEVENSON <asteven@sccoast.net>

I have had a chance to completely review your file. I have spoken to Barbra and we will cover your right knee, neck, right shoulder, elbow, and hand. Those will be the parts of body that will be covered under your work comp claim. Barbra has been instructed to call your treating physician and inform him of this information.
Dr. Merritt should not be completing a medical LOA unless he believes you are physically capable of not working.
I hope I have addressed your concerns. Please let me know if you need anything else

Krystal Rogers Supervisor II, SC Worker's Comp
Phone 479.621.2900 x20740
Fax 479-273-8058
Krystal.Rogers@cmiw.com

Claims Management, Inc.

PO Box 1288

Bentonville, AR 72712-1288

Respect ? Service ? Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Monday, April 01, 2013 10:26 AM
To: Krystal Rogers
Cc: Cheryl Bosse
Subject: Fw: referral
Importance: High

Hi Krystal,

I would like you to review my entire case along with the doctor's notes on treatment and what areas for x-rays, etc. I have emailed Barbara several times about fixing the referral so I can have the orthopedic treat all of my injuries and not just part of them.
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Ann Stevenson

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Sent: Monday, April 01, 2013 8:50 AM
Subject: RE: referral

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Work status:
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Please contact me with any questions or concerns,
Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANNE **EXAM DATE:** 04/02/2013
DOB: [redacted] **PATIENT ID:** SOC137403AS
PHYSICIAN: James Merritt IV MD

Indication: Pain after work related injury.

Exam: MRI of the right shoulder.

Technique: Coronal T1 and T2 with fat saturation, sagittal T1 and T2 with fat saturation, and axial T2 with fat saturated images were obtained through the shoulder.

Findings:

Bones: No contusion or fracture is seen. There is degenerative change seen of the AC joint. The acromion is slightly down-sloping. A subacromial spur is seen.

Rotator cuff: Tendinopathy is seen of the rotator cuff with overlying subacromial and subdeltoid bursitis but no full-thickness tear is identified.

Labrum: No gross labral abnormality is seen.

Biceps tendon: Within normal limits.

Cartilage: No focal or full-thickness cartilaginous defects are identified.

Other: No joint effusion or loose bodies are seen.

Impression:

1. Tendinopathy of the rotator cuff some overlying subacromial and subdeltoid bursitis but no full-thickness tear.

SIGNED BY: Paul Kuperman MD
DD: 04/02/2013
DT: 04/03/2013
Transcribed by: KS

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Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB
Claim #: 6815476

Dx/ ICD-9: Cervical strain
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 04/03/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

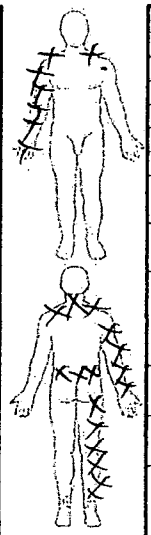
History: Patient has difficulty describing symptoms. Patient presents with c/o right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized distal right extremity numbness/tingling. Currently only cervical strain, hip and low back strain treatment were prescribed. Workers Comp has denied PT for hip and low back and is authorizing treatment on cervical spine only.
Meds: magnesium salicylate, skelaxin
Diagnostic findings: none available, pending MRI of right shoulder
Past Medical History: as above, otherwise (-)

Occupation: Pharmacist at Walmart
Physical Demands: Constant phone-use and computer-use to assist customers, travels
Work Status: OOW pending medical leave
Vitals: HR = NT; BP = NT

When Worse: sitting > 30 min, walking > 30 min, using right UE or LE, lifting > 5#, driving, reaching, laying down/sleeping >60 min.
When Better: heat
Pain: 3/10 @ present, 1/10 @ best, 8/10 @ worst
Quality: intermittent dull/throbbing pain

Summary of Objective Findings: * → denotes pain below with movements, **NT** → not tested, © → cogwheel

ACTION *Normal average values below*	CERVICAL ROM	THORACIC ROM	LUMBAR ROM
FLEXION *CERV 0-45; TL 0-80*	60°*	NT	NT
EXTENSION *CERV 0-45; TL 0-25*	55°*	NT	NT
SIDEBEND RIGHT *CERV 0-45; TL 0-35*	32°*	NT	NT
SIDEBEND LEFT *CERV 0-45; TL 0-35*	36°*	NT	NT
ROTATION LEFT *CERV 0-45; TL 0-35*	50°*	NT	NT
ROTATION RIGHT *CERV 0-45; TL 0-35*	50°*	NT	NT
POSTURE	Cervical: moderate FHP Lumbar: NT thoracic: increased kyphosis Scapulothoracic: u/a to assess Asymmetry: n/a Leg length discrepancy: n/a		
SPECIAL TESTS AND NEURAL TENSION TESTING	(-) compression/decompression, (-) Spurlings, u/a to test neural tension due to u/a to move UE		



MYOTOMES	R	L	MYOTOMES	R	L
L2-L3 Hip Flexion	NT	NT	C1 Cervical Rotation	4*	4*
L3-L4 Knee Extension	NT	NT	C4 Shoulder Shrug	4*	4*
L4 Ankle DF	NT	NT	C5 Shoulder Abduction	u/a	u/a
L5 Gr. Toe Extension	NT	NT	C6 Wrist Ext/Elbow Flex	NT	NT
L5-S2 Toe Walk/Ev.	NT	NT	C7 Wrist Flex/Elbow Ext	NT	NT
T1 Digital Add/Abd	NT	NT	C8 Finger Flexion	NT	NT

DERMATOMES	Diffuse UE numbness and tingling in anterior right forearm to digits 4 And 5
RADICULAR SYMPTOMS	c/o pain in entire right UE, patient u/a to specify locations
SEGMENTAL MOVEMENT AND SOFT TISSUE PALPATION	Diffuse cervical pain; increased tone in right >left UT, right levator and SCM. U/A to asses shoulder ROM or strength due to patient resistance
WADDELLS SIGNS	None currently
OSWESTRY SCORE	62% NDI
OTHER FINDINGS	Decreased grip strength on right, however patient hesitant to perform due to pain.

Assessment: This patient presents with the above functional limitations, affecting ADL and functional capacity. Signs and symptoms are consistent with differential diagnosis of cervical myofasical pain, possibly related to rotator cuff injury. Shoulder was not evaluated or treated today due to MD orders and pending MRI. Lumbar and hip strain were not assessed due to denial by WKC on 03/29/2013. She was seen at this facility prior to ortho referral and refused to perform any therex. She was given HEP to decrease tone and restore muscle length and compliance was stressed with patient.

Continued on next page

—— Original Message ——
From: Barbara Cowan
To: ANN STEVENSON
Sent: Monday, April 01, 2013 8:50 AM
Subject: RE: referral

Ann,
Compensable body parts:
At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/fingers. When I interviewed you on 2-28-13, 12 days after your injury and plenty of time for any other injures to surface, you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. These are the only body parts that are covered in this workers' comp claim.

Work status:
At your initial orthopedic visit on 3-27-13, Dr. Merritt continued your light duty work restrictions of no pushing/pulling/lifting over 10 pounds, no repetitive movements or gripping with the right hand/wrist, limit standing to less than four hours and no overhead activity. You have no other restrictions including no driving restriction. Your employer has offered you full hours light duty giving you the opportunity to work. You have not been authorized out of work by the authorized treating physician. It is my understanding that you have requested a personal medical loa from your employer. This would be something that you would arrange between you and your management. You do not qualify for indemnity benefits from workers' comp because you have not been taken out of work by the authorized treating physician.

Please contact me with any questions or concerns,
Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect - **Service - Excellence**

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Sunday, March 31, 2013 10:39 PM
To: Barbara Cowan
Subject: referral

Barbara,

Sent: Thursday, April 04, 2013 4:48 PM
Subject: RE: referral Claim # 6815476

I have again reviewed your claim in its entirety. Your incident report does not indicate an injury to your back or hips. Your recorded interview completed 12 days after your injury does not specify any injury to your back or your hip. You did not originally claim an injury to your back or hip and therefore we are not able to add any additional parts of body to your claim. Your back and hip have never been approved for treatment. You are only going to be allowed to treat for your right knee, neck, right shoulder, elbow, and hand. I am sorry for the incontinence. If you require additional treatment you will need to use your insurance.

To ensure I answer all of your questions:
As I have discussed with your prior, your claim does not meet the criteria for a nurse case manager. Nurse case managers are rarely used in the state.
You will need to speak with your supervisor to see if they can accommodate your current position given your working restrictions. Your employer should be able to accommodate most restrictors.
Unfortunately inability to sleep is not covered under your claim. If you feel your inability to sleep is partly due to your allowed treatment you would need to speak with the treating physician for treatment options.
If your supervisor would like to contact us she is more than welcome to discuss appropriate light duty.

Krystal Rogers Supervisor II, SC Worker's Comp
Phone 479.621.2900 x20740
Fax 479-273-8058
Krystal.Rogers@cmiw.com

Claims Management, Inc.

PO Box 1288

Bentonville, AR 72712-1288

Respect ? Service ? Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, April 03, 2013 3:38 PM
To: Krystal Rogers
Subject: Re: referral

Krystal,

- These parts were covered before and were written up on Dr Baens encounter sheet. So why are

HTC Webmail **asteven@sccoast.net**

Re: referral Claim # 6815476

From : ANN STEVENSON <asteven@sccoast.net> Thu, Apr 04, 2013 07:53 PM
1 attachment

Subject : Re: referral Claim # 6815476

To : Krystal Rogers <k2roger@wal-mart.com>

Krystal,
Some of my questions have not been answered:
1) Who is the next person, his email, and his phone number that I must contact at Walmart worker's comp to get this injury claim cleared up? (I was told to continue until all was exhausted which for me appears to be being strung out).
2) I think I need a nurse case manager or someone with adequate medical knowledge to understand my injuries so I will get the appropriate medical treatment. Please send me the name, contact information ---- email and phone number who does this function there.
3) Insurance companies will refuse to pay worker's comp injuries, that is what worker's comp is supposed to do.
Thank you,
Ann Stevenson

----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON

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Vince,
Please look at the injury videos and review my case.
Upon being sent to the orthopedic, I was told he was restricted on what he could treat me for. So now I am being denied treatment for some of my injuries. No-one has been assigned to interceed between the adjuster and the medical specialist so that all of the correct medical treatment will be obtained and I have gotten nowhere with each person I have contacted so far at Walmart, but delays.

What I do not understand is how someone at Walmart can deny me treatment for injuries that occurred in an accident at work and has been made worse by having to continue working under these conditions. Be forced to work while partially incapacitated has led to damage to Walmart's professional image and my own. I am expected to function at full mental and physical condition by everyone I have conversed with at Walmart's workers comp even though that is not possible due to the nature and use of the injuries, lack of sleep and being forced to function without rest.
Now I have been forced into an abusive situation..... on one end Suspension, unfulfilled paperwork restriced by WC and the other end not treating me and somewhere along the way possibly leading to termination because I am unable to perform my required activities.

Prescription errors are serious and Walmart does not take them lightly and neither do I, but your adjusters DO. They were not concerned in the least..... in other words it did not matter to them whatsoever. There is and was a possibility that a fatal or highly damaging error could have escaped me due to all these work related injuries and issues. My job includes being able to catch every error pharmacy auxiliary staff and doctor's make in order to deliver healthcare safely to patients who put their trust in Walmart and come to us. Do you know of any job where a person needs to maintain 100% error free and almost all of these errors are made by others but must be caught by the pharmacist before it is delivered to the consumer.

Until we live something ..... we never see how others have had to survive. I never would have thought I would have been forced into an abusive situation by adjusters and a doctor , who would DENY me a medically-educated choice to work with me on my recovery..... because I am not supposed to have any say in anything that happens to me, my body, my brain and my mind and how I am forced to function..... unless I go SOMEWHERE ELSE TO GET IT as I was told.

I got hurt at Walmart, and from what I have heard and read ..... worker's comp is there to do the best they can to fix you back to what you were before the work accident. This is Walmart's responsibility. You see the 3 words of emphasis on each email address..... these words of RESPECT - SERVICE - EXCELLENCE.

If these are the guiding principles, why were they not applied to me?

Thank you,
Ann Stevenson
----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON
Sent: Thursday, April 04, 2013 4:48 PM
Subject: RE: referral Claim # 6815476

I have again reviewed your claim in its entirety. Your incident report does not indicate an injury to your back or hips. Your recorded interview completed 12 days after your injury does not specify any injury to your back or your hip. You did not originally claim an injury to your back or hip and therefore we are not able to add any additional parts of body to your claim. Your back and hip have never been approved for treatment. You are only going to be allowed to treat for your right knee, neck, right shoulder, elbow, and hand. I am sorry for the incontinence. If you require additional treatment you will need to use your insurance.

To ensure I answer all of your questions:
As I have discussed with your prior, your claim does not meet the criteria for a nurse case manager. Nurse case managers are rarely used in the state.
You will need to speak with your supervisor to see if they can accommodate your current position given your working restrictions. Your employer should be able to accommodate most restrictors.
Unfortunately inability to sleep is not covered under your claim. If you feel your inability to sleep is partly

HTC Webmail asteven@sccoast.net

RE: referral Claim # 6815476

From : Vince Cullipher <Vince.Cullipher@cmiw.com> Mon, Apr 08, 2013 11:44 AM
1 attachment
Subject : RE: referral Claim # 6815476
To : ANN STEVENSON <asteven@sccoast.net>

Thank you Ann. I will update your claim with your email address.

Vince Cullipher Manager Workers' Compensation

Phone 479.621.2900 x20965

vince.cullipher@cmiw.com

Claims Management, Inc.

PO Box 1288

Bentonville, AR 72712-1288

Mail Stop 3540

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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Monday, April 08, 2013 10:37 AM
To: Vince Cullipher
Subject: Fw: referral Claim # 6815476
Importance: High

Thank you
----- Original Message -----
From: ANN STEVENSON
To: Vince Cullither
Sent: Thursday, April 04, 2013 9:46 PM
Subject: Fw: referral Claim # 6815476

due to your allowed treatment you would need to speak with the treating physician for treatment options. If your supervisor would like to contact us she is more than welcome to discuss appropriate light duty.

Krystal Rogers Supervisor II, SC Worker's Comp
Phone 479.621.2900 x20740
Fax 479-273-8058
Krystal.Rogers@cmiw.com

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PO Box 1288

Bentonville, AR 72712-1288

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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, April 03, 2013 3:38 PM
To: Krystal Rogers
Subject: Re: referral

Krystal,

- These parts were covered before and were written up on Dr Baens encounter sheet. So why are you refusing to cover them now? Have you looked at the videos of the injury happening? You will see the entire area that was overstretched and pulled, causing problems all up and down my right side and back.
- If you have looked at all of these above, what is my next step? Two people I talked to, asked who my nurse case manager was.
- What is the reason why I am not allowed or been assigned a nurse case manager or someone that does that job? I have been having all kinds of problems with PT stopping, being limited, restricting the doctor from treating all of my injuries and relief of pain. A nurse said the nurse case manager works between the adjuster and the doctor to make sure everything is understood and the patient is adequately treated without lapses, misunderstandings, etc. If I am not allowed a nurse case manger, who is the assigned person with medical knowledge of injured areas that will work between your department and the doctors, so essential parts of my medical treatment do not slip through the holes.

Please let me know who the next person is, his email and phone number that I must contact at Walmart's worker's Comp today, if you will not remove any of the restrictions Barbara placed on my injuries when I was referred to Dr. Merritt.

My intention is to be treated and fixed back to normal so I can function at work and at home. These changes in coverage and other problems are prolonging the torture.

- Can you clarify exactly what light duty is in the pharmacy and will be for me? At this point during the entire time following my injury, I have never been offered Light Duty.
- As I am having a lot of problem being able to sleep for longer than about 2 hours at a time with gaps and spaces,

using heat and changing laying position to standing or sitting, you can imagine how much trouble I am having concentrating and focusing with my brain on very little sleep..... along with the headaches due to pain and muscle strain that make concentration very hard.

- My job is a high mental focus and concentration to be able to catch every error that is made in the pharmacy, by all auxilliary personnel and myself on my shift..... so how can I do that without sleep and being in some type of almost constant pain from movement or headache.

With 3 prescriptions errors this year all within about 2 weeks of treatment that was allowed under Walmart's worker's comp, it should prove that there is no way I can function at full capacity mentally or physically at my job.

- Perhaps you can get with my immediate supervisior and see how you will be able to accomodate my limitations and let me know what you have arranged ..... if I cannot get a full medical leave of absence because my assigned orthopedic has been told he cannot treat the same areas the regular physicians from doctor's care were treating.

Thank you,
Ann Stevenson

----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON
Sent: Wednesday, April 03, 2013 3:41 PM
Subject: RE: referral

After review of your claim we can cover your right knee, neck, right shoulder, elbow, and hand. At this time no other parts of body will be covered.

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, April 03, 2013 2:40 PM
To: Krystal Rogers
Subject: Re: referral

Krystal,
The damage is the muscles and tendons connecting up and down the leg, knee and hip. Are you saying that after your review you will not cover these?
Thank you,
Ann Stevenson

----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON
Sent: Wednesday, April 03, 2013 3:29 PM
Subject: RE: referral

I have had a chance to completely review your file. I have spoken to Barbra and we will cover your right knee, neck, right shoulder, elbow, and hand. Those will be the parts of body that will be covered under your work comp claim. Barbra has been instructed to call your treating physician and inform him of this information.
Dr. Merritt should not be completing a medical LOA unless he believes you are physically capable of not working.
I hope I have addressed your concerns. Please let me know if you need anything else

Krystal Rogers Supervisor II, SC Worker's Comp
Phone 479.621.2900 x20740
Fax 479-273-8058

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Krystal.Rogers@cmiw.com

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Respect ? Service ? Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Monday, April 01, 2013 10:26 AM
To: Krystal Rogers
Cc: Cheryl Bosse
Subject: Fw: referral
Importance: High

Hi Krystal,
I would like you to review my entire case along with the doctor's notes on treatment and what areas for x-rays, etc. I have emailed Barbara several times about fixing the referral so I can have the orthopedic treat all of my injuries and not just part of them.
As you can see, this is her last reply. As far as I can tell, she has not looked at doctor encounter notes or x-rays and maybe she hasn't looked at the 2 videos of the injuries. If she had seen the videos, there would be a logical assumption of the injuries.
On the first visit, I had a problem with the doctor and at that point I had not used email to communicate..... only leaving messages and talking on the phone to Barbara. I explained the first doctor's attitude and what he had said when I reminded him my knee and leg hurt as he was walking out the door. I hope you keep conversations between the adjuster and the patient.
Since I have a certain time limit about getting a medical leave of absence, this refusal to authorize the doctor to treat all of my injuries has caused me a substantial delay. Since Dr Merritt is the now worker comp doctor, he should be allowed to treat me for all of the injuries sustained not restricted from treating me..... forcing me not to get the injury treatment I need from him and prolonging more problems.
He should be the doctor I get to fill out the Medical LOA form(a 15 day requirement with Walmart). It has been almost a week of trying to get Barbara to correct the referral.
Thank you,
Ann Stevenson

----- Original Message -----
From: Barbara Cowan
To: ANN STEVENSON
Sent: Monday, April 01, 2013 8:50 AM
Subject: RE: referral

Ann,
Compensable body parts:
At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/fingers. When I interviewed you on 2-28-13, 12 days after your injury and plenty of time for any other injures to surface, you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. These are the only body parts that are covered in this workers' comp claim.

Work status:
At your initial orthopedic visit on 3-27-13, Dr. Merritt continued your light duty work restrictions of no

pushing/pulling/lifting over 10 pounds, no repetitive movements or gripping with the right hand/wrist, limit standing to less than four hours and no overhead activity. You have no other restrictions including no driving restriction. Your employer has offered you full hours light duty giving you the opportunity to work. You have not been authorized out of work by the authorized treating physician. It is my understanding that you have requested a personal medical loa from your employer. This would be something that you would arrange between you and your management. You do not qualify for indemnity benefits from workers' comp because you have not been taken out of work by the authorized treating physician.

Please contact me with any questions or concerns,
Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Sunday, March 31, 2013 10:39 PM
To: Barbara Cowan
Subject: referral

Barbara,
Can you get the referral corrected back to the original physical damage diagnosis? The muscle and soft tissue loss and pain has been getting worse since my Physical Therapy was cancelled especially in the leg - knee and hip area.
I only drive when absolutely necessary, try to limit walking, bending and any other activity that triggers the snapping and popping sounds and the pain whether dull or progressively worse. Sleep is very little, intermittent and pain moves all over the injured area even once heat on one area has eased up.
Since Physical therapy was all booked up I can only go one day Wed and because the referral is restricted they cannot work on the worst pain areas which they have been in the past. I was told the PT is now restricted also because of the workercomp referral

HTC Webmail **asteven@sccoast.net**

Hip

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Tue, Apr 16, 2013 11:46 AM

Subject : Hip

To : Asteven@sccoast.net

Ms Stevenson

After I reviewed you claim, we decided to include the right hip to be a part of this claim.

Please let me know if you have any questions

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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ALIGN NETWORKS

A HEALTHIER APPROACH TO WORKERS' COMP

FAX / EMAIL Confidential - 4/17/2013 11:57:08 AM

Attn: Progressive Physical Therapy (SC)

1220 21st Avenue N
Myrtle Beach, SC 29577

Please accept this as a written authorization for the following claimant.

Patient Name: Ann Stevenson Patient DOB: [redacted]

Body Part: MULTIPLE PARTS

Injury: Other, please see details. Side: --

Details: Cervical/Shoulder sprain/strain; Add Right Hip eft 4/16

Service: Physical Therapy

The claimant has been authorized visits per a MD written order.

Authorized visits per most recent RX: 12 Authorized as of: 4/17/2013

Expiration date for current authorization: Certification #:

Based on attendance records, patient's remaining auth is (reduced by attended & scheduled): 12

Total attended and scheduled authorized visits: 8

For a total visit authorization of: 20 From evaluation date of: 3/8/2013

*PLEASE NOTE ANY PREVIOUS UNUSED AUTHORIZATION DOES NOT CARRY OVER
UNUSED PREVIOUS AUTHORIZATION IS NOT VALID AT THIS TIME

****

Important Note: The determination to authorize further therapy is the sole decision of the adjuster/assigned UR provider. Align Networks gives authorization based on the decision rendered by the adjuster/CM/UR provider. Authorizations rendered are subject to change pending UR decision or changes in MD orders.

Please contact this patient as soon as possible to schedule these additional therapy visits and contact Align Networks with the claimants new scheduled appointments.

Align Networks Authorization Coordinator

Julie Truett
jtruett@alignnetworks.com
(866) 389-0211 x483
Fax#: 904-309-8943

Billing Address:
Align Networks
P.O. Box 25637
Tampa, FL 33622-5637

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J. Clark Butler, MD
Sports Medicine
Orthopaedic Surgery
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Wayne B. Bauerle, MD
Spine Surgery
Orthopaedic Surgery

Robert S. Leak, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

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Thomas Chambers, MD
Orthopaedic Surgery
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Total Joint Replacement

David G. Everman, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

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WORK STATUS REPORT

Patient Name: Ann Stevenson DOB: [redacted]

Date of Office Visit: 4/9/13 Next Appointment: 2 WKS 4/23/13

Diagnosis: Cerv/Lumbar Strain, RC impingement

_____ Released to work: WITHOUT RESTRICTIONS _____ Medically Stationary

__✓__ NO WORK until next evaluation
Anticipated Return to Work Date:_____ Anticipated MMI Date:_____

_____ Released to work WITH THE FOLLOWING RESTRICTIONS:

_____ Limited work to ___ hours a day.

_____ No pushing, pulling, or excessive lifting in excess of ___ lbs

_____ No twisting, climbing, or stooping

_____ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

_____ Other

_____

The patient has been referred to the following: _____PT _____OT _____Other

MD Signature: _____

210 Village Center Boulevard, Suite 200 Myrtle Beach, SC 29579
843.236.3222 phone / 843.236.3005 business fax / 843.903.7187 medical fax
www.strandorthopaedic.com

H

ALIGN NETWORKS

A HEALTHIER APPROACH TO WORKERS' COMP

FAX / EMAIL Confidential - 4/22/2013 10:14:18 PM

Attached is the progress report for patient: Ann Stevenson

Patient Information:

Name:	Ann Stevenson
Phone:	(843) 454-6186
Cell:	
Claim #:	6815476
Treating Dr.:	Dr. Maria Baens
Dr. Phone:	(843) 903-6650
Injury Date:	1/1/0001
Injury:	Other - Cervical/Shoulder sprain/strain;

Injury Information:

State:	SC
ICD9:	847.0
Procedure:	Physical Therapy
Employer:	Walmart
Surgery:	NO
Body Part:	MULTIPLE PARTS
Body Side:	

Wrong Dr

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Progressive Physical Therapy
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PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: [redacted]
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 04/22/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

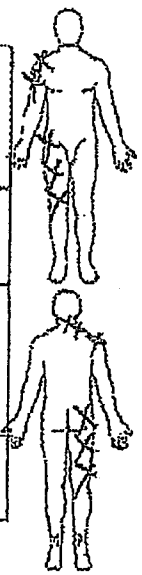
History: Patient presents with c/o neck, right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized pain. She is seen today for evaluation of right hip pain. She states she was told to discontinue PT on neck and shoulder until MRI results were attained and follow up with Dr. Merritt completed.
Meds: Magnesium Salicylate, Skelaxin
Diagnostic findings: X-ray (-) per patient report, MRI right shoulder shows bursitis and rotator cuff tendonitis
Past Medical History: (+) h/o MVA > 10 years which affected left side; see above for recent fall history

Occupation: Pharmacist at Walmart	**When Worse:** lifting > 5#, sitting > 30 min, driving, getting in and out of car, walking > 30 min, standing > 10 min, stooping, up and down stairs, reaching, laying on right side, using right UE or LE
Physical Demands: Constant phone-use and computer-use to assist customers, travels	**When Better:** lying on left side, heat
Work Status: OOW	**Pain:** 6/10 @ present, 2/10 @ best, 8/10 @ worst
Vitals: HR = NT; BP = NT	**Quality:** intermittent dull pain

Summary of Objective Findings: * → denotes pain below with movements

Range of Motion and Strength:

ACTIVE RANGE OF MOTION	Right LE: WNL with all motions with c/o pain at end range of right hip IR and ER; pt refused to perform AROM of right knee Right UE: Shoulder flexion/abduction restricted to 150 degrees due to anterior shoulder pain; normal right composite fist noted
STRENGTH	Left UE and LE 5/5 Right UE: grossly 3+/5 with c/o diffuse pain Right LE: grossly 4/5 with c/o lateral hip and knee pain
POSTURE	Cervical Lordosis ☑ ↑ ☐ ↓ ☐ WNL Lumbar Lordosis ☑ ↑ ☐ ↓ ☐ WNL Thoracic Kyphosis ☑ ↑ ☐ ↓ ☐ WNL Scapulothoracic – rounded shoulders and slumped Asymmetry – none noted
GAIT	☑ independent; no AD ☑ antalgic: favors left side due to right sided body pain



DOMINANCE - right		LE FUNCTIONAL INDEX SCORE 10/80
PALPATION	Vague tenderness when palpating posterolateral hip with slight increased tone noted in right piriformis and gluteal complex, anterior knee; point tenderness over anterior shoulder capsule at supraspinatus insertion	
JT. MOBILITY	Stiffness noted at end range of hip flexion; decreased posterior glenohumoral joint glides; empty end-feels noted at end range of shoulder flexion/abduction due to patient guarding	
SPECIAL TESTS	(+) Hawkins Kennedy, (+) Neers on right shoulder, (-) scour right hip, (-) Thomas, (+) Obers	
OTHER FINDINGS	Vague complaints with inconstancies noted	

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a traumatic fall. Patient is hesitant to participate in any therapeutic exercises due to her multiple complaints of pain; Patient seems to be more interested in pain modalities only. She may benefit from aquatic therapy, which is not offered at this facility.

Rehab Potential: fair

Vocation readjustment services required? no

Continued on next page

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PROGRESSIVE PHYSICAL THERAPY EVALUATION

Progressive Physical Therapy
The Leader in Innovative Therapies
1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson **Dx/ ICD-9:** Multiple strains **Date:** 04/22/2013
DOB: **Date of Onset:** 02/16/2013 **Physician:** Dr. Merritt
Claim #: 6815476 **Date of Surgery:** n/a **Therapist:** Kristin Courtney, DPT

Continued Page 2/2

Goals: to be met in 3 weeks

1. Patient will report decreased pain to ≤ 2/10 at rest and <4/10 at worst to allow greater functional mobility.
2. Patient will increase right upper and lower extremity strength ≥4+/5 without increased pain to allow greater functional mobility.
3. Patient will be independent with a home exercise program to allow return to previous functional status.
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to stand/walk greater than 60 minutes in order to perform pharmacological duties.

Plan of Care: Physical Therapy 2-3 x per week for 4 weeks with treatment including the following:

- ☑ Therapeutic exercise- UE and LE rehab- ROM/ strengthening, postural stabilization
- ☑ Functional activities- reach, lifting, push, pull as required for job
- ☑ Manual therapy- prn – myofascial release, dry needling
- ☑ Modalities as appropriate- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

Please sign and date the PT plan of care. Return to the therapist as soon as possible.
Thank you for this referral!

X_____ X_____
Physician / Nurse Practitioner / Physician's Asst. Date

K. Courtney, DPT 4/22/13
Physical Therapist Date

64

ALIGN
NETWORKS
A HEALTHIER APPROACH TO WORKERS' COMP

FAX / EMAIL Confidential - 4/29/2013 11:15:04 AM

Attn: Progressive Physical Therapy (SC)

1220 21st Avenue N
Myrtle Beach, SC 29577

Please accept this as a written authorization for the following claimant.

Patient Name: Ann Stevenson — Patient DOB: 5/1[illegible]

Body Part: MULTIPLE PARTS

Injury: Other, please see details. — Side: --

Details: Cervical/Shoulder sprain/strain; Add Right Hip eft 4/16; adding righ knee as of 4/23

Service: Physical Therapy

The claimant has been authorized visits per a MD written order.

Authorized visits per most recent RX: 12 — Authorized as of: 4/23/2013

Expiration date for current authorization: — Certification #:

Based on attendance records, patient's remaining auth is (reduced by attended & scheduled): 8

Total attended and scheduled authorized visits: 13

For a total visit authorization of: 21 — From evaluation date of: 3/8/2013

*PLEASE NOTE ANY PREVIOUS UNUSED AUTHORIZATION DOES NOT CARRY OVER
UNUSED PREVIOUS AUTHORIZATION IS NOT VALID AT THIS TIME

****

Important Note: The determination to authorize further therapy is the sole decision of the adjuster/assigned UR provider. Align Networks gives authorization based on the decision rendered by the adjuster/CM/UR provider. Authorizations rendered are subject to change pending UR decision or changes in MD orders.

Please contact this patient as soon as possible to schedule these additional therapy visits and contact Align Networks with the claimants new scheduled appointments.

Align Networks Authorization Coordinator

Julie Truett
jtruett@alignnetworks.com
(866) 389-0211 x483
Fax#: 904-309-8943

Billing Address:
Align Networks
P.O. Box 25637
Tampa, FL 33622-5637

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Thank you for choosing Align Networks. Visit us on the web at
WWW.ALIGNNETWORKS.COM

137403

STRAND ORTHOPAEDIC CONSULTANTS, L.L.C

Joe N. Jarrett, MD
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, MD
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, MD
Orthopaedic Surgery
Total Joint Replacement
Sports Medicine

J. Clark Butler, MD
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

Wayne B. Bauerle, MD
Spine Surgery
Orthopaedic Surgery

Robert S. Leak, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

James O. Merritt, IV, MD
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Alexander J. Pappas, MD
Foot & Ankle Surgery
Orthopaedic Surgery

Thomas Chambers, MD
Orthopaedic Surgery
Sports Medicine
Total Joint Replacement

David G. Everman, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

66

WORK STATUS REPORT

Patient Name: Ann Stevenson DOB: [redacted]

Date of Office Visit: 4/23/13 Next Appointment: pending

Diagnosis: cervical/shld/kn strains

_____ Released to work: WITHOUT RESTRICTIONS _____ Medically Stationary

__✓__ NO WORK until next evaluation
Anticipated Return to Work Date: 5/7/13 Anticipated MMI Date: _____

_____ Released to work WITH THE FOLLOWING RESTRICTIONS:

_____ Limited work to ___ hours a day.

_____ No pushing, pulling, or excessive lifting in excess of ___ lbs

_____ No twisting, climbing, or stooping

_____ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

_____ Other

_____

The patient has been referred to the following: _____PT _____ OT _____ Other

MD Signature: _____

210 Village Center Boulevard, Suite 200 Myrtle Beach, SC 29579
843.236.3222 phone / 843.236.3005 business fax / 843.903.7187 medical fax
www.strandorthopaedic.com

Time In: 1035 / Time 12

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET N
52877	05/01/13	10:30am	PT STRAND, APPT ONLY	3C 11942

AME & ADDRESS

WEDNESDAY

STEVENSON, ANN

[redacted]

CONWAY, SC 29526

WRK:

INSURED: STEVENSON, ANN

INS: WC/ALIGN NETWORKS

REASON: FOLLOW UP

NICKNAME:

DOB: [redacted]

GENDER: F

IBG:

FCL: 6

CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$1,779.00
ACCOUNT BALANCE	$1,779.00
CURRENT CHARGES	310.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE
Evaluation	97001	110.00
Re-Evaluation	97002	
OT Evaluation	97003	
Functional Capacity Evaluation	97750	
Work Hardening, 2 hours	97545	
Work Hardening, add'l. 1 hour	97546	
Therapeutic Exercise, 15 mins	97110	92.50
Functional Activities, 15 mins	97530	
Electrical Stim., Unattended, 15 mins	97014	
Electrical Stim., Unattended, 15 mins, Medicare	G0283	
Electrical Stim., Manual, 15 mins	97032	
Ultrasound, 15 mins	97035	30.00
Paraffin Bath	97018	
Massage, 15 mins	97124	
Manual Therapy	97140	78.00
Mechanical Traction	97012	
Neuromuscular Re-Educ., 15 mins	97112	
Self Care Training, 15 mins	97535	
ROM Measure and Report	95851	
Other / Supplies	99070	

67

See IE for (R) Knee

O: therex → perg nd

US c biofreeze to (R) medial thigh/knee x8' (100%, 1.0, 1.5 w/cm²)

IFC x 15' c MHP to (R) ut/(R) shld & (R) hip (30' concurrently)

Pt. (L) Sidelying.

A: myofascial p! noted medial thigh at sartorius/adductors; clo ↑ p! in hand on (R) arm c rows Δ to retract

P: Cont per POC

Visit Number: 9 of 17

Staff:

Therapist's Signature: K Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary process this claim and authorize payment of medical benefits to PPT their designee for services described above.

Patient or Authorized Person's Signature

Date

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: [redacted]
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 05/01/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

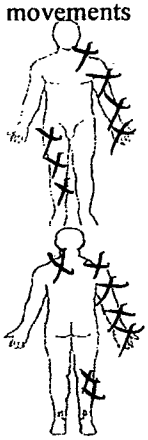
History: Patient presents with c/o neck, right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized pain. She is seen today for evaluation of right knee pain and is currently under treatment at this facility for cervical strain, right shoulder pain and right hip pain.
Meds: Magnesium Salicylate, Skelaxin
Diagnostic findings: X-ray (-) per patient report, MRI right shoulder shows bursitis and rotator cuff tendonitis, MRI of c-spine was normal, MRI right knee pain is pending
Past Medical History: (+) h/o MVA > 10 years which affected left side; see above for recent fall history

Occupation: Pharmacist at Walmart
Physical Demands: Constant phone-use and computer-use to assist customers, travels
Work Status: OOW
Vitals: HR = NT; BP = NT

When Worse: lifting > 5#, sitting > 30 min, driving, getting in and out of car, walking > 30 min, standing > 10 min, stooping, up and down stairs, reaching, laying on right side, using right UE or LE
When Better: lying on left side, heat
Pain: in knee: 1/10 @ present, 1/10 @ best, 7/10 @ worst
Quality: intermittent dull pain

Past Medical History: (-) per patient report
Summary of Objective Findings: * → denotes pain below with movements ©→ denotes cogwheel

ACTION		Left		Right	
KNEE	*Norm. Avg. Value*	AROM	Strength	AROM	Strength
Flexion	*0-140°*	135°	5/5	100°*	4-/5*©
Extension	*0°*	0°	5/5	+14°	4-/5*©
ACTIVE ANKLE AND HIP ROM	**HIP**: decreased hip flexion to 100°, IR and ER limited to 15° with open endfeel and c/o pain **ANKLE**: WFL				
PALPATION AND JOINT MOBILITY	Patellar mobility – normal patellar mobs Vague superficial pain throughout the entire right LE; point tenderness at medial inferior knee at pes anserine; increased tone noted in adductors with c/o severe pain				



POSTURE	Standing: decreased WB on right LE
GAIT STATUS	Minimally antalgic gait, no AD - decreased cadence, with decreased stance phase on right and decreased knee flexion in swing phase
SPECIAL TESTS	(-) Homans; (-) joint laxities, (-) McMurrays, (-) ant/post drawer
SENSATION	Very sensitive to light touch
BALANCE	☐Intact ☑ Impared on right LE due to pain
OTHER	Patient very vague with symptoms (+) cogwheel noted with mmt More ROM demonstrated throughout treatment than during evaluation and measurement. Patient demonstrates full knee extension during treatment of other body parts.

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with adductor strain. There is no evidence of internal derangement or ligamental involvement. We will continue to treat cervical and shoulder strain, hip pain and now knee pain. Patient is hesitant to participate in minimal therapeutic exercises due to her multiple complaints of pain and severity; If she continues to be resistant, she may benefit from aquatic therapy, which is not offered at this facility.

Rehab Potential: good Vocational readjustment services required? no

Continued on next page

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

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Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: [redacted]
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 05/01/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

Continued - Page 2/2

Goals: to be met in 4 weeks

1. Patient will report decreased pain to < 2/10 at worst to allow greater functional mobility and gait.
2. Patient will increase right knee flexion > 125° to improve ambulation and allow squatting.
3. Patient will have increased strength in right knee ≥4+/5 without increased pain or cogwheel to improve functional mobility.
4. Patient will be independent with a home exercise program to allow return to previous functional status.
5. Patient will demonstrate proper body mechanics with the following activities:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to stand/walk greater than 60 minutes in order to perform pharmacological duties

Plan of Care: Physical Therapy 3x per week for 4 weeks with treatment including the following, as well as additional POC for neck, right shoulder and right hip:

- ☑ Therapeutic exercise- LE ROM, strengthening of quads and HS, proprioception, balance
- ☑ Functional activities-stand, walk, stoop, lift, carry
- ☑ Manual therapy- PROM and joint mobilizations as needed
- ☑ Modalities as appropriate/needed- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- regarding prevention of future injury/reinjury

Please sign and date the PT plan of care. Return to the therapist as soon as possible.
Thank you for this referral!

X_____ X_____
Physician / Nurse Practitioner / Physician's Asst. Date

K. Courtney, DPT 5/1/13
Physical Therapist Date

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN **EXAM DATE:** 05/07/2013
DOB: [redacted] **PATIENT ID:** SOC231443
PHYSICIAN: James Merritt IV MD

Exam: MRI of the right knee without contrast.

Indication: Fall at work, continued knee pain.

Comparison: None.

Technique: Using a 1.5 Tesla magnet, the knee was studied in sagittal proton density, coronal proton density with fat saturation, sagittal and axial FSE T2 with fat saturation.

Findings: There are minimal degenerative changes in the posterior horn of the medial meniscus without meniscal tearing. Other changes are seen at the apex of the body of the lateral meniscus. Laterally, the signal changes are equivocal for tear, particularly on the sagittal image 5, coronal images 15 and 16.

The ACL, PCL, MCL, LCL along with the quadriceps mechanism and patellar tendons are all intact.

Minimal joint fluid is present. Articular cartilage is age-appropriate. Bones show no evidence of worrisome lesions.

Surrounding soft tissues show a popliteal cyst.

Impression:

1. Minimal signal changes within both menisci. There is an equivocal meniscal tear in the body of the lateral meniscus with referenced images above. Please correlate for lateral joint line tenderness.

2. Popliteal cyst.

SIGNED BY: Russell Derrick MD
DD: 05/07/2013
DT: 05/08/2013
Transcribed by: SJ

70

Mail Receive Date: 2013-05-31

Time In: 1030 / Time Out: 1140

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	05/08/13	10:30am	PT STRAND, APPT ONLY	4C112322

NAME & ADDRESS

WEDNESDAY

STEVENSON, ANN

[redacted]

CONWAY, SC 29526

WRK:

INSURED: STEVENSON, ANN

INS: WC/ALIGN NETWORKS

REASON: FOLLOW UP

NICKNAME:

DOB: [redacted]

GENDER: F

IBG:

FCL: 6

CELL:

RELATION: OTHER

COPAY:

HH

INSURANCE BALANCE	$2,147.00
ACCOUNT BALANCE	$2,147.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

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

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2	Therapeutic Exercise, 15 mins X2	97110	92.00
]	Functional Activities, 15 mins	97530	
3	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: Pt reports having pain all of walking yesterday & her leg pt is much worse

O: therex → per grid
US biofreeze to (R) medial knee/thigh x8' (1001, 1.0-1.5w/cm²)
1Fl x15'c MHP to (R) medial thigh, knee & (R) neck/shoulder 130' (currently)

A: Pt refused to perform several therex 2° doing at home "deep" the need for 2-3x per day & HEP

P: Cont per POC

Visit Number: 12 of 17

Staff:

Therapist's Signature: [signature] PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

75

Mail Receive Date: 2013-05-31

Time In: 1032 / Time Out: 1135

EXAM ROOM TIME — CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	05/09/13	10:30am	PT STRAND, APPT ONLY 4C	12375

NAME & ADDRESS THURSDAY
STEVENSON, ANN
[redacted]
CONWAY, SC 29526

DOB: [redacted]
GENDER: F
IBG:
FCL: 6
CELL:

WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	2,147.00
ACCOUNT BALANCE	$2,147.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2	Therapeutic Exercise, 15 mins	97110	92.00
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]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
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]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

72

S: Pt C/o continued p' in (R) hand. + (R) medial knee. "The exercises make me hurt."

O: Therex → per grid
US c biofreeze to (R) adductors/medial knee x 8' @ 100%, 1.0, 1.5 W/cm²)
IFC x 15' c MHP to (R) C/spine/shld + (R) lateral hip/medial knee (30' concurrently)
Pt (L) SL

A: Pt. states compliance c HEP, but ~~needs~~ requires verbal cueing for most therex, c/o "foggy head" + refusal to do some therex; cont. c non-organic sx's that do not match current c/o's

P: cont. per POC

Visit Number: 13 of 17

Staff:

Therapist's Signature: K Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

74

STRAND ORTHOPAEDIC
CONSULTANTS, L.L.C

Joe N. Jarrett, MD
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, MD
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, MD
Orthopaedic Surgery
Total Joint Replacement
Sports Medicine

I. Clark Butler, MD
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

Wayne B. Banerle, MD
Spine Surgery
Orthopaedic Surgery

Robert S. Leak, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

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Orthopaedic Surgery
Knee Arthroscopy

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Orthopaedic Surgery

Thomas Chambers, MD
Orthopaedic Surgery
Sports Medicine
Total Joint Replacement

David G. Everman, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

WORK STATUS REPORT

Patient Name: Ann Stevens DOB: [redacted]

Date of Office Visit: 5-13-13 Next Appointment: _____

Diagnosis: L ecu. Strain / Sm D Strain (R) heel Stra

_____ Released to work WITHOUT RESTRICTIONS _____ Medically Stationary

_____ NO WORK until next evaluation
Anticipated Return to Work Date: _____ Anticipated MMI Date: _____

✓ Released to work WITH THE FOLLOWING RESTRICTIONS: on 5/20/13

✓ Limited work to 6 hours a day.

✓ No pushing, pulling, or excessive lifting in excess of 10 lbs

_____ No twisting, climbing, or stooping

✓ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

✓ Other limit standy to 4 hrs /Day
*If unable to provide light duty
Pt would need to be out of WOG

The patient has been referred to the following: _____ PT _____ OT _____ Other

MD Signature: _____

210 Village Center Boulevard, Suite 200 Myrtle Beach, SC 29579
843.236.3222 phone / 843.236.3005 business fax / 843.903.7187 medical fax
www.strandorthopaedic.com

73

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STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Encounter Summary

Patient

Name	STEVENSON, ANN (56, F) ID# 231443	Appt. Date/Time	05/13/2013 04:00PM
DOB	[illegible]	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		
Insurance	Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART Policy/Group # : 251805185 Employer Name : WALMART Case # : 251805185 Case Injury Date : 02/16/2013 Prescription: MHS - Member is eligible.		

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

Right shoulder pain, neck pain, Right knee pain

Problems

Sprains and strains of shoulder and upper arm* (840)
Sprains and strains of knee and leg* (844)
Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
Sprains and strains of other and unspecified parts of back; neck (847.0)

Medications

Reviewed Medications

Name	Date	
AZITHROMYCIN 250 MG TABLET	06/28/12	filled
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	05/13/13	prescribed
PENICILLIN V POTASSIUM 500 MG TABLET	05/10/12	filled
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	05/13/13	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Social History

Reviewed Social History
Smoking Status: Never smoker.
Alcohol intake: None.

Vitals

Ht: 5 ft 4 in	Wt: 187 lbs	BMI: 32.1
BP: 123/71	Pulse: 93 bpm	

HPI

The patient is in today for followup of her knee MRI she's continued to have pain in her neck shoulder and knee as well fairly global joint pain in the neck and shoulder as well as posterior cervical spine pain she also continues to endorse pain radiating down her right arm. No new complaints

Joe N. Jarrett, MD
Richard W. Ward, MD
Steven M. Callihan, MD
J. Clark Butler, MD
Wayne B. Bouerle, MD

Robert S. Leak, MD
James O. Merrill, IV, MD
Alexander J. Pappas, MD
Thomas Chambers, MD

David G. Everman, MD
Kimberly Purgavie, DO
Joseph K. Bethle, PA C
David B. Lee, PA-C
Donald J. McCauley, PA C

Strand Orthopaedic Consultants

210 Village Center Boulevard
Myrtle Beach, SC 29579
843.236.3222

Ann Stevenson is currently under my care.

✓ He/She cannot return to work at this time.
___ He/She can return to normal work duty effective _____.
___ He/She can return to modified duty effective _____
WITH THE FOLLOWING RESTRICTIONS:

__ No working more than ___ hours a day.
__ No lifting greater than ___ pounds.
__ No excessive bending, twisting, or turning.
__ No use of _____.

Next appointment is scheduled for 5.13.13.

Physician Signature

5.3.13
Date

95

STRAND ORTHOPAEDIC CONSULTANTS • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id # 1443, dob: [illegible])

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STRAND ORTHOPAEDIC CONSULTANTS

05/13/2013

From Provider	To Provider
JAMES O. MERRITT, IV., MD STRAND ORTHOPAEDIC CONSULTANTS, LLC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	PROGRESSIVE PHYSICAL THERAPY 1220 21ST AVE N MYRTLE BEACH, SC 29577 Phone: (843) 443-9368 Fax: (843) 916-2348

Order Information

Order

Orders included: 1

844.9: Sprains and strains of knee and leg; unspecified site of knee and leg

- PHYSICAL THERAPY REFERRAL
  Send To: PROGRESSIVE PHYSICAL THERAPY Note to Provider: PLS CONTINUE CURRENT TREATMENT
  Visits per Week: 3
  Number of Weeks: 4-6

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	[illegible]6 57 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O. MERRITT, IV., MD

76

Mail Receive Date: 2013-06-07

Time In: 1030 / Time Out 1138

EXAM ROOM TIME — CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	05/15/13	10:30am	PT STRAND, APPT ONLY	4C 12693

NAME & ADDRESS WEDNESDAY

[redacted]

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: [redacted] (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,628.00
ACCOUNT BALANCE	$2,628.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

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

	PROCEDURES	CPT	FEE
☐	Evaluation	97001	
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
(2)	Therapeutic Exercise, 15 mins	97110	92.00
☐	Functional Activities, 15 mins	97530	
(1)	Electrical Stim., Unattended, 15 mins	97014	50.00
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐	Electrical Stim., Manual, 15 mins	97032	
(1)	Ultrasound, 15 mins	97035	30.00
☐	Paraffin Bath	97018	
☐	Massage, 15 mins	97124	
☐	Manual Therapy	97140	
☐	Mechanical Traction	97012	
☐	Neuromuscular Re-Educ., 15 mins	97112	
☐	Self Care Training, 15 mins	97535	
☐	ROM Measure and Report	95851	
☐	Other / Supplies	99070	

S: Pt reports MD returned her to work. She states she is hoping Walmart keeps her out of work.

O: Therex → per grid
US c biofreeze to (R) ant thigh at distal Quad/proximal Pat tendon x 8' (100%, 1.0, 1.5W/cm²)
IFC x 15' c MHP to (R) shld/UE and (R) knee/lat. thigh (30' concurrent) (100%, 1.0, 1.5W/cm²)

A: Continues c non organic c/o's (ie plantar fact pt c ischemic pain) - does not seem motivated to return to work; refused "some therex" - "already doing at home"

P: Cont per POC

Visit Number: 15 of 17

Staff:

Therapist's Signature: K Caudill, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date 5/15/13

Mail Receive Date: 2013-06-07

Time In: 10:35 / Time Out 11:55

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	05/16/13	10:30am	PT STRAND, APPT ONLY	4C 12764

NAME & ADDRESS THURSDAY

[redacted]
CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1952 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,548.00
ACCOUNT BALANCE	$2,548.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
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]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: "My right knee is still hurting and the pain goes to the ankle sometimes

O: Theex - 5x / per grid
US c biofreeze to ant proximal knee (100%, 1mHz, 1.5 w/cm²) x 8'.
IFC c mHP x 15' to (R) shoulder/UT + (R) ant knee / lateral thigh (30' concurr

A: pt. c/o non-specific ankle/knee pain i no palpable restrictions. Refused to perfo some ther ex due to "performing them at home."

P: Continue per POC

Visit Number: 16 of 17

Staff:

Therapist's Signature: DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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Patient or Authorized Person's Signature

Date

18

HTC Webmail **asteven@sccoast.net**

Fw: Ann Stevenson 6815476

From : ANN STEVENSON <asteven@sccoast.net> Wed, May 22, 2013 04:37 PM

WORKERS COMP

Subject : Fw: Ann Stevenson 6815476

To : ahayes@sccoast.net

Hi Toni,

Holly called me and said she was helping you. Krystal is covering for Hanna who is on vacation, but I can never get her on the phone. Krystal called me yesterday at 4:30 pm and said 'Dr Merritt "Did not do ankles" and when Hanna got back we would get me a referral.' This is the only time I have talked to her since I had trouble with the other adjuster and her with therapy and emailed Vince.

Her email is krystal.rogers@cmiw.com

I have tried to stay off of my ankle and the swelling is down by 3/4, but the whole leg is stiffer and I quit the leg PT since it swolle up so.

Thank you for anything you can do to help and all that you have already done.

Thank you again and hope you have a good week,

Ann Stevenson

----- Original Message -----

From: ANN STEVENSON

To: Krystal Rogers

Cc: Vince Cullipher

Sent: Tuesday, May 21, 2013 3:31 PM

99

Subject: Re: Ann Stevenson 6815476

Krystal,

If you have seen the video, you know the computer chord choked my right ankle, would not let the ankle (which was attached to my body) go. So it choked that right ankle in a hangman's noose. Therefore, I do not understand why the ankle was not originally covered and also I cannot see where your basis is to reject it.

As to your remark on all the time involved..... the original doctors (who never saw the video) treated me for a trip-fall which is not how you treat damaged tendons. Searching on the internet and in medical books provides that damaged tendons and ligaments are supposed to be left alone for 4 to 6 weeks to heal, before treatment is started. This never happened in my case, so that made the injuries worse. Since the typical way to treat the injuries was not done, then the typical time will take longer too. Also since time from doctor's notes to adjuster to PT to MRI to approvals had huge gaps in time usually 7 to 10 days(mainly the doctor), there were stoppages in therapy and treatment.

I would like to see the doctor for my original injury, he is the doctor assigned to me for my original injury.

It is not my fault and should not be my problem to have to fight for the right to be treated for this injury or to see the doctor when physical therapy to correct the problem causes more swelling and pain, putting a fear of a chance of more tendons or ligaments being torn or damaged further instead of scar tissue breaking loose. As I do not know and no one else cares, I would like to see a doctor who should know.

I waited in pain over the weekend and again on monday for

this to be fixed..... I did of course have the hydrocodone the Dr prescribed and when I go to ask him to refill it ..... he will not want to, that medicine was supposed to last me until the tens machine.
Thank you,
Ann

----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON
Cc: Vince Cullipher
Sent: Tuesday, May 21, 2013 12:14 PM
Subject: FW: Ann Stevenson 6815476

Ann, please note that I have contacted your twice. I have attached the e-mails for your review.

From: Vince Cullipher
Sent: Tuesday, May 21, 2013 9:51 AM
To: Krystal Rogers
Subject: FW: Ann Stevenson 6815476
Importance: High

FYI. Can you or Hanna reach out to her?

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Tuesday, May 21, 2013 9:21 AM
To: Vince Cullipher
Subject: Fw: Ann Stevenson 6815476
Importance: High

Hi,
I am having some trouble trying to get authorization so my assigned doctor can look at my ankle area and Hanna is on vacation.

- In older emails I had requested the whole area be covered
- the doctor never could open the injury videos on his computer
- now I am having swelling, pain and I don't know what -------- I don't know if it is normal, inflammed or something popped and I would like the doctor to look and decide what is going on.
- PT is trying to get PT authorized
- no word on tens machine
- I had to postpone my last PT scheduled for today til thursday, since I am having trouble with my foot and leg.

As you see, I tried to contact Krystal several times. The last time I saw a doctor not authorized I had to pay about $200 and worker comp rarely reimburses anything that has been used for therapy or pain.

Can you help me?
Thank you,
Ann Stevenson

----- Original Message -----
From: ANN STEVENSON
To: Krystal Rogers
Sent: Monday, May 20, 2013 4:10 PM
Subject: Fw: Ann Stevenson 6815476

Hi,
I called a couple of times and even held for an operator who sent me back to voice mail, but I haven't heard anything back. I also left a message at the doctor's for them to let me know once they heard from worker's comp.
Thank you,
Ann

----- Original Message -----
From: ANN STEVENSON

To: Krystal Rogers
Sent: Monday, May 20, 2013 10:24 AM
Subject: Fw: Ann Stevenson 68154763

Hi Krystal,
Can you see about this? Hanna is out til the end of May and I got an auto back to my email.
Thank you,
Ann Stevenson
----- Original Message -----
From: ANN STEVENSON
To: Hanna Wiley
Sent: Monday, May 20, 2013 9:31 AM
Subject: Ann Stevenson 68154763

Hi Hanna,
I would like you to make sure that my right ankle and foot are covered in the accident. Two of the newer exercises involved for the muscles around the knee also involve the ankle. Those were some of the ones I could barely do much flex on at all. On saturday, a section of my ankle that had been swelling,swolle up like a big bulge and there is a small white round area pushing up just below there on the foot.
I wanted to get Dr Merritt to look at that. He said he could not look at anything that was not specified on the worker's comp. When I saw him my foot had been hurting and was uncomfortable in a shoe on the last appointment.
Can you get that approved so I can call and see if I can sit and see him since my appointment is not until June?

Thank you,
Ann Stevenson
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HTC Webmail asteven@sccoast.net

RE: Ann Stevenson 68154763

From : Krystal Rogers <k2roger@wal-mart.com> Wed, May 22, 2013 04:49 PM

Subject : RE: Ann Stevenson 68154763

To : ANN STEVENSON <asteven@sccoast.net>

I already talked to her, Dr. Merritt will not see you for your ankle. We are going with the 2nd opinion.

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, May 22, 2013 3:44 PM
To: Krystal Rogers
Subject: Fw: Ann Stevenson 68154763
Importance: High

Hi Krystal,
Holly who is helping Toni (Dr Merritt's workers comp person) called me this afternoon to see what she needed to do to contact you about my ankle and seeing Dr. Merritt since she had not heard from anyone. She was replying to my email from Monday morning. I knew that I had a lot of problem contacting you, so I thought she might too. Dr Merritt's phone number is 843-236-3222

Thank you,
Ann Stevenson

----- Original Message -----
From: ANN STEVENSON
To: ahayes@sccoast.net
Sent: Monday, May 20, 2013 9:36 AM
Subject: Fw: Ann Stevenson 68154763

Hi Toni,
I just sent this out to Hanna, my adjuster. As soon as you hear from her can you let me know and maybe Dr Merritt fit me in to look at it?

Thank you,
Ann Stevenson
----- Original Message -----
From: ANN STEVENSON
To: Hanna Wiley
Sent: Monday, May 20, 2013 9:31 AM
Subject: Ann Stevenson 68154763

Hi Hanna,

I would like you to make sure that my right ankle and foot are covered in the accident. Two of the newer exercises involved for the muscles around the knee also involve the ankle. Those were some of the ones I could barely do much flex on at all.

On saturday, a section of my ankle that had been swelling,swolle up like a big bulge and there is a small white round area pushing up just below there on the foot.

I wanted to get Dr Merritt to look at that. He said he could not look at anything that was not specified on the worker's comp. When I saw him my foot had been hurting and was uncomfortable in a shoe on the last appointment.

Can you get that approved so I can call and see if I can sit and see him since my appointment is not until June?

Thank you,
Ann Stevenson
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Mail Receive Date: 2013-06-12

Time In: 100 / Time Out 215

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	05/23/13	01:00pm	PT STRAND, APPT ONLY	4C113151

NAME & ADDRESS

THURSDAY

ST ANN

DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

4W

INSURANCE BALANCE	$2,892.00
ACCOUNT BALANCE	$2,892.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2	Therapeutic Exercise, 15 mins	97110	92.00
3	Functional Activities, 15 mins	97530	
1	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
1	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: My ankle swelled upon trt + I had to stay in bed for 2 days. It's better now, but I'm not going to do anything that pulls the ankle.

O: US c biofreeze to (R) ant./lat. knee x8' (1 w/r, 10 Hz, 1.5 w/cm²)
therex → per grid
IFC x15' c MHP to (R) shoulder + (R) knee/hip, pt. (L) SL (30' concurrent

A: Pt. refused to perform therex 2° ankle pn - must all therex she refused in no way involved her ankle.

P: Cont per POC

Visit Number: 17 of 17

Staff:

Therapist's Signature: H. Courtney DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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Patient or Authorized Person's Signature

Date

70

HTC Webmail asteven@sccoast.net

RE: Ann Stevenson -- need PT separated and specified

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Thu, May 30, 2013 03:14 PM

Subject : RE: Ann Stevenson -- need PT separated and specified

To : ANN STEVENSON <asteven@sccoast.net>

Hi Ann

We are working on it.

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect — Service — Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, May 30, 2013 1:46 PM
To: Hanna Wiley
Subject: Fw: Ann Stevenson -- need PT separated and specified

Hi Hanna,
Here is an email to Toni at Dr Merritt's about trying to get these areas authorized. Look at the date. Have all of the phone calls to me and between me been taped. I think you might need to listen to some of them.
Thank you,
Ann Stevenson
----- Original Message -----
From: ANN STEVENSON
To: ahayes@sccoast.net
Sent: Wednesday, April 24, 2013 1:47 PM
Subject: Ann Stevenson -- need PT separated and specified

Hi Toni,

1. I am still having trouble sometimes dropping things with my hand and with cramping and pain on the right body side of little finger, hand, forearm, under forearm to elbow, from elbow to under arm pit and from elbow across top arm into shoulder..... along with treatment of hip, shoulder and neck
2. I am still having trouble with foot, heel, ankle calf muscle, inside between ankle and knee, front outside betwee ankle and knee, muscles and tendons all around knee inside and out below and above into groin and hip
3. So I have trouble driving , getting in and out of car (less since some hip ultrasound and therapy), but still calf cramping, leg, foot and heel along with turning neck to see..... so I have been limiting my driving only to PT days and Doctor visits.
4. If Dr Merritt could write for all areas that need help then I could get pictures of exercises to be worked on at home that are not as painful as the more serious areas such as hip and shoulder and others that are being ultrasounded and worked on at PT and home.
5. If all areas could be specified and priority assigned to those PT works with me on .....

this would allow me to be able to rehab more at home, because PT cannot give me pictures to use unless told or allowed to for the different areas.

Dr Merritt wants to get me back to work as soon as possible and I need to do as much as I am able to of all the different areas as I can to get back to use with exercise while I can still take the muscle relaxants.

Thank you,
Ann Stevenson 843-454-6186

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HTC Webmail asteven@sccoast.net

RE: Ann Stevenson -- need PT separated and specified

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Fri, May 31, 2013 11:31 AM

Subject : RE: Ann Stevenson -- need PT separated and specified

To : ANN STEVENSON <asteven@sccoast.net>

Hi Ann

We are in the process to set you up with specialist to address all your issues and we will not be able to treat you for your foot/ankle until after this appointment. We are not refusing treatment but go through the proper channels.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect — Service — Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, May 31, 2013 10:10 AM
To: Hanna Wiley
Subject: Re: Ann Stevenson -- need PT separated and specified
Importance: High

Hi,
I want to see a doctor for my ankle/foot and I need to discuss what happened while you were on vacation on a three-way with Vince.
I probably need some kind of support on the foot to keep the swelling out of it, since I have been having to wear flipflops around the house and I want to talk to the doctor about what happened and find out what he thinks needs to be done. It is hurting almost all of the time on a sliding scale of pain. Dr Merritt leaves at 12 on Fridays. For the whole week you were gone I tried to get this taken care of and go sit and wait to be worked in for Dr M to see me..... but I was told," Dr Merritt would not see me for my ankle" and "when Hanna gets back we'll get that second opinion doctor lined up", leading me to believe this other doctor that handled "ankles" would see me.

This week I found out from Dr Merritt's office I could have been seen, but I would have had to pay, which was NOT what I had been told.
Will I be able to go sit and wait today to be seen on workers comp? ..... or what do I need to do?
Making someone wait 2 weeks for treatment is unconsciensable.
Refusal to treatment my injury has caused lots of problems and each large break in physical therapy causes more pain and suffering, since half is pain relief.
Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: ANN STEVENSON
Sent: Thursday, May 30, 2013 3:14 PM
Subject: RE: Ann Stevenson -- need PT separated and specified

Hi Ann

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3. So I have trouble driving , getting in and out of car (less since some hip ultrasound and therapy), but still calf cramping, leg, foot and heel along with turning neck to see..... so I have been limiting my driving only to PT days and Doctor visits.
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Thank you,
Ann Stevenson 843-454-6186

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Time In: ____/__

FROM ROOM TIME

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICK
52877	05/21/13	10:30am	PT STRAND, APPT ONLY	4C 12976

NAME & ADDRESS

TUESDAY

STEVENSON, ANN
[redacted] GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,892.00
ACCOUNT BALANCE	$2,892.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE
Evaluation	97001	
Re-Evaluation	97002	
OT Evaluation	97003	
Functional Capacity Evaluation	97750	
Work Hardening, 2 hours	97545	
Work Hardening, add'l. 1 hour	97546	
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ROM Measure and Report	95851	
Other / Supplies	99070	
92		

C x 1
pt called to ck l-
foot pain-
resc. for Thurs.
HH

Visit Number: 17 of 17

Staff: _____

Therapist's Signature: _____

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

_____
Patient or Authorized Person's Signature

_____
Date

HTC Webmail asteven@sccoast.net

RE: Ann Stevenson -- need PT separated and specified

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Mon, Jun 03, 2013 04:38 PM

Subject : RE: Ann Stevenson -- need PT separated and specified

To : ANN STEVENSON <asteven@sccoast.net>

Hi Ann

I received your voicemail from Friday and again ask you to be patient. We are working on getting a second opinion. We will at this time not authorize treatment for the right foot/ankle since it is over 3 ½ months after the fall.
We will have all body parts addressed at the second opinion.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, May 31, 2013 11:03 AM
To: Hanna Wiley
Cc: Vince Cullipher
Subject: Re: Ann Stevenson -- need PT separated and specified

Hi,
What is going on? This has been happening for almost two weeks ..... needing to be seen. Why am I not allowed to see Dr. Merritt who I already have seen?
I have been trying to talk to you about this. I am not a sheet of paper to be passed to sit under a pile of more paper.
I will try to call you again.
Thank you,
Ann

----- Original Message -----

93

Mail Receive Date: 2013-06-29

Time In: 310 /

EXAM ROOM TIME | CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		
52877	06/05/13	03:00pm	PT STRAND, APPT ONLY	4C 13754

WEDNESDAY

NAME & ADDRESS
STEVENSON, ANN
[redacted]
CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: [redacted] (57 years)
GENDER: F
IBG:
FCL: 6
CELL:
RELATION: OTHER
COPAY:

(HH)

INSURANCE BALANCE $2,504.00
ACCOUNT BALANCE $2,504.00
CURRENT CHARGES 218.00
AMOUNT PAID
NEW BALANCE

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
)	Evaluation	97001	
)	Re-Evaluation	97002	
)	OT Evaluation	97003	
)	Functional Capacity Evaluation	97750	
)	Work Hardening, 2 hours	97545	
)	Work Hardening, add'l. 1 hour	97546	
)	Therapeutic Exercise, 15 mins	97110	88.00
)	Functional Activities, 15 mins	97530	
)	Electrical Stim., Unattended, 15 mins	97014	50.00
)	Electrical Stim., Unattended, 15 mins, Medicare	G0283	1
)	Electrical Stim., Manual, 15 mins	97032	
)	Ultrasound, 15 mins	97035	30.00
)	Paraffin Bath	97018	
)	Massage, 15 mins	97124	
)	Manual Therapy	97140	
)	Mechanical Traction	97012	
)	Neuromuscular Re-Educ., 15 mins	97112	
)	Self Care Training, 15 mins	97535	
)	ROM Measure and Report	95851	
)	Other / Supplies	99070	

qq

S: Pt reports continued swelling in (R) ankle. I've only been wearing flip flops - shoes hurt too much + cause a "white pump" to surface on the inside of the ankle.

O: U.S c biofreeze to (R) knee - peri patella x8' (100%, 1.0, 1.5 W/cm²)
therex → peri, id IFCKIS c MHP to (R) hip/knee +. (R) shoulder/neck, pt. LOL

A: Pt c poor tolerance of any therex; c/o pt (non-organic) + unrelated to activity (ie. shooting pt in ankle c UE activity)

P: Cont per POC

Visit Number: 18 of 23

Staff:

Therapist's Signature: [signature] Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

69

HTC Webmail **asteven@sccoast.net**

RE: re:Ann Stevenson 6815476

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Thu, Jun 06, 2013 02:35 PM

Subject : RE: re:Ann Stevenson 6815476

To : ANN STEVENSON <asteven@sccoast.net>

Ann

I thought the right hand was included. Maybe no order was written for the right hand. I mean usual they do the exercises for the body parts anyway and if the right shoulder is treated these exercises would include the arm. We will have the independent doctor do the examination and determine the related body parts. We are working to get that done.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, June 06, 2013 1:27 PM
To: Hanna Wiley
Subject: re:Ann Stevenson 6815476

Hi Hanna,
When I asked Kristin to treat my arm for pain today at physical therapy, she said she was not authorized to. I found out that the only areas authorized for her to treat are:

- right shoulder
- neck
- right hip
- right knee

She does not have authorization to treat right hand, wrist and arm or foot and ankle.

If you watched the video, don't you know for a fact that I landed on my fingers, hand and wrist and it jabbed up my arm and elbow into my shoulder and the rest of the body and also that the cord was wrapped tightly around my ankle stretching my entire body preventing escape ?

I need to know what parts of my body have been authorized for treatment. Please send me the answers to the following questions?

1. What specific areas of my body have been authorized for treatment to physical therapy?
2. What specific areas of my body have been authorized for diagnosis, treatment, and follow-up by the physician?
3. What specific areas of my body have been refused treatment that did not allow the assigned doctor to treat me?
4. What specific areas of my body have been refused treatment that did not allow physical therapy to treat me?
5. What are the reasons for refusing areas listed in the answers to #3 and #4?

I have been asking a lot of questions that have not been answered yet. Can you look back through the past emails and get me the answers?
There are lots of unanswered questions.

I see Dr. Merritt on tuesday morning and I want to know what is refused for him to look at and why.

Because of misconceptions, faulty assumptions, and a whole trail of discrepancies..... along with stagnant wait times and abuse leaving me waiting to hear for worker's comp while having to take Hydrocodone over 1 to 2 weeks. After being called on the phone and told that Dr. Merritt does not handle ankles and feet and we will get you a referral next week, I had waited for almost a week in swelling and severe pain for "daily word". So the next week that did not happen, but the doctor's office did. In my case, patience has been overrated.
I decided that I would not allow another to be abused, so why have I allowed myself to be? What I came up with was BELIEF, my belief that there would be no reason not to treat me fairly.

- I also have another doctor's appointment next week that you did not authorize.
- I would like to have as much information as possible to present to this doctor, so he can adequately treat all of my injury and or provide his educated medical opinion..... since Dr Merritt is being prevented from giving his and is only BEINGING ALLOWED to PARTIALLY TREAT ME.

I have been requesting this kind of information for more than a month possibly close to two. But have not gotten it yet.
Please provide.
Thank you,
Ann Stevenson
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HTC Webmail **asteven@sccoast.net**

RE: Ann Stevenson -- need PT separated and specified

From : Vince Cullipher <Vince.Cullipher@cmiw.com> Wed, Jun 05, 2013 11:06 AM

Subject : RE: Ann Stevenson -- need PT separated and specified

To : ANN STEVENSON <asteven@sccoast.net>, Hanna Wiley <Hanna.Wiley@cmiw.com>

Cc : Krystal Rogers <k2roger@wal-mart.com>

Good morning Ann,
I received your voice mail yesterday. Thank you for letting me know about your concern. Hanna is managing your case in a professional and judicial manner. A second opinion to address your concern about additional body parts is being arranged. You will need to work with your case manager, Hanna, and her supervisor Krystal, in regard to your ongoing medical treatment.
In regard to the video of the incident, CMI did send the doctor a copy so he can review it.

Thank you,

Vince Cullipher Manager Workers' Compensation

Phone 479.621.2900 x20965

vince.cullipher@cmiw.com

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Mail Stop 3540

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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Tuesday, June 04, 2013 10:24 AM
To: Hanna Wiley
Cc: Vince Cullipher
Subject: Re: Ann Stevenson -- need PT separated and specified
Importance: High

Hi Hanna,

- Vince had said he would allow the Dr. to choose whether the ankle and foot or any other parts were part of the injury, when he said he was sending the video.
- But evidentally the doctor has not been told he can choose or allowed to look at it.
- Can you tell me what happened to that?
- I do not understand why the doctor is being refused to look at these areas.
- Can you let me know what I immediately need to do, because this has been going on before you were appointed adjuster?
- There has been a large negative effect on my health with refusal to treatment.

Thank you,
Ann Stevenson

----- Original Message -----
From: Hanna Wiley
To: ANN STEVENSON
Sent: Monday, June 03, 2013 4:38 PM
Subject: RE: Ann Stevenson -- need PT separated and specified

Hi Ann

I received your voicemail from Friday and again ask you to be patient. We are working on getting a second opinion. We will at this time not authorize treatment for the right foot/ankle since it is over 3 ½ months after the fall. We will have all body parts addressed at the second opinion.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, May 31, 2013 11:03 AM

To: Hanna Wiley
Cc: Vince Cullipher
Subject: Re: Ann Stevenson -- need PT separated and specified

Hi,
What is going on? This has been happening for almost two weeks ..... needing to be seen. Why am I not allowed to see Dr. Merritt who I already have seen?
I have been trying to talk to you about this. I am not a sheet of paper to be passed to sit under a pile of more paper.
I will try to call you again.
Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: ANN STEVENSON
Sent: Friday, May 31, 2013 11:31 AM
Subject: RE: Ann Stevenson -- need PT separated and specified

Hi Ann

We are in the process to set you up with specialist to address all your issues and we will not be able to treat you for your foot/ankle until after this appointment. We are not refusing treatment but go through the proper channels.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, May 31, 2013 10:10 AM
To: Hanna Wiley
Subject: Re: Ann Stevenson -- need PT separated and specified
Importance: High

Hi,
I want to see a doctor for my ankle/foot and I need to discuss what happened while you were on vacation on a three-way with Vince.
I probably need some kind of support on the foot to keep the swelling out of it, since I have been having to wear flipflops around the house and I want to talk to the doctor about what happened and find out what he thinks needs to be done. It is hurting almost all of the time on a sliding scale of pain. Dr Merritt leaves at 12 on Fridays. For the whole week you were gone I tried to get this taken care of and go sit and wait to be worked in for Dr M to see me..... but I was told," Dr Merritt would not see me for my ankle" and "when Hanna gets back we'll get that second opinion doctor lined up", leading me to believe this other doctor that handled "ankles" would see me.
This week I found out from Dr Merritt's office I could have been seen, but I would have had to pay, which was NOT what I had been told.

Will I be able to go sit and wait today to be seen on workers comp? ..... or what do I need to do? Making someone wait 2 weeks for treatment is unconsciensable.
Refusal to treatment my injury has caused lots of problems and each large break in physical therapy causes more pain and suffering, since half is pain relief.
Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: ANN STEVENSON
Sent: Thursday, May 30, 2013 3:14 PM
Subject: RE: Ann Stevenson -- need PT separated and specified

Hi Ann

We are working on it.

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, May 30, 2013 1:46 PM
To: Hanna Wiley
Subject: Fw: Ann Stevenson -- need PT separated and specified

Hi Hanna,
Here is an email to Toni at Dr Merritt's about trying to get these areas authorized. Look at the date. Have all of the phone calls to me and between me been taped. I think you might need to listen to some of them.
Thank you,
Ann Stevenson
----- Original Message -----
From: ANN STEVENSON
To: ahayes@sccoast.net
Sent: Wednesday, April 24, 2013 1:47 PM
Subject: Ann Stevenson -- need PT separated and specified

Hi Toni,

1. I am still having trouble sometimes dropping things with my hand and with cramping and pain on the right body side of little finger, hand, forearm, under forearm to elbow, from elbow to under arm pit and from elbow across top arm into shoulder..... along with treatment of hip, shoulder and

101

neck

2. I am still having trouble with foot, heel, ankle calf muscle, inside between ankle and knee, front outside betwee ankle and knee, muscles and tendons all around knee inside and out below and above into groin and hip
3. So I have trouble driving , getting in and out of car (less since some hip ultrasound and therapy), but still calf cramping, leg, foot and heel along with turning neck to see..... so I have been limiting my driving only to PT days and Doctor visits.
4. If Dr Merritt could write for all areas that need help then I could get pictures of exercises to be worked on at home that are not as painful as the more serious areas such as hip and shoulder and others that are being ultrasounded and worked on at PT and home.
5. If all areas could be specified and priority assigned to those PT works with me on .....

this would allow me to be able to rehab more at home, because PT cannot give me pictures to use unless told or allowed to for the different areas.

Dr Merritt wants to get me back to work as soon as possible and I need to do as much as I am able to of all the different areas as I can to get back to use with exercise while I can still take the muscle relaxants.

Thank you,
Ann Stevenson 843-454-6186

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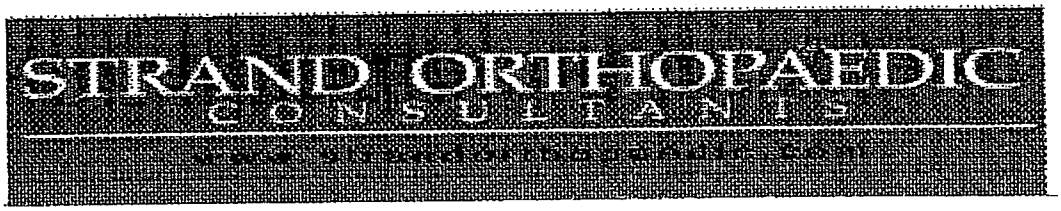
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STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Letters



210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone: (843) 236-3222, Fax: (843) 238-3005

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: [redacted]
Address: 2261 Greenleaf Drive
Conway, SC 29526

Date: 06/11/2013
Patient ID: 231443

Note to Patient:

_X__ Was Seen in my office on: _____6/11/13_____

___ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

___ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

XReleased to work WITH THE FOLLOWING RESTICTIONS:

_X__ Limited work to _4_ hours a day.

_X__ No pushing, pulling, or excessive lifting in excess of _20_ lbs

___ No twisting, climbing, or stooping

___ No repetitive movements or gripping with the LEFT/RIGHT WRIST/HAND

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

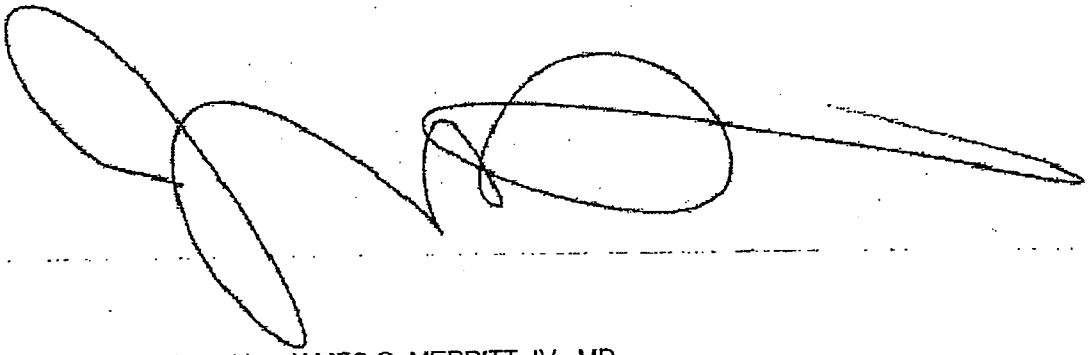
___ No kneeling, crawling, or squatting

_X__ Other ALLOW TO RECEIVE HELP WITH TASK PATIENT IS UNABLE TO DO. SHOULD NOT BE WORKING WHILE UNDER THE INFLUENCE OF NARCOTIC MEDS.

The patient has been referred to the following: __PT __OT __Other

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: 05/19/1956)



Electronically Signed by: JAMES O. MERRITT, IV., MD

Progressive Physical Therapy
The Leader in Innovative Therapies

FUNCTIONAL MOBILITY PROGRESS SUMMARY
1220 21st Avenue North
Myrtle Beach, SC 29577
ph. (843) 443-9368
fax (843) 916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ana Stevenson
DOB:
Claim #: 108154746

Dx/ ICD-9: cervical, R shld, R elbow Date: 6/12/13
Date of Onset: 8/16/13 Physician: Dr. Merritt
Date of Surgery: n/a Therapist: Krista Courtney, DPT

Date of Initial evaluation: 4/3/13 Date of last treatment _____ Total visits attended? 21 Missed?: 1

Benefit of treatment perceived by the patient?	☐ Good	☑ Fair	☐ Poor	
Compliance to PT HEP perceived by therapist?	☐ Good	☑ Fair	☐ Poor	
Current Work status:	☐ N/A	☐ on regular duty		
	☐ on light duty	☑ off duty: Reason refuses light duty		

SUMMARY OF TREATMENTS

☑ General Strengthening	☐ Manual Treatments	☐ Gait Training	☑ Physical Agents/ Modalities
☐ General Conditioning	☐ Postural Education	☐ Wheelchair Training	☐ Patient/ Caregiver Education
☑ General Stretching	☑ Home Exercise Program	☐ Transfer Training	☐ _____

SUBJECTIVE REPORT OF CURRENT STATUS: Shoulder: 8/10 now, 0/10 at best, 2/10 worst

Pain: 1 /10 @ present, 1 /10 @ best, 6 /10 @ worst Location: (R) side of body

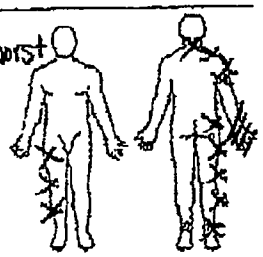
Quality: (sharp) dull aching throbbing shooting sore other:

Neuro/ Radicular Complaints:

Functional Limitations / Aggravating Factors: walking >5', using R arm, reaching

Pain (R) hip: 4/10 at present, 8/10 at worst, 1/10 at best

(R) knee: 3/10 at present, 9/10 at best, 7/10 at worst



SUMMARY OF OBJECTIVE FINDINGS:

ROM: Cervical: ✓ 45°, ext 30°, SB (R) 34° (L) 26° Rot (R) 58° (L) 55°

(R) Shoulder: ✓ 146° abd 142°, IR: L1 (sacrum) ER T4 (6th rib)

(R) Elbow ✓ 118° ext +3° (R) hip ✓ 108°

Strength: 4-/5 throughout (R) elbow when present 2/2 all motions of strength testing

Functional Abilities Demonstrated: Pt able to walk >5' c antalgic gait pattern, c/o to start/ walk > 10-15 min due to c/o ↑ pain; c/o to perform most tasks 2° refusal due to inability to use (R) hand/(R) feet

Other Objective Findings: Continuous c/o when non-dynamic sx's; subjective ≠ objective. Pt observed performing activities she states she cannot do ↑ performs ↑ AROM when not objectively measured.

REVIEW OF ESTABLISHED GOALS

Patient has met 2 out of 6 initial PT goals established at the initial evaluation.

- ☑ Independent with HEP [partially met/ fully met/ not met]
- ☑ Decrease symptoms [partially met/ fully met/ not met]
- ☐ Increase range of motion [partially met/ fully met/ not met]
- ☑ Increase strength [partially met/ fully met/ not met]
- ☐ Improve functional mobility [partially met/ fully met/ not met]
- ☐ Improve quality of movement [partially met/ fully met/ not met]
- ☑ Increase functional capacity [partially met/ fully met/ not met]
- ☐ _____

RECOMMENDATIONS REQUESTED BY PT

- ☐ Continue Physical Therapy for ____ x per week for ____ weeks
- ☑ D/C 2° plateau/ non-improvement
- ☐ _____
- ☐ _____

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

- ☐ Continue Physical Therapy ____ x per week for ____ weeks
- ☐ Hold Physical Therapy
- ☐ Discharge Physical Therapy
- ☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

X _____ X _____ 6/12/13

Physician / Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

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FUNCTIONAL MOBILITY PROGRESS SUMMARY

Progressive Physical Therapy
The Leader in Innovative Therapies
1220 21st Avenue North
Myrtle Beach, SC 29577
ph. (843) 443-9368
fax (843) 916-2348

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

(R) knee + (R) hip

Patient Name: Ann Stevenson Dx/ ICD-9: cervical, (R) shld Date: 6/12/13
DOB: [redacted] Date of Onset: 4/16/13 Physician: DB Mergatt
Claim #: 108154710 Date of Surgery: n/a Therapist: Krista Courtney, DPT

Date of Initial evaluation: 4/3/13 Date of last treatment _____ Total visits attended? 21 Missed?: 1

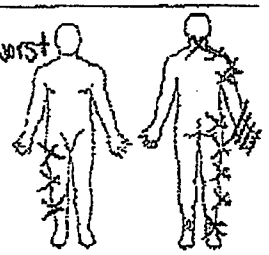
Benefit of treatment perceived by the patient?	☐ Good	☑ Fair	☐ Poor	
Compliance to PT HEP perceived by therapist?	☐ Good	☑ Fair	☐ Poor	
Current Work status:	☐ N/A	☐ on regular duty		
	☐ on light duty	☑ off duty: Reason refuses light duty		

SUMMARY OF TREATMENTS

☑ General Strengthening	☐ Manual Treatments	☐ Gait Training	☑ Physical Agents/ Modalities
☐ General Conditioning	☐ Postural Education	☐ Wheelchair Training	☐ Patient/ Caregiver Education
☑ General Stretching	☑ Home Exercise Program	☐ Transfer Training	☐ _____

SUBJECTIVE REPORT OF CURRENT STATUS: Shoulder: 8/10 now, 0/10 at best, 2/10 worst

neck: Pain: 1/10 @ present, 1/10 @ best, 10/10 @ worst Location: (R) side of body
Quality: (sharp) dull aching throbbing shooting sore other:
Neuro/ Radicular Complaints:
Functional Limitations / Aggravating Factors: walking >20', using (R) arm, reaching
Pain (R) hip: 4/10 at present, 8/10 at worst, 1/10 at best
(R) knee: 3/10 at present, 9/10 at best, 7/10 at worst



SUMMARY OF OBJECTIVE FINDINGS:

ROM: Cervical: ✓ 48°, ext 29°, SB (R) 34° (L) 26°, Rot (R) 58° (L) 55°
(R) shoulder: ✓ 146°, abd 142°, IR: L1 (scratch) ER T4 (scratch)
(R) knee ✓ 118° ext +3° (R) hip ✓ 108°
Strength: 4-/5 throughout, Cog wheel present, all motions of strength testing
Functional Abilities Demonstrated: pt able to walk ~5' c antalgic gait begins, w/o to start/ walk >10-15min due to c/o pain; w/o to perform most therex 2° refusal/ unable to (R) hand/ (R) foot
Other Objective Findings: Continues c/o wheel, non-organic sx's; subjective ≠ objective. Pt observed performing activities she states she cannot do & performs ↑ AROM when not objectively measured.

REVIEW OF ESTABLISHED GOALS

Patient has met 3 out of 6 initial PT goals established at the initial evaluation.

- ☑ Independent with HEP [not met/ partially met/ fully met/ not met]
- ☑ Decrease symptoms [partially met/ fully met/ not met]
- ☐ Increase range of motion [partially met/ fully met/ not met]
- ☑ Increase strength [partially met/ fully met/ not met]
- ☐ Improve functional mobility [partially met/ fully met/ not met]
- ☐ Improve quality of movement [partially met/ fully met/ not met]
- ☑ Increase functional capacity [partially met/ fully met/ not met]
- ☐ _____

RECOMMENDATIONS REQUESTED BY PT

- ☐ Continue Physical Therapy for ____ x per week for ____ weeks
- ☑ D/C 2° plateau/ non-improvement
- ☐ _____
- ☐ _____

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

- ☐ Continue Physical Therapy ____ x per week for ____ weeks
- ☐ Hold Physical Therapy
- ☑ Discharge Physical Therapy
- ☐ Call physician concerning this patient

I see no benefit in continuing PT for varying symptoms with degree of severity not substantiated by objective physician findings

Follow up visit scheduled with MD: I referred patient to Orthopaedic, last visit I saw her.

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

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X _____ 6/19/2013 K. Courtney, DPT 6/12/13
Physician / Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 06/11/2013

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	**Appt. Date/Time**	06/11/2013 09:15AM
DOB	05/19/1956	**Service Dept.**	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 251805185
Case Injury Date : 02/16/2013
Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013
Prescription: MHS - Member is eligible.

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

None recorded.

Problems

- Sprains and strains of shoulder and upper arm* (840)
- Sprains and strains of knee and leg* (844)
- Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
- Sprains and strains of other and unspecified parts of back; neck (847.0)

Medications

Reviewed Medications

Name	Date	
AZITHROMYCIN 250 MG TABLET	06/28/12	filled
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	06/11/13	prescribed
PENICILLIN V POTASSIUM 500 MG TABLET	05/10/12	filled
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	06/11/13	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
- Other - tonsilectomy as a child

Social History

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STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Vitals

Ht: 5 ft 4 in	**Wt:** 188 lbs	**BMI:** 32.3
BP: 127/78	**Pulse:** 67 bpm	

HPI

this is a pleasant lady who is in today for followup. She's continued to have a multitude of complaints. She reports that she is dropping things with the right hand. She feels that her hand is weak she complains of cramping pain on the right side of her body being in the hand and small finger forearm elbows to the armpit around the shoulder she is also to obtain have hip pain on the right neck pain as well. She is also complaining of pain in her right foot heel ankle knee holder muscles and tendons around the knee. As well as going up and the hip area. She reports cramping in the leg and foot and heel shell splint versus having trouble driving.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

On exam she continues to have pain in the hand motion and wrist elbow and shoulder. No major changes in her grip strength does seem to be slightly decreased not sure if this is effort related. Essentially no major changes from previous exams.

Assessment / Plan

Assessment is right upper and right lower extremity pain. Plan I've told her I would like a second opinion I am not sure why she is not improving she is 4 months out from injury and I do not see any major structural problems. Get her back to work . I recommended try this. She is very concerned that she cannot open bottles and do other task. I see no reason from her studies why she can't do regular work. But she may need to have some assistance with certain tasks if she is unable to perform the such as opening bottles or lifting certain things. Her light started back at 4 hours a day. I do have concerns that there is a psychological component to her problem and not necessarily an orthopedic problem. Again I would like a second opinion given that I do not seem to be making any significant progress with her and would've expected a full recovery at this point.

Return to Office

- Alexander J. Pappas, MD for AP-New Patient at SOC on 07/12/2013

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 06/11/2013.

Mail Receive Date: 2013-07-05

Time In: 930 / Time Out 1040

EXAM ROOM TIME | CHECKOUT TIME | TICKET NO.

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	06/13/13	09:30am	PT STRAND, APPT ONLY	4C 14187

THURSDAY

NAME & ADDRESS
STEVENSON, ANN
2951 GREENLEAF DRIVE
CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:
RELATION: OTHER (HH)
COPAY:

INSURANCE BALANCE	$3,158.00
ACCOUNT BALANCE	$3,158.00
CURRENT CHARGES	168.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
3	Therapeutic Exercise, 15 mins	97110	138.00
]	Functional Activities, 15 mins	97530	
]	Electrical Stim., Unattended, 15 mins	97014	
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: pt states while doing exercises in her bed her foot got caught on the sheet + pulled it back. Now it hurts to walk + move my foot

O: therex → per grid
US c biofreeze to (R) ant + post knee x5 each (100%, 1.0, 1.5W/cm²)

A: pt c/o inability to weight bear or perform toe push off during gait however she is observed c DF > 10° while performing sit → stand + don/doff shoe

P: D/c per PN.

Visit Number: 23 of 23

Staff:

Therapist's Signature: K. Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

order to continue therapy 6/21/13 WC must have stopped.

STRAND ORTHOPAEDIC CONSULTANTS, LLC - 2 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Consult Orders

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STRAND ORTHOPAEDIC CONSULTANTS

www.strandorthopaedics.com

06/11/2013

From Provider	To Provider
JAMES O. MERRITT, IV., MD STRAND ORTHOPAEDIC CONSULTANTS, LLC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	PROGRESSIVE PHYSICAL THERAPY 1220 21ST AVE N MYRTLE BEACH, SC 29577 Phone: (843) 443-9368 Fax: (843) 916-2348

Order Information

Order

Orders included: 1

840: Sprains and strains of shoulder and upper arm*

- PHYSICAL THERAPY REFERRAL
  Send To: PROGRESSIVE PHYSICAL THERAPY Note to Provider: PLS CONTINUE CURRENT TREATMENT

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	F 05/19/1956 57 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O. MERRITT, IV., MD

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STEVENSON, ANN W (id #231443, dob: 05/19/1956)
Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	07/12/2013 09:00AM
DOB	[redacted]	Service Dept.	SOC
Provider	ALEXANDER J. PAPPAS, MD		

Insurance

Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013

Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013

Prescription: MHS - Member is eligible.

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Insurance Adjuster (Worker's Comp): BARBARA COWAN: Ph (800) 527-0566 X 20746, Fax (479) 273-8058
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

Right foot pain, Right ankle pain

Problems

Reviewed Problems
- Tarsal tunnel syndrome (355.5)
- Other mononeuritis of lower limb (355.79)
- Tenosynovitis of foot and ankle (727.06)
- Plantar fascial fibromatosis (728.71)
- Sprains and strains of shoulder and upper arm* (840)
- Sprains and strains of knee and leg* (844)
- Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
- Sprains and strains of other and unspecified parts of back, neck (847.0)

Medications

Reviewed Medications

Name	Date	
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	06/11/13	prescribed
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	06/11/13	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
- Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Heart disease/attacks (onset age: 78)

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CONSULTANTS

210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone: (843) 236-3222, Fax: (843) 236-3005

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB:
Address: [illegible]

Date: 07/12/2013
Patient ID: 231443

Note to Patient:

__x_ Was Seen in my office on: _07/12/13_____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

___ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

__x_ Released to work WITH THE FOLLOWING RESTICTIONS:

- ___ Limited work to __ hours a day.
- ___ No pushing, pulling, or excessive lifting in excess of __ lbs
- ___ No twisting, climbing, or stooping
- ___ No repetitive movements or gripping with the LEFT/RIGHT WRIST/HAND
- ___ No walking on rough or uneven ground
- ___ The patient needs walking aid(s)
- ___ Must wear a splint or brace when working
- ___ Sedentary work with ability to change positions
- ___ No kneeling, crawling, or squatting
- __x_ Other Limited standing and no bending or kneeling.

The patient has been referred to the following: __PT __OT __Other



Electronically Signed by: ALEXANDER J. PAPPAS, MD

STEVENSON, ANN W (id #231443, dob: [redacted])

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

Ht: 5 ft 4 in
BP: 131/82 sitting R wrist
Wt: 187 lbs
Pulse: 75 bpm
BMI: 32.1

HPI

Ankle

Reported by patient.

Location: right; Hurts all over
Quality: aching
Severity: moderate
Duration: 5 months
Timing: acute.
Context: fall
Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits

Foot

Reported by patient.

Location: right; Hurts all over
Quality: aching
Severity: moderate
Duration: 5 months
Timing: acute
Context: fall
Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits

The patient is a 57-year-old female who presents with a complicated medical history following an injury sustained 2/16/2013. She reports that she was at work when he cord wrapped around her right leg, creating a falling injury to the right leg. She sustained a twisting injury to the knee, hip and leg. Since that time, she's had persistent radiating pain throughout the right lower extremity radiating from the region of the low back through the posterior thigh and lateral knee into the foot and ankle. She reports that depending on her position she has numbness and burning sensations to the right lower extremity. She also concerned about a small palpable nodule that forms along the medial heel intermittently. She says when this form she has significant pain. She does report that she had a large area of purplish discoloration around the lateral side of the right knee at the time of the injury that has remained. She has been treated by Dr. Merritt, to date and is scheduled for a second opinion with a physician in Wilmington regarding the right lower extremity injury. She reports undergoing a course of physical therapy without significant improvement. None of this related to the right foot. She believes she has a gait disturbance secondary to the symptoms of the right lower extremity. She has refused any radiographs today.

ROS

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

Physical Exam

Patient is a 57-year-old female.

STEVENSON, ANN W (id #231443, dob: [redacted])

Constitutional: General Appearance: healthy-appearing, NAD, and **overweight**.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Edema Right: **pedal 2+**. Varicosities Right: capillary refill test normal and **varicosities**.

Gait and Station: Appearance: no limp, ambulating with no assistive devices, and **antalgic gait**.

Ankles and Feet: Inspection Right: no erythema, induration, warmth, or deformity and normal alignment and **swelling**. Bony Palpation of the Ankle/Foot Right: no tenderness of the metatarsals, the navicular tuberosity, the dome of talus, the head of talus, or the achilles tendon insertion and **tenderness of the lateral ankle, the calcaneal tuberosity, the tarsometatarsal joints**, and **the inferior tibiofibular joint, Tenderness with palpation along the distal fibula.**. Soft Tissue Palpation of the Ankle/Foot Right: no tenderness of the achilles tendon or the peroneus longus and brevis and **tenderness of the plantar fascia, the sinus tarsi**, and **the anterior talofibular ligament, Tenderness along the tarsal tunnel. With some tingling developing throughout the plantar forefoot with compression**. Strength Right: **extensor hallucis longus 4/5, tibialis anterior 4/5**, and **gastrocnemius 4/5**. Inspection of the Toes Right: no callus, claw toes, or hammer toes.

Neurological System: Sensation on the Right: normal distal extremities; **Exquisite tenderness with palpation along the region of the common peroneal nerve near the fibular head.**.

Skin: Right Lower Extremity: **There is an area of purplish discoloration around the lateral leg, near the fibular head.**.

Assessment / Plan

Right common peroneal nerve neurapraxia

Right foot plantar fasciitis

Right fibular stress reaction.

Right sinus Tarsi syndrome.

Right tarsal tunnel syndrome

1. TARSAL TUNNEL SYNDROME (355.5)

2. TENOSYNOVITIS OF FOOT AND ANKLE (727.06)

3. PLANTAR FASCIAL FIBROMATOSIS (728.71)
- PLANTAR FASCIITIS: AFTER YOUR VISIT

4. OTHER MONONEURITIS OF LOWER LIMB (355.79)

Discussion:

The patient was counseled instructed on proper plantar fascial specific stretching exercises. The patient will be given a handout with instructions on exercises. Arch supports (Accommodators, three-quarter length) will be placed in the patient's shoes. The patient can work on icing the heel in the evening for swelling. Patient advised to avoid impact activities on the foot including running and walking.

Discussed with the patient. Secondary to the severe pain and discomfort throughout the right lower extremity. Regarding work, but recommend no prolonged standing. Also recommended no kneeling or squatting activities. I believe most of her issues related to a common peroneal nerve neurapraxia. She also has symptoms consistent with sciatica . She has radicular findings. I would recommend an EMG/ nerve conduction study of the right lower extremity to evaluate nerve function. I believe most of her symptoms are related to nerve issues higher in the leg and low back. No need for further followup with me.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Alexander J. Pappas, MD, 07/12/2013.

Only time they gave me Dr Merritts restrictions

STRAND ORTHOPAEDIC
CONSULTANTS

210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone. (843) 236-3222, Fax: (843) 236-3005

had me wait & sign

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 05/19/1956
Address: 2261 Greenleaf Drive
Conway, SC 29526

Date: 06/11/2013
Patient ID: 231443

Note to Patient:

_X__ Was Seen in my office on: _____6/11/13_____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

___ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

XReleased to work WITH THE FOLLOWING RESTICTIONS:

_X__ Limited work to _4_ hours a day.

_X__ No pushing, pulling, or excessive lifting in excess of _20_ lbs

___ No twisting, climbing, or stooping

___ No repetitive movements or gripping with the LEFT/RIGHT WRIST/HAND

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

___ No kneeling, crawling, or squatting

_X__ Other ALLOW TO RECEIVE HELP WITH TASK PATIENT IS UNABLE TO DO. SHOULD NOT BE WORKING WHILE UNDER THE INFLUENCE OF NARCOTIC MEDS.

The patient has been referred to the following: __PT __OT __Other

emporary Alternative Duty Assignment

Walmart | Sam's Club

Date: 7/2/13

Associate: Ann Stevenson

Home Address: [redacted] Drive

City, State, Zip Code: [redacted]

Dear Ann:

We are very happy to have received a Physician's Work Status Report form/release from Dr. James Merritt IV dated 6/11/13 which states that you are able to return to work with restrictions. A copy of your physician's Work Status form/release is attached to this letter.

Dr. Merritt has released you to return to work with the following restrictions:
Limited to 4 hours/day, no pushing, pulling, excessive lifting of > 20lbs. Allow to receive help with task patient is unable to do. Do not work on narcotic

We have a temporary position available for you that will accommodate the restrictions under which the physician has authorized you to return to work. The position being offered to you will include (but is not limited to) the following duties:
* Refer to job description. Please notify ~~me~~ me immediately if unable to work due to medication usage.

Be assured we will only assign tasks consistent with your physical abilities, knowledge, and skills and will provide training if necessary.

You will be working Store/Club# 5816 located at Conway, SC and your schedule will be from 2:00 (am/pm) to 6:00 (am/pm) at your current rate of pay. You should report to work on 7/3/13 (date).

You will be able to continue working in this position until you reach Maximum Medical Improvement ("MMI"), your restrictions are modified, or ninety (90) days have passed.

Please be aware that failure to report to work at the date and time specified above could result in suspension or termination of benefits and may also be classified as job abandonment resulting in possible termination. Please let me know if you have any questions.

Sincerely,

[redacted], MHRM, MHWD

(Manager's Signature)

Please mark the appropriate blank either accepting or refusing the assignment. Return this completed form to your manager or personnel office immediately. Failure to return this form within 2 days may be construed as a refusal of the offered position.

☑ I **ACCEPT** the Temporary Alternate Duty (TAD) position being offered to me.

☐ I **REFUSE** the Temporary Alternate Duty (TAD) position being offered to me ***and*** acknowledge that my benefits could be suspended or denied due to noncompliance.

*Refusal may also be classified as job abandonment resulting in possible termination of employment.

Associate Signature: Ann M Stevenson Date: 7/3/13

Enclosure: Temporary Alternative Duty Assignment Letter, Physician's Work Status form/release

Effective 2/10/12

Job Description

Staff Pharmacist

Walmart

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Maintains confidential information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Manages Pharmacy Operations - Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Customer/Member Centered: Meet Internal and External Customer/Member Needs - Identifies the requirements, expectations, and needs of customers/members. Supports and aligns with initiatives, goals, and actions focused on improving customer/member service. Addresses the concerns and issues of internal and external customers/members. Uses customer/member data, analyses, and insights to improve customer/member-related decisions.

Judgment: Demonstrate Professional Judgment - Researches and integrates relevant information and data, and uses expertise to make recommendations or decisions. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Uses business measures and analyses to identify improvement opportunities. Probes and looks beyond symptoms to determine the root causes of problems and identify possible solutions.

Execution and Results: Focus on Execution and Results - Aligns and pursues work activities to achieve the mission and business priorities of the organization. Shares information, practices, and resources across functions, organizations, and locations to improve performance. Effectively uses existing processes and tools to achieve performance objectives. Uses and explains major process steps to manage time, resources, and challenges to meet goals.

Planning and Improvement: Plan for and Improve Performance - Develops and implements plans, practices, and processes to better achieve organizational goals. Develops contingency plans to manage or eliminate potential problems. Identifies and recommends ways to continually improve and streamline processes and practices.

Influence and Communicate: Build Influence - Develops and presents logical, convincing reasons in support of one's perspectives and initiatives. Proactively shares relevant information and timely updates with appropriate people. Listens attentively and asks questions to ensure understanding. Researches information for and prepares documents and presentations that effectively convey relevant information in a timely manner.

Ethics and Compliance: Model Ethics and Compliance - Complies with policies and procedures. Demonstrates ethical performance. Supports efforts to enforce compliance with policies and procedures.

Adaptability: Adapt Professionally - Demonstrates creativity and strength in the face of change, obstacles, and adversity. Adapts to competing demands and shifting priorities. Updates and shares knowledge and skills to keep current in one's area of expertise. Embraces change and supports its implementation.

Build Relationships: Form Relationships - Builds trusting, collaborative relationships and alliances across functional and organizational boundaries. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Collaborates with people from diverse backgrounds, experiences, and functional areas to discover new perspectives.

Physical Activities

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Job Description

Staff Pharmacist

Walmart

The following physical activities are necessary to perform one or more essential functions of this position.

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination. in Accordance w/ Restrictions Listed from DR. JK

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping. In Accordance w/ Restrictions Listed from DR. JK

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance. 20 lbs. JK

Travel

Traveling is necessary to perform one or more essential functions of this position.

Travels domestically to and from multiple facilities or work-sites requiring consecutive overnight stays.

Travels domestically to and from multiple facilities or work-sites during the workday.

Work Environment

Working in the following environment is necessary to perform one or more of the essential functions of this position.

Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.

May work with substances that require special handling

Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD. Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

* Any states current doctor could not treat specified areas And is being re-evaluated by another doctor. (due to workman comp restrictions) JK

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ALIGN NETWORKS
A HEALTHIER APPROACH TO WORKERS' COMP

Phone: 866-389-0211 Fax: 904-998-0299

To: 18439030758
Attention: Align Networks, Discharge.File - Claim #: 6815476, Ann Stevenson

From: VisitManagement@alignnetworks.com
Phone: 866-389-0211 ext. 541
Email: bgruninger@alignnetworks.com

Date: 7/16/2013 12:04:09 PM EST

Comments/Notes:
Attn: Hanna Wiley, Dr. Maria Baens

Discharge/discontinuation notes have been received for the following patient and are attached below:

Patient: Ann Stevenson

Injury: Other - Cervical/Shoulder sprain/strain; Add Right Hip eft 4/16; adding righ knee as of 4/23

Body Part: MULTIPLE PARTS –

Service Requested: Physical Therapy
Claim #: 6815476
Date of Injury #:

Provider:
Progressive Physical Therapy (SC)
1220 21st Avenue N
Myrtle Beach, SC, 29577
(843) 443-9368

IMPORTANT NOTE:
Following the discontinuing/discharging of the file, all bills have been requested from the provider. Please do not close your file.

If you have any questions, please contact me.

Beth Gruninger
(866) 389-0211 x541
VisitManagement@alignnetworks.com

Thank you for choosing Align Networks
Visit us on the web at WWW.ALIGNNETWORKS.COM

FAXED 7/18/13

SCANNED IN EMR

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Progressive Physical Therapy

Progressive Physical Therapy Strand • Phone: (843) 443-9368 • Fax: (843) 916-2348

Patient Care Discharge Summary

Patient Name: Ann Stevenson (#6815476) DOB: [redacted]

Physician: Dr. Merritt Therapist: Kristin Courtney, DPT

Diagnosis: Cervical, shoulder, hip, knee strains

Initial Evaluation Date: 4/3/2013 Treatments Attended: 23

Treatments Missed: 1 Last Treatment Date: 6/17/2013

It is our understanding that:

- ☐ Patient returned full time to position held prior to injury.
- ☐ Patient returned full time to different position.
- ☐ Patient is working part-time or light duty.
- ☐ Therapy interrupted due to _____
- ☒ Other: Rx expired

Additional Comments:

We are working to provide the best service and follow up as possible. If you have any questions or concerns regarding this patient, please do not hesitate to call us at [redacted]. Thank you for your interest and assistance.

Physician: Marci Bergsma **Date:** 7/16/13

Therapist/Staff Signature: [signature] **Date:** 7/16/13

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ALIGN NETWORKS
A HEALTHIER APPROACH TO WORKERS' COMP

FAX / EMAIL Confidential - 7/16/2013 12:03:46 PM

Align Networks, Discharge.File - Claim #: 6815476, Ann Stevenson

Discharge/Discontinuation notes have been received for the following patient and are attached below:

Patient: Ann Stevenson
Service Requested: Physical Therapy
Claim #: 6815476
Date of Injury:
Total Visits Attended: 27
Total Visits Authorized: 39

If you have any questions, please contact me.

Beth Gruninger
VisitManagement@alignnetworks.com
(866) 389-0211 x541

39
-27
12 shorted by? denial wrong Dr.

117 Thank you for choosing Align Networks. Visit us on the web at WWW.ALIGNNETWORKS.COM

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: [redacted])

Patient Cases

Source	PATIENT (Clinical Question)
Date	07/18/2013
Provider	jmerritt7
Department	SOC
Outside Provider/Lab/Pharmacy	
Person to Call	
Desired Callback Number	mobile - (843) 454-6186
Subject	hand
Case Description	Pt would like to know if Dr Merritt can write her order or rx for wrist support, that she can use while at work She is having hard time using mouse and gripping objects.
Orders/Prescriptions created	WRIST SPLINT

HTC Webmail **asteven@sccoast.net**

RE: Appointment info Ann Stevenson

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Wed, Jul 24, 2013 10:29 AM

Subject : RE: Appointment info Ann Stevenson

To : ANN STEVENSON <asteven@sccoast.net>

Cc : Krystal Rogers <k2roger@wal-mart.com>

Ann

Dr Tamadon will evaluate you and then recommend what treatment should be ordered. Until then I just can't say what will be done.

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Respect — Service — Excellence

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, July 19, 2013 8:49 PM
To: Hanna Wiley
Subject: Re: Appointment info Ann Stevenson

Hi,

1. Will this physician be allowed to diagnose and treat the entire injury?
2. Are you going to refuse to allow me to be treated below the

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knee, as I was refused treatment before that I waited months for?

3. You and worker's comp refused to allow Dr. Merritt to treat me below the knee and You have not told me why my hand, arm and wrist have not been treated.
4. When will I receive treatment for my hand, wrist and arm? I have asked several times whether you had covered it or not and if it was covered..... to make sure Dr. Merritt knew he would be allowed to treat this area.
5. Krystal had told me during your vacation in May that everything would be taken care of when you came back and the second doctor would treat me for below the knee, but that did not happen.
6. I would like a copy of all the information relating to me that you have and as to what was authorized and what exactly was refused and why.
7. Also I would like all of my questions from the past answered before I am required to see the new doctor. Someone told me I needed to get a lawyer before I see the new doctor, because I have not gotten any straight answers back or coordination when I have had trouble getting accurate and comprehensive treatment.
8. What I don't understand is why worker's comp would take an entire injury and pick and choose to treat only certain parts of an injury..... anyone would know that would take a lot longer for the injured person to get better if only some of the injury is treated.
9. I also was told Dr Merritt would be allowed to decide if my injuries below the knee were to be treated, but that also did not happen.
10. I will be needing to see a neurologist also. So what timeline will that be on for nerve damage tests?
11. Please explain clearly to me exactly what Dr. Tamadon will be going. What will he be doing and what is he allowed to do? Is

he actually going to be allowed to help me to get better?

12. I have a designated driver who will be driving me to this long distance doctor, since as you know I have had trouble driving, walking and standing.
13. By not treating all of my injuries, it is making me worse, preventing me from healing and has prolonged my misery and pain, not to mention the strain on my personal and work life.

Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: ANN STEVENSON
Cc: Hanna Wiley ; Krystal Rogers
Sent: Thursday, June 27, 2013 5:07 PM
Subject: Appointment info

Ann

Here is the appointment info.

Please make sure to hand carry all MRI and x-ray films to this appointment. Dr Tamadon will not see you if you don't bring them along.
8/1/13 at 10:45 AM
1914 Meeting Court
Wilmington NC 28401
phone 910-362-1112

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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HTC Webmail **asteven@sccoast.net**

RE: Ann Stevenson - foot treatment and hand arm treatment

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Fri, Aug 16, 2013 09:26 AM

Subject : RE: Ann Stevenson - foot treatment and hand arm treatment

To : ANN STEVENSON <asteven@sccoast.net>

Hi Ann

This is out of my hands now and we will wait for the FCE to take place

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 58041 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, August 16, 2013 4:37 AM
To: Hanna Wiley
Subject: Ann Stevenson - foot treatment and hand arm treatment

Hi Hanna,
Who is the person there that refused my injured foot/ankle for treatment? I've been told continuously over many months worker's comp has refused to cover it. I need the name of the person who has refused me treatment and then I will go from there.

- Also Vince promised me on the telephone that Dr Merritt would be ALLOWED TO CHOOSE whether my foot and ankle area was injured (before he sent a video that was unreadable supposedly of the injury) and be able to treat that..... but it has been months and Dr Merritt has not been contacted and told this in any manner so far.
- The videos of the accident that store security had were readable, so why was the doctor not sent a copy of those?

Also was Dr Tamadon sent readable video to see the accident? From his notes, it appears that those were left out of his package of information..... because of his description of the accident.
It also looks like he has suggested treatment for my wrist/hand and arm, due to the nerve tests. What is going on with that?

Thank you,
Ann Stevenson

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STRAND ORTHOPAEDIC
CONSULTANTS
www.strandorthopaedic.com

210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone: (843) 236-3222, Fax: (843) 236-3005

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: [illegible]
Address: [illegible]
Conway, SC 29526

Date: 09/10/2013
Patient ID: 231443

Note to Patient:

_X__ Was Seen in my office on: _____9/10/13_____

___ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

___ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

__X_ Released to work WITH THE FOLLOWING RESTICTIONS:

_x__ Limited work to _4_ hours a day.

_X__ No pushing, pulling, or excessive lifting in excess of _20_ lbs

_X__ No twisting, climbing, or stooping

___ No repetitive movements or gripping with the LEFT/RIGHT WRIST/HAND

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

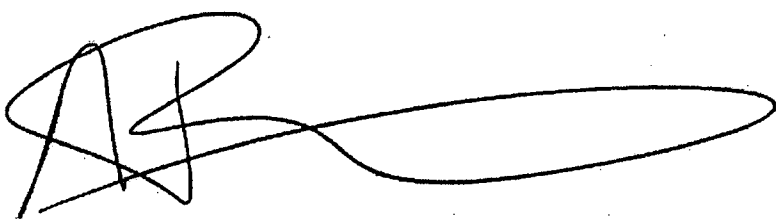
___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

_X__ No kneeling, crawling, or squatting

_X__ Other Standing as tolerated

The patient has been referred to the following: __PT __OT __Other



Electronically Signed by: ALEXANDER J. PAPPAS, MD

STEVENSON, ANN W (id #231443, dob: [redacted])

STRAND ORTHOPAEDIC CONSULTANTS

09/27/2013

From Provider	To Provider
JAMES O. MERRITT, IV., MD STRAND ORTHOPAEDIC CONSULTANTS, LLC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	ATLANTIC PHYSICAL THERAPY 3650 COALITION DR MYRTLE BEACH, SC 29588 Phone: (843) 293-7713 Fax: (843) 293-1855

Order Information

Order

Orders included: 1

Lumbar sprain
ICD-9: 847.2: Sprain of lumbar
- PHYSICAL THERAPY REFERRAL
  Send To: ATLANTIC PHYSICAL THERAPY Note to Provider: TENS VEST. PER PT'S REQUEST.
  PLEASE CONTACT PATIENT FOR APT IF NEEDED.

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	[redacted]
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.
Adjuster's Name	
Case Claim Number	

Electronically Signed by: JAMES O. MERRITT, IV., MD

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South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Ann Stevenson DOB [illegible]

Physician's Name: Dr Merritt

Practice/Clinic: Strand Ortho 843-236-3005

Preparer's Name:

Phone: ( )- -

Employer's Name: Wal-Mart Stores Inc

Please fax completed form back to 479-273-8058

Insurance Carrier: American Home Assurance

SCWCC File No: 1303465

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to**§§42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: 2/16/13

Date of first office visit: 3/27/13 Date of last visit: 10/8/13

Diagnosis or nature of injury or illness: Shld Strain, Knee Strain

Body part(s) injured: Shld & Knee Body part(s) affected: Same

Date of **Maximum Medical Improvement:** 10/8/13

Based on the **AMA Guidelines**, the claimant has sustained a 3 **% medical impairment** to ~~lower extr~~ upper extremity injured body part(s) and a _____ **% medical impairment** to _____ other affected body part(s).

2% to (R) ~~or~~ (L)

____The claimant is **able to return to work** without restriction.

__✓__The claimant is **able** to return to work **with the following restrictions:**

20 lbs lifting (for full capabilities on questions refer to FCE)

____The claimant is **unable to return to work** at his or her current employment.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

____**will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

__✓__**will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Possible pain management if pain continues & is not controlled with OTC meds

Treating Physician

10/10/13
Date

HTC Webmail **asteven@sccoast.net**

Ann Stevenson work status

From : Hanna Wiley <Hanna.Wiley@cmiw.com> Mon, Oct 21, 2013 08:59 AM
1 attachment

Subject : Ann Stevenson work status

To : Hamp Manning <James.Manning@wal-mart.com>

Cc : ANN STEVENSON <asteven@sccoast.net>, Katrina Jamison <k0jamis@wal-mart.com>, Krystal Rogers <k2roger@wal-mart.com>

Good Morning

Please find enclosed the latest work status which shows the only restriction is a 20lb lift limit. No work hour restriction.

Please let me know when Mrs. Stevenson is on the schedule for her regular work hours.

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 58041 Fax 479.273.8058
hanna.wiley@cmiw.com

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Bentonville, AR 72712-1288

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14b Stevenson.pdf
30 KB

HTC Webmail **asteven@sccoast.net**

Re: panel review

From : ANN STEVENSON <asteven@sccoast.net> Thu, Oct 24, 2013 12:14 PM

Subject : Re: panel review

To : Hamp Manning <James.Manning@wal-mart.com>

Hamp,
You had not scheduled me for this week.
Thank you,
Ann

----- Original Message -----
From: Hamp Manning
To: ANN STEVENSON
Sent: Tuesday, October 22, 2013 1:41 PM
Subject: panel review

Ann,

I apologize it has taken longer than expected to get back with you. I should have a decision by tomorrow. You will be paid for last week and anytime this week you were scheduled.

Again, I apologize for the inconvenience.

Thanks

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690
jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
Save money. Live Better

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Pee Dee Orthopaedic Associates, PA

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O., Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D., Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D., Nigel A.N. Watt, M.D., Matthew D. Welch, M.D.

901 E. CHEVES ST., SUITE 100 · FLORENCE, SC 29506-2769
(843) 662-5233 · FAX (843) 678-9003 · WWW.PDOA.COM

Initial Examination

PATIENT ID: 349929

PATIENT: Ann Stevenson
DOB: [redacted]
Employer: Walmart

Date of Service: 12/13/2013
Age: 57 year(s)
Occupation: Pharmacist

Referring Physician: .Self :,
Other Physicians:

INDEPENDENT MEDICAL EVALUATION

Date of injury/onset:

Date	Type
02/16/2013	Injury

Chief Complaint: Injury to the right knee, 12-16-13.

History of Present Illness: Ann Stevenson is a 57 year(s), right hand dominant white female with a history of a right knee injury on the above date. The injury occurred while on the job while working as a Pharmacist at Walmart when her foot was caught in a cord and she fell. She feels that she actually twisted her right knee. She complained of injury to multiple body parts at the time of her fall. She was initially seen and treated at Doctor's Care. She apparently did not complain of right knee pain until almost two weeks after her injury. Physical therapy was ordered but the patient reports that she could not participate in this initially because of her discomfort. She was subsequently seen by Dr. James Merritt on 03-27-13 who re-ordered her physical therapy and also ordered a MRI of her right knee. This study was performed on 05-07-13. Dr. Merritt requested a second opinion/independent medical evaluation because of the patient's continued complaint of pain and the patient was seen by Dr. Alan Tamadon who felt that the patient had reached maximum medical improvement. He did not feel there were any orthopaedic recommendations or needs indicated. She was also seen and treated at Winyah Chiropractic Clinic. A functional capacity evaluation was performed at WorkWell Systems, Inc. on 08-27-13. They felt that the patient "demonstrates ability to perform work as delineated in her job description." The patient was released by Dr. Merritt on 10-06-13 at which time he felt that she was at maximum medical improvement and had a 3% right lower extremity permanent physical impairment rating.

She complains today of continued right knee pain. She complains of pain over the medial aspect of the knee and anterior medial thigh pain. She complains of anterior knee swelling. She is ambulatory with a cane. She denies prior history of right knee difficulty.

Allergies: epinephrine: unspecified

Current Meds: Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet SIG: Take 1 tablet by mouth every four to six hours as needed for pain Dispense: 60 Note: Must follow directions on script), Percogesic (diphenhydramine-acetaminophen) (Dosage: 12.5-325 mg tablet), Skelaxin (metaxalone) (Dosage: 800 mg tablet SIG: Take 1 tablet by mouth three times a day Dispense: 60)

Past Med Hx: .None Reported

Surgical History: Tonsillectomy
Family History: Cancer; Diabetes; Heart Disease; Hypertension; Parents: Father-Deceased; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Never Smoked

REVIEW OF SYSTEMS:
Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:

Musculoskeletal: Leg cramps; Musculoskeletal: Muscle weakness; Neurological: Chronic headaches

PHYSICAL EXAM:
Vitals: HEIGHT / LENGTH: 5' 4" WEIGHT: 190 lbs 0 oz BMI: 32.6 TEMPERATURE: 98.7
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM: Symptom magnification was present on examination. Her pain appears to be out of proportion to her exam.

Knee Motion:	Right	Left
Extension:	05	0
Flexion:	105	130

Effusion: Pre-patellar swelling as compared to opposite knee
Lachman: Negative
Joint Line Tenderness: Medial/anterior medial thigh tenderness
Collateral Exam Stable
McMurray's Negative

X-ray: AP, lateral, tunnel and sunrise x-rays of the right knee taken today are normal.

Right knee MRI was performed without contrast at Strand Orthopaedic Consultants on 06-07-13. This study was reviewed by me today and reveals a possible lateral meniscus tear and a popliteal cyst.

ASSESSMENT:
Diagnosis: Popliteal cyst/possible lateral meniscus tear, right knee.

PLAN:
In addition to the above, extensive previous medical records were reviewed from James Merritt, M.D. (03-27-13 to 10-10-13), Alan Tamadon, M.D. (08-01-13), Doctor's Care - Myrtle Beach (02-20-13 to 03-19-13), Winyah Chiropractic Clinic (08-23-13 to 10-04-13), WorkWell Systems, Inc. (08-27-13 & 08-28-13), MRI and x-rays from Strand Orthopaedic Consultants and Doctor's Care Carolina Forest and Progressive Physical Therapy notes (03-08-13 to 06-12-13). I also reviewed video footage and the patient's injury.

The patient's pain and her objective symptoms seem out of proportion to her examination and MRI findings. I would not recommend any surgical intervention. I do not feel that a repeat MRI is indicated. Her current knee symptoms do not appear to be related to her original injury which occurred on 02-16-13. Return prn.

PRESCRIPTION: No data for Prescription

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

Ht: 5 ft 4 in 12/27/2013 11:36 am	**Wt:** 189 lbs 12/27/2013 11:36 am	**BMI:** 32.4 12/27/2013 11:36 am
BP: 131/86 sitting L wrist 12/27/2013 11:38 am	**Pulse:** 83 bpm 12/27/2013 11:38 am	

HPI

This is a pleasant lady who is in today for evaluation. She's contained have multiple problems. Still having problems with her right hand right hip right ankle right knee neck and right shoulder. She is concerned today mostly about her hip and hand which have not been evaluated. She continues to use a cane to walk.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

On exam she has no leg length discrepancy. She complaints pain in the buttock lateral thigh. She does not appear to have any groin pain with motion. She appears to have no focal motor or sensory deficits.

Assessment / Plan

Right hip pain and right hand pain status post work-related fall. Since she is still having pain in the hand I told her I would like to have her see hand specialists. In regards to hip I recommend an MRI to rule out any structural problems. I'll see her back once this is done. I am trying to get her on light duty work that she will tolerate. She seems hesitant to do this. I would recommend that she be limited to 4 hours a day work limit standing to 2 hours. No repetitive activities with the right hand or arm that aggravate her increase her pain. I would not lift more than 10 pounds.

1. Sprain of knee and leg
844.9: Sprains and strains of unspecified site of knee and leg

2. Hip pain
719.45: Pain in joint, pelvic region and thigh
- HIP PAIN: AFTER YOUR VISIT
- MRI, HIP
  Side: RIGHT
- Skelaxin 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by James O. Merritt IV., MD, 12/27/2013.

Encounter performed and documented by James O. Merritt IV., MD

HTC Webmail **asteven@sccoast.net**

Ann Stevenson

From : ANN STEVENSON <asteven@sccoast.net> Fri, Dec 27, 2013 02:38 PM
1 attachment

Subject : Ann Stevenson

To : Hamp James Manning <james.manning@wal-mart.com>

Cc : Katrina Jamison <k0jamis@wal-mart.com>

Hi Hamp,
I just saw the doctor. I can't get my new printer to print or work yet, so someone else scanned this attachment and sent it to me to send to you.
Dr Merritt is the same workers comp doctor and he thought

- my hip was not covered ..... so he had not been treating it, but now he is sending me for an MRI of the hip, since workers comp did say the hip was covered
- also he is refering me to the hand specialist , where I have a doctor's appt near the end of January. The hand/wrist/arm is also an approved body part that got missed somewhere
- Dr Merritt has sent these requests for approval to them today.

- I am sending you the work restriction status report he wrote today and you also have the foot doctor's restriction report ..... can you let me know when you get my work set up again? I hope you can work me early hours on MWF so I can go to physical therapy in the afternoons and take a muscle relaxant afterwards if needed KNOWING I WOULD NOT WORK THE NEXT DAY.

I was sent a letter back in October from the Charleston WC lawyer telling me I was not allowed to communicate with workers comp anymore ..... and you know what that suits me fine.
I am so tired of them trapping and abusing me, wasting your time,my time, and Walmart's time when I could have been getting better.

Thank you so much for all your help and compassion.
Happy New Year,
Ann

Ann.pdf
614 KB

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Walmart
Save money. Live better.

Accommodation

Medical Questionnaire

Patient Name: Ann Stevenson **Job Title:** Pharmacist
Facility #: 586 **City/State:** Conway, SC

Dear Medical Provider:

Your patient has requested an accommodation under Walmart's Accommodation in Employment - (Medical-Related) Policy. In order to process the request, please complete this medical questionnaire. The patient can provide you details about their work situation and the accommodation requested. Please answer each question thoroughly. If multiple impairments exist, address each separately. Attach additional sheets if needed. ***The completed form can be returned to the associate or faxed directly to the Accommodation Service Center at 1-877-971-5935.***

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Diagnosis: ~~Fracture~~ Strain, Hip, Rt Groin

2. Prognosis: ☐ Good ☐ Fair ☑ ~~Guarded~~ ☐ Poor ☐ Other _____

3. Describe how the condition specifically limits or impairs this patient (be as specific as possible):
Pt has pain due to certain activity

4. Expected duration of any limitations or impairments:
☐ _____Days ☐ _____Weeks ☐ _____Months ☐ _____Years ☑ Chronic _____ ☐ Other_____

5. Please check the appropriate box for each major life activity affected:

☐ Bending	☑ ~~Lifting~~	☐ Thinking	☐ Neurological & Brain
☐ Breathing	☑ Performing Manual Tasks	☐ Walking	☐ Respiratory & Circulatory
☐ Caring For Oneself	☐ Reading	☐ Working	☐ Endocrine
☐ Communicating	☐ Seeing	☐ Other	☐ Reproductive Functions
☐ Concentrating	☐ Sleeping	(Specify)_____	☐ Digestive
☐ Eating	☐ Speaking	_____	☐ Bowel
☐ Hearing	☐ Standing	☐ Immune System	☐ Bladder
☐ Learning		☐ Normal Cell Growth	

6. Please describe in specific detail how each major life activity checked above is affected. (Quantifiable measures such as *"can only stand for 10 minutes out of every hour"* or *"can lift up to 10 pounds frequently"* are helpful. Vague statements such as *"cannot stand/walk for long/prolonged periods of time"* or *"cannot lift heavy items"* are not helpful and will delay the process since we will need to request additional information before deciding your patient's request.)

Limit walk to 4hrs/day, Repetitive (R) arm activity
Limit Standing 2hrs/day, Do not lift 10lbs
Help with other activities that cause pain

Physician's Signature **Date** 1/9/14

Physician's Name (Print): James D. Merritt
Address: 210 Village Center Blvd. Ste 200
City/State/Zip: Myrtle Beach SC 29579 Telephone Number: (843)236-3223

Revised June 10, 2011

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STEVENSON, ANN W (id #231443, dob: [illegible]56)

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	01/09/2014 10:45AM
DOB	05/15/[illegible]56	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

Med Primary: *SELF PAY*
Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013
Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013
Prescription: ESI1 - Member is eligible.

Patient's Care Team

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Insurance Adjuster (Worker's Comp): BARBARA COWAN: Ph (800) 527-0566 X 20746, Fax (479) 273-8058
Insurance Adjuster (Worker's Comp): HANNA WILEY: Ph (800) 527-0566X20748, Fax (479) 273-8052
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

Right hip pain

Problems

Problems not reviewed (last reviewed 09/10/2013)
- Pain in elbow
- Hand joint pain
- Hip pain
- Plantar fascial fibromatosis
- Sprain of shoulder and upper arm
- Tenosynovitis of foot
- Tarsal tunnel syndrome
- Sprain of knee and leg
- Lumbar sprain
- Neck sprain
- Mononeuritis of lower limb

Medications

Reviewed Medications

Name	Date
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	12/27/13 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

- Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

01/09/2014 11:00 am

Ht: 5 ft 4 in **Wt:** 189 lbs **BMI:** 32.4

BP: 129/77 sitting L wrist **Pulse:** 76 bpm

HPI

This is a pleasant lady who is in today for follow-up of her hip. She still having pain in the hip area. She continues to have other complaints. There doesn't appear to be no major changes.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

Hip pain. I reviewed her MRI with her. I told her that is overall very normal with no significant findings. I have told her that I think most of her pains probably muscle ligament related and that continued exercise and strengthening will help. I discussed with her that I also think that this will help her shoulder knee and that no further orthopedic intervention is warranted. She asked that I fill out a work form for her. I tried to address this with her allowing her to determine what she felt she was capable of doing. We will see if we can find some type of light duty that she is able to tolerate. I will be happy to see her back any problems. She is still waiting worker's comp approval to have her hand seen by hand specialists.

1. Hip pain
719.45: Pain in joint; pain in joint, pelvic region and thigh
719.46: Pain in joint; pain in joint, lower leg
719.47: Pain in joint; pain in joint, ankle and foot

- PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider: EVAL ONE TIME FOR HEP ONLY. SELF PAY. PLS CALL PATIENT TO SCHEDULE.
  Evaluate & Treat: ONCE

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 01/09/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 01/09/2014 at 12:13pm

Time In: 1:40 / Time Out: 3:10

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	
52877	1/20/2014	2:40pm	PT NMB

NAME & ADDRESS

Stevenson, Ann

DOB: [redacted]

INSURANCE BALANCE	
ACCOUNT BALANCE	
CURRENT CHARGES	249.90
AMOUNT PAID	249.90
NEW BALANCE	

CASH	CHECK	M.O.	C.C.
			C/SC

Evaluation: multiple

	PROCEDURES	CPT	FEE
☑	Evaluation	97001	110.00
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
☑	Therapeutic Exercise, 15 mins	97110	194.00
☐	Functional Activities, 15 mins	97530	
☐	Electrical Stim., Unattended, 15 mins	97014	
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐	Electrical Stim., Manual, 15 mins	97032	
☐	Ultrasound, 15 mins	97035	
☐	Paraffin Bath	97018	
☐	Massage, 15 mins	97124	
☐	Manual Therapy	97140	
☐	Mechanical Traction	97012	
☐	Neuromuscular Re-Educ., 15 mins	97112	
☐	Self Care Training, 15 mins	97535	
☐	ROM Measure and Report	95851	
☐	Other / Supplies	99070	

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See IE.

O: Ther-Ex → per grid. Educated pt on Rx, use of home modalities and thoroughly instructed pt in HEP technique, frequency, duration, intensity, etc...

A: See IE for full Assm.

P: pt only seen for IE for objective measurements and HEP for neck, back, pelvis, hip, Foot, ankle, knee, shoulder, arm + leg per MD order.

Visit Number: 1 of 1

Staff:

Therapist's Signature: [signature] DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature

Date

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

218 US Hwy N
North Myrtle Beach, SC 29582
Phone: (843) 491-2041
Fax: (843) 272-1344

To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Ann Stevenson
DOB: 03/19/1956
Claim #: n/a

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 01/20/2014
Physician: Dr. Merritt
Therapist: Mike Miller, DPT

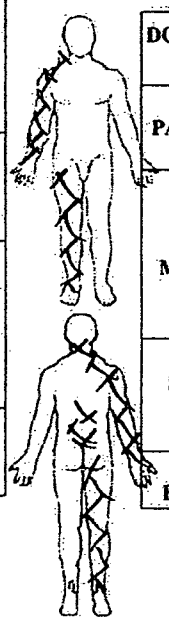
History: Patient is a poor historian. Patient presents with c/o neck, back, right shoulder, elbow, wrist, hip, knee, ankle pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. Patient was treated with physical therapy at our other Strand location after her injury. She is to be treated here today for a HEP only per MD order.
Meds: Skeelaxan
Diagnostic findings: X-ray (-) per patient report
Past Medical History: see history above; otherwise (-) PMH per patient report

Occupation: Pharmacist at Walmart	**When Worse:** movement and positional changes, standing and walking > 15 minutes
Physical Demands: Constant phone-use and computer-use to assist customers, travels	**When Better:** heat, ultrasound, TENs, avoiding use
Work Status: OOW	**Pain:** 5/10 @ present, 2/10 @ best, 8/10 @ worst
Vitals: HR = NT; BP = NT	**Quality:** varies per body part

Range of Motion and Strength:

ACTIVE RANGE OF MOTION	**Right LE:** WNL with all motions with c/o pain at end ranges **Right UE:** Shoulder flexion/abduction restricted to 125 degrees due to anterior shoulder pain **Cervical:** flex: 25, ext: 40, B SB: 30, B Rot:60 **Lumbar:** all motions WNL (pain with ext)
STRENGTH	Left UE and LE 5/5 **Right UE:** grossly 3+/5 with c/o diffuse pain **Right LE:** grossly 4/5 with c/o lateral hip pain
POSTURE	Cervical Lordosis ☑ ↑ ☐ ↓ ☐ WNL Lumbar Lordosis ☑ ↑ ☐ ↓ ☐ WNL Thoracic Kyphosis ☑ ↑ ☐ ↓ ☐ WNL Scapulothoracic – rounded shoulders and slumped Asymmetry – none noted
GAIT	☑ independent; uses SPC when ambulating ☑ antalgic: favors left side due to right sided body pain

Summary of Objective Findings: * → denotes pain below with movements



DOMINANCE - right	**UE FUNCTIONAL INDEX SCORE** 19/80	**LE FUNCTIONAL INDEX SCORE** 29/80
PALPATION	Vague tenderness when palpating posterolateral hip, anterior knee, anterior shoulder capsule, central C/L spine	
JT. MOBILITY	Stiffness noted at end range of hip flexion; decreased posterior glenohumeral joint glides; empty end-feels noted at end range of shoulder flexion/abduction due to patient guarding; normal joint mobility noted in cervical and lumbar spine	
SPECIAL TESTS	All negative at elbow, wrist, hip, knee, cervical and lumbar spine (+) Hawkins Kennedy, (+) Neers on right shoulder, (-) Neural tension signs	
OTHER FINDINGS	Neck Oswestry: 58% Low Back Oswestry: 58%	

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a traumatic fall. She will benefit from a HEP in order to restore prior levels of function and return to previous work capacity, which was initiated today. Patient was instructed thoroughly in proper exercise technique, frequency, and duration. Patient currently manages her pain with modalities at home as needed. Patient to be only seen for initial evaluation for HEP instruction per MD order.

Rehab Potential: fair

Vocation readjustment services required? no

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Continued on next page

Accommodation

Walmart
Save money. Live better.

Medical Questionnaire

Patient Name: Ann Stevenson **Job Title:** _____
Facility #: _____ **City/State:** _____

Dear Medical Provider:

Your patient has requested an accommodation under Walmart's Accommodation in Employment - (Medical-Related) Policy. In order to process the request, please complete this medical questionnaire. The patient can provide you details about their work situation and the accommodation requested. Please answer each question thoroughly. If multiple impairments exist, address each separately. Attach additional sheets if needed. ***The completed form can be returned to the associate or faxed directly to the Accommodation Service Center at 1-877-971-5935.***

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1. Diagnosis:

Shoulder, Hip, Ankle pain

2. Prognosis: ☐ Good ☐ Fair ☑ Guarded ☐ Poor ☐ Other _____

3. Describe how the condition specifically limits or impairs this patient (be as specific as possible):

patient has pain due to certain activities

4. Expected duration of any limitations or impairments:
☐ _____Days ☐ _____Weeks ☐ _____Months ☐ _____Years ☑ Chronic _____ ☐ Other_____

5. Please check the appropriate box for each major life activity affected:

☐ Bending	☑ Lifting	☐ Thinking	☐ Neurological & Brain
☐ Breathing	☑ Performing Manual Tasks	☐ Walking	☐ Respiratory & Circulatory
☐ Caring For Oneself	☐ Reading	☐ Working	☐ Endocrine
☐ Communicating	☐ Seeing	☐ Other	☐ Reproductive Functions
☐ Concentrating	☐ Sleeping	(Specify)_____	☐ Digestive
☐ Eating	☐ Speaking	_____	☐ Bowel
☐ Hearing	☐ Standing	☐ Immune System	☐ Bladder
☐ Learning		☐ Normal Cell Growth	

6. Please describe in specific detail how each major life activity checked above is affected. (Quantifiable measures such as *"can only stand for 10 minutes out of every hour" or "can lift up to 10 pounds frequently"* are helpful. Vague statements such as *"cannot stand/walk for long/prolonged periods of time" or "cannot lift heavy items"* are not helpful and will delay the process since we will need to request additional information before deciding your patient's request.)

limit work to 4hrs/day, No repetitive R arm activity, limit standing 2hrs/day, Do not lift 10lbs
Help with other activities that cause pain

Physician's Signature _____ **Date** 2-15-14

Physician's Name (Print): James Mikeritt
Address: 210 Village Center Blvd
City/State/Zip: WB SC 29579 Telephone Number: 843-236-3222

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HTC Webmail **asteven@sccoast.net**

RE: Leave Requests by Stevenson, Ann for February, March

From : Hamp Manning <James.Manning@wal-mart.com> Fri, Feb 21, 2014 09:18 AM

Subject : RE: Leave Requests by Stevenson, Ann for February, March

To : ANN STEVENSON <asteven@sccoast.net>

Ann,

We are still looking into this. I should know something today or early next week.

Thanks

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690
jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
Save money. Live Better

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, February 19, 2014 2:29 PM
To: Hamp Manning
Subject: Re: Leave Requests by Stevenson, Ann for February, March

Hi,
From what I hear, worker's comp has refused to treat my hands and arm.
So .. ?

Thank you for approving my time, and it will soon be running out.
Have a good week,
Ann

----- Original Message -----
From: Hamp Manning
To: ANN STEVENSON
Sent: Wednesday, February 19, 2014 1:29 PM
Subject: FW: Leave Requests by Stevenson, Ann for February, March

Approved

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690
jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
Save money. Live Better

From: James Emily
Sent: Tuesday, February 18, 2014 4:23 PM
To: Hamp Manning
Subject: FW: Leave Requests by Stevenson, Ann for February, March

I have reviewed the enclosed time off request and validated that it meets the time off type and shift length requirements for this pharmacist. Please approve / deny based on your business requirements within 7 days.

Thanks!
James Emily

From: WorkPlace OnLine [mailto:system@workplacesystems.com]

Sent: Monday, February 17, 2014 11:30 PM
To: James Emily
Subject: Leave Requests by Stevenson, Ann for February, March

Hi James,

Stevenson, Ann has submitted leave requests for:

Base Store: 125/00586-CONWAY, SC

02/24/2014 - Part Day - - . Reason Code: Personal Time
02/26/2014 - Part Day - - . Reason Code: Personal Time
03/03/2014 - Part Day - - . Reason Code: Personal Time
03/05/2014 - Part Day - - . Reason Code: Personal Time

Time Off Bank: Personal Time
Allotment: 79:15
Current Balance: 54:15

You can go here to view and moderate these.

Kind Regards,
Walmart
This email and any files transmitted with it are confidential and intended solely for the individual or entity to whom they are addressed. If you have received this email in error destroy it immediately. *** Walmart Confidential ***

This email and any files transmitted with it are confidential and intended solely for the individual or entity to whom they are addressed. If you have received this email in error destroy it immediately. *** Walmart Confidential ***

HTC Webmail **asteven@sccoast.net**

Fw: Shifts available for bidding

From : ANN STEVENSON <asteven@sccoast.net> Sat, Mar 22, 2014 12:07 AM

Subject : Fw: Shifts available for bidding

To : Hamp James Manning <james.manning@wal-mart.com>

Hi Hamp,
I got some bidding shifts in the email that are 4 and 5 hours. Does this mean that Walmart is going to let me work with the restrictions?
I was able to get an Ortho specialist to agree to see me in April for an IME for my hands and right elbow.

Thank you,
Ann

----- Original Message -----
From: WorkPlace OnLine
To: Ann Stevenson
Sent: Friday, March 21, 2014 1:58 PM
Subject: Shifts available for bidding

Hi Ann,

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STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

03/27/2014 10:32 am

Ht: 5 ft 4 in | Wt: 196 lbs | BMI: 33.6

BP: 115/76 sitting L wrist | Pulse: 72 bpm

HPI

Pleasant lady seen by our practice in the past for injuries related to WMC associated with employment at Walmart. Patient has been thru multiple tests and imaging studies. There is no orthopedic intervention needed at this time. However, she started having left sided neck pain unrelieved by Skelaxin. She comes in requesting pain medication. Her neck began hurting yesterday. She thinks it all stems from her previous injury on the right, but the "muscles have all been pulled to one side causing the left to now spasm." She denies numbness or tingling.

ROS

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

Physical Exam

Patient is a 57-year-old female.

Pleasant 57yF. Alert and oriented and in no acute distress.
Walks with a cane. Splint intact to R wrist. Left hand on the neck for pain relief.
Limited ROM secondary to pain in the neck. Painful flexion, extension, and rotation in both directions.
Tenderness over the left paraspinals in the cervical region and the trapezius on the right.
Moves BUE. Sensation intact.

Assessment / Plan

1. cervical strain

1. **Strain of neck muscle**
   847.0: Sprain of neck
   - Skelaxin 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664
   - hydrocodone 5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 6 hours by oral route. Qty: 40 tablet(s) Refills:

HTC Webmail **asteven@sccoast.net**

Accommodation Appeal

From : Hamp Manning <James.Manning@walmart.com> Mon, Apr 21, 2014 02:52 PM
1 attachment

Subject : Accommodation Appeal

To : asteven@sccoast.net . <asteven@sccoast.net>

Cc : Jamey Miller <Jamey.Miller@walmart.com>, Hamp Manning <James.Manning@walmart.com>

Ann,

Attached is the letter from Accommodation Services regarding the appeal of the original letter that was submitted. Unfortunately, they have denied it again as it eliminates essential functions of the staff pharmacist's job description.

Please proceed with completing the paperwork Jamey sent you and let us know if you have any questions.

Thanks

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690
jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
Save money. Live Better

Ann Stevenson Accommodation appeal.pdf
89 KB

144 b

denials of accommodation for Dr Merritts' restrictions

Walmart
Save money. Live better.
508 SW 8th Street
Bentonville, AR 72716-3500
Phone 1-800-530-9929, Option 2
Fax 1-866-556-6321

April 21, 2014

Ann Stevenson, Store #586

RE: Accommodation Request for Reconsideration

Dear Ann:

Thank you for allowing Walmart to reconsider your accommodation request. Your health care provider indicates that, due to your condition, you cannot lift more than ten pounds and cannot work more than four hours per day. You have requested that the company accommodate your work restrictions. We have re-examined the information you submitted and we are unable to reverse the original decision. The reassignment decision is being upheld at this time.

Your initial request for accommodation could not be approved since it would require the company to excuse the performance of one or more essential job functions. Excusing the performance of an essential function is not reasonable. The ability to lift items weighing up to twenty-five pounds without assistance is necessary in order to perform the essential job functions of the Staff Pharmacist position. Based on our commitment to reasonable accommodate all associates with disabilities, we offered reassignment as an equally effective alternative accommodation.

It is important that you notify your management if your work status or medical condition/situation changes. During the reassignment period, you are encouraged to apply and compete for promotional and transfer opportunities that meet your medical restrictions.

To preference for jobs in your facility or in any other part of the company while on leave of absence, you may visit www.walmartcareers.com from a personal or public access computer. If you do not have access to the internet, you may also call store personnel. Facility management is available to discuss any positions that are available in your facility. To apply for any salaried positions, you may do so through the website. To apply for hourly positions that may be open in another facility, your facility manager may assist you with calling the store in which the position is open. Your personnel representative will be able to assist you in applying for open jobs in your current facility, if desired.

If a suitable position is identified by ASC during the reassignment period, you will be offered that position and your Facility Manager will provide you with a fair amount of time (typically 24 hours) to accept. If you do not accept the reassignment offer, or if no suitable reassignment position is found within the 12 week search period, the company will cease the reassignment job search. Then, you would be free to pursue other leave options for which you may be eligible. To file a leave and/or Short Term Disability (STD) claim, please visit the Associate Benefits Toolkit on the WIRE or www.WalmartOne.com to submit an online request using Sedgwick's on-line tool, "ViaOne Express" from a personal or public access computer. If you do not have access to the internet, you may also call Sedgwick at 1 (800) 492-5678.

Your Facility Manager is available to answer any questions you might have.

Sincerely,

Accommodation Service Center

145 C

STEVENSON, ANN W (id #231443, dob: [illegible])

EPINEPHRINE

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Discussed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Discussed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

05/22/2014 09:23 am

Ht: 5 ft 4 in | Wt: 192 lbs | BMI: 33

BP: 124/77 sitting L wrist | Pulse: 76 bpm

HPI

This is a pleasant lady is in today for follow-up of her right leg. She continues to report pain in her right upper extremity. I think I believe she is seeing another physician for this. She is also contained have pain and swelling in the hip knee and ankle. She is now walking with no assistive device. She is very concerned regarding nerve damage in her leg giving her some of this pain.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

On exam she has a much improved gait from her last visit. There may be mild swelling in the leg. There is normal alignment of her knee and leg. She does not have any obvious deficits.

Assessment / Plan

Right leg pain. I have told her given her continued pain I don't have a problem checking a nerve conduction study. We'll see if and get this is done. If this is unremarkable again I think she would be at maximal medical improvement. We will keep her working injections as they were before.

1. Hip pain
   719.45: Pain in joint, pelvic region and thigh
   719.46: Pain in joint, lower leg
   719.47: Pain in joint, ankle and foot
- TENS UNIT - 1 TENS UNIT - Use as directed Qty: 1 Unit Refills: 0 Supplier: N/A
- ELECTROMYOGRAM (EMG) - Note to Imaging Facility: EMG for RIGHT LEG - Dr. Watson

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 05/22/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 05/22/2014 at 4:39pm

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: 05/19/1956)



Electronically ordered/documented by: JAMES O. MERRITT, IV., MD

Prescription is void if more than one (1) prescription is written per blank.

STRAND ORTHOPAEDIC
CONSULTANTS

210 Village Center Blvd., Ste 200
MYRTLE BEACH, SC 29579-6706
Phone: (843) 236-3222, Fax: (843) 236-3005

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 08/18/1956
Address: [redacted]

Date: 05/22/2014
Patient ID: 231443

Note to Patient:

_x__ Was Seen in my office on: ____5/22/14_____

___ Return to my office: _____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

___ NO WORK until next evaluation: Anticipated Return to Work Date: __ Anticipated MMI Date: __

x_ Released to work WITH THE FOLLOWING RESTICTIONS:

_x_ Limited work to _4_ hours a day. Limit to 2 hours of standing.

_x_ No pushing, pulling, or excessive lifting in excess of 10 lbs

___ No twisting, climbing, or stooping

_x_ No repetitive movements or gripping with the right arm.

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

___ No kneeling, crawling, or squatting

___ Other - Same Restrictions as before

The patient has been referred to the following: __PT __OT __Other

Electronically Signed by: JAMES O. MERRITT, IV., MD

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

STEVENSON, ANN W (id #231443, dob: 05/19/[illegible])

Discussed Past Medical History

Surgical History

Reviewed Surgical History
* Other - tonsilectomy as a child

Family History

Discussed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Discussed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

05/22/2014 09:23 am

Ht:	5 ft 4 in	**Wt:**	192 lbs	**BMI:**	33
BP:	124/77 sitting L wrist	**Pulse:**	76 bpm		

HPI

This is a pleasant lady is in today for follow-up of her right leg. She continues to report pain in her right upper extremity. I think I believe she is seeing another physician for this. She is also contained have pain and swelling in the hip knee and ankle. She is now walking with no assistive device. She is very concerned regarding nerve damage in her leg giving her some of this pain.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

On exam she has a much improved gait from her last visit. There may be mild swelling in the leg. There is normal alignment of her knee and leg. She does not have any obvious deficits.

Assessment / Plan

Right leg pain. I have told her given her continued pain I don't have a problem checking a nerve conduction study. We'll see if and get this is done. If this is unremarkable again I think she would be at maximal medical improvement. We will keep her working injections as they were before.

1. Hip pain
719.45: Pain in joint, pelvic region and thigh
719.46: Pain in joint, lower leg
719.47: Pain in joint, ankle and foot

- TENS UNIT - 1 TENS UNIT - Use as directed Qty: 1 Unit Refills: 0 Supplier: N/A
- ELECTROMYOGRAM (EMG) - Note to Imaging Facility: EMG for RIGHT LEG - Dr. Watson

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 05/22/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 05/22/2014 at 4:39pm

Ann Stevenson ● 231443

Certification of Health Care Provider for Associate's Serious Health Condition (FMLA)

Associate's Name: Ann Stevenson

Work Location # 586 Date 6/4/14

You have requested a leave of absence due to your own serious health condition. In order to consider this request, you must return this form within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA Leave request.

FOR COMPLETION BY THE HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient/our associate has requested leave under FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience and examination of the associate. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the associate is seeking leave. Please be sure to sign the form on the last page.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Provider's name and business address: James O. Merritt IV

Type of practice/Medical specialty: orthopaedic surgeons

Telephone: (843) 236-3222 Fax: (843) 236-3005

PART A: MEDICAL FACTS

1. Approximate date condition commenced: N/a
2. Probable duration of condition: undetermined at this time - further test pending
3. Was the associate admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ☒No ☐Yes
4. Date(s) you treated the associate for this condition: 4/23/13 to present
5. Will the associate need to have treatment visits at least twice per year due to the condition? ☐No ☐Yes
6. Was medication, other than over-the counter medication, prescribed? ☐No ☐Yes
7. Was the associate referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? ☐No ☒Yes
   If yes, state the nature of such treatments and expected duration of treatment: patient was referred to have an EMG/NCS performed.
8. Is the medical condition pregnancy? ☒No ☐Yes If yes, expected delivery date: _____
9. Use the information provided by Walmart to answer this question. If Walmart does not provide a list of the associate's essential functions or a job description, answer these questions based upon the associate's own description of his/her job functions.
   a. Walmart ___ provided ✓ did not provide a list of essential job functions or a job description.
   b. Is the associate unable to perform any of his/her job functions due to the condition? ☐No ☒Yes
      If yes, identify the job functions the associate is unable to perform:
      ~~limited to work 4 hrs per day/ standing 2 hrs per day~~/ 10lbs lifting restrictions/ no repetitive movement or gripping with right arm.

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10. Other relevant medical facts, if any, related to the condition for which the associate seeks leave. Such medical facts may include:

Diagnosis: (R) leg pain

Symptoms: pain & swelling in right hip, knee, and ankle.

Any regimen of continuing treatment such as the use of specialized equipment:

N/a

PART B: AMOUNT OF LEAVE NEEDED

11. Will the associate be incapacitated (unable to work) for a single continuous period of time due to his/her medical condition, including any time needed for treatment and recovery? ☑No ☐Yes

If yes, estimate the date the associate will first be unable to work (incapacitated begin date) and the date you expect the associate to be able to return to work: From: _____ To: _____

Note: The above dates should reflect the duration of the associate's inability to work, rather than the duration of the condition. Specific dates must be provided, but it is understood that they are estimates and may be subject to change. Words such as "lifetime," "unknown" or "indeterminate" are not sufficient.

12. Will the associate need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the associate's medical condition? ☐No ☑Yes

a. If yes, are the treatments or the reduced number of hours of work medically necessary? ☐ No ☑Yes

b. Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

c. Estimate the part-time or reduced work schedule the associate needs, if any: 4 hour(s) per day; _____ days per week from _____ through _____ 2hrs per day standing, 10lb lifting restrictions, no repetitive gripping or use of (R) arm.

13. Will the condition cause episodic flare-ups periodically preventing the associate from performing his/her job functions? ☐No ☐Yes undetermined at this time.

a. If yes, is it medically necessary for the associate to be absent from work during flare-ups? ☐ No ☐ Yes

If yes, please explain: _____

b. Based upon the associate's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the associate may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours or _____ day(s) per episode

PART C: ADDITIONAL INFORMATION

If there is any additional information to support the associate's need for leave, please indicate such information below and identify the question number with your additional answer.

_____

_____

PART D: SIGNATURES

_____
Signature of Health Care Provider

5/29/14
Date

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STEVENSON, ANN W (id #231443, dob: [redacted])

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Reviewed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

05/20/2014 08:13 am

Ht: 5 ft 4 in | Wt: 192 lbs | BMI: 33

BP: 114/63 sitting L wrist | Pulse: 66 bpm

HPI

This is a pleasant lady is back in today. She continues to have a multitude of complaints of discomfort in her right arm and right leg as well as her neck and back. She has completed the nerve conduction study.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

Right arm and right leg pain. I reviewed her nerve conduction studies. Lower extremity study is normal. The upper extremities today reveals mild to moderate carpal tunnel syndrome. I discussed with her that her symptoms really don't seem to be consistent with carpal tunnel syndrome. I told her that if she would like she can always get in to see a hand specialist to get their opinion on this. She asked requested to see if physiatry is. We will place his referral for. Total I don't think that she needs any surgical intervention at this point time for her right leg and right arm pain. I told her I think continued exercise and strengthening will help. I think that most of her discomfort is probably muscle ligamentous and will improve with time and the appropriate exercises. I told her that I don't need to see her back unless there are any significant changes or problems or she has any concerns.

1. Hip pain
   719.45: Pain in joint, pelvic region and thigh
   719.46: Pain in joint, lower leg
   719.47: Pain in joint, ankle and foot
   - ORTHOPAEDIC REFERRAL - Schedule Within: provider's discretion

2. Knee pain
   719.46: Pain in joint, lower leg
   - Norco 5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664

3. Joint pain in ankle and foot
   719.47: Pain in joint, ankle and foot

4. Sprain of shoulder and upper arm
   840.9: Sprains and strains of unspecified site of shoulder and upper arm

Return to Office

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HTC Webmail **asteven@sccoast.net**

Re: Ann Stevenson work restrictions 11-03-14

From : Hamp Manning <James.Manning@walmart.com> Tue, Nov 04, 2014 08:30 AM

Subject : Re: Ann Stevenson work restrictions 11-03-14

To : 'asteven@sccoast.net' <asteven@sccoast.net>

Usual of accommodation to restrictions again

Ann,

This is essentially the same as the original. We are going to have to get together and discuss the plan moving forward. Accommodation is not going to approve these limitations as they are the same as before.

When will you have a moment to talk?

Thanks
Hamp Manning, PharmD
Market Health and Wellness Director Mkt125 Walmart Stores, Inc.

2751 Beaver Run Blvd.
Surfside Beach, SC 29575
Phone 843.215.3688 Cell 843.231.3174
James.manning@wal-mart.com

Walmart Stores, Inc.
Save money. Live better.

From: asteven@sccoast.net . [mailto:asteven@sccoast.net]
Sent: Monday, November 03, 2014 11:27 PM
To: Hamp Manning
Subject: Re: Ann Stevenson work restrictions 11-03-14

Hi,
Sorry about that I must have gotten stopped again. Here it is.
Thank you,
Ann

On Mon, Nov 3, 2014 at 8:01 PM, Hamp Manning <James.Manning@walmart.com> wrote:

Nothing was attached?

Hamp Manning, PharmD

MHWD Market 125

Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690

jmannin@wal-mart.com

Wal-Mart #574

2751 Beaver Run Blvd.

Surfside Beach, SC 29575

Save money. Live Better

From: asteven@sccoast.net . [mailto:asteven@sccoast.net]
Sent: Monday, November 03, 2014 6:33 PM
To: Hamp Manning
Subject: Ann Stevenson work restrictions 11-03-14

Hi,

Here is the work restrictions from my last doctor's appointment.

I went in today to the Myrtle Ridge Walmart where Debbie and Liz helped me fill out the confidentiality form and the background check that I was told had to be in.

Thank you and have a good week,

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Encounter Summary

Patient

Name	STEVENSON, ANN (58, F) ID# 231443
Appt. Date/Time	[redacted] 11/12/2014 10:30AM
DOB	[redacted]
Service Dept.	SOC
Provider	JAMES O MERRITT, IV., MD
Insurance	Med Primary: *SELF PAY* Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART Policy/Group # : 251805185 Employer Name : WALMART Case # : 6815476 Case Injury Date : 02/16/2013 Med Worker's Comp: ONE CALL CARE MANAGEMENT Policy/Group # : OCM251805185 Referring Provider Name : MERRITT, JAMES O, MD Employer Name : WALMART Case # : OCM251805185 Case Injury Date : 02/16/2013 Prescription: ESI1 - Member is eligible. details

Patient's Care Team

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Insurance Adjuster (Worker's Comp): BARBARA COWAN: Ph (800) 527-0566 X 20746, Fax (479) 273-8058
Insurance Adjuster (Worker's Comp): HANNA WILEY: Ph (800) 527-0566X20748, Fax (479) 273-8052
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 151 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

MRI F/U

Right Hip and Lumbar Spine

Problems

Reviewed Problems
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Knee pain
- Joint pain in ankle and foot
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Myositis
- Skin sensation disturbance
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- Strain of neck muscle
- Lumbar sprain

Medications

Reviewed Medications

Name	Date
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) EVERY 4-6 HOURS by oral route.	11/12/14 prescribed
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed	08/30/13 prescribed

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Norco 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route. Note: sent RX with pt	06/20/14 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route.	11/03/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

Discussed Family History
Father - Attack (onset age: 78)
- previously recorded as Heart disease/attacks

Social History

Discussed Social History
Smoking Status: Never smoker.
Non-smoker.
Deaf or serious difficulty hearing: N.
Blind or serious difficulty seeing: N.
Difficulty concentrating, remembering or making decisions: N.
Difficulty walking or climbing stairs: Y.
Difficulty dressing or bathing: N.
Difficulty doing errands alone: Y.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

11/12/2014 10:43 am

Ht: 5 ft 4 in Wt: 190 lbs BMI: 32.6

BP: 125/73 sitting L wrist Pulse: 68 bpm

HPI

This is a pleasant lady who is in today for follow-up of her low back and right leg she is continuing to have significant complaints in the right leg. No new problems. She is here today to follow-up of her MRI.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

There are no deficits in her lower extremities. She walks in antalgic gait.

Assessment / Plan

Right leg pain. I reviewed her MRI. It is fairly unremarkable very slight disc bulge at L4-L5 no significant stenosis no pathologic lesions or other problems. I discussed with her that I'm not sure what is causing most of her pain I do think she is probably having some muscle ligamentous discomfort. She's been through appropriate treatment at all really have much else to offer from an orthopedic standpoint. I'll be happy to see her back on an as-needed basis .I did refill her pain medicine. She continues to need this she may need to be referred to pain management specialist.

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Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN **EXAM DATE:** 11/10/2014
DOB: 05/[redacted] **PATIENT ID:** SOC231443
PHYSICIAN: James Merritt IV MD

Exam: MRI of the lumbar spine.

Indication: Back pain, radiculopathy.

Technique: Coronal T1 scout, sagittal T1, fast spin echo T2, STIR, axial T1 and fast spin echo T2 sequences obtained through the lumbar spine.

Findings: Sagittal images show normal alignment. No compression or subluxation.

Conus and cauda equine are unremarkable.

No signal abnormality in vertebral bodies.

Disc signal loss most prominently at L4-L5 from desiccation.

L1-L2 is without stenosis.

L2-L3 has mild facet arthropathy, no stenosis.

L3-L4 has mild facet arthropathy, no stenosis.

L4-L5 has broad-disc bulge contacting the thecal sac. Mild facet arthropathy. This is minimally encroaching the central canal and neural foramen without significant stenosis.

L5-S1 has mild broad disc bulge, no stenosis.

A perineural (Tarlov) cyst in the right S1 foramen.

Impression:

Mild degenerative disc disease and facet arthropathy most notably at L4-L5. No central or foraminal stenosis at any level.

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Subject: Re: Ann Stevenson 6815476
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 9/23/2013 11:31 AM
To: "Janice Van Allen" <Janice.Van_Allen@wal-mart.com>

Thank you. Since the beginning of June when all worker comp therapy & treatment stopped my condition has deteriorated. My doctor (not yours) has said if he sees no improvement within the next couple of weeks he will be sending me to a neurologist.
Thank you for your efforts,
Ann Stevenson

----- Original Message -----
From: Janice Van Allen
To: Krystal Rogers
Cc: asteven@sccoast.net ; Katrina Jamison
Sent: Thursday, September 19, 2013 5:22 PM
Subject: FW: Ann Stevenson 6815476

Krystal,

Will you please ensure these are sent.

Janice Van Allen, Director of Workers' Compensation
Phone 479.621.2019 Fax 479.273.8138
janice.van_allen@wal-mart.com
Walmart Stores, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Your spark makes us Walmart

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, September 19, 2013 2:46 PM
To: Janice Van Allen
Cc: Katrina Jamison
Subject: Re: Ann Stevenson 6815476

Hi,
Please send the doctors below readable/viewable copies of the two videos of the worker's comp accident. None of the doctors have received them yet. Their names and addresses are below:

1. Dr Merritt ,210 Village Center Blvd., Ste 200, Myrtle Beach, SC 29579-6706
2. Dr. Pappas , 210 Village Center Blvd., Ste 200, Myrtle Beach, SC 29579-6706
3. Dr. Tamadon, 1914 Meeting Court, Wilmington, NC 28401

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4. Dr. Owens , 2504 Highmarket Street, Georgetown, SC 29440
5. Dr. Rhoades ,1220 21st Ave North, Myrtle Beach, SC 29577

Please confirm shipment and date. I think those doctors are tired of me calling them about this.

Thank you,
Ann Stevenson

----- Original Message -----
From: Janice Van Allen
To: Hanna Wiley ; Krystal Rogers
Cc: ANN STEVENSON
Sent: Tuesday, September 03, 2013 4:22 PM
Subject: FW: Ann Stevenson 6815476

Hannah,

Please see the note below from Ann.

Janice Van Allen, Director of Workers' Compensation
Phone 479.621.2019 Fax 479.273.8138
janice.van_allen@wal-mart.com
Walmart Stores, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Tuesday, September 03, 2013 2:44 PM
To: Janice Van Allen
Subject: Re: Ann Stevenson 6815476

Hi,
Can you have readable DVD copies of the injuries sent to all the doctors on the list please?
Thank you,
Ann Stevenson

----- Original Message -----
From: Janice Van Allen
To: ANN STEVENSON
Cc: Katrina Jamison
Sent: Monday, August 26, 2013 12:26 PM
Subject: RE: Ann Stevenson 6815476

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----- Original Message -----
From: Janice Van Allen
To: ANN STEVENSON
Cc: Katrina Jamison
Sent: Monday, August 26, 2013 12:26 PM
Subject: RE: Ann Stevenson 6815476

Ann,

I've asked one of our in-house nurses to review your claim and let me know if the case manager is taking the appropriate medical action. I will let you know what she finds.

Janice Van Allen, Director of Workers' Compensation
Phone 479.621.2019 Fax 479.273.8138
janice.van_allen@wal-mart.com
Walmart Stores, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Your spark makes us Walmart

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Saturday, August 24, 2013 6:24 PM
To: Janice Van Allen
Cc: Katrina Jamison
Subject: Fw: Ann Stevenson 6815476

Hi,
I think that I need to explain something to you that all of the other people I have contacted at worker's comp have known for months and months, so you too will also know.
Every step I take causes pain, everytime I walk in to work, walk at work, and walk back out from work. I try to limit standing/walking and I use a grocery cart most of the time from the parking lot. I am unable to use a Cane because of my right hand/wrist/arm which has not been treated either. The cane has to be used on the weak side to take the weight off of that leg and give support. My whole right side is injured in a slingshot whiplash.
Every step I take whenever I do it whether work or home or wherever and I have not been going hardly any wherever because of this injury, causes pain and it has been getting worse.

Worker's comp has left me this way for months refusing to treat every part of the whole injury.

HTC Webmail asteven@sccoast.net

Re: Stevenson, Ann - Claim # 6815476 - WC Lost Time

From : ANN STEVENSON <asteven@sccoast.net> Fri, Jun 28, 2013 08:22 AM

Subject : Re: Stevenson, Ann - Claim # 6815476 - WC Lost Time

1 attachment

To : Janice Van Allen <Janice.Van_Allen@wal-mart.com>

Hi Janice,
Thank you for your help.
Ann Stevenson

----- Original Message -----
From: Janice Van Allen
To: asteven@sccoast.net
Cc: Hanna Wiley ; Krystal Rogers ; Vince Cullipher
Sent: Thursday, June 27, 2013 3:26 PM
Subject: FW: Stevenson, Ann - Claim # 6815476 - WC Lost Time

Ann,

As we discussed, I am showing that you have an appointment scheduled for an Independent Medical Exam on 8/1/13 at 10:45 AM. The location is listed below:
1914 Meeting Court
Wilmington NC 28401
phone 910-362-1112

Hanna: Will you please contact Ann to answer her questions about treatment for her arm, hand, and wrist. She states that they are accepted body parts and states that she is still unable to open bottles.

Thank you.

Janice Van Allen, Director of Workers' Compensation

Phone 479.621.2019 Fax 479.273.8138

janice.van_allen@wal-mart.com

Walmart Stores, Inc.
PO Box 1288
Bentonville, AR 72712-1288
Your spark makes us Walmart

From: Linda Baggett
Sent: Thursday, June 27, 2013 11:38 AM
To: Janice Van Allen
Subject: Stevenson, Ann - Claim # 6815476 - WC Lost Time
Importance: High

She called @ 11:20 am. She needs to speak with you today.

Sounds like Vince tried to explain about LOA and time frame to lose her job.

She wants to know why her adjusters are not treating below the knee.

She doesn't want to lose her job. Please call her back at 843-454-6186.

Linda Baggett
Administrative Assistant To:
Dan Filla, Director Compliance, Training, and Claim Support
Janice Van Allen, Director Workers Compensation
Jennifer Pickard, Director General Liability
Kim Holliday, Director Bill Processing, Managed Care, OK Office, TX Office
Phone 479.621.2457 Fax 479.273.8138
Claims Administration, Risk Management

Linda.Baggett@wal-mart.com
Saving People Money So They Can Live Better.

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, June 27, 2013 11:23 AM
To: Linda Baggett
Subject: Fw: referral Claim # 6815476
Importance: High

----- Original Message -----

From: ANN STEVENSON
To: Linda Baggett
Cc: Hamp James Manning
Sent: Friday, June 21, 2013 10:17 AM
Subject: Fw: referral Claim # 6815476

Hi Linda,
I called asking for Vince's supervisor's information and was told she was out, did get her name though(Janice VanAllen). After more than a couple of questions, the lady who helped me gave me your email.
I have been pursuing this injury problem for quite awhile and been told all kinds of things on the phone which did not happen..... whether there were misunderstandings or not I do not know, but I do know I was purposely led to believe something would be happening or occuring following the conversations.
Because of the refusal to treat and this wait there are lots of problems. Now I am having problems at work, since workers comp has decided to make me wait and sit for a second opinion that did not get started back in april when it should have.
Now I may lose my job, because of this treatment by the dept there at workers comp. My supervisor is Hamp Manning and I am forwarding him a copy of this email. Please review and give me a call today on my phone at 843-454-6186.
There are plenty of emails, but this is probably the most inclusive. I found out anytime I received a phone call from people in the past ..... it must have been because they were uncomfortable in putting the information in emails and therefore I have no written proof.
Also can you review the phone call conversations

- between myself and Krystal Rogers ..... and
- between myself and Vince Cullipher

There were a lot of things said to placate me, stop my actions that never occurred and some were done shadily or so the doctor leads me to believe, since Vince promised to send the video to the doctor and he could not open it, and also promised to let the doctor choose to treat me below the knee if he thought it was warranted which did not happen. Krystal got information while Hanna was on vacation and there were problems too ..... on the phone conversations that did not happen.

As you can see I have been following up the levels as I was supposed to do at Walmart, but if I had cut to the chase at the very beginning knowing how I would have been treated, I would already be back to work, healed or healing and in better financial health too.

I did not know I would have to protect myself from people at Walmart, that I would not be treated fairly along the way and that worker's comp would purposely make it harder for me to get better, to function ------in others words to sabotage the PT already done. What do you think about treating knee, hip, back,neck ..... and then refusing to treat below the knee, so I have trouble climbing, standing, and walking because of the way I have to step with my foot and and cannot roll it..... the gait(the way you normally walk) is off pulling at all the authorized parts in order to step down to get somewhere. I cannot use a cane because I would need my right hand and arm to push down, grip and use the cane.

I have my Dad's old cane, my mother gave me..... but it

Subject: Fw: referral Claim #:6815476
Importance: High

Thank you
----- Original Message -----
From: ANN STEVENSON
To: Vince Cullither
Sent: Thursday, April 04, 2013 9:46 PM
Subject: Fw: referral Claim # 6815476

Vince,
Please look at the injury videos and review my case.
Upon being sent to the orthopedic, I was told he was restricted on what he could treat me for. So now I am being denied treatment for some of my injuries. No-one has been assigned to interceed between the adjuster and the medical specialist so that all of the correct medical treatment will be obtained and I have gotten nowhere with each person I have contacted so far at Walmart, but delays.
What I do not understand is how someone at Walmart can deny me treatment for injuries that occurred in an accident at work and has been made worse by having to continue working under these conditions.
Be forced to work while partially incapacitated has led to damage to Walmart's professional image and my own. I am expected to function at full mental and physical condition by everyone I have conversed with at Walmart's workers comp even though that is not possible due to the nature and use of the injuries, lack of sleep and being forced to function without rest.
Now I have been forced into an abusive situation..... on one end Suspension, unfulfilled paperwork restriced by WC and the other end not treating me and somewhere along the way possibly leading to termination because I am unable to perform my required activities.
Prescription errors are serious and Walmart does not take them lightly and neither do I, but your adjusters DO. They were not concerned in the least..... in other words it did not matter to them whatsoever.
There is and was a possibility that a fatal or highly damaging error could have escaped me due to all these work related injuries and issues. My job includes being able to catch every error pharmacy auxiliary staff and doctor's make in order to deliver healthcare safely to patients who put their trust in Walmart and come to us. Do you know of any job where a person needs to maintain 100% error free and almost all of these errors are made by others but must be caught by the pharmacist before it is delivered to the consumer.

Until we live something ..... we never see how others have had to survive. I never would have thought I would have been forced into an abusive situation by adjusters and a doctor , who would DENY me a medically-educated choice to work with me on my recovery..... because I am not supposed to have any say in anything that happens to me, my body, my brain and my mind and how I am forced to function..... unless I go SOMEWHERE ELSE TO GET IT as I was told.

I got hurt at Walmart, and from what I have heard and read ..... worker's comp is there to do the best they can to fix you back to what you were before the work accident. This is Walmart's responsibility. You see the 3 words of emphasis on each email address..... these words of RESPECT - SERVICE - EXCELLENCE.
If these are the guiding principles, why were they not applied to me?
Thank you,
Ann Stevenson
----- Original Message -----

Acquired trigger finger	07/01/2015	N
Hand joint pain	07/01/2015	N

Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
Lortab 10-325 mg ORAL TABLET		//			Y
Skelaxin 800 mg tablet		//			Y

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	Lortab 10-325 mg ORAL TABLET		Y	Verified
taking as directed	Skelaxin 800 mg tablet		Y	Verified

Allergies:

Ingredient	Reaction	Medication Name	Comment
EPINEPHRINE	Passed out		

Reviewed, no changes.

REVIEW OF SYSTEMS

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, fever, night sweats and nocturnal pain.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and dyspnea.
Cardio	Negative	Chest pain, cyanosis and irregular heartbeat/palpitations.
GI	Negative	Constipation, diarrhea, nausea and vomiting.
GU	Negative	Dysuria and hematuria.
Endocrine	Negative	Cold intolerance and heat intolerance.
Neuro	Negative	Difficulty initiating sleep, difficulty walking, dizziness, headache and numbness.
Integumentary	Negative	Rash.
MS	Positive	Decreased mobility.
MS	Negative	Except as noted in hpi and chief complaint, joint instability, joint tenderness and popping.
Hema/Lymph	Negative	Easy bleeding and easy bruising.
Allergic/Immuno	Negative	Environmental allergies and food allergies.

Physical Exam

Exam	Findings	Details
Elbow	*	Inspection - Ecchymosis - Right: none. Swelling - Right: none. Maximum Tenderness - Right: medial epicondyle, vague tenderness lateral elbow.
Elbow	Comments	positive ulnar nerve compression test elbow, elbow flexion test
Elbow	Normal	Inspection - Bursa - Right: Negative. Skin | Scars - Right: Normal. Laxity | Stability Tests - Tinel's Sign - Right: Negative.

N66

Elbow ROM R	*	AROM - Factors: normal, Description: active pain free range of motion. PROM - Factors: normal, Description: passive pain free range of motion.
Wrist	*	Palpation- Maximum tenderness- Right: non-tender.
Wrist	Normal	Edema- Right: Absent. Skin/scars- Right: Normal.
Wrist ROM - R	*	AROM- Factors: normal, Description: active pain free range of motion. PROM- Factors: normal, Description: passive pain free range of motion.
Strength - UE	*	Abductor pollicis brevis- Right: 5/5. Abduction, finger- Right: 5/5. First dorsal interossei- Right: 5/5.
Strength - UE	Normal	Froment's- Right: Negative.
Neurovascular UE	*	2pt 5-7mm throughout r hand Statis Two Point Discrimination - 2pt 5-7mm throughout r hand.
Neurovascular UE	Normal	Vascular - Capillary refill: Right: Normal.
Neurovascular UE	*	Two point discrimination: 2pt 5-7mm throughout r hand.

Provider: Stephen A. Putman MD 07/02/2015 04:12 PM
Document generated by: Stephen A. Putman, MD 07/02/2015 04:12 PM

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Phone 843.294.1941
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Electronically signed by Stephen A. Putman MD on 07/02/2015 04:21 PM

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Phone: 843-347-7222 • Fax: 843-347-3305

COA PHYSICAL THERAPY/OCCUPATIONAL THERAPY PRESCRIPTION

Name: Ann W Stevenson

Date: 10/14/2015
Diagnosis: lbp

Type: PT
Frequency: 3 times per week
Duration: 6 weeks
Special Instructions: _____

Protocols:

☐ Osteoporosis Protocol
MILLS
☐ cervical isometrics and ROM
☒ core strengthening and trunk stabilization
☐ Other:
☐ Evaluate & Treat
☐ Deep Friction Massage & Myofascial Release
☐ SI Protocol

Treatment Goals:
☐ Increase ROM
☐ Increase strength
☐ Decrease pain
☐ Improve edema
☐ Establish home program

Anatomic area:
Side: SELECT

Site:

☐Shoulder	☐Subtarlar Joint	☐Heel
☐Elbow	☐Hallux MTP Joint	
☐Wrist	☐Cervical Spine	
☐Knee	☐Lumbar Spine	
☐Hip	☐Hand: SELECT	
☐Ankle	☐Foot	

Weight Bearing Status:
☐Full Weight Bearing
☐Weight Bearing as tolerated
☐Non Weight Bearing
☐Toe Touch Weight Bearing

RFn

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CAROLINA ORTHOPAEDIC SPECIALISTS
The Bone, Spine & Sports Experts

Patient:	Ann Stevenson
Date of Birth:	05/19/1956
Date:	07/01/2015 10:30 AM
Visit Type:	Office Visit
Physician:	Edward J. Mikol MD

Assessment/Plan

#	Detail Type	Description
1.	Assessment	PAIN Hand (719.44).
	Patient Plan	SHe has some sxs of CTS but not completely w that diagnosis. She presents with a book of what looks to be a life-history of medical issues. She has had some WC related injuries. Her EMG / NCS is cw CTS but her main complainats are not. She does have a trigger finger but doesn't want it injected. Says that isn't a major issue. I cannot explain her sxs with a diagnosis cw her physical findings. I would be reluctant to operate under these conditions. I'm not sure I can get her feeling better. I will ask Dr Putman to see her as he is our hand and wrist specialist and probably best suited to treat her.
	Plan Orders	The patient had the following test(s) completed today X-ray exam, wrist, complete, 3+ views RT.
2.	Assessment	Trigger finger (727.03).
3.	Assessment	Carpal Tunnel Syndrome (354.0).

Indication/Type of Treatment:

This 59 year old patient was referred by Jeff Benjamin DO.

Diagnostics:

Study	Result/Report	Interpretation
X-ray exam, wrist, complete, 3+ views RT	No fractures, dislocations or degenerative changes. Normal alignment. No acute findings.	normal

This 59 year old female presents for right hand pain.

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History of Present Illness:

1. right hand pain

Severity level is moderate-severe. It occurs intermittently and is fluctuating. Location: right hand. The pain radiates to the right arm. The pain is aching. Context: there is an injury. The pain is aggravated by bending, lifting, movement and pushing. There are no relieving factors. Pertinent negatives include difficulty initiating sleep, joint instability, joint tenderness, nocturnal pain, numbness and popping. Additional information: Ms. Stevenson reports for R hand pain radiating up her arm.She had a fall at work, and Dr. Haskins diagnosed her with CTS. Has a fair amount of pain that she says runs up her ulnar forearm into anterior arm. Rreports weak grip and can't hold anything.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Notes
Carpal tunnel syndrome	07/01/2015	N	
Acquired trigger finger	07/01/2015	N	
Hand joint pain	07/01/2015	N	

Past Medical History (Detailed)

Disease	Onset Date	Comments
Headache, migraine		
Cervical pain		

Past Surgical History

Management	Date	Comments
Tonsillectomy		

Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
Lortab 10-325 mg ORAL TABLET		//			Y
Skelaxin 800 mg tablet		//			Y

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	Lortab 10-325 mg ORAL TABLET		Y	Verified
taking as directed	Skelaxin 800 mg tablet		Y	Verified

Allergies:

Ingredient	Reaction	Medication Name	Comment
EPINEPHRINE	Passed out		

Reviewed, updated.

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Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father				Cardiovascular disease		N
Father				Hypertension		N
Father				Diabetes mellitus		N
Mother				Hypertension		N

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.
Preferred language is English.
MARITAL STATUS/FAMILY/SOCIAL SUPPORT
Currently married.
Smoking status: Never smoker.

SMOKING STATUS

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
no/never		Never smoker			

CAFFEINE
The patient uses caffeine: coffee - 2 cups a day.

REVIEW OF SYSTEMS

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, fever, night sweats and nocturnal pain.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and dyspnea.
Cardio	Negative	Chest pain, cyanosis and irregular heartbeat/palpitations.
GI	Negative	Constipation, diarrhea, nausea and vomiting.
GU	Negative	Dysuria and hematuria.
Endocrine	Negative	Cold intolerance and heat intolerance.
Neuro	Negative	Difficulty initiating sleep, difficulty walking, dizziness, headache and numbness.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in hpi and chief complaint, joint instability, joint tenderness and popping.
Hema/Lymph	Negative	Easy bleeding and easy bruising.
Allergic/Immuno	Negative	Environmental allergies and food allergies.

Physical Exam

Exam	Findings	Details
Hand - R	*	Location 1: MC joint, ring finger. ROM: normal. Strength: normal. Skin/scar: Normal. Nails: normal. Wound/laceration/burn: none. Swelling: none. Deformity/contracture: none. Mass/foreign body: Nodule at MCP joint volar aspect. Tenderness: Over nodule, triggering felt.. Laxity/stability: normal.
Hand - L	*	Location 1: hand. ROM: normal. Strength: normal. Skin/scar: normal.

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		Nails: normal. Wound/laceration/burns: none. Swelling: absent. Deformity/contracture: no contracture. Mass/foreign body: no mass palpable, no foreign body palpable. Tenderness: no tenderness. Laxity/stability: no laxity or instability.
Hand - L	Comments	Pinch strength decreased, positive basal grind.
Shoulder ROM R	*	AROM - Factors: pain, Description: pain in impingement arc. PROM - Factors: pain, Description: pain in impingement arc.
Neurovascular UE	Normal	Description - Normal. Sensation - Ulnar nerve, wrist: Left: Normal. Ulnar nerve, elbow: Left: Normal. Median nerve: Left: Normal. Radial sensory nerve: Left: Normal. Neuro Tests - Phalen's: Right: Negative. Medial nerve compression: Right: Negative, Tinel's: negative.
Strength UE	Normal	Strength Description - Upper extremity strength is normal: Right.

Provider: Edward J. Mikol MD 07/01/2015 02:41 PM
Document generated by: Edward J. Mikol, MD 07/01/2015 02:41 PM

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Fax 843.294.1945

Electronically signed by Edward J. Mikol MD on 07/01/2015 04:55 PM

M1

ANN STEVENSON

From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Sent: Thursday, September 22, 2016 1:40 PM
Subject: Pharmacist duties

As a pharmacist while working some of my main duties were:

- counselling patients on otc (over the counter) health products thapt are sold without having to get a Dr's prescription ... ie. such as heat/cold packs for bruises, swelling,sprains and strains, and ACE compression elastic bandages for support of weak areas.
- filling prescriptions
- talking to doctors, nurses and other medical staff
- talking to patients on the phone for counselling on their medicines and/or counselling on OTC products
- trying to catch most significant drug interactions and side effects
- trying to catch medical prescribers errors of drug, dosage, directions, side effects, contraindications, wrong drug for wrong patient, wrong patients name on prescription that brought it in, patient's name on someone else's prescription (these are usually found at the counsel window(if the patients do not deny counselling), when patient says, " I don't have that problem")
- overseeing techs" jobs and trying to catch errors created by techs who provide the work product to be checked at each stage of production (intake,placing prescription in computer, check that, look at drug interactions, or back out to check later and then to a tech to count or pour placing label in a numbered tote assigned to that rx, who places that on shelves to be checked) with about 200 to 600 or more per day average depending upon whether it is very busy and that is just the prescription product. It does not include all the other duties and interruptions that can occur..... As you can see this takes a good mind and very good concentration that cannot be affected by drugs or health problems.
- in a typical day the amount of tech errors that the pharmacist catches depends on the training of the tech, (Walmart is always hiring new people to train) and the errors could be 5 or more than 20 which has to be caught before the patient gets it. Constant vigilance required and a clearly focused mind.
- pharmacists do not get 15 minute breaks during the workday, if that happened when there was only one pharmacist the pharmacy would have to close, and the same for lunch but most of the time you can close from 1:30-2P. The pharmacists stand from the time they come in until lunch or if they can run to the bathroom, until they leave.
- Also see WALMART'S STAFF PHARMACIST JOB DESCRIPTION

(see enclosed clear copy or Defendant's APA 4 p53-54)

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Job Description

Staff Pharmacist

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Maintains confidential information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Manages Pharmacy Operations - Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Customer/Member Centered: Meet Internal and External Customer/Member Needs - Identifies the requirements, expectations, and needs of customers/members. Supports and aligns with initiatives, goals, and actions focused on improving customer/member service. Addresses the concerns and issues of internal and external customers/members. Uses customer/member data, analyses, and insights to improve customer/member-related decisions.

Judgment: Demonstrate Professional Judgment - Researches and integrates relevant information and data, and uses expertise to make recommendations or decisions. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Uses business measures and analyses to identify improvement opportunities. Probes and looks beyond symptoms to determine the root causes of problems and identify possible solutions.

Execution and Results: Focus on Execution and Results - Aligns and pursues work activities to achieve the mission and business priorities of the organization. Shares information, practices, and resources across functions, organizations, and locations to improve performance. Effectively uses existing processes and tools to achieve performance objectives. Uses and explains major process steps to manage time, resources, and challenges to meet goals.

Planning and Improvement: Plan for and Improve Performance - Develops and implements plans, practices, and processes to better achieve organizational goals. Develops contingency plans to manage or eliminate potential problems. Identifies and recommends ways to continually improve and streamline processes and practices.

Influence and Communicate: Build Influence - Develops and presents logical, convincing reasons in support of one's perspectives and initiatives. Proactively shares relevant information and timely updates with appropriate people. Listens attentively and asks questions to ensure understanding. Researches information for and prepares documents and presentations that effectively convey relevant information in a timely manner.

Ethics and Compliance: Model Ethics and Compliance - Complies with policies and procedures. Demonstrates ethical performance. Supports efforts to enforce compliance with policies and procedures.

Adaptability: Adapt Professionally - Demonstrates creativity and strength in the face of change, obstacles, and adversity. Adapts to competing demands and shifting priorities. Updates and shares knowledge and skills to keep current in one's area of expertise. Embraces change and supports its implementation.

Build Relationships: Form Relationships - Builds trusting, collaborative relationships and alliances across functional and organizational boundaries. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Collaborates with people from diverse backgrounds, experiences, and functional areas to discover new perspectives.

Physical Activities

Sylvia J. Hoff

From: ISD ApsDev HR Reply <apdevhr@wal-mart.com>
Sent: Thursday, May 15, 2014 8:28 AM
To: James Manning
Subject: GAIN Action Approved

The following request(s) are Approved

Gain Number : 6238701
Action Type : Leave of Absence - Unpaid
Associate Name : Ann Stevenson
Approved On : 05/15/2014 07:27 AM

*** This is an Auto generated email , Please do not reply to this id ***

Sylvia J. Hoff

From: asteven@sccoast.net . <asteven@sccoast.net>
Sent: Monday, April 28, 2014 9:15 AM
To: Hamp James Manning
Subject: Ann Stevenson

Hi Hamp,
Is there no one I can contact at Walmart to get workers comp to fix my hand and arm? It would seem like someone would be ashamed of what has happened?
I have emails stating that that those were covered areas and so far have never been treated. I am really tired of lawyers, having to wait- wait and workers comp knowing I cannot work until my hand is treated.
I was at John's going away party and most everyone was talking about being short people. I would like to be back where I can make a difference.
Have a good week.
Thank you,
Ann

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Sylvia J. Hoff

From: asteven@sccoast.net . <asteven@sccoast.net>
Sent: Thursday, May 8, 2014 10:49 AM
To: Hamp Manning
Subject: Ethics investigation request

Hi Hamp,
This is exactly what the ethics people sent me and maybe you can tell me where to go from here, because the workers comp activity DID FALL INTO THE ETHICS AREA. I was also told that by others at Walmart when I called. Can you see that this information is forwarded up the entire line of supervision until it actually reaches Paul Beahm or higher?
This is the ethics hotline's reply:

Thank you for following up with the Global Ethics Office regarding your concern. One of our objectives is to provide guidance for ethical dilemmas and to ensure formal review for behavior that may be inconsistent with the Walmart Statement of Ethics, which can be found at www.walmartethics.com. As described, your concerns do not require an investigation from our office; however, a review of your concern may still be necessary. Please feel free to contact the Market Manager or Regional Manager over your facility. You may obtain their information by calling your local facility and requesting the contact information for the Market and Regional Offices. Thank you and feel free to contact us in the future regarding the Statement of Ethics.

Regards,

Keri
Global Ethics Office 2014-05-05

This was in reply to:

Additional Information Provided 1-Some of the information above is incorrect. I am not allowed to contact Walmart Worker Comp since October and that is the date of the most recent occurrence that I know of.
2- The issue occurred at CMI with adjusters and management that I contacted via phone and in email.
3- I was promised on the phone that Dr Merritt who worker comp chose could decide whether to treat the injury damage to the foot and on the phone and in many emails I was told my hand and arm were covered areas for treatment.
4- None of the above were ever authorized to the doctor by workers comp ----- after I was told verbally and in writing (emails) and other occurrences of being told something that did not happen in my treatment. So there was active collusion to withhold medical attention and to prevent me from getting answers during the time worker's comp was supposed to be treating me. This is the ethics situation whether you believe 1)they lied to me on the phone and in written material 2) withheld pertinent information necessary for my medical treatment and 3)in interdepartmental email and discussions colluded to prevent medical care and treatment, by refusing to treat areas they knew were injured from the accident by accident reports from other employees and myself and other material.
I did call claims management, but that took me back to the workers comp department that I had reported. I have been told by two layers of management outside of the workers comp department that they are unable to do anything about them and I did report problems as they arose after the accident up the ladder three levels at workers comp Hannah->Krystal->Vince->Janice and that is where I was told that was their decision and to leave it alone.

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Sylvia J. Hoff

From: WMCC HRSS Replies <H.Rssrep@wal-mart.com>
Sent: Friday, May 2, 2014 12:33 PM
To: Hamp Manning
Subject: Action Needed: ADA, Ann Stevenson, Claim Number: B483002651-0001-01
Attachments: ILOA Tracker.xlsx

Importance: High

Dear Hamp,

Please update the ILOA tracker with the dates and times the associate used their approved Reduced Hours. Any time outside the approval will not be considered for the FMLA SHC and should be reflected as ABSENCE on the tracker. HRSS needs this information as soon as possible to correctly calculate the associate time for leave.

For further assistance please email us at WMCC HRSS Replies (HRSSREP@wal-mart.com) or by phone at 800-530-9929 and choose the best option for your question. For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department

Thank You,
HR Shared Services

HR Shared Services - Confidential
This e-mail is intended for the sole use of the individual'(s) to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, duplication, or distribution of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited. If you receive this e-mail in error, please notify me immediately by replying to this e-mail.

From: WMCC HRSS Replies
Sent: Wednesday, June 19, 2013 2:27 PM
To: Hamp Manning
Subject: LOA, Ann Stevenson, TICKET NUMBER EHINCD000884785

Dear Hamp,

Ann Stevenson has been approved for an intermittent/reduced schedule leave of absence. You are responsible for tracking the hours and/or days missed due to the approved LOA reason. Please notify HR Shared Services once the associate has exhausted 12 weeks of leave time in a rolling 12 month period and/or 90 days salary continuance. Once the associate's LOA has expired, or associate is requesting a new leave please send the completed tracker to HR Shared Services. We have attached an intermittent leave tracker for your convenience. (Note: If the associate has already been on an ILOA in the past 12 months, please continue using their existing ILOA tracker to ensure to correct amount of FMLA used is captured.)
The Intermittent FMLA LOA has been approved as follows:

06/11/2013-07/10/2013-FMLA-SHC-Reduced hours-Unpaid (4 hours per day) The medical certification did not reflect a ending date for the reduced hours)
Please send a reasonable accommodation packet, the provider has indicated restrictions that may be inconsistent with the associate's job description.

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06/11/2013-07/10/2013-FMLA-SHC-Reduced hours-Unpaid (4 hours per day) The medical certification did not reflect a ending date for the reduced hours)
Please send a reasonable accommodation packet, the provider has indicated restrictions that may be inconsistent with the associate's job description.

For further assistance please email us at HR Shared Services (HRSS@wal-mart.com) or by phone at 800-530-9929 opt 2, opt 4.For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department.

Thank you,

HR Shared Services

HR Shared Services - Confidential
This e-mail is intended for the sole use of the individual(s) to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, duplication, or distribution of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited. If you receive this e-mail in error, please notify me immediately by replying to this e-mail

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Thanks
Jamey Miller
770-690-3039

From: Jamey Miller
Sent: Monday, April 28, 2014 9:06 AM
To: 'HRSSREP@wal-mart.com'
Subject: FW: Emailing: FMLA10-13-010414 Ann Stevenson

Please find the attached updated FMLA paperwork for Ann Stevenson. This was not done in the past as it should have been when she left for LOA. At this point I am attempting to get her to sign the correct paperwork so we will have a complete file on her. I understand there isn't doctor's paperwork attached but we know her condition is due to workers' compensation so I am getting the paperwork completed so we can start her personal LOA until her year is up.

Thanks
Jamey

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Sunday, April 20, 2014 9:31 PM
To: Jamey Miller
Subject: Emailing: FMLA10-13-010414 Ann Stevenson

Hi Jamey,
Here is the FMLA paperwork and Dr. Merritt's work status restrictions report from December.

Thank you,
Ann Stevenson

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Sylvia J. Hoff

From: Leslie Winters <Leslie.Price@walmart.com>
Sent: Friday, May 2, 2014 3:29 PM
To: Hamp Manning
Subject: FW: ScanSend from PHO2-PG1c-c Ann Stevenson
Attachments: image2014-03-17-194900-1.tif

No hours worked form 6/1 thru 6/28

Thank you
Leslie Winters
Health & Wellness HR Specialist
Phone: 479-204-8001
Fax: 479-273-4332
leslie.winters@wal-mart.com
Wal-Mart Corporate Office
702 Southwest 8th Street
Bentonville, AR 72716-0935
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-----Original Message-----
From: Hamp Manning
Sent: Friday, May 02, 2014 1:53 PM
To: Leslie Winters
Subject: FW: ScanSend from PHO2-PG1c-c Ann Stevenson

Leslie,

We are still working through some LOA issues with this associate. You sent this time punches to me in March. Can you verify if she worked at all in June? The earliest report I have is 6/29/13.

Thanks

Hamp Manning, PharmD
MHWD Market 125
Phone Office 843.215.3688 Cell 843.231.3174 Fax: 843.215.3690 jmannin@wal-mart.com

Wal-Mart #574
2751 Beaver Run Blvd.
Surfside Beach, SC 29575
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-----Original Message-----
From: Leslie Winters

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Sylvia J. Hoff

From: WMCC HRSS Replies <H.Rssrep@wal-mart.com>
Sent: Monday, May 5, 2014 9:57 AM
To: Hamp Manning
Subject: Action Needed: ILOA Tracker, Ann Stevenson, Store 586, Ticket EHINCD000944376
Attachments: ILOA Tracker.xlsx

Importance: High

Dear Hamp

We received a new Leave of Absence for Ann Stevenson. We have been informed that they have had a previous Intermittent Leave of Absence and are requesting their Intermittent Tracker in order to confirm the amount of FMLA hours they have used. Please forward to WMCC HRSS Replies within two business days in order to process the leave within legal guidelines.

For further assistance please email us at HR Shared Services (HRSS@wal-mart.com) or by phone at 800-530-9929 opt 2, opt 4.For general HR Questions, please contact us at WIRE>>Key Resources>>Email My Department.

Thank you,

HR Shared Services

HR Shared Services - Confidential
This e-mail is intended for the sole use of the individual(s) to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, duplication, or distribution of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited. If you receive this e-mail in error, please notify me immediately by replying to this e-mail.

From: WMCC HRSS Replies
Sent: Wednesday, June 19, 2013 2:27 PM
To: Hamp Manning
Subject: LOA, Ann Stevenson, TICKET NUMBER EHINCD000884785

Dear Hamp,

Ann Stevenson has been approved for an intermittent/reduced schedule leave of absence. You are responsible for tracking the hours and/or days missed due to the approved LOA reason. Please notify HR Shared Services once the associate has exhausted 12 weeks of leave time in a rolling 12 month period and/or 90 days salary continuance. Once the associate's LOA has expired, or associate is requesting a new leave please send the completed tracker to HR Shared Services. We have attached an intermittent leave tracker for your convenience. (Note: If the associate has already been on an ILOA in the past 12 months, please continue using their existing ILOA tracker to ensure to correct amount of FMLA used is captured.)
The Intermittent FMLA LOA has been approved as follows:

[8]

Authorization for Release of Health Information

Expires upon one time release

Patient Name: Ann Stevenson DOB: 5/19/1956

Address:

City, State, Zip: Phone:

I authorize the practice listed below to release my health information:

Practice Name: DOCTORS CARE CAROLINA FOREST

Address: 200 MIDDLEBURG DR Phone: 843-903-6650

City, State, Zip: MYRTLE BEACH, SC 29579 Fax: 843-903-0758

Please forward/release my health information to:

Self

The information below is provided at the request of the patient. (Describe PHI needed)

Patient Information

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. *I understand that information disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.*

I understand that I have the right to revoke this authorization by sending a written notification to the address of the Doctors Care center above. I also understand that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification.

Ann Stevenson Date: 9/14/16

Signature of Patient or Personal Representative

Description of Personal Representative's Authority (attach necessary documentation)

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The physician-patient relationship

The duty of the physician is to provide competent, compassionate, and economically prudent care to all his or her patients. Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that patient requires in accord with the standards of acceptable medical practice. Further, it is the Board's position that it is unethical for a physician to allow financial incentives or contractual ties of any kind to adversely affect his or her medical judgment or patient care.

Therefore, it is the position of the North Carolina Medical Board that any act by a physician that violates or may violate the trust a patient places in the physician places the relationship between physician and patient at risk. This is true whether such an act is entirely self-determined or the result of the physician's contractual relationship with a health care entity. The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship remains inviolate. The physician who puts the physician-patient relationship at risk also puts his or her relationship with the Board in jeopardy.

Elements of the Physician-Patient Relationship
The North Carolina Medical Board licenses physicians as a part of regulating the practice of medicine in this state. Receiving a license to practice medicine grants the physician privileges and imposes great responsibilities. The people of North Carolina expect a licensed physician to be competent and worthy of their trust. As patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit.

Patient trust is fundamental to the relationship thus established. It requires that:

- there be adequate communication between the physician and the patient;
- the physician report all significant findings to the patient or the patient's legally designated surrogate/guardian/personal representative;
- there be no conflict of interest between the patient and the physician or third parties;
- personal details of the patient's life shared with the physician be held in confidence;
- the physician maintain professional knowledge and skills;
- there be respect for the patient's autonomy;
- the physician be compassionate;
- the physician respect the patient's right to request further restrictions on medical information disclosure and to request alternative communications;
- the physician be an advocate for needed medical care, even at the expense of the physician's personal interests; and
- the physician provide neither more nor less than the medical problem requires.

The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship, founded on patient trust, is considered sacred, and when the elements crucial to that relationship and to that trust—communication, patient primacy, confidentiality, competence, patient autonomy, compassion, selflessness, appropriate care—are foremost in the hearts, minds, and actions of the physicians licensed by the Board.

This same fundamental physician-patient relationship also applies to all licensees.

Termination of the Physician-Patient Relationship
The Board recognizes the physician's right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in compliance with the physician's obligation to support continuity of care for the patient.

The decision to terminate the relationship must be made by the physician personally. Further, termination must be accompanied by appropriate written notice given by the physician to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. A copy of such notification is to be included in the medical record. Should the physician be a member of a group, the notice of termination must state clearly whether the termination involves only the individual physician or includes other members of the group. In the latter case, those members of the group joining in the termination must be designated. It is

advisable that the notice of termination also include instructions for transfer of or access to the patient's medical records.

(Adopted July 1995) (Amended July 1998, January 2000, March 2002, August 2003, September 2006, July 2012)

Access to medical records

A licensee's policies and practices relating to medical records under his or her control should be designed to benefit the health and welfare of patients, whether current or past, and should facilitate the transfer of clear and reliable information about a patient's care. Such policies and practices should conform to applicable federal and state laws governing health information.

It is the position of the North Carolina Medical Board that notes made by a licensee in the course of diagnosing and treating patients are primarily for the licensee's use and to promote continuity of care. Patients, however, have a substantial right of access to their medical records and a qualified right to amend their records pursuant to the HIPAA privacy regulations.

Medical records are confidential documents and should only be released when permitted by law or with proper written authorization of the patient. Licensees are responsible for safeguarding and protecting the medical record and for providing adequate security measures.

Each licensee has a duty on the request of a patient or the patient's representative to release a copy of the record in a timely manner to the patient or the patient's representative, unless the licensee believes that such release would endanger the patient's life or cause harm to another person. This includes medical records received from other licensee offices or health care facilities. A summary may be provided in lieu of providing access to or copies of medical records only if the patient agrees in advance to such a summary and to any fees imposed for its production.

Licensees may charge a reasonable fee for the preparation and/or the photocopying of medical and other records. To assist in avoiding misunderstandings, and for a reasonable fee, the licensee should be willing to review the medical records with the patient at the patient's request. Medical records should not be withheld because an account is overdue or a bill is owed (including charges for copies or summaries of medical records).

Should it be the licensee's policy to complete insurance or other forms for established patients, it is the position of the Board that the licensee should complete those forms in a timely manner. If a form is simple, the licensee should perform this task for no fee. If a form is complex, the licensee may charge a reasonable fee.

To prevent misunderstandings, the licensee's policies about providing copies or summaries of medical records and about completing forms should be made available in writing to patients when the licensee-patient relationship begins.

Licensees should not relinquish control over their patients' medical records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure access to those records.*

When responding to subpoenas for medical records, unless there is a court or administrative order, licensees should follow the applicable federal regulations.

[*] See also Position Statement on Departures from or Closings of Medical Practices.

(Adopted November 1993) (Amended May 1996, September 1997, March 2002, August 2003, September 2010)

Medical record documentation

The North Carolina Medical Board takes the position that an accurate, current and complete medical record is an essential component of patient care. Licensees should maintain a medical record for each patient to whom they provide care. The medical record should contain an appropriate history and physical examination, results of ancillary studies, diagnoses, and any plan for treatment. The medical record should be legible. When the care giver does not handwrite legibly, notes should be dictated, transcribed, reviewed, and signed within a reasonable time. The Board recognizes and encourages the trend towards the use of electronic medical records ("EMR"). However, the Board cautions against relying upon software that pre-populates particular fields in the EMR without updating those fields in order to create a medical record that accurately reflects the elements delineated in this Position Statement.

The medical record is a chronological document that:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

The following required elements should be present in all medical records:

1. The record reflects the purpose of each patient encounter and appropriate information about the patient's history and examination, and the care and treatment provided are described.
2. The patient's past medical history is easily identified and includes serious accidents, operations, significant illnesses and other appropriate information.
3. Medication and other significant allergies, or a statement of their absence, are prominently noted in the record.
4. When appropriate, informed consent obtained from the patient is clearly documented.
5. All entries are dated.

The following additional elements reflect commonly accepted standards for medical record documentation.

1. Each page in the medical record contains the patient's name or ID number.
2. Personal biographical information such as home address, employer, marital status, and all telephone numbers, including home, work, and mobile phone numbers.
3. All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, initials, or a unique electronic identifier.
4. All drug therapies are listed, including dosage instructions and, when appropriate, indication of refill limits. Prescriptions refilled by phone should be recorded.
5. Encounter notes should include appropriate arrangements and specified times for follow-up care.
6. All consultation, laboratory and imaging reports should be entered into the patient's record, reviewed, and the review documented by the practitioner who ordered them. Abnormal reports should be noted in the record, along with corresponding follow-up plans and actions taken.
7. An appropriate immunization record is evident and kept up to date.
8. Appropriate preventive screening and services are offered in accordance with the accepted practice guidelines.

(Adopted May 1994) (Amended May 1996, May 2009)

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Performance improvement activities should include, but are not limited to, review of mortalities; the appropriateness and necessity of procedures performed; emergency transfers; reportable complications, and resultant outcomes (including all postoperative infections); analysis of patient satisfaction surveys and complaints; and identification of undesirable trends (such as diagnostic errors, unacceptable results, follow-up of abnormal test results, medication errors, and system problems). Findings of the performance improvement program should be incorporated into the practice's educational activity.

Medical Records and Informed Consent

The practice should have a procedure for initiating and maintaining a health record for every patient evaluated or treated. The record should include a procedure code or suitable narrative description of the procedure and should have sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the outcome and required follow-up care.

Medical history, physical examination, lab studies obtained within 30 days of the scheduled procedure, and pre-anesthesia examination and evaluation information and data should be adequately documented in the medical record.

The medical records also should contain documentation of the intraoperative and postoperative monitoring required by these guidelines.

Written documentation of informed consent should be included in the medical record.

Credentialing of Physicians

A physician who performs surgical or special procedures in an office requiring the administration of anesthesia services should be credentialed to perform that surgical or special procedure by a hospital, an ambulatory surgical facility, or substantially comply with criteria established by the Board.

Criteria to be considered by the Board in assessing a physician's competence to perform a surgical or special procedure include, without limitation:

1. state licensure;
2. procedure specific education, training, experience and successful evaluation appropriate for the patient population being treated (*i.e.*, pediatrics);
3. for physicians, board certification, board eligibility or completion of a training program in a field of specialization recognized by the ACGME or by a national medical specialty board that is recognized by the ABMS for expertise and proficiency in that field. For purposes of this requirement, board eligibility or certification is relevant only if the board in question is recognized by the ABMS, AOA, or equivalent board certification as determined by the Board;
4. professional misconduct and malpractice history;
5. participation in peer and quality review;
6. participation in continuing education consistent with the statutory requirements and requirements of the physician's professional organization;
7. to the extent such coverage is reasonably available in North Carolina, malpractice insurance coverage for the surgical or special procedures being performed in the office;
8. procedure-specific competence (and competence in the use of new procedures and technology), which should encompass education, training, experience and evaluation, and which may include the following:
    a. adherence to professional society standards;
    b. credentials approved by a nationally recognized accrediting or credentialing entity; or
    c. didactic course complemented by hands-on, observed experience; training is to be followed by a specified number of cases supervised by a practitioner already competent in the respective procedure, in accordance with professional society standards.

If the physician administers the anesthetic as part of a surgical or special procedure (Level II only), he or she also should have documented competence to deliver the level of anesthesia administered.

Accreditation

After one year of operation following the adoption of these guidelines, any physician who performs Level II or Level III procedures in an office should be able to demonstrate, upon request by the Board, substantial compliance with these guidelines, or should obtain accreditation of the office setting by an approved accreditation agency or organization. The approved accreditation agency or organization should submit, upon request by the Board, a summary report for the office accredited by that agency.

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Professional obligations pertaining to incompetence, impairment or unethical conduct of licensees

It is the position of the North Carolina Medical Board that its licensees have a professional obligation to act when confronted with an impaired or incompetent colleague or one who has engaged in unethical conduct.

When appropriate, an offer of personal assistance to the colleague may be the most compassionate and effective intervention. When this would not be appropriate or sufficient to address the problem, licensees have a duty to report the matter to the institution best positioned to deal with the problem. For example, impaired licensees should be reported to the North Carolina Physicians Health program. Incompetent licensees should be reported to the clinical authority empowered to take appropriate action. Licensees also may report to the North Carolina Medical Board, and when there is no other institution reasonably likely to be able to deal with the problem, this will be the only way of discharging the duty to report.

This duty is subordinate to the duty to maintain patient confidences. In other words, when the colleague is a patient or when matters concerning a colleague are brought to the licensee's attention by a patient, the licensee must give appropriate consideration to preserving the patient's confidences in deciding whether to report the colleague.

(Adopted November 1998) (Amended May 2010)

Policy for the use of controlled substances for the treatment of pain

- Appropriate treatment of chronic pain may include both pharmacologic and non-pharmacologic modalities. The Board realizes that controlled substances, including opioid analgesics, may be an essential part of the treatment regimen.
- All prescribing of controlled substances must comply with applicable state and federal law.
- Guidelines for treatment include: (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.
- Deviation from these guidelines will be considered on an individual basis for appropriateness.

Section I: Preamble

The North Carolina Medical Board recognizes that principles of quality medical practice dictate that the people of the State of North Carolina have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the practice of medicine. The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory requirements for prescribing controlled substances. Accordingly, this policy have been developed to clarify the Board's position on pain control, particularly as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

Inappropriate pain treatment may result from physicians' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating physician's responsibility. As such, the Board will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Board recognizes that controlled substances including opioid analgesics may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board will refer to current clinical practice guidelines and expert review in approaching cases involving management of pain. The medical management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the physician. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The North Carolina Medical Board is obligated under the laws of the State of North Carolina to protect the public health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes pose a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Physicians should not fear disciplinary action from the Board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice. The Board will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Board will judge the validity of the physician's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Board will not take disciplinary action against a physician for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. The physician's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

Section II: Guidelines

The Board has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances:

Evaluation of the Patient —A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan —The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment —The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and

- patient outlining patient responsibilities, including
- urine/serum medication levels screening when requested;
- number and frequency of all prescription refills; and
- reasons for which drug therapy may be discontinued (e.g., violation of agreement); and
- the North Carolina Controlled Substance Reporting Service can be accessed and its results used to make treatment decisions.

Periodic Review —The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Reviewing the North Carolina Controlled Substance Reporting Service should be considered if inappropriate medication usage is suspected and intermittently on all patients.

Consultation —The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

Medical Records —The physician should keep accurate and complete records to include

- the medical history and physical examination,
- diagnostic, therapeutic and laboratory results,
- evaluations and consultations,
- treatment objectives,
- discussion of risks and benefits,
- informed consent,
- treatments,
- medications (including date, type, dosage and quantity prescribed),
- instructions and agreements and
- periodic reviews including potential review of the North Carolina Controlled Substance Reporting Service.

Records should remain current and be maintained in an accessible manner and readily available for review.

Compliance With Controlled Substances Laws and Regulations —To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and any relevant documents issued by the state of North Carolina for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Acute Pain —Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction —Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic Pain —Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Pain —An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence —Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction —The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

Substance Abuse —Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance —Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

(Adopted September 1996 as "Management of Chronic Non-Malignant Pain.") (Redone July 2005 based on the Federation of State Medical Board's "Model Policy for the Use of Controlled Substances for the Treatment of Pain," as amended by the FSMB in 2004.) (Amended September 2008)

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RULE 407
SOUTH CAROLINA RULES OF PROFESSIONAL CONDUCT

PREAMBLE: A LAWYER'S RESPONSIBILITIES

[1] A lawyer, being a member of the legal profession, is a representative of clients, an officer of the legal system and a public citizen having special responsibility for the quality of justice.

[2] As a representative of clients, a lawyer performs various functions. As advisor, a lawyer provides a client with an informed understanding of the client's legal rights and obligations and explains their practical implications. As advocate, a lawyer zealously asserts the client's position under the rules of the adversary system. As negotiator, a lawyer seeks a result advantageous to the client but consistent with requirements of honest dealings with others. As an evaluator, a lawyer acts by examining a client's legal affairs and reporting about them to the client or to others.

[3] In addition to these representational functions, a lawyer may serve as a third-party neutral, a nonrepresentational role helping the parties to resolve a dispute or other matter. Some of these Rules apply directly to lawyers who are or have served as third-party neutrals. See, e.g., Rules 1.12 and 2.4. In addition, there are Rules that apply to lawyers who are not active in the practice of law or to practicing lawyers even when they are acting in a nonprofessional capacity. For example, a lawyer who commits fraud in the conduct of a business is subject to discipline for engaging in conduct involving dishonesty, fraud, deceit or misrepresentation. See Rule 8.4.

[4] In all professional functions a lawyer should be competent, prompt and diligent. A lawyer should maintain communication with a client concerning the representation. A lawyer should keep in confidence information relating to representation of a client except so far as disclosure is required or permitted by the Rules of Professional Conduct or other law.

[5] A lawyer's conduct should conform to the requirements of the law, both in professional service to clients and in the lawyer's business and personal affairs. A lawyer should use the law's procedures only for legitimate purposes and not to harass or intimidate others. A lawyer should demonstrate respect for the legal system and for those who serve it, including judges, other lawyers and public officials. While it is a lawyer's duty, when necessary, to challenge the rectitude of official action, it is also a lawyer's duty to uphold legal process.

[6] As a public citizen, a lawyer should seek improvement of the law, access to the legal system, the administration of justice and the quality of service rendered by the legal profession. As a member of a learned profession, a lawyer should cultivate knowledge of the law beyond its use for clients, employ that knowledge in reform of the law and work to strengthen legal education. In addition, a lawyer should further the public's understanding of and confidence in the rule of law and the justice system because legal institutions in a constitutional democracy depend on popular participation and support to maintain their authority. A lawyer should be mindful of deficiencies in the administration of justice and of the fact that the poor, and sometimes persons who are not poor, cannot afford adequate legal assistance. Therefore, all lawyers should devote professional time and resources and use civic influence to ensure equal access to our system of justice for all those who because of economic or social barriers cannot afford or secure adequate legal counsel. A lawyer should aid the legal profession in pursuing these objectives and should help the bar regulate itself in the public interest.

[7] Many of a lawyer's professional responsibilities are prescribed in the Rules of Professional Conduct, as well as substantive and procedural law. However, a lawyer is also guided by personal conscience and the approbation of professional peers. A lawyer should strive to attain the highest level of skill, to improve the law and the legal profession and to exemplify the legal profession's ideals of public service.

[8] A lawyer's responsibilities as a representative of clients, an officer of the legal system and a public citizen are usually harmonious. Thus, when an opposing party is well represented, a lawyer can be a zealous advocate on behalf of a client and at the same time assume that justice is being done. So also, a lawyer can be sure that preserving client confidences ordinarily serves the public interest because people are more likely to seek legal advice, and thereby heed their legal obligations, when they know their communications will be private.

[9] In the nature of law practice, however, conflicting responsibilities are encountered. Virtually all difficult ethical problems arise from conflict between a lawyer's responsibilities to clients, to the legal system and to the lawyer's own interest in remaining an ethical person while earning a satisfactory living. The Rules of Professional Conduct often prescribe terms for resolving such conflicts. Within the framework of these Rules, however, many difficult issues of professional discretion can arise. Such issues must be resolved through the exercise of sensitive professional and moral judgment guided by the basic principles underlying the Rules. These principles include the lawyer's

Rule 3.3 Candor Toward the Tribunal

(a) A lawyer shall not knowingly:

(1) make a false statement of fact or law to a tribunal or fail to correct a false statement of material fact or law previously made to the tribunal by the lawyer;

(2) fail to disclose to the tribunal legal authority in the controlling jurisdiction known to the lawyer to be directly adverse to the position of the client and not disclosed by opposing counsel; or

(3) offer evidence that the lawyer knows to be false. If a lawyer, the lawyer's client, or a witness called by the lawyer, has offered material evidence and the lawyer comes to know of its falsity, the lawyer shall take reasonable remedial measures, including, if necessary, disclosure to the tribunal. A lawyer may refuse to offer evidence, other than the testimony of a defendant in a criminal matter, that the lawyer reasonably believes is false.

(b) A lawyer who represents a client in an adjudicative proceeding and who knows that a person intends to engage, is engaging or has engaged in criminal or fraudulent conduct related to the proceeding shall take reasonable remedial measures, including, if necessary, disclosure to the tribunal.

(c) The duties stated in paragraphs (a) and (b) apply when the lawyer is representing a client before a tribunal as well as in an ancillary proceeding conducted pursuant to the tribunal's adjudicative authority, such as a deposition. These duties continue to the conclusion of the proceeding, and apply even if compliance requires disclosure of information otherwise protected by Rule 1.6.

(d) In an ex parte proceeding, a lawyer shall inform the tribunal of all material facts known to the lawyer that will enable the tribunal to make an informed decision, whether or not the facts are adverse.

obligation zealously to protect and pursue a client's legitimate interests, within the bounds of the law, while maintaining a professional, courteous and civil attitude toward all persons involved in the legal system.

[10] The legal profession is largely self-governing. Although other professions also have been granted powers of self-government, the legal profession is unique in this respect because of the close relationship between the profession and the processes of government and law enforcement. This connection is manifested in the fact that ultimate authority over the legal profession is vested largely in the courts.

[11] To the extent that lawyers meet the obligations of their professional calling, the occasion for government regulation is obviated. Self-regulation also helps maintain the legal profession's independence from government domination. An independent legal profession is an important force in preserving government under law, for abuse of legal authority is more readily challenged by a profession whose members are not dependent on government for the right to practice.

[12] The legal profession's relative autonomy carries with it special responsibilities of self-government. The profession has a responsibility to assure that its regulations are conceived in the public interest and not in furtherance of parochial or self-interested concerns of the bar. Every lawyer is responsible for observance of the Rules of Professional Conduct. A lawyer should also aid in securing their observance by other lawyers. Neglect of these responsibilities compromises the independence of the profession and the public interest which it serves.

[13] Lawyers play a vital role in the preservation of society. The fulfillment of this role requires an understanding by lawyers of their relationship to our legal system. The Rules of Professional Conduct, when properly applied, serve to define that relationship.

Rule 3.4 Fairness to Opposing Party and Counsel

A lawyer shall not:

(a) unlawfully obstruct another party's access to evidence or unlawfully alter, destroy or conceal a document or other material having potential evidentiary value. A lawyer shall not counsel or assist another person to do any such act;

(b) falsify evidence, counsel or assist a witness to testify falsely, or offer an inducement to a witness that is prohibited by law;

(c) knowingly disobey an obligation under the rules of a tribunal, except for an open refusal based on an assertion that no valid obligation exists;

(d) in pretrial procedure, make a frivolous discovery request or fail to make a reasonably diligent effort to comply with a legally proper discovery request by an opposing party;

(e) in trial, allude to any matter that the lawyer does not reasonably believe is relevant or that will not be supported by admissible evidence, assert personal knowledge of facts in issue except when testifying as a witness, or state a personal opinion as to the justness of a cause, the credibility of a witness, the culpability of a civil litigant or the guilt or innocence of an accused; or

(f) request a person other than a client to refrain from voluntarily giving relevant information to another party unless:

(1) the person is a relative or an employee or other agent of a client; and

(2) the lawyer reasonably believes that the person's interests will not be adversely affected by refraining from giving such information.

(1) clearly identify what documents he is seeking and from whom;
(2) explain how the requested documents are relevant to his case;
(3) show that the requested documents are obtainable only through the identified third party;

(e) Contempt. Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued.

HIPAA PATIENT RIGHTS

- **ACCESS**- Inspect and copy
- Request a **CORRECTION OR AMENDMENT**
- Request a **RESTRICTION** on uses and disclosures
- Request **CONFIDENTIAL COMMUNICATIONS**
- File a **COMPLAINT** to the CE & to DHHS
- Receive an **ACCOUNTING OF DISCLOSURES**
- Receive a copy of the **NOTICE OF PRIVACY PRACTICES**
- Right to **BREACH NOTIFICATION**
- Right to **CONTROL the sale, marketing & research of PHI**
- These rights apply to the Designated Record Set- more than the Legal Health Record! Includes:
  - Medical records
  - Billing records
  - Any record used by the facility to make decisions about the patient such as records from other facilities used in treatment.

