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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Appellate Case No.: 2016-001398
WCC Number: 1405219

Kevin Wikel, Employee, Claimant, ...Respondent,
v.
PC Metro Bottling, Employer, and Indemnity Insurance Co. of NA, Carrier, ...Appellants.

RECORD ON APPEAL

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SC Court of Appeals

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**BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION
WCC FILE NO.: 1405219**

KEVIN WIKEL,
Employee/Claimant,

v.

PC METRO BOTTLING,
Employer,

INDEMNITY INS CO. of NA.,
Carrier.

DECISION AND ORDER

HEARING:

Held in Beaufort, South Carolina, on December 1, 2015.

APPEARANCES:

Claimant was represented at the hearing by William T. Bacon, IV, Esquire, of Beaufort, South Carolina

Defendants were represented by Andrew D. Smith, Esquire, of Charleston, South Carolina.

PURPOSE OF HEARING:

To determine issues set forth in the Forms 50 and 51.

DECISION AND ORDER:

By the Honorable Avery B. Wilkerson, Jr.,
Commissioner.

ORDER FILED:

January 29, 2016

STIPULATIONS

The parties, at the hearing in the above-referenced matter, stipulated as follows:

1. Notice of the hearing was timely and properly served on all parties of interest.
2. County of Beaufort, State of South Carolina was the appropriate venue in this matter.
3. The South Carolina Workers' Compensation Commission file, with the exception of self-serving declarations and unstipulated medical reports, becomes part of the record, except as set forth more fully below.
4. The South Carolina Worker's Compensation Commission has jurisdiction over the parties and the subject matter of this claim.
5. Claimant has an Average Weekly Wage (AWW) of \$ 857.07 with a corresponding Compensation Rate (CR) of \$ 571.67.

APA SUBMISSIONS

Employee/Claimant's APA Submission:

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STATEMENT OF THE CASE

Claimant alleges he suffered compensable injuries by accident to the low back and left leg on May 9, 2014 while in the scope and course of employment with Employer when he lifted a case of drinks and felt pain in his low back with pain down the left leg. Claimant seeks an Order of the Commission for compensability of his injuries; the Defendants responsibility to pay all causally-related medical treatment; Claimant's entitlement to temporary total disability benefits from April 2, 2015 through June 29, 2015; and a finding of permanent partial disability

benefits in line with the 10% impairment rating to the back and 13% impairment rating to the left leg per Dr. Scott Strohmeyer.

The Defendants take the position Claimant has failed to prove by a preponderance of the evidence a compensable injury by accident arising out of and in scope and course of his employment on May 9, 2014. Specifically, the Defendants rely on their perceived discrepancies between Claimant's report of injury on May 9, 2014 to his supervisor, the 1-800-JOB-HURT adjuster and his deposition testimony taken by defense counsel to defeat compensability. As such, the Defendants seek an Order of the Commission denying compensability of the claim and Claimant's entitlement to benefits under the Act.

EVIDENCE PRESENTED

Testimony of Kevin Wikel:

Claimant testified he is 25 years of age and has a high school education. After graduating high school he began working at Golden Coral where he worked his way up to being a manager. After Golden Coral, Claimant worked at Dollar General and Food Lion as a manager.

In June 2013, Claimant began working for Pepsi as a merchandiser. His duties included unloading and checking in merchandise, breaking down pallets and putting product on the shelves. Claimant testified the job required a lot of lifting and bending. (Hr. Tr. p. 17). Claimant denied having any difficulties performing his job duties prior to April 2014.

Claimant testified that during the 2 weeks prior to May 6, 2014, he had worked 13 straight days as a sales representative but performing the same job duties of a merchandiser. During this 13 day stretch, Claimant testified he began to experience pain in his lower back. (Hr. Tr. p. 21). Claimant had May 7th and 8th off work and rested. On May 9th, Claimant returned to

work with Pepsi and while changing a display, he was lifting a case of Aquafina when he experienced pain in his low back and could no longer work. (Hr. Tr. pp. 21-22).

Claimant testified he reported the incident to his supervisor, Landon Papay, who instructed him to call 1-800-JOB-HURT, which he did. Claimant testified he reported he hurt his back at work, but couldn't give a specific incident. (Hr. Tr. p. 22). The operator instructed Claimant to go to Dr.'s Care, where a MRI was recommended. Thereafter, Claimant began treating with Dr. Strohmeyer who recommended physical therapy and injections. Dr. Batson performed a series of 3 injections, the last on October 30, 2014. (Hr. Tr. p. 23). Following the injections, Claimant's symptoms of back pain resolved for a period of time, but the nerve pain down his left leg came back as the injections wore off. (Hr. Tr. pp. 23-24). Claimant denied any re-injury following the start of his employment with Walmart.

Based on the recurrence of his symptoms, Dr. Strohmeyer recommended surgery which was performed on April 2, 2015. Claimant testified he got relief from the surgery and post-surgery physical therapy. (Hr. Tr. pp. 24-25). Claimant was released to return to work on June 29, 2015 and has worked continuously since that time. Claimant denied any new or on-going problems with his low back or pain down the left leg. (Hr. Tr. p. 25).

Claimant testified he did seek medical treatment at Beaufort Memorial Hospital on November 8, 2008 for low back pain after lifting at Golden Coral. However, he did not seek additional treatment after that visit and his complaints resolved without additional medical treatment and he did not miss any time from work or file a Workers' Compensation claim. (Hr. Tr. pp. 28-29).

On cross-examination, Claimant testified he could not recall his report of injury to 1-800-JOB-HURT on May 9, 2014 and deferred to the transcript. (Hr. Tr. p. 30). Claimant

acknowledged the notes taken by adjuster Mark Drutch on May 12, 2014 didn't have a specific event of injury on May 2, 2014 or May 9, 2014. (Hr. Tr. pp. 31-32). Claimant further admitted to not being clear on the date of injury in his deposition taken on September 5, 2014, having stated the date of injury was May 6, 2014. (Hr. Tr. p. 33). Claimant then confirmed he did not allege a May 6, 2014 date of injury in the 1-800-JOB-HURT call. (Hr. Tr. p. 34).

Claimant confirmed his deposition testimony on September 5, 2014 regarding an injury on May 9, 2014 while lifting a case of Aquafina. (Hr. Tr. p. 37). When asked by he didn't report the same to 1-800-JOB-HURT on May 9th, Claimant testified he didn't understand what he was supposed to do and told the operator May 2nd was when the back pain began and he was working at Publix at that time. (Hr. Tr. pp. 37-38, 42). After a break was taken to allow Claimant to read the transcript of the call, Claimant directed defense counsel and Commissioner Wilkerson to Page 5, lines 8-10 which states "I worked a couple of hours today and told them I wasn't going to be able to do it. My back was killing me too bad and they told me to call y'all. So." to further establish his reporting of injury on May 9, 2014. (APA p. 218).

Claimant also confirmed the Dr.'s Care record from the date of accident does not mention a specific mechanism of injury, but does report low back pain after a long shift at work. (Hr. Tr. p. 48). Claimant testified he was referred to Dr. Strohmeyer by Dr.'s Care and was instructed by Dr. Strohmeyer's office staff on how to complete the in-take paperwork as his workers' compensation claim was denied. (Hr. Tr. pp. 49-51).

Claimant testified he didn't recall the November 2008 Beaufort Memorial Hospital visit for low back pain at the time of his September 5, 2014 deposition. (Hr. Tr. p. 52). Claimant was also confronted with a July 21, 2011 record from Beaufort Memorial which noted mid-back pain, which he acknowledged he also didn't recall during his deposition. (Hr. Tr. pp. 52-53).

Claimant testified he couldn't recall a conversation with Landon Papay 2 weeks prior to May 9, 2014 where he allegedly told Landon he had treated with a doctor and knew he had 2 slipped discs. Claimant testified he liked Landon and knew of no reason why Landon would lie. (Hr. Tr. pp. 53-54). Claimant again confirmed for defense counsel he had denied prior back injury, but had treated once in 2008 after lifting at Golden Coral. (Hr. Tr. pp. 54-55).

Claimant confirmed he had not worked for the Employer since June 2014 and experienced resolution of his back complaints in November 2014 following his injection with Dr. Batson and thereafter worked continuously for Walmart. (Hr. Tr. pp. 57-58).

On redirect, Claimant testified he was instructed by his supervisor to call 1-800-JOB-HURT to report an injury, which he did. Claimant testified he reported the pain began around May 2nd while working at Publix but that on the 9th, while working at Walmart, the pain was such that he wasn't able to complete his job duties. (Hr. Tr. pp. 58-59). Claimant further testified he is seeking compensability of the claim and payment of all causally-related medical treatment. (Hr. Tr. pp. 59-60).

On re-cross, Claimant testified he reported to 1-800-JOB-HURT that he began having pain on or about May 2nd but also reported pain on May 9th. When pressed for clarification, Claimant testified "I remember on May 9th when I picked up a Aquafina -- a pack of Aquafina Nice and that's when I gave in -- ...I couldn't deal with the pain." (Hr. Tr. p. 62, ll. 5-9).

Testimony of Landon Papay:

Mr. Papay testified he has been employed with Pepsi Beverage Company for 14 years and is currently working as a unit sales manager. Mr. Papay testified regarding his own back injury while working for Employer, which was accepted. (Hr. Tr. p. 65).

Mr. Papay testified Claimant either called himself or Eric Smith, his direct supervisor, on May 9, 2014 stating he could no longer work due to back pain and Claimant was instructed to call 1-800-JOB-HURT. (Hr. Tr. p. 66). Mr. Papay further testified Claimant informed him the injury occurred on the morning of May 9th lifting a case of product. (Hr. Tr. pp. 66-67).

Mr. Papay testified he and Claimant had discussed back issues several weeks prior to May 9th as he had a prior back injury and required surgery. Mr. Papay stated Claimant told him at the time he had 2 slipped discs but that Claimant had not been injured at work and was not having any problems doing his job. (Hr. Tr. pp. 67-68).

On cross-examination, Mr. Papay confirmed Claimant reported an injury to his back on the morning of May 9, 2014 after lifting something at work. (Hr. Tr. p. 69).

On examination by Commissioner Wilkerson, Mr. Papay testified he further questioned Claimant about the alleged 2 slipped discs and Mr. Papay clarified Claimant told him it wasn't diagnosed, just that he felt it was slipped, but there was no medical opinion or diagnosis. (Hr. Tr. pp. 69-70).

FINDINGS OF FACT

Based on the testimony at the hearing, Administrative Procedures Act submissions and exhibits, the undersigned Commissioner makes the following Findings of Fact:

1. Claimant plead an injury by accident to the back and left leg occurring on May 9, 2014 by Form 50, Hearing Request.
2. Testimony of the Claimant is that over a period of 13 days from April 24, 2014 to May 6, 2014 he worked continuously and began to experience pain in the low back. Then, after 2 days off work, during which he rested, he returned to work on May 9,

2014. That morning, while lifting a case of Aquafina, he suffered an injury to the low back and left leg and reported the same to his supervisors Eric and Landon.

3. Claimant testified regarding his prior employment working as a manager for Golden Coral and Dollar General.
4. Claimant's deposition was taken by defense counsel on September 5, 2014 and October 26, 2015. In response to the deposition questions of defense counsel, Claimant seemed confused as to what really happened. However, Claimant was clear about the fact that he developed low back pain over a 13 day period from April to May 2014 and then after 2 days off, he experienced increased pain in the incident of lifting a case of product (Aquafina) the morning of May 9, 2014.
5. Claimant was denied medical treatment by the Defendants following formal denial of the claim. As such, Claimant had all causally-related medical treatment, including MRI, injections and the April 2, 2014 surgery and post-surgical therapy paid for by his group health carrier.
6. A credibility finding was requested by the Defendants. Based on my observations of Claimant during his testimony on direct and cross-examination, I find Claimant's credibility to be neutral at worst, but somewhat confused. I do not think Claimant is lying about his work injury, his reporting of the work injury or his medical treatment.
7. Defendants presented the testimony of Landon Papay, unit sales manager of the Employer and supervisor of the Claimant. Mr. Papay was asked on direct examination by counsel for Defendants about Claimant's injury and reporting:

Q. Okay. Did you ever hear about a work related accident on May 9th, 2014, by Mr. Wikel?

A. If I remember correctly, he either called myself or Eric Smith, his direct supervisor, and stated that his back -- he could not -- he could not work that day; his back was hurting him too -- at that point in time too much where he could not work. He -- I believe, it was either Eric -- either Eric Smith or myself that told him at that point in time to call the 1-800-JOB-HURT number, for him to report it and then to go see the doctor.

Q. Okay. And do you know where he was on May 9th, 2014?

A. I -- I'd have to look at the sheets and see exactly what day and what -- what store he was at.

Q. Do you recall how or -- he told you he injured himself?

A. I believe he said he was lifting a case of product.

Q. Okay. Did he say on that day or any particular day or --

A. He said it was on that -- on that day -- that it was that morning, yes.

Q. -- lifting something that morning?

A. Uh-huh.

Q. You just have to answer verbally yes or no.

A. Yes. Sorry.

(Hr. Tr. p. 66, l.5 -- p. 67, l.6).

The testimony of Mr. Papay is compelling and clearly notes an injury by accident with a causation statement reported to him by Claimant on May 9, 2014. I give great weight to this testimony of an Employer witness presented by counsel for the defense.

8. Mr. Papay also testified Claimant mentioned a slipped disc he had prior to the May 9, 2014 injury, but this was never confirmed by any medical record, medical opinion or other reliable means. Mr. Papay further testified he had inquired about Claimant's ability to fully perform all his job duties and was assured he was able to do so.

9. Based on the greater weight of testimony and medical evidence in the record, I find this case compensable as an injury by accident to the low back and left leg on May 9, 2014. The record, when considered as a whole, supports Claimant's May 9, 2014 injury by accident.

- a. Testimony of Claimant and Landon Papay is consistent and credible to support the May 9, 2014 injury by accident.
- b. APA p. 13 – Dr.'s Care note dated May 9, 2014. Low back pain x1 week after long shifts at work lifting and bending.
- c. APA p. 27 – Dr.'s Care Physician's statement – Claimant diagnosed with low back and radicular pain, which is work related. Disability date May 9, 2014.
- d. APA p. 31 – MRI at Belfair Clinical Summary dated May 22, 2014 – LBP w/ pain leg x2 wks lifting injury at work.
- e. APA p. 38 – June 6, 2014 office note of Dr. Strohmeyer – Claimant does a lot of lifting. There was no one incident.
 - i. (This report is consistent with Claimant's deposition testimony and hearing testimony regarding the low back pain starting over a period of 2 weeks followed by the May 9, 2014 event.)
- f. APA p. 50 – February 23, 2015 office note of Dr. Strohmeyer – Claimant had a recurrence of his pain. There was no new trauma. It looks like he has a recurrence.
- g. APA p. 69 – June 9, 2014 note of Dr. Batson – Claimant has lower pain radiates down the left leg. Began 5 weeks ago, occurred prolonged lifting, loading and driving while performing his job.

- i. (This report is consistent with Claimant's deposition testimony and hearing testimony regarding the low back pain starting over a period of 2 weeks followed by the May 9, 2014 event.)
10. In reaching my decision on compensability and credibility, I considered the November 8, 2008 record from Beaufort Memorial Hospital found at APA pp. 169-172.
11. In reaching my decision on compensability and credibility, I considered the Videotape submitted as an exhibit by Defendants dated May 2, 2014.
12. In reaching my decision on compensability and credibility, I considered the 1-800-JOB-HURT recording the parties stipulated was taken on May 9, 2014.
13. In reaching my decision on compensability and credibility, I considered the defense-prepared statement/questionnaire completed by Dr. Scott Strohmeyer found at APA p. 199 in which he states he does not know how [Claimant] hurt his back and left lower extremity.
14. In the Form 14B dated September 29, 2015, Dr. Scott Strohmeyer opined Claimant reached Maximum Medical Improvement on June 29, 2015. I base my finding of MMI on Dr. Strohmeyer's opinion as stated in the Form 14B. (APA p. 68).
15. In the Form 14B dated September 29, 2015, Dr. Scott Strohmeyer opined Claimant has an impairment rating of 10% to the back and 13% to the left lower extremity pursuant to the AMA Guidelines. I base my finding of Claimant's disability on Dr. Strohmeyer's opinion as stated in the Form 14B. (APA p. 68).

16. Claimant was written out of work by Dr. Strohmeyer from the date of surgery, April 2, 2015, through June 29, 2015. I find Claimant is entitled to TTD benefits while out of work per Dr. Strohmeyer. (APA pp. 65 and 68).
17. As the Claimant's injuries are compensable, the Defendants are responsible for all causally-related medical treatment from May 9, 2014 through June 29, 2015.
18. Claimant was release to return to work without restriction by Dr. Strohmeyer. This is confirmed by the June 29, 2015 return to work note and Form 14B. (APA pp. 65 and 68).
19. I find Claimant is entitled to future medical treatment consisting of physical therapy per the Form 14B dated June 29, 2015. (APA p. 68).
20. Order instructions were sent to all parties of interest on December 15, 2015.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Workers' Compensation Act and S.C. Code of Laws Ann. § 42-1-10, , et. seq., that:

1. § 42-1-40 governs the average weekly wage and compensation rate.
2. § 42-1-120 governs disability.
3. § 42-1-160 governs injuries and includes injuries by accident arising out of and in the course and scope of employment.
4. § 42-9-30(16) governs disability to the leg.
5. § 42-9-30(21) governs disability to the back.
6. § 42-15-20 governs notice of injury.
7. § 42-15-60 governs Claimant's entitlement to medical treatment.

8. § 42-17-40 governs the conduct of hearings and rendering of awards.

ORDER OF THE COMMISSION

IT IS HEREBY ORDERED that the Defendants shall pay causally-related medical expenses incurred as a result of the Claimant's compensable May 9, 2014 injury to the back and left leg.

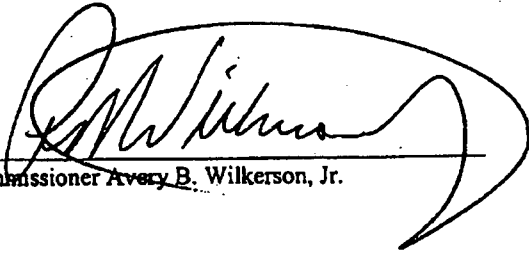
IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 12.7143 weeks of temporary total disability benefits in the amount of \$7,268.38.

IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 30 weeks of permanent partial disability benefits representing 10% to the back or \$17,150.10.

IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 25.35 weeks of permanent partial disability benefits representing 13% to the leg or \$14,491.83.

IT IS FURTHER ORDERED that the Claimant is entitled to additional medical treatment in the form of physical therapy.

AND IT IS SO ORDERED this ____ date of January, 2016.



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

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

January 29, 2016

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1405219**

KEVIN WIKEL,

**EMPLOYEE
CLAIMANT/RESPONDENT**

vs.

PC METRO BOTTLING,

EMPLOYER,

AND

INDEMNITY INSURANCE CO. of NA,

**CARRIER,
DEFENDANTS/RESPONDENTS**

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

Appellate Panel Decision and Order filed
June 23rd, 2016

AFFIRMED IN FULL

APPEARANCES:

Claimant represented by William Thomas Bacon, IV,
Esquire of McDougall Law Firm,
Lady's Island, South Carolina.

Defendants represented by Andrew D. Smith,
Esquire of Goodman McGuffey Lindsey & Johnson,
LLP Charleston, South Carolina.

STATEMENT OF THE CASE

This matter came before the Hearing Commissioner on December 1, 2015, pursuant to SC WCC Forms 50 and 51. Claimant alleged he suffered compensable injuries by accident to the low back and left leg on May 9, 2014 while in the scope and course of employment with Employer when he lifted a case of drinks and felt pain in his low back with pain down the left leg. Claimant sought an Order of the Commission for compensability of his injuries; the Defendants responsibility to pay all causally-related medical treatment; Claimant's entitlement to temporary total disability benefits from April 2, 2015 through June 29, 2015; and a finding of permanent partial disability benefits in line with the 10% impairment rating to the back and 13% impairment rating to the left leg per Dr. Scott Strohmeyer.

The Defendants took the position Claimant failed to prove by a preponderance of the evidence a compensable injury by accident arising out of and in scope and course of his employment on May 9, 2014. Specifically, the Defendants relied on their perceived discrepancies between Claimant's report of injury on May 9, 2014 to his supervisor, the 1-800-JOB-HURT adjuster and his deposition testimony taken by defense counsel to defeat compensability. As such, the Defendants requested an Order of the Commission denying compensability of the claim and Claimant's entitlement to benefits under the Act.

By Order dated January 29, 2016, the Hearing Commissioner found Claimant suffered compensable injuries to the back and left leg on May 9, 2014. Pursuant to the finding of compensability, the Hearing Commissioner awarded causally-related medical treatment, temporary total disability benefits and permanent partial disability benefits. On February 10, 2016, the Defendants filed a Form 30, Request for Commission Review, challenging the Hearing Commissioner's Decision and Order.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has since been under careful consideration.

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

FINDINGS OF FACT

After a thorough review of the evidence, including the hearing testimony, and medical evidence, exhibits, and other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission File in this matter, and testimony submitted, WE, THE APPELLATE PANEL, AFFIRM THE FINDINGS OF FACTS OF THE SINGLE COMMISSIONER AS IF FULLY SET FORTH HEREIN AND FURTHER FIND AS FACT THAT:

1. Claimant plead an injury by accident to the back and left leg occurring on May 9, 2014 by Form 50, Hearing Request.
2. Testimony of the Claimant is that over a period of 13 days from April 24, 2014 to May 6, 2014 he worked continuously and began to experience pain in the low back. Then, after 2 days off work, during which he rested, he returned to work on May 9,

2014. That morning, while lifting a case of Aquafina, he suffered an injury to the low back and left leg and reported the same to his supervisors Eric and Landon.

3. Claimant testified regarding his prior employment working as a manager for Golden Coral and Dollar General.
4. Claimant's deposition was taken by defense counsel on September 5, 2014 and October 26, 2015. In response to the deposition questions of defense counsel, Claimant seemed confused as to what really happened. However, Claimant was clear about the fact that he developed low back pain over a 13 day period from April to May 2014 and then after 2 days off, he experienced increased pain in the incident of lifting a case of product (Aquafina) the morning of May 9, 2014.
5. Claimant was denied medical treatment by the Defendants following formal denial of the claim. As such, Claimant had all causally-related medical treatment, including MRI, injections and the April 2, 2014 surgery and post-surgical therapy paid for by his group health carrier.
6. A credibility finding was requested by the Defendants. Based on the Hearing Commissioner's observations of Claimant during his testimony on direct and cross-examination, we find Claimant's credibility to be neutral at worst, but somewhat confused. We do not think Claimant is lying about his work injury, his reporting of the work injury or his medical treatment.
7. Defendants presented the testimony of Landon Papay, unit sales manager of the Employer and supervisor of the Claimant. Mr. Papay was asked on direct examination by counsel for Defendants about Claimant's injury and reporting:

Q. Okay. Did you ever hear about a work related accident on May 9th, 2014, by Mr. Wikel?

could
report
A. If I remember correctly, he either called myself or Eric Smith, his direct supervisor, and stated that his back - - he could not - - he no longer work that day; his back was hurting him too - - at that point in time too much where he could not work. He - - I believe, it was either Eric - - either Eric Smith or myself that told him at that point in time to call the 1-800-JOB-HURT number, for him to it and then to go see the doctor.

Q. Okay. And do you know where he was on May 9th, 2014?

what
A. I - - I'd have to look at the sheets and see exactly what day and - - what store he was at.

Q. Do you recall how or - - he told you he injured himself?

A. I believe he said he was lifting a case of product.

Q. Okay. Did he say on that day or any particular day or - -

yes.
A. He said it was on that - - on that day - - that it was that morning,

Q. - - lifting something that morning?

A. Uh-huh.

Q. You just have to answer verbally yes or no.

A. Yes. Sorry.

(Hr. Tr. p. 66, l.5 - p. 67, l.6).

The testimony of Mr. Papay is compelling and clearly notes an injury by accident with a causation statement reported to him by Claimant on May 9, 2014. We gave great weight to this testimony of an Employer witness presented by counsel for the defense.

8. Mr. Papay also testified Claimant mentioned a slipped disc he had prior to the May 9, 2014 injury, but this was never confirmed by any medical record, medical opinion or

other reliable means. Mr. Papay further testified he had inquired about Claimant's ability to fully perform all his job duties and was assured he was able to do so.

9. Based on the greater weight of testimony and medical evidence in the record, we find this case compensable as an injury by accident to the low back and left leg on May 9, 2014. The record, when considered as a whole, supports Claimant's May 9, 2014 injury by accident.

- a. Testimony of Claimant and Landon Papay is consistent and credible to support the May 9, 2014 injury by accident.
- b. APA p. 13 – Dr.'s Care note dated May 9, 2014. Low back pain x1 week after long shifts at work lifting and bending.
- c. APA p. 27 – Dr.'s Care Physician's statement – Claimant diagnosed with low back and radicular pain, which is work related. Disability date May 9, 2014.
- d. APA p. 31 – MRI at Belfair Clinical Summary dated May 22, 2014 – LBP w/ pain leg x2 wks lifting injury at work.
- e. APA p. 38 – June 6, 2014 office note of Dr. Strohmeyer – Claimant does a lot of lifting. There was no one incident.
 - i. (This report is consistent with Claimant's deposition testimony and hearing testimony regarding the low back pain starting over a period of 2 weeks followed by the May 9, 2014 event.)
- f. APA p. 50 – February 23, 2015 office note of Dr. Strohmeyer – Claimant had a recurrence of his pain. There was no new trauma. It looks like he has a recurrence.

g. APA p. 69 – June 9, 2014 note of Dr. Batson – Claimant has lower pain radiates down the left leg. Began 5 weeks ago, occurred prolonged lifting, loading and driving while performing his job.

i. (This report is consistent with Claimant's deposition testimony and hearing testimony regarding the low back pain starting over a period of 2 weeks followed by the May 9, 2014 event.)

10. In reaching our decision on compensability and credibility, we considered the November 8, 2008 record from Beaufort Memorial Hospital found at APA pp. 169-172.

11. In reaching our decision on compensability and credibility, we considered the Videotape submitted as an exhibit by Defendants dated May 2, 2014.

12. In reaching our decision on compensability and credibility, we considered the 1-800-JOB-HURT recording the parties stipulated was taken on May 9, 2014.

13. In reaching our decision on compensability and credibility, we considered the defense-prepared statement/questionnaire completed by Dr. Scott Strohmeyer found at APA p. 199 in which he states he does not know how [Claimant] hurt his back and left lower extremity.

14. In the Form 14B dated September 29, 2015, Dr. Scott Strohmeyer opined Claimant reached Maximum Medical Improvement on June 29, 2015. We base our finding of MMI on Dr. Strohmeyer's opinion as stated in the Form 14B. (APA p. 68).

15. In the Form 14B dated September 29, 2015, Dr. Scott Strohmeyer opined Claimant has an impairment rating of 10% to the back and 13% to the left lower extremity

pursuant to the AMA Guidelines. We base our finding of Claimant's disability on Dr. Strohmeyer's opinion as stated in the Form 14B. (APA p. 68).

16. Claimant was written out of work by Dr. Strohmeyer from the date of surgery, April 2, 2015, through June 29, 2015. We find Claimant is entitled to TTD benefits while out of work per Dr. Strohmeyer. (APA pp. 65 and 68).
17. As the Claimant's injuries are compensable, the Defendants are responsible for all causally-related medical treatment from May 9, 2014 through June 29, 2015.
18. Claimant was released to return to work without restriction by Dr. Strohmeyer. This is confirmed by the June 29, 2015 return to work note and Form 14B. (APA pp. 65 and 68).
19. We find Claimant is entitled to future medical treatment consisting of physical therapy per the Form 14B dated June 29, 2015. (APA p. 68).
20. Order instructions were sent to all parties of interest on December 15, 2015.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Law, WE, THE APPELLATE PANEL, AFFIRM THE CONCLUSIONS OF LAW OF THE SINGLE COMMISSIONER AS IF FULLY SET FORTH HEREIN AND FURTHER CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. § 42-1-40 governs the average weekly wage and compensation rate.
2. § 42-1-120 governs disability.
3. § 42-1-160 governs injuries and includes injuries by accident arising out of and in the course and scope of employment.

4. § 42-9-30(16) governs disability to the leg.
5. § 42-9-30(21) governs disability to the back.
6. § 42-15-20 governs notice of injury.
7. § 42-15-60 governs Claimant's entitlement to medical treatment.
8. § 42-17-40 governs the conduct of hearings and rendering of awards.

ORDER

WE, THE APPELLATE PANEL, AFFIRM THE ORDER OF THE SINGLE COMMISSIONER AS IF FULLY SET FORTH HEREIN AND FURTHER ORDER THAT:

IT IS HEREBY ORDERED Commissioner Wilkerson's Decision and Order dated January 29, 2016, is affirmed and shall remain in effect.

IT IS HEREBY ORDERED that the Defendants shall pay causally-related medical expenses incurred as a result of the Claimant's compensable May 9, 2014 injury to the back and left leg.

IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 12.7143 weeks of temporary total disability benefits in the amount of \$7,268.38.

IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 30 weeks of permanent partial disability benefits representing 10% to the back or \$17,150.10.

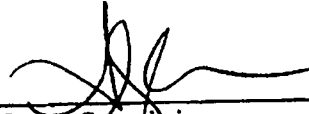
IT IS FURTHER ORDERED that the Defendants shall pay the Claimant 25.35 weeks of permanent partial disability benefits representing 13% to the leg or \$14,491.83.

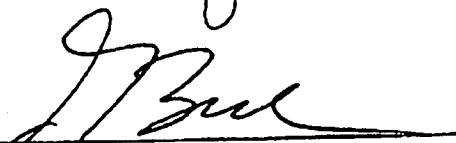
IT IS FURTHER ORDERED that the Claimant is entitled to additional medical treatment in the form of physical therapy.

AND IT IS SO ORDERED.

Signature page follows


Gene McCaskill, Commissioner


Aisha Taylor, Commissioner


T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on June 23, 2016

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

RECEIVED

JUL 01 2016

SC Court of Appeals

WCC Number: 1405219

Kevin Wikel,
Claimant,

Respondent,

vs.

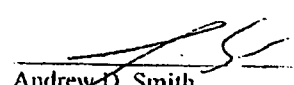
PC Metro Bottling, Employer,
and
Indemnity Insurance Company of NA, Carrier,

Appellants.

NOTICE OF APPEAL.

Pursuant to S.C. Code Ann. § 42-17-60, PC Metro Bottling, and Indemnity Insurance Co. of NA, appeals the Order of the Appellate Panel of the S.C. Workers' Compensation Commission, Filed on June 23, 2016. Appellants received written notice of the entry of the original Decision and Order on June 23, 2016.

June 28, 2016


Andrew D. Smith
SC Bar# 17187
Goodman McGuffey Lindsey &
Johnson, LLP
147 Wappoo Creek Dr., Ste 204
Charleston, SC 29412
(843) 518-5040

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1405219

KEVIN M. WIKEL	)	
	)	
CLAIMANT,	)	
	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
PC METRO BOTTLING	)	
	)	KEVIN M. WIKEL
EMPLOYER,	)	
AND	)	VS
	)	
Indemnity INS. CO.	)	PC METRO BOTTLING
OF NORTH AMERICA	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Kevin M. Wikel versus PC Metro Bottling, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 11:02 A.M., Tuesday, December 1, 2015, at Yemassee Lowcountry Council of Governments, 634 Campground Road, Yemassee, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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 321 Mac Circle Lexington, SC 29073
 (803) 358-0515
www.PalmettoCourtReporting.com

- 1 Q. Okay. After that, where did you go?
- 2 A. I went to Food Lion.
- 3 Q. How long were you at Food Lion?
- 4 A. About a year.
- 5 Q. And what position did you have there?
- 6 A. Manager.
- 7 Q. And then after that, where did you go to work?
- 8 A. I went to Pepsi.
- 9 Q. Okay. When did you start working with Pepsi?
- 10 A. I think it was around, like, June.
- 11 Q. Of -- of what year?
- 12 A. 2013, I believe.
- 13 Q. And what job did you have at Pepsi?
- 14 A. Starting off?
- 15 Q. Yes, sir.
- 16 A. A merchandiser.
- 17 Q. And tell me about what a merchandiser does.
- 18 A. A merchandiser waits for the boat truck to deliver
- 19 the merchandise and checks it in, then the merchandiser
- 20 begins breaking down the pallets and putting it on the
- 21 shelves.
- 22 Q. Okay. Does it require a lot of lifting?
- 23 A. Yes, sir.
- 24 Q. Does it require a lot of bending?
- 25 A. Yes, sir.

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- 1 A. Yes, sir.
- 2 Q. Okay. Explain to me how that happened and what
3 you noticed as far as your low back.
- 4 A. I -- you know, the course of the time I was
5 working consecutively I started feeling pain in my
6 lower back; then I had two (2) days off.
- 7 Q. What did you do during those two (2) days?
- 8 A. Not much at all.
- 9 Q. All right. And would that have been May 7th and
10 May 8th?
- 11 A. I believe so; yes, sir.
- 12 Q. Okay. And then, on the morning of May the 9th,
13 walk me through that; tell me what happened.
- 14 A. The morning of May 9th I showed up at the Walmart
15 probably about 5:30 in the morning, close to 6:00 in
16 the morning, started working the truck, found out I had
17 to change a display out and then, finally, I went to go
18 fill up the water and that's when I just called it
19 quits; I couldn't do it no more and I reported it to my
20 supervisor that I just couldn't continue the day.
- 21 Q. All right. Now, tell me about what you're talking
22 about, specifically with the water; is that a case of
23 Aquafina?
- 24 A. Yes, sir.
- 25 Q. Okay. And what was it about that that led you to

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1 say I can't do it anymore?

2 A. When I picked it up I just -- the pain was too

3 bad; I just couldn't continue the route.

4 Q. And at that point did you call your supervisor?

5 A. Yes, sir.

6 Q. Who was your supervisor?

7 A. Eric Smith and Landon Papay.

8 Q. What did you tell them?

9 A. That I was -- you know, I just needed to go home

10 at that time and because I just -- with the pain in my

11 back I couldn't continue on. And then, Landon

12 instructed me that I had to call JOB HURT,

13 1-800-JOB-HURT.

14 Q. Did you do that?

15 A. Yes, sir.

16 Q. Okay. And what did you tell 1-800-JOB-HURT when

17 you called them?

18 A. That I hurt my back while I was at work; I

19 couldn't give them a specific incident.

20 Q. Okay. Now, after that did they instruct you to go

21 to Doctor's Care?

22 A. Yes, sir.

23 Q. Okay. What did Doctor's Care do for you?

24 A. They just -- I believe they -- I believe they just

25 did a x-ray on my -- on my back.

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- 1 Mr. Bacon: What page?
- 2 Q. -- okay. Are you claiming that you injured
- 3 yourself on May 12th, 2014?
- 4 A. I don't recall exactly what date.
- 5 Q. You don't recall exactly what date you injured
- 6 yourself?
- 7 A. No, sir.
- 8 Q. Okay. Now, on May 9th -- I'm sorry. On September
- 9 5th, 2014, I conducted your deposition for the first
- 10 time and during the course of the deposition do you
- 11 recall alleging injuring yourself on May 6th, 2014?
- 12 A. If that's what's in the transcript then, yes. But
- 13 I remember in the beginning we clarified that the dates
- 14 were not all accurate.
- 15 Q. Okay. I can present you with your deposition --
- 16 A. Uh-huh.
- 17 Q. -- deposition testimony. Would you or would you
- 18 not agree that on May 6th, 2014, you told me that you
- 19 injured your back while working at a Walmart on May
- 20 6th, 2014?
- 21 A. If it's in my deposition; yes, sir.
- 22 Q. So, do you agree you testified for that?
- 23 A. Yes, sir; if it's in my deposition.
- 24 Q. Okay.
- 25 Mr. Smith: And that's a page 30 of his

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- 1 Q. But you called her on this same day that you're
2 alleging you injured yourself today and spoke with her?
- 3 A. Yes.
- 4 Q. Okay. So, you're alleging the injury of May 9th,
5 2014, and you spoke with the 1-800-JOB-HURT operator on
6 May 9th, correct?
- 7 A. Correct.
- 8 Q. And you told her you injured yourself on May 2nd,
9 correct?
- 10 A. Yes. That's when I started feeling the pain in my
11 lower back.
- 12 Q. Did you mention on May 9th, 2014 -- because what
13 you told her on cross-exam -- make sure I'm not -- I'm
14 sorry, during direct exam -- you said after lifting
15 this case of Aquafina and it was too much on your back,
16 you felt pain so you called your supervisor. And what
17 did they tell you to do?
- 18 A. They told me to call 1-800-JOB-HURT.
- 19 Q. Okay. And how long did that take from that
20 transition from when you lifting that case of Aquafina
21 till when you called the 1-800-JOB-HURT operator?
- 22 A. Less than, probably, fifteen (15) minutes.
- 23 Q. Okay. So, within that fifteen (15) minutes when
24 you called the 1-800-JOB-HURT operator and you injured
25 yourself on May 9th lifting a case of Aquafina, did you

1 RECROSS-EXAMINATION

2 By Mr. Smith:

3 Q. Your attorney indicated that you told the operator
4 that you had some pain on May 2nd and you also had some
5 pain on May 9th?

6 A.: I didn't say the exact date but that was the day I
7 called was on May 9th.

8 Q. Didn't you say you had pain that day for, like,
9 two (2) hours --

10 A. Yeah, I --

11 Q. -- from what you said earlier?

12 A. -- it shows that I had pain.

13 Q. Is that what you told her?

14 A. In the -- on line 8 it says, I worked a couple of
15 hours today and told them I wasn't going to be -- going
16 to be able to do it; my back was killing me too bad.

17 Q. Okay. And doesn't it -- didn't you also tell the
18 1-800-JOB-HURT operator that your back had been killing
19 you for the last thirteen (13) days?

20 A. I don't -- I said I believe it's been killing me
21 for a little while.

22 Q. So, we're not just looking at May 2nd, May 9th;
23 we're looking at thirteen (13) days. So, are you
24 alleging you -- you injured yourself over thirteen (13)
25 days or on a specific date?

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1 A. I don't -- it transpired over the time I was
2 working. There was no -- I can't remember exactly what
3 day, what item exactly hurt me --

4 Q. So, you cannot recall --

5 A. -- but I remember on May 9th when I picked up a
6 Aquafina -- a pack of Aquafina Nice and that's when I
7 gave in --

8 Q. -- do you think that was the mechanism --

9 A. -- I couldn't deal with the pain.

10 Q. -- mechanism of injury or do you think it was
11 working for the thirteen (13) days prior due to
12 repetitive lifting?

13 A. It was probably through the whole time.

14 Q. Probably due to repetitive lifting?

15 A. Yes.

16 Mr. Smith: I have no further, Your
17 Honor.

18 Mr. Bacon: Nothing, Commissioner,
19 unless you have any questions for Mr. Wikel.

20 Commissioner Wilkerson: I don't think
21 so. You may be excused.

22 Mr. Wikel: All right. Thank you, sir.

23 Commissioner Wilkerson: Thank you. Is
24 the person you're calling, is he --

25 Mr. Smith: I have him sequestered, Your

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- 1 A. I am.
- 2 Q. -- at least during oral -- oral arguments by his
3 attorney?
- 4 A. Yes.
- 5 Q. Okay. Did you ever hear about a work related
6 accident on May 9th, 2014, by Mr. Wikel?
- 7 A. If I remember correctly, he either called myself
8 or Eric Smith, his direct supervisor, and stated that
9 his back -- he could not -- he could no longer work
10 that day; his back was hurting him too -- at that point
11 in time too much where he could not work. He -- I
12 believe, it was either Eric -- either Eric Smith or
13 myself that told him at that point in time to call the
14 1-800-JOB-HURT number, for him to report it and then to
15 go to see the doctor.
- 16 Q. Okay. And do you know where he was on May 9th,
17 2014?
- 18 A. I -- I'd have to look at his sheets and see
19 exactly what day and what -- what store he was at.
- 20 Q. Do you recall how or -- he told you he injured
21 himself?
- 22 A. I believe he said he was lifting a case of
23 product.
- 24 Q. Okay. Did he say on that day or any particular
25 day or --

1 A. He said it was on that -- on that day -- that it
2 was that morning, yes.

3 Q. -- lifted something that morning?

4 A. Uh-huh.

5 Q. You just have to answer verbally yes or no.

6 A. Yes. Sorry.

7 Q. Okay. Prior to this -- that date, did Kevin ever
8 report to you that he ever had any prior problems with
9 his back?

10 A. Yes. Kevin had actually come to me previous to
11 that because I -- well, we had talked about back issues
12 before since he knew that I had had back surgery and he
13 had stated at that point in time that he had a back
14 injury as -- as well. He had stated that he had two
15 (2) slipped disks.

16 Q. Can we clarify it for the Court's sake, when did
17 you have this conversation?

18 A. Prior to that date, several weeks before that.

19 Q. Several weeks before which date, sir?

20 A. May 9th.

21 Q. May 9th?

22 A. Yes.

23 Q. Okay.

24 A. We had -- we were having a conversation outside, I
25 believe it was after one of our -- our town hall

05/19/14
FILEID013462

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: PC METRO BOTTLING
P.O. BOX 4070 HIGHWAY 280
BURTON SC 29902
BURTON, SC 29902

CARRIER CLAIM#: B464629426000101646

SCWCC CLAIM#: 1405219 9999

NAICS CODE: 424450

FED. TAX I.D. NO.: 131584303

INSURANCE INDEMNITY INSURANCE COMPANY OF
CARRIER: P.O. Box 5122
SCRANTON, PA 18505

CLAIMS SEDGWICK CLAIMS MANAGEMENT SERVICES, IN
ADMIN: ELIZABETH MITRO
P O BOX 14497
LEXINGTON, KY 40512-4497

CARRIER ID: 00395 CARRIER FEIN: 061016108

EMPLOYEE NAME (Last, First, Middle)
WIKEL, KEVIN M

SOCIAL SECURITY NUMBER

PHONE NO.

(843)263-5846

ADDRESS: 160 KNIGHTS BRIDGE RD
BLUEFTON, SC 29910

DATE OF BIRTH:

MARITAL STATUS: U

MALE/FEMALE: M # DEPENDENT CHILDREN: 0

DATE OF HIRE: 07/25/12

OCCUPATION: ACCOUNT MERCHAN

WAGE INFORMATION

RATE: \$472.00

WAGE PERIOD:

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: Y

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE:
BEAUFORT

DATE OF INJ: 05/02/14

TIME OF INJ: 11:00 AM

EMPLOYER'S PREMISES: N

LAST WORKDATE: 05/08/14

DATE EMPLOYER NOTIFIED: 05/09/14

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 98 CUMULATIVE (ALL OTHER) NOC

NATURE: 52 STRAIN

LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

LOWER BACK STRAIN

IF FATAL GIVE DATE OF DEATH:

** Created **

ELECTRONIC FILING

ORIGINAL DATE SENT:

<1>:

<2>:

DATE PROCESSED: 05/19/14

TRADING PARTNER: Sedgwick, Inc

1000 Ridgeway Loop Rd

Memphis, TN 381204053

Company Name	Payroll Period	Payroll Date	Wage Type/Long Tex	Number of	Amount
PBC US	Weekly Hourly	1/10/2014	Total gross	0.00	1420.40
PBC US	Weekly Hourly	1/10/2014	Total Deductions	0.00	-149.46
PBC US	Weekly Hourly	1/10/2014	Payment	0.00	885.43
PBC US	Weekly Hourly	1/10/2014	Tot EE tax	0.00	385.51
PBC US	Weekly Hourly	1/10/2014	Base Pay Dollars	0.00	371.00
PBC US	Weekly Hourly	1/10/2014	PBC VROT\$	0.00	279.98
PBC US	Weekly Hourly	1/10/2014	Holiday Pay Hrs	8.00	173.84
PBC US	Weekly Hourly	1/10/2014	Bulkcr Comm\$	0.00	510.14
PBC US	Weekly Hourly	1/10/2014	Memo Reg Hours	55.09	0.00
PBC US	Weekly Hourly	1/10/2014	Mileage Reimbursement	0.00	85.44
PBC US	Weekly Hourly	1/10/2014	401(k) Plan 2	0.00	-66.75
PBC US	Weekly Hourly	1/10/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	1/10/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	1/10/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	1/10/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	1/10/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	1/10/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	1/10/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	1/17/2014	Total gross	0.00	1252.45
PBC US	Weekly Hourly	1/17/2014	Total Deductions	0.00	-141.22
PBC US	Weekly Hourly	1/17/2014	Payment	0.00	788.45
PBC US	Weekly Hourly	1/17/2014	Tot EE tax	0.00	322.78
PBC US	Weekly Hourly	1/17/2014	Base Pay Dollars	0.00	377.00
PBC US	Weekly Hourly	1/17/2014	PBC VROT\$	0.00	398.49
PBC US	Weekly Hourly	1/17/2014	Bulkcr Comm\$	0.00	394.64
PBC US	Weekly Hourly	1/17/2014	Memo OT Hours	23.09	0.00
PBC US	Weekly Hourly	1/17/2014	Memo Reg Hours	63.10	0.00
PBC US	Weekly Hourly	1/17/2014	Mileage Reimbursement	0.00	82.32
PBC US	Weekly Hourly	1/17/2014	401(k) Plan 2	0.00	-58.51
PBC US	Weekly Hourly	1/17/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	1/17/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	1/17/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	1/17/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	1/17/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	1/17/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	1/17/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	1/24/2014	Total gross	0.00	1203.86
PBC US	Weekly Hourly	1/24/2014	Total Deductions	0.00	-137.22
PBC US	Weekly Hourly	1/24/2014	Payment	0.00	774.27
PBC US	Weekly Hourly	1/24/2014	Tot EE tax	0.00	292.37
PBC US	Weekly Hourly	1/24/2014	Base Pay Dollars	0.00	371.00
PBC US	Weekly Hourly	1/24/2014	PBC VROT\$	0.00	411.32
PBC US	Weekly Hourly	1/24/2014	Bulkcr Comm\$	0.00	307.86
PBC US	Weekly Hourly	1/24/2014	Memo OT Hours	25.28	0.00
PBC US	Weekly Hourly	1/24/2014	Memo Reg Hours	65.28	0.00
PBC US	Weekly Hourly	1/24/2014	Mileage Reimbursement	0.00	113.68

PBC US	Weekly Hourly	1/24/2014	401(k) Plan 2	0.00	-54.51
PBC US	Weekly Hourly	1/24/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	1/24/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	1/24/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	1/24/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	1/24/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	1/24/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	1/24/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	1/31/2014	Total gross	0.00	1389.69
PBC US	Weekly Hourly	1/31/2014	Total Deductions	0.00	-145.56
PBC US	Weekly Hourly	1/31/2014	Payment	0.00	888.30
PBC US	Weekly Hourly	1/31/2014	Tot EE tax	0.00	355.83
PBC US	Weekly Hourly	1/31/2014	Base Pay Dollars	0.00	371.00
PBC US	Weekly Hourly	1/31/2014	PBC VROT\$	0.00	499.81
PBC US	Weekly Hourly	1/31/2014	Holiday Pay Hrs	8.00	173.84
PBC US	Weekly Hourly	1/31/2014	Bulkcr Comm\$	0.00	212.32
PBC US	Weekly Hourly	1/31/2014	Memo OT Hours	29.99	0.00
PBC US	Weekly Hourly	1/31/2014	Memo Reg Hours	69.98	0.00
PBC US	Weekly Hourly	1/31/2014	Mileage Reimbursement	0.00	132.72
PBC US	Weekly Hourly	1/31/2014	401(k) Plan 2	0.00	-62.85
PBC US	Weekly Hourly	1/31/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	1/31/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	1/31/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	1/31/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	1/31/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	1/31/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	1/31/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	2/7/2014	Total gross	0.00	987.87
PBC US	Weekly Hourly	2/7/2014	Total Deductions	0.00	-127.46
PBC US	Weekly Hourly	2/7/2014	Payment	0.00	642.36
PBC US	Weekly Hourly	2/7/2014	Tot EE tax	0.00	218.05
PBC US	Weekly Hourly	2/7/2014	Base Pay Dollars	0.00	371.00
PBC US	Weekly Hourly	2/7/2014	PBC VROT\$	0.00	204.61
PBC US	Weekly Hourly	2/7/2014	Bulkcr Comm\$	0.00	319.30
PBC US	Weekly Hourly	2/7/2014	Memo OT Hours	12.05	0.00
PBC US	Weekly Hourly	2/7/2014	Memo Reg Hours	52.06	0.00
PBC US	Weekly Hourly	2/7/2014	Mileage Reimbursement	0.00	92.96
PBC US	Weekly Hourly	2/7/2014	401(k) Plan 2	0.00	-44.75
PBC US	Weekly Hourly	2/7/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	2/7/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	2/7/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	2/7/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	2/7/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	2/7/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	2/7/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	2/14/2014	Total gross	0.00	734.78
PBC US	Weekly Hourly	2/14/2014	Total Deductions	0.00	-117.35

PBC US	Weekly Hourly	2/14/2014	Payment	0.00	460.20
PBC US	Weekly Hourly	2/14/2014	Tot EE tax	0.00	157.23
PBC US	Weekly Hourly	2/14/2014	Base Pay Dollars	0.00	296.80
PBC US	Weekly Hourly	2/14/2014	Personal	8.00	173.84
PBC US	Weekly Hourly	2/14/2014	Bulkcr Comm\$	0.00	222.14
PBC US	Weekly Hourly	2/14/2014	Memo Reg Hours	21.26	0.00
PBC US	Weekly Hourly	2/14/2014	Mileage Reimbursement	0.00	42.00
PBC US	Weekly Hourly	2/14/2014	401(k) Plan 2	0.00	-34.64
PBC US	Weekly Hourly	2/14/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	2/14/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	2/14/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	2/14/2014	Health Savings Account	0.00	-9.62
PBC US	Weekly Hourly	2/14/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	2/14/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	2/14/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	2/28/2014	Total gross	0.00	425.00
PBC US	Weekly Hourly	2/28/2014	Total Deductions	0.00	-167.26
PBC US	Weekly Hourly	2/28/2014	Payment	0.00	193.74
PBC US	Weekly Hourly	2/28/2014	Tot EE tax	0.00	64.00
PBC US	Weekly Hourly	2/28/2014	STD Pay	0.00	425.00
PBC US	Weekly Hourly	2/28/2014	401(k) Plan 2	0.00	-21.25
PBC US	Weekly Hourly	2/28/2014	Medical Pre-Tax	0.00	-63.46
PBC US	Weekly Hourly	2/28/2014	Dental Pre-Tax	0.00	-45.62
PBC US	Weekly Hourly	2/28/2014	Vision Pre-Tax	0.00	-3.70
PBC US	Weekly Hourly	2/28/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	2/28/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	2/28/2014	LTD	0.00	-5.94
PBC US	Weekly Hourly	2/28/2014	Legal	0.00	-7.46
PBC US	Weekly Hourly	3/7/2014	Total gross	0.00	425.00
PBC US	Weekly Hourly	3/7/2014	Total Deductions	0.00	-104.17
PBC US	Weekly Hourly	3/7/2014	Payment	0.00	240.11
PBC US	Weekly Hourly	3/7/2014	Tot EE tax	0.00	80.72
PBC US	Weekly Hourly	3/7/2014	STD Pay	0.00	425.00
PBC US	Weekly Hourly	3/7/2014	401(k) Plan 2	0.00	-21.25
PBC US	Weekly Hourly	3/7/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	3/7/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	3/7/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	3/7/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	3/7/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	3/7/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	3/7/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	3/14/2014	Total gross	0.00	425.00
PBC US	Weekly Hourly	3/14/2014	Total Deductions	0.00	-104.17
PBC US	Weekly Hourly	3/14/2014	Payment	0.00	240.12
PBC US	Weekly Hourly	3/14/2014	Tot EE tax	0.00	80.71
PBC US	Weekly Hourly	3/14/2014	STD Pay	0.00	425.00
PBC US	Weekly Hourly	3/14/2014	401(k) Plan 2	0.00	-21.25

PBC US	Weekly Hourly	3/14/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	3/14/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	3/14/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	3/14/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	3/14/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	3/14/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	3/14/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	3/21/2014	Total gross	0.00	425.00
PBC US	Weekly Hourly	3/21/2014	Total Deductions	0.00	-104.17
PBC US	Weekly Hourly	3/21/2014	Payment	0.00	240.11
PBC US	Weekly Hourly	3/21/2014	Tot EE tax	0.00	80.72
PBC US	Weekly Hourly	3/21/2014	STD Pay	0.00	425.00
PBC US	Weekly Hourly	3/21/2014	401(k) Plan 2	0.00	-21.25
PBC US	Weekly Hourly	3/21/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	3/21/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	3/21/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	3/21/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	3/21/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	3/21/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	3/21/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	3/28/2014	Total gross	0.00	837.06
PBC US	Weekly Hourly	3/28/2014	Total Deductions	0.00	-14.84
PBC US	Weekly Hourly	3/28/2014	Total Deductions	0.00	-105.99
PBC US	Weekly Hourly	3/28/2014	Payment	0.00	297.16
PBC US	Weekly Hourly	3/28/2014	Payment	0.00	264.23
PBC US	Weekly Hourly	3/28/2014	Tot EE tax	0.00	63.76
PBC US	Weekly Hourly	3/28/2014	Tot EE tax	0.00	91.08
PBC US	Weekly Hourly	3/28/2014	Base Pay Dollars	0.00	296.80
PBC US	Weekly Hourly	3/28/2014	Bulkcr Comm\$	0.00	291.30
PBC US	Weekly Hourly	3/28/2014	Memo Reg Hours	38.80	0.00
PBC US	Weekly Hourly	3/28/2014	STD Pay	0.00	170.00
PBC US	Weekly Hourly	3/28/2014	Mileage Reimbursement	0.00	78.96
PBC US	Weekly Hourly	3/28/2014	401(k) Plan 2	0.00	-14.84
PBC US	Weekly Hourly	3/28/2014	401(k) Plan 2	0.00	-23.07
PBC US	Weekly Hourly	3/28/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	3/28/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	3/28/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	3/28/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	3/28/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	3/28/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	3/28/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	4/4/2014	Total gross	0.00	472.00
PBC US	Weekly Hourly	4/4/2014	Total Deductions	0.00	-106.52
PBC US	Weekly Hourly	4/4/2014	Payment	0.00	271.35
PBC US	Weekly Hourly	4/4/2014	Tot EE tax	0.00	94.13
PBC US	Weekly Hourly	4/4/2014	Vacation Pay Hrs	40.00	472.00
PBC US	Weekly Hourly	4/4/2014	401(k) Plan 2	0.00	-23.60

PBC US	Weekly Hourly	4/4/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	4/4/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	4/4/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	4/4/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	4/4/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	4/4/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	4/4/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	4/11/2014	Total gross	0.00	659.64
PBC US	Weekly Hourly	4/11/2014	Total Deductions	0.00	-112.68
PBC US	Weekly Hourly	4/11/2014	Payment	0.00	417.64
PBC US	Weekly Hourly	4/11/2014	Tot EE tax	0.00	129.32
PBC US	Weekly Hourly	4/11/2014	Regular Pay	46.96	554.12
PBC US	Weekly Hourly	4/11/2014	OT Half Time	6.97	41.12
PBC US	Weekly Hourly	4/11/2014	Mileage Reimbursement	0.00	64.40
PBC US	Weekly Hourly	4/11/2014	401(k) Plan 2	0.00	-29.76
PBC US	Weekly Hourly	4/11/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	4/11/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	4/11/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	4/11/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	4/11/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	4/11/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	4/11/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	4/18/2014	Total gross	0.00	702.58
PBC US	Weekly Hourly	4/18/2014	Total Deductions	0.00	-115.53
PBC US	Weekly Hourly	4/18/2014	Payment	0.00	441.46
PBC US	Weekly Hourly	4/18/2014	Tot EE tax	0.00	145.59
PBC US	Weekly Hourly	4/18/2014	Regular Pay	50.18	592.12
PBC US	Weekly Hourly	4/18/2014	OT Half Time	10.18	60.06
PBC US	Weekly Hourly	4/18/2014	Mileage Reimbursement	0.00	50.40
PBC US	Weekly Hourly	4/18/2014	401(k) Plan 2	0.00	-32.61
PBC US	Weekly Hourly	4/18/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	4/18/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	4/18/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	4/18/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	4/18/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	4/18/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	4/18/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	4/25/2014	Total gross	0.00	1002.00
PBC US	Weekly Hourly	4/25/2014	Total Deductions	0.00	-126.97
PBC US	Weekly Hourly	4/25/2014	Payment	0.00	662.33
PBC US	Weekly Hourly	4/25/2014	Tot EE tax	0.00	212.70
PBC US	Weekly Hourly	4/25/2014	Regular Pay	63.11	744.69
PBC US	Weekly Hourly	4/25/2014	OT Half Time	23.11	136.35
PBC US	Weekly Hourly	4/25/2014	Mileage Reimbursement	0.00	120.96
PBC US	Weekly Hourly	4/25/2014	401(k) Plan 2	0.00	-44.05
PBC US	Weekly Hourly	4/25/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	4/25/2014	Dental Pre-Tax	0.00	-22.81

PBC US	Weekly Hourly	4/25/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	4/25/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	4/25/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	4/25/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	4/25/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	5/2/2014	Total gross	0.00	755.77
PBC US	Weekly Hourly	5/2/2014	Total Deductions	0.00	-118.66
PBC US	Weekly Hourly	5/2/2014	Payment	0.00	473.62
PBC US	Weekly Hourly	5/2/2014	Tot EE tax	0.00	163.49
PBC US	Weekly Hourly	5/2/2014	Regular Pay	53.72	633.88
PBC US	Weekly Hourly	5/2/2014	OT Half Time	13.73	81.01
PBC US	Weekly Hourly	5/2/2014	Mileage Reimbursement	0.00	40.88
PBC US	Weekly Hourly	5/2/2014	401(k) Plan 2	0.00	-35.74
PBC US	Weekly Hourly	5/2/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	5/2/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	5/2/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	5/2/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	5/2/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	5/2/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	5/2/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	5/9/2014	Total gross	0.00	1307.70
PBC US	Weekly Hourly	5/9/2014	Total Deductions	0.00	-138.20
PBC US	Weekly Hourly	5/9/2014	Payment	0.00	871.38
PBC US	Weekly Hourly	5/9/2014	Tot EE tax	0.00	298.12
PBC US	Weekly Hourly	5/9/2014	Base Pay Dollars	0.00	371.00
PBC US	Weekly Hourly	5/9/2014	PBC VROT\$	0.00	388.87
PBC US	Weekly Hourly	5/9/2014	Bulkcr Comm\$	0.00	345.67
PBC US	Weekly Hourly	5/9/2014	Memo OT Hours	23.36	0.00
PBC US	Weekly Hourly	5/9/2014	Memo Reg Hours	63.36	0.00
PBC US	Weekly Hourly	5/9/2014	Mileage Reimbursement	0.00	202.16
PBC US	Weekly Hourly	5/9/2014	401(k) Plan 2	0.00	-55.28
PBC US	Weekly Hourly	5/9/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	5/9/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	5/9/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	5/9/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	5/9/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	5/9/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	5/9/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	5/16/2014	Total gross	0.00	347.09
PBC US	Weekly Hourly	5/16/2014	Total Deductions	0.00	-98.45
PBC US	Weekly Hourly	5/16/2014	Payment	0.00	200.56
PBC US	Weekly Hourly	5/16/2014	Tot EE tax	0.00	48.08
PBC US	Weekly Hourly	5/16/2014	Regular Pay	26.33	310.69
PBC US	Weekly Hourly	5/16/2014	Mileage Reimbursement	0.00	36.40
PBC US	Weekly Hourly	5/16/2014	401(k) Plan 2	0.00	-15.53
PBC US	Weekly Hourly	5/16/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	5/16/2014	Dental Pre-Tax	0.00	-22.81

PBC US	Weekly Hourly	5/16/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	5/16/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	5/16/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	5/16/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	5/16/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	5/23/2014	Total gross	0.00	460.68
PBC US	Weekly Hourly	5/23/2014	Total Deductions	0.00	-105.95
PBC US	Weekly Hourly	5/23/2014	Payment	0.00	263.82
PBC US	Weekly Hourly	5/23/2014	Tot EE tax	0.00	90.91
PBC US	Weekly Hourly	5/23/2014	Regular Pay	39.04	460.68
PBC US	Weekly Hourly	5/23/2014	401(k) Plan 2	0.00	-23.03
PBC US	Weekly Hourly	5/23/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	5/23/2014	Dental Pre-Tax	0.00	-22.81
PBC US	Weekly Hourly	5/23/2014	Vision Pre-Tax	0.00	-1.85
PBC US	Weekly Hourly	5/23/2014	Health Savings Account	0.00	-9.83
PBC US	Weekly Hourly	5/23/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	5/23/2014	LTD	0.00	-2.97
PBC US	Weekly Hourly	5/23/2014	Legal	0.00	-3.73
PBC US	Weekly Hourly	5/30/2014	Total gross	0.00	62.94
PBC US	Weekly Hourly	5/30/2014	STD Pay	0.00	62.94
PBC US	Weekly Hourly	6/6/2014	Total gross	0.00	314.68
PBC US	Weekly Hourly	6/6/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	6/13/2014	Total gross	0.00	314.68
PBC US	Weekly Hourly	6/13/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	6/20/2014	Total gross	0.00	786.68
PBC US	Weekly Hourly	6/20/2014	Total Deductions	0.00	-292.13
PBC US	Weekly Hourly	6/20/2014	Payment	0.00	135.11
PBC US	Weekly Hourly	6/20/2014	Tot EE tax	0.00	44.76
PBC US	Weekly Hourly	6/20/2014	Vacation Pay	0.00	472.00
PBC US	Weekly Hourly	6/20/2014	401(k) Plan 2	0.00	-18.88
PBC US	Weekly Hourly	6/20/2014	Medical Pre-Tax	0.00	-126.92
PBC US	Weekly Hourly	6/20/2014	Dental Pre-Tax	0.00	-91.24
PBC US	Weekly Hourly	6/20/2014	Vision Pre-Tax	0.00	-7.40
PBC US	Weekly Hourly	6/20/2014	Health Savings Account	0.00	-10.89
PBC US	Weekly Hourly	6/20/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	6/20/2014	LTD	0.00	-11.88
PBC US	Weekly Hourly	6/20/2014	Legal	0.00	-14.92
PBC US	Weekly Hourly	6/20/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	6/27/2014	Total gross	0.00	314.68
PBC US	Weekly Hourly	6/27/2014	Total Deductions	0.00	189.49
PBC US	Weekly Hourly	6/27/2014	Payment	0.00	1010.87
PBC US	Weekly Hourly	6/27/2014	Tot EE tax	0.00	500.28
PBC US	Weekly Hourly	6/27/2014	401(k) Plan 2	0.00	-52.87
PBC US	Weekly Hourly	6/27/2014	Medical Pre-Tax	0.00	126.92
PBC US	Weekly Hourly	6/27/2014	Dental Pre-Tax	0.00	91.24
PBC US	Weekly Hourly	6/27/2014	Vision Pre-Tax	0.00	7.40
PBC US	Weekly Hourly	6/27/2014	Stock Purchase Plan	0.00	-10.00

PBC US	Weekly Hourly	6/27/2014	LTD	0.00	11.88
PBC US	Weekly Hourly	6/27/2014	Legal	0.00	14.92
PBC US	Weekly Hourly	6/27/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	7/3/2014	Total gross	0.00	314.68
PBC US	Weekly Hourly	7/3/2014	Total Deductions	0.00	-22.59
PBC US	Weekly Hourly	7/3/2014	Payment	0.00	222.53
PBC US	Weekly Hourly	7/3/2014	Tot EE tax	0.00	69.56
PBC US	Weekly Hourly	7/3/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	7/3/2014	401(k) Plan 2	0.00	-12.59
PBC US	Weekly Hourly	7/3/2014	Stock Purchase Plan	0.00	-10.00
PBC US	Weekly Hourly	7/11/2014	Total gross	0.00	314.68
PBC US	Weekly Hourly	7/11/2014	Total Deductions	0.00	-313.63
PBC US	Weekly Hourly	7/11/2014	Tot EE tax	0.00	1.05
PBC US	Weekly Hourly	7/11/2014	STD Pay	0.00	314.68
PBC US	Weekly Hourly	7/11/2014	401(k) Plan 2	0.00	-12.59
PBC US	Weekly Hourly	7/11/2014	Medical Pre-Tax	0.00	-222.11
PBC US	Weekly Hourly	7/11/2014	Dental Pre-Tax	0.00	-78.93
PBC US	Weekly Hourly	7/18/2014	Total gross	0.00	251.74
PBC US	Weekly Hourly	7/18/2014	Total Deductions	0.00	-239.26
PBC US	Weekly Hourly	7/18/2014	Tot EE tax	0.00	12.48
PBC US	Weekly Hourly	7/18/2014	STD Pay	0.00	251.74
PBC US	Weekly Hourly	7/18/2014	401(k) Plan 2	0.00	-10.07
PBC US	Weekly Hourly	7/18/2014	Medical Pre-Tax	0.00	-31.73
PBC US	Weekly Hourly	7/18/2014	Dental Pre-Tax	0.00	-103.55
PBC US	Weekly Hourly	7/18/2014	Vision Pre-Tax	0.00	-14.80
PBC US	Weekly Hourly	7/18/2014	Health Savings Account	0.00	-12.25
PBC US	Weekly Hourly	7/18/2014	401(k) Loan 1 Plan 2	0.00	-7.05
PBC US	Weekly Hourly	7/18/2014	Stock Purchase Plan	0.00	-6.21
PBC US	Weekly Hourly	7/18/2014	LTD	0.00	-23.76
PBC US	Weekly Hourly	7/18/2014	Legal	0.00	-29.84

P.O. Box 995
1550 Gadsden Street
Columbia, SC 29202
dew.sc.gov



Nikki R. Haley
Governor

Cheryl M. Stanton
Executive Director

July 24, 2014

Mr. J. Olin McDougall, II
McDougall Law Firm
P.O. Box 1336
Beaufort, SC 29901-1336

Re: Kevin Wikel v. Pepsi Bottling
WCC File No.: 1405219

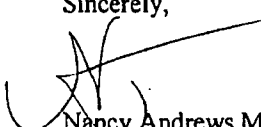
Dear Mr. McDougall:

This is in response to your letter received in this office on July 16, 2014, transmitting to us a subpoena and check #17882 in the amount of \$25.00 for wage information pertaining to the above referenced individual.

Enclosed is a certified copy of the wage record. Please be advised that 20 C.F.R. § 603.9 requires the recipient to safeguard the information disclosed against unauthorized access or re-disclosure.

Please do not hesitate to contact me if I can be of any additional assistance to you.

Sincerely,

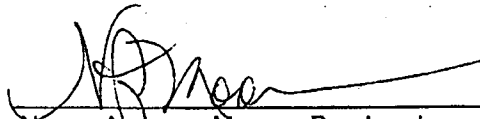

Nancy Andrews Moorer, Paralegal
UI Records
SC Department of Employment and Workforce
803.737.0856
nmoorer@dew.sc.gov

Enclosures



**SOUTH CAROLINA DEPARTMENT
OF EMPLOYMENT AND WORKFORCE
Post Office Box 995
Columbia, South Carolina 29202**

**I certify that the attached is a true copy of the records pertaining to
Kevin Wikel, xxx-xx-_____**



Nancy Andrews Moorer, Paralegal
SC Department of Employment & Workforce

**Columbia, South Carolina
July 24, 2014**

SSN Wage Record Inquiry

SSN [REDACTED]

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
KEVIN MATTHEW WIKEL	348054	BOTTLING GROUP LLC	Original	2014	\$9,081.16			
KEVIN MATTHEW WIKEL	348054	BOTTLING GROUP LLC	Original	2013	\$6,985.35	\$9,950.67	\$13,607.67	\$11,928.14
KEVIN MATTHEW WIKEL	348054	BOTTLING GROUP LLC	Original	2012			\$5,673.58	\$6,046.32
KEVIN MATTHEW WIKEL	360674	FOOD LION LLC	Original	2012	\$4,839.88			
KEVIN MATTHEW WIKEL	488440	SOUTH CAROLINA INVESTMENT VI INC	Original	2012	\$3,628.61	\$5,327.23	\$1,293.16	
KEVIN MATTHEW WIKEL	519705	CHRISTOPHER HEWITT	Original	2012			\$283.13	
KEVIN MATTHEW WIKEL	97314	DOLGENCORP LLC	Original	2011	\$5,844.34	\$145.12		
KEVIN MATTHEW WIKEL	360674	FOOD LION LLC	Original	2011	\$164.69	\$5,276.08	\$4,095.84	\$5,386.84
KEVIN MATTHEW WIKEL	488440	SOUTH CAROLINA INVESTMENT VI INC	Original	2011			\$1,466.00	\$3,455.28
KEVIN MATTHEW WIKEL	527519	CHICKS ON TOP LLC	Original	2011			\$344.67	\$440.14

Next >

Urgent Care Note

WIKEL, KEVIN - C257446

Back Sprain *

Patient: WIKEL, KEVIN MRN: C257446 FIN: 2015967
Age: 23 years Sex: Male DOB:
Associated Diagnoses: Low back sprain
Author: Isidor, Ketura

Visit Information

Date of Service: 05/09/2014 10:29 am Performing Location: Doctors Care - Beaufort Encounter#: 2015967

Primary Care Provider (PCP): C34 -UNKNOWN, PERSONNEL

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint

05/09/2014 10:57 AM EDT WKC: Lower back pain

History of Present Illness

Presents with c/o of low back pain x 1 week after long shifts at work of lifting and bending. Admits to a sharp pain to lower back radiating to the left side, worse with sitting and standing. Exacerbating factors consist of prolonged sitting, squatting and standing. Relieving factors consist of heat application. Associated symptoms consist of denies bladder dysfunction, denies bowel dysfunction, denies decreased sensation, denies unilateral weakness and denies saddle numbness. Prior treatment consists of none.

Review of Systems

Constitutional: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative except as documented in history of present illness, No rash.
Neurologic: Alert and oriented X4.

Health Status

Allergies:

Allergic Reactions (Selected)
No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Percocet 10/325 oral tablet: 1 tab(s), po, tid, Instructions: may cause drowsiness, # 50 tab(s), 0 Refill(s), Type: Maintenance, handwritten (Rx)

Problem list:

All Problems (Selected)

Acute Bronchitis / SNOMED CT 18268014 / Confirmed
Closed fracture of one rib / SNOMED CT 75611015 / Confirmed
Excessive sweating / SNOMED CT 496382011 / Confirmed
Obesity / ICD-9-CM 278.00 / Probable
Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Family History:

Diabetes Mellitus
Father

Printed by: Jordan, Stephanie
Printed on: 10/6/2014 12:46 PM EDT

Page 1 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

Procedure history:

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment

Never

Never

Tobacco Assessment

Current

Never

Current

Substance Abuse Assessment

Never

Never

Physical Examination

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.

HENT: Normocephalic, Normal hearing.

Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Vital Signs

05/09/2014 10:57 AM EDT

Temperature Oral	97.4 DegF
Peripheral Pulse Rate	84 bpm
Respiratory Rate	16 br/min
Systolic Blood Pressure	130 mmHg
Diastolic Blood Pressure	88 mmHg
Mean Arterial Pressure	102 mmHg
BP Site	Left arm

Measurements from flowsheet : Measurements

05/09/2014 10:57 AM EDT

Height	72 in
Weight	265 lb
BSA	2.47 m2
Body Mass Index	35.94 kg/m2

Integumentary: Warm, Dry, No rash.

General: Alert and oriented, No acute distress.

Neurologic: Alert, Oriented, Normal deep tendon reflexes.

Psychiatric: Cooperative, Appropriate mood & affect.

Musculoskeletal: Spine/torso exam: Lumbar (Posterior, No swelling, Tenderness, Pain, No numbness, No tingling, Strength 5/5, Range of motion (Active, Passive, 30 degrees, Flexion, Extension, Restricted by pain)).

Review / Management

Results review: Lab results

02/10/2014 2:42 PM EST

Sodium Level	140 mmol/L
Potassium Level	4.1 mmol/L
Chloride Level	99 mmol/L
CO2 Level	25 mmol/L
Glucose Level	67 mg/dL
BUN	18 mg/dL
Creatinine Level	0.98 mg/dL
BUN/Creat Ratio	NOT APPLICABLE (calc)
eGFR African American	125 mL/min/1.73m ²
eGFR Non-African American	108 mL/min/1.73m ²
Calcium Level	10.2 mg/dL
Bili Total	0.4 mg/dL
Atk Phos	74 U/L
AST/SGOT	22 U/L
ALT/SGPT	48 U/L HI
Protein Total	8.1 g/dL

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Printed on: 10/6/2014 12:46 PM EDT

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(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

02/02/2014 4:49 PM EST

Albumin Level	4.9 g/dL
Globulin	3.2 g/dL (calc)
A/G Ratio	1.5 (calc)
TSH	2.17 mIU/L
Influenza A POC	Negative
Influenza B POC	Negative

Radiology results

X-ray, Spondylosis at L4-5, No acute fracture, Pending overreading from radiology

Documentation reviewed: Flowsheet.

Course: Progressing as expected.

Impression and Plan

Diagnosis

Low back sprain (ICD9 846.9).

Course: Worsening.

Plan: Meds as directed, rest, increase fluids, return in 1 week for I/O.

Patient Instructions: BACK SPRAIN/STRAIN, Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better. Within As needed.

Limitations: No lifting.

Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Completed

72100 radex spine lumbosacral 2/3 views (Task/Charge): Quantity: 1

96372 therapeutic prophylactic/dx injection subq/im (Charge): Quantity: 1

99214 office outpatient visit 25 minutes (Charge): Quantity: 1

Toradol: 60 mg, im, once

Prescriptions

Prescribed

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance.

Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po tid, PRN: for spasm

naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy:

Walgreens Drug Store 07652, 1 tab(s) po bid.

Signature Line

Signed and Authorized by Ketura Isidor on 05/09/2014 02:44 PM EDT

Charted Date: May 09, 2014 11:30 AM EDT

Subject / Title: Back Sprain *

Performed By: Isidor, Ketura on May 09, 2014 12:26 PM EDT

Electronically Signed By: Isidor, Ketura on May 09, 2014 2:44 PM EDT

Visit Information: 2015967, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Jordan, Stephanie
Printed on: 10/6/2014 12:46 PM EDT

Page 3 of 3
(End of Report)

Visit Summary
* Final Report *

WIKEL, KEVIN - C257446

* Final Report *

Visit Summary (Verified)

Visit Summary for KEVIN WIKEL

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 23 years Sex: Male DOB: MRN: C257446
Address: 160 KNIGHT BRIDGE RD BLUFFTON, SC 29910
Home: (843) 263-5846 Work: -- Mobile: --
Primary Care Provider: C34 -UNKNOWN, PERSONNEL
Race: White Ethnicity: Not Hispanic or Latino
Preferred Language: English
Health Plan: 1*WC/SEDGWICK

Visit Information

Doctors Care - Beaufort
1510 S RIBAUT RD PORT ROYAL, SC, 29935
Phone: (843) 770-0676 Fax: (843) 770-0776

Visit Date: 05/09/2014 09:45 am
Scheduled Provider: Beaufort - 76514
Visit Provider: Isidor, Ketura
Referring Provider: --
Reason for Visit: WKC: Lower back pain

Future Appointments

No future appointments scheduled

Problems and Health Issues

Acute Bronchitis
Closed fracture of one rib
Excessive sweating
Obesity (278.00)
Tobacco user (305 1)

Allergies

No known allergies

All Known Current Prescriptions and Reported Medications

Printed by: Jordan, Stephanie
Printed on: 10/6/2014 12:46 PM EDT

Page 1 of 3
(Continued)

Visit Summary
* Final Report *

WIKEL, KEVIN - C257446

Prescriptions

Flexeril 10 mg oral tablet (cyclobenzaprine)

Take 1 tab(s)(10 Milligram) oral 3 times a day for spasm. 0 refills authorized

naproxen 500 mg oral tablet (naproxen)

Take 1 tab(s)(500 Milligram) oral 2 times a day, 0 refills authorized

Percocet 10/325 oral tablet (acetaminophen-oxycodone)

Take 1 tab(s) oral 3 times a day, 0 refills authorized

Instructions: may cause drowsiness

Other Reported Medications

No reported medications documented

New Medications this Visit

New Prescriptions

Flexeril 10 mg oral tablet (cyclobenzaprine)

Take 1 tab(s)(10 Milligram) oral 3 times a day for spasm. 0 refills authorized

naproxen 500 mg oral tablet (naproxen)

Take 1 tab(s)(500 Milligram) oral 2 times a day, 0 refills authorized

Vitals and Measurements this Visit (last charted value for your 05/09/2014 visit)

Height:: 72 in

Weight:: 265 lb

Body Mass Index:: 35.94 kg/m²

BSA: 2.47 m²

Temperature Oral: 97.4 DegF

Systolic Blood Pressure: 130 mmHg

Diastolic Blood Pressure: 88 mmHg

Mean Arterial Pressure: 102 mmHg

Peripheral Pulse Rate: 84 bpm

Respiratory Rate: 16 br/min

Laboratory and Radiology this Visit (last charted value for your 05/09/2014 visit)

No Laboratory and Radiology documented

Orders this Visit

No visit orders documented

Diagnoses this Visit

Low back sprain (846.9)

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Printed on: 10/6/2014 12:46 PM EDT

Page 2 of 3
(Continued)

Visit Summary
* Final Report *

WIKEL, KEVIN - C257446

Referral and Consult Requests this Visit

No Referral or Consults documented

Procedures this Visit

No Procedures documented

Smoking Status

Current

Follow up

Follow up with: Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better.

When: Within As needed

Where: --

Comments: --

Patient Education Materials Provided this Visit

0

Additional Visit Comments:

Charted Date: May 09, 2014 12:31 PM EDT
Subject / Title: Visit Summary
Performed By: Isidor , Ketura on May 09, 2014 12:31 PM EDT
Electronically Signed By: Isidor , Ketura on May 09, 2014 12:31 PM EDT
Visit Information: 2015967, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Jordan , Stephanie
Printed on: 10/6/2014 12:46 PM EDT

Page 3 of 3
(End of Report)

Urgent Care Note

WIKEL, KEVIN - C257446

Low Back Sprain, wkc f/u

Patient: WIKEL, KEVIN MRN: C257446 FIN: 2027974
Age: 24 years Sex: Male DOB:
Associated Diagnoses: Low back sprain
Author: Isidor, Ketura

Visit Information

Date of Service: 05/16/2014 08:42 am Performing Location: Doctors Care - Beaufort Encounter#: 2027974

Primary Care Provider (PCP): C34 -UNKNOWN, PERSONNEL

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint

05/16/2014 9:03 AM EDT f/u WKC: Lower back strain

History of Present Illness

Presents for f/u on low back sprain, states feeling better, not as stiff, able to sit in his car without pain, but still pain with bending over.
Tolerating meds well.

Review of Systems

Constitutional: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative except as documented in history of present illness, No rash.
Neurologic: Alert and oriented X4.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po tid, PRN: for spasm
Percocet 10/325 oral tablet: 1 tab(s), po, tid, Instructions: may cause drowsiness, # 50 tab(s), 0 Refill(s), Type: Maintenance, handwritten (Rx)
naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po bid

Problem List:

All Problems (Selected)

Acute Bronchitis / SNOMED CT 18268014 / Confirmed
Closed fracture of one rib / SNOMED CT 75611015 / Confirmed
Excessive sweating / SNOMED CT 496382011 / Confirmed
Obesity / ICD-9-CM 278.00 / Probable
Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Family History:

Diabetes Mellitus

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Printed on: 10/6/2014 12:47 PM EDT

Page 1 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

Father

Procedure history:

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment
Never
Never
Tobacco Assessment
Current
Never
Current
Substance Abuse Assessment
Never
Never

Physical Examination

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.
HEENT: Normocephalic, Normal hearing.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Regular rhythm, No murmur.

Vital Signs

05/16/2014 9:03 AM EDT

Temperature Oral	97.5 DegF
Peripheral Pulse Rate	109 bpm HI
Respiratory Rate	16 br/min
Systolic Blood Pressure	111 mmHg
Diastolic Blood Pressure	66 mmHg
Mean Arterial Pressure	81 mmHg
BP Site	Left arm

Measurements from flowsheet: Measurements

05/16/2014 9:03 AM EDT

Height	72 in
Weight	260 lb
BSA	2.45 m2
Body Mass Index	35.26 kg/m2

Integumentary: Warm, Dry, No rash.

General: Alert and oriented, No acute distress.

Neurologic: Alert, Oriented, Normal deep tendon reflexes.

Psychiatric: Cooperative, Appropriate mood & affect.

Musculoskeletal: Normal strength, No swelling, No deformity, Normal gait, Normal station.

Spine/torso exam: Lumbar (Left, Posterior, No erythema, No swelling, Tenderness, No numbness, No tingling, Strength 5/5, Range of motion (Passive, 45 degrees, Flexion, Extension, Restricted by pain)).

Review / Management

Results review: Lab results

02/10/2014 2:42 PM EST

Sodium Level	140 mmol/L
Potassium Level	4.1 mmol/L
Chloride Level	99 mmol/L
CO2 Level	25 mmol/L
Glucose Level	67 mg/dL
BUN	18 mg/dL
Creatinine Level	0.98 mg/dL
BUN/Creat Ratio	NOT APPLICABLE (calc)
eGFR African American	125 mL/min/1.73m^2
eGFR Non-African American	108 mL/min/1.73m^2
Calcium Level	10.2 mg/dL
Bili Total	0.4 mg/dL
Alk Phos	74 U/L
AST/SGOT	22 U/L

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Printed on: 10/6/2014 12:47 PM EDT

Page 2 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

ALT/SGPT	48 U/L HI
Protein Total	8.1 g/dL
Albumin Level	4.9 g/dL
Globulin	3.2 g/dL (calc)
A/G Ratio	1.5 (calc)
TSH	2.17 mIU/L

Documentation reviewed: Reviewed prior records.
Course: Progressing as expected.

Impression and Plan

Diagnosis

Low back sprain (ICD9 846.9).

Course: Progressing as expected.

Plan: Meds as directed, rest, increase fluids, return in 1 week for f/u

Patient Instructions: Return to this practice in 1 week 05/23/2014; Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better. Within As needed.

Limitations: No lifting greater than 10 pounds.

Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Completed

99213 office outpatient visit 15 minutes (Charge): Quantity: 1.

Signature Line

Signed and Authored by Ketura Isidor on 05/16/2014 10:01 AM EDT

Charted Date: May 16, 2014 9:14 AM EDT
Subject / Title: Low Back Sprain, wkc f/u
Performed By: Isidor, Ketura on May 16, 2014 10:01 AM EDT
Electronically Signed By: Isidor, Ketura on May 16, 2014 10:01 AM EDT
Visit Information: 2027974, Doctors Care - Beaufort, Outpatient, 5/16/2014 - 5/18/2014

Printed by: Jordan, Stephanie
Printed on: 10/6/2014 12:47 PM EDT

Page 3 of 3
(End of Report)



Return To Work Form

CENTER LOCATION:

- ☐ Beaufort - 1510 South Ribaut Rd., Port Royal, SC 29935 - (843) 770-6676
☐ Bluffton - 64 Bluffton Rd., Bluffton, SC 29910 - (843) 757-0676
☐ Charleston West - 3424 Shelby Roy Ct., Charleston, SC 29414 - (843) 402-6834
☐ Dorchester Road - 10160 Dorchester Rd., Summerville, SC 29485 - (843) 871-7900
☐ Hilton Head - 845 William Hilton Pkwy., Hilton Head Island, SC 29928 - (843) 341-2416
☐ Ivy Hill - 1074 Hwy 17 North, Mt. Pleasant, SC 29466 - (843) 884-6424
☐ James Island - 743 Folly Rd., Charleston, SC 29412 - (843) 762-2360
☐ Moncks Corner - 459 Hwy 52 North, Moncks Corner, SC 29461 - (843) 899-3870
☐ Mount Pleasant - 631 Johnnie Dodds Blvd., Mt. Pleasant, SC 29464 - (843) 881-0811
☐ Northwoods - 8091 Rivers Ave., North Charleston, SC 29405 - (843) 572-7000
☐ Summerville - 410 N Main St., Summerville, SC 29483 - (843) 871-3277
☐ West Ashley - 1851 Sam Hittenberg Blvd., Charleston, SC 29407 - (843) 556-5585

PATIENT INFORMATION:

Name: Kevin Wikel Arrival Time: 8:24 Discharge Time: 9:20
Date: 5-16-14 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: _____
☒ No lifting more than 10 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.
☐ Minimal walking or climbing (including stairs)
☒ Limited use of low back
☐ 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 5/23/14 Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low back sprain Medications: ☒ as directed ☒ as needed
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☒ ice every day ☒ apply heat every day ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____
For: _____
Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X [Signature] 5/16/14 X [Signature] 5/16/14
Employee Signature Date Provider Signature Date

Urgent Care Note

WIKEL, KEVIN - C257446

Radicular Back Pain

Patient: WIKEL, KEVIN MRN: C257446 FIN: 2039431
Age: 24 years Sex: Male DOB:
Associated Diagnoses: Radicular low back pain
Author: Franke MD, Curtis

Visit Information

Additional Information: 05/22/2014 2:01 PM EDT Lt leg pain due to previous back injury .

History of Present Illness

Here for a follow up. He continues to have left sided radicular leg pain but states his lower back pain has improved. He is not taking the flexeril or the naprosyn as they have not helped him much. No new complaints. Prior records reviewed.

Review of Systems

Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Neurologic: Negative except as documented in history of present illness.

Health Status

Allergies:

Allergic Reactions (Selected)
No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Flexeril 10 mg oral tablet 1 tab(s) (10 mg), PO, TID, PRN for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy. Walgreens Drug Store 07652, 1 tab(s) po tid, PRN: for spasm
naproxen 500 mg oral tablet 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy. Walgreens Drug Store 07652, 1 tab(s) po bid
prednisONE 20 mg oral tablet 2 tab(s) (40 mg), PO, Daily, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy Walgreens Drug Store 07652, 2 tab(s) po daily, x5 day(s)

Problem list:

All Problems (Selected)

Tobacco user / ICD-9-CM 305.1 / Probable
Obesity / ICD-9-CM 278.00 / Probable
Excessive sweating / SNOMED CT 496382011 / Confirmed
Closed fracture of one rib / SNOMED CT 75611015 / Confirmed
Acute Bronchitis / SNOMED CT 18288014 / Confirmed

Histories

Social History:

Alcohol Assessment

Never

Never

Tobacco Assessment

Current

Never

Current

Substance Abuse Assessment

Never

Never

Physical Examination

Vital Signs

05/22/2014 2:01 PM EDT

Temperature Oral

97.2 DegF

Printed by: Alston, Patricia
Printed on: 9/11/2014 2:06 PM EDT

Page 1 of 2
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

Peripheral Pulse Rate	105 bpm HI
Pulse Site	Radial artery
Respiratory Rate	18 br/min
Systolic Blood Pressure	166 mmHg HI
Diastolic Blood Pressure	82 mmHg
Mean Arterial Pressure	107 mmHg
BP Site	Left arm

General: Alert and oriented, No acute distress
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Musculoskeletal: Normal range of motion, Normal strength, Left leg with a + SLR. Negative FABER.
Neurologic: Alert, Oriented.
Psychiatric: Cooperative, Appropriate mood & affect

Review / Management

Documentation reviewed: Reviewed prior records.
Course: Progressing as expected.

Impression and Plan

Diagnosis

Radicular low back pain (ICD9 724.4).

Plan

1. Prednisone for 5 days
2. Schedule MRI given failure to progress
3. F/U after MRI.

Patient Instructions: Return to this practice in 1 week 05/29/2014 After MRI.

Counseled: patient, regarding diagnosis, regarding treatment, regarding medications, verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Ordered

Referral (Request): Referred to: Radiology, Reason for referral MRI L-Spine Dx: Low back pain with radicular symptoms not responsive to meds over the past 3 weeks

Completed

99213 office/outpatient visit est (Charge): Quantity: 1

Prescriptions

Prescribed

predniSONE 20 mg oral tablet: 2 tab(s) (40 mg), PO, Daily, # 10 tab(s), 0 Refill(s), Type: Maintenance,
Pharmacy Walgreens Drug Store 07652, 2 tab(s) po daily,x5 day(s)

Signature Line

Signed and Authored by Curtis Franke on 05/22/2014 02:27 PM EDT

Charted Date: May 22, 2014 2:23 PM EDT

Subject / Title: Radicular Back Pain

Performed By: Franke MD, Curtis on May 22, 2014 2:27 PM EDT

Electronically Signed By: Franke MD, Curtis on May 22, 2014 2:27 PM EDT

Visit Information: 2039431, Doctors Care - Bluffton, Outpatient, 5/22/2014 - 5/24/2014

Printed by: Alston, Patricia
Printed on: 9/11/2014 2:06 PM EDT

Page 2 of 2
(End of Report)

General Message

WIKEL, KEVIN - C257446

Document Contains Addenda

From: Gordon, Lakesha
To: Franke MD, Curtis; Hodges MD, Wayne;
Sent: 5/23/2014 9:35:10 AM EDT
Subject: peer to peer

This patient need peer to peer with insurance before they can get precert. Call 888-953-6703 option #2.

Addendum by Gordon, Lakesha on May 27, 2014 10:33 AM EDT (Verified)
Autho # for referral 61083394 valid thru 05/23/14-06/21/14

Charted Date: May 23, 2014 9:35 AM EDT
Subject / Title: peer to peer
Performed By: Gordon, Lakesha on May 23, 2014 9:35 AM EDT
Visit Information: 2039431, Doctors Care - Bluffton, Outpatient, 5/22/2014 - 5/24/2014

Printed by: Alston, Patricia
Printed on: 9/11/2014 2:06 PM EDT

Page 1 of 1
(End of Report)

Administrative Form

WIKEL, KEVIN - C257446

Referral Information Entered On: 6/3/2014 10:32 AM EDT
Performed On: 6/2/2014 2:54 PM EDT by Gordon, Lakesha

Referral Information

Referral Specialty: ortho

Referral Provider: Dr. Salzer

Referral Materials Sent: 6/3/2014 EDT

Additional Referral Information: they will schedule appt with patient

Gordon, Lakesha - 6/3/2014 10:32 AM EDT

Charted Date: June 02, 2014 2:54 PM EDT

Subject / Title: Referral Information

Performed By: Gordon, Lakesha on June 03, 2014 10:32 AM EDT

Electronically Signed By: Gordon, Lakesha on June 03, 2014 10:32 AM EDT

Visit Information: 2039431, Doctors Care - Bluffton, Outpatient, 5/22/2014 - 5/24/2014

Printed by: Alston, Patricia
Printed on: 9/11/2014 2:07 PM EDT

Page 1 of 1
(End of Report)



Physician's Certification for Disability Benefits

Your patient's income is directly related to the timely receipt of this information.
Complete and fax to (866) 315-0607

Patient's Name: WIKEL, KEVIN M.	Phone: (843) 263-5846	Claim Nbr: 30142201751-0001
Patient's Date of Birth:	Medical Records Nbr (if applicable):	
Employer Name: PepsiCo		

A. Patient Information (MANDATORY):

Primary CPT/ICD Code 724.4	Diagnosis Description Low back pain, radicular	
Secondary CPT/ICD Code	Diagnosis Description	
Is this condition work related?	☐ No ☒ Yes	Date of Accident:
Accident related?	☐ No ☒ Yes	
Physical Exam Findings/Symptoms	Left leg with + SLR	
Diagnostic Tests and Results	MRI: Lumbar 5/1-2, central stenosis L5/S1, disc protrusion	
Current Medications	Flexeril, Naproxen, Prednisone	
Assistive devices in use by patient (Check all that apply)	☐ Wheelchair ☐ Crutches ☐ Cone ☐ Walker ☐ Brace ☐ Other	
Disability Start Date	Disability End Date	1 st Treatment Date
5/9/14	unknown	5/9/14
		Last Appointment Date
		5/22/14
		Next Scheduled Appt. Date
		with with for MRI fl

B. Complete this Section if Pregnancy Related:

Actual Delivery Date (or EDC)	☐ Vaginal delivery ☐ C-Section	Post Delivery Recovery Period: _____ Weeks
-------------------------------	---	--

C. Complete this Section if Patient is Hospitalized or Surgery Performed or Planned:

Date admitted	Date discharged	Surgery date	
		State	Telephone number
Hospital/Surgical facility name		City	

D. Complete this Section for Physical and/or Mental Limitations:

What limits the patient's ability to do their job?	No lifting > 10 lbs. Limited use of low back		
Is patient on light duty?	☐ No ☒ Yes	Light duty start date: 5/9/14	Light duty end date: unknown
List physical/mental limitations:	S-c abn, day 8-12		
Restricted hours start date	List restricted hours	Restricted hours end date	
5/9/14	8-12	unknown	



E. Complete this Section if the Patient has been Referred to Another Physician or Provider:

Has patient been referred to another physician or other provider for this illness?	☐ No ☒ Yes		
	Referred Physician's Name: <u>Orthopedics</u>	Specialty <u>ortho</u>	Office Number

F. Physician Information (All information in this Section must be completed and form signed below):

Physician's Name (print) <u>W. H. Quinn</u>	Specialty <u>F.P.</u>	License # <u>31289</u>	Licensing State <u>SC</u>
Select Appropriate Professional Designation	☒ MD ☐ DO ☐ DPM ☐ Ph.D. ☐ CNM ☐ Other (Please Specify _____) (CNM may only certify standard pre and post partum period. PAC's, NP's, Nurse Practitioners, other than Lic. Psychologists, cannot certify or extend a disability.)		
Address		City	State
Office Number		Fax Number	HMO Name/# (if applicable)

I hereby certify the above statement in my opinion truly describes the patient's condition and estimated duration thereof.

Beaufort Care Doctors
1510 S. Ribaut Road
Port Royal, SC 29935
(843) 770-0676 tel
(843) 770-0776 fax

X Physician's Signature:

Date:

6/17/14

"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."

Employee's Signature

Employee's Date of Birth

Date Signed

Name of Personal Representative who has Authority to Sign on Behalf of the Employee

Signature of Personal Representative who has Authority To Sign on Behalf of the Employee

Complete and return all forms via fax to (866) 315-0607 or mail to
 Sedgwick / P.O. Box 14424 / Lexington, KY 40512-4424
 For assistance, call Sedgwick at 855-PEP-CALL (855-737-2255)

NOTE: ALL PAGES OF THIS FORM MUST BE RETURNED WITH YOUR SIGNATURE.





18 Clarks Summit Drive • Bluffton, SC 29910
(843) 815-9700 • Fax (843) 815-9701

Patient Name: WIKEL, KEVIN M

Date of Exam: 5/27/2014

Referring Physician: Dr. Curtis Franke

DOB: _____

Indication: Low back and left lower extremity pain after lifting injury.

Equipment: 3.0T GE Discovery MR750w 32-channel ultra-short/wide bore MRI scanner with Silent Scan

MRI OF THE LUMBAR SPINE (72148): Sagittal short TR, long TR/long TE and axial short TR, long TR/long TE images were obtained. Sagittal long TR/long TE survey images of the cervicothoracic spine were obtained for vertebral enumeration (for no additional fee).

The vertebral alignment is anatomic in the sagittal plane.

The vertebral body heights are maintained. There is a transitional appearance of the S1 vertebral body with partial lumbarization and a prominent S1-2 intervertebral disc. There is mild narrowing of and signal loss seen within the L4-5 and L5-S1 intervertebral discs.

The distal spinal cord, conus medullaris and cauda equina are normal in signal intensity and morphology.

The neural foramina are widely patent.

Axial images at L5-S1 demonstrate minimal diffuse annular bulging with superimposed moderate sized left paracentral disc extrusion. Findings create moderate central stenosis and severe left lateral recess stenosis.

Axial images at L4-L5 demonstrate a small central disc extrusion with mild central stenosis.

Axial images at L1-L2, L2-L3, and L3-L4 demonstrate no abnormality.

IMPRESSION:

1. There is a transitional appearance at the lumbosacral junction with a prominent S1-2 intervertebral disc as described above.
2. Moderate central stenosis at the L5-S1 level secondary to left paracentral disc extrusion superimposed on diffuse annular bulging. There is severe left lateral recess stenosis at this level with probable left S1 traversing nerve root impingement.
3. Mild central stenosis at L4-5 secondary to small central disc extrusion.
4. There is no significant foraminal stenosis seen.

Electronically Signed by Thomas Knight, MD on 6/1/2014 9:56 AM

A. Joseph Borelli, Jr., MD
President & Medical Director



Thomas Knight, MD

Doctors Care - Bluffton
64 BLUFFTON RD
BLUFFTON, SC, 29910
Phone: (843) 757-0676 Fax: (843) 757-0779

Order Requisition

Patient: WIKEL, KEVIN			
Birthdate:	Age: 24 Years	Sex: Male	Weight: 265 lb (05/22/14)
MRN: C257446	FIN: 2039431	Height: 72 in (05/22/14)	
PCP: C34 - UNKNOWN, M. SONNEL			
Allergies: No known allergies			

Please note - Allergy list may be incomplete

Patient Home Address: 160 KNIGHT BRIDGE RD
BLUFFTON, SC 29910

Home Phone: (843) 263-5846
Work Phone:
Cell Phone:

Insured: WIKEL, KEVIN
Primary Health Plan: BLS/DCBS ITS OUT OF STATE
Insured Birthdate: 05/12/1990
M: IWAAN4381070

Secondary Health Plan:
Guarantor: WIKEL, KEVIN
160 KNIGHT BRIDGE RD, BLUFFTON, SC 29910
Phone: (843) 263-5846

Order Requisition(s): Request(s) (Consults, Referrals)	
Order/Test: Referral	Requested Date/Time: 05/22/2014 14:20
Referred to Specialty: Radiology	Reason for Referral: MRI 1 - Spine Dxt low back pain with radicular symptoms not responsive to meds over the past 3 weeks
Original Order Date/Time: 05/22/2014 14:21	Order Status: Ordered
Order ID: 829282619	Diagnoses: 1 - 724.4 Radicular low back pain
Electronically signed by Curtis Frisake MD on 05/22/2014 14:21 (Ordering Provider) NPI: 1265449534	

MRI

P 815-9700

F 815-9701

please schedule with patient

Schedule Appt Date/Time & Location:
Comments:

Page 1 of 1

Page: 3/7

To: 8159701

843 757 0779

May-22-2014 16:19 From: DrsCare Bluffton

Clinical Summary

Patient: WIKEL KEVIN
Last Name First Name

- ☐ Scanned into ChartsMD
☐ Scanned into RISI.mQ

Follow-up Appt (Circle that which applies, provide info in blanks as appropriate)

w/Dr. FRANKE on/at TBD

Call-Results #: _____

Same-Day / Next-Day / Priority /
Military Priority / Urg. Care Next-Day

1.) History/Clinical questions to be answered: AA

Initials

LBP w/ pain radiating ↓

② leg x 2 wks

lifting injury at work

-WS-

- ☐ Injury Date: _____
☐ Marker location: _____ purpose/reason: _____
☐ Surgery to area of current scan ☐ since prior scan

- ☐ Large / Small with Patient
☐ Summary / CD with Patient
☐ CC: _____
☐ BCC: _____

2.) Prior studies received, kind, location:

- ☐ Sent to Reading Room / Conference Room / Cadstream (circle one)
☐ Outside films Here / Requested (circle one)
☐ Outside report Here / Requested (circle one)
☐ Outside CD Requested / Sent to radiologist / Could not load (circle one)
☒ N/A

Requested information here _____ Date _____ Initials _____

3.) Processing (check one):

- ☐ CADStream Prostate/Breast processed
☐ NeuroQuant processed
☐ MRA reformats sent to radiologist
☒ N/A

Ran Sag T1 Twice,
once w/ Anterior -
getting cut off

4.) Comments from scanning technologist (additional studies?):

Did we use contrast?: ☐ Yes ☒ No

Creatinine _____ Date drawn _____ eGFR _____ Contrast dose _____ mL

MD approval _____

☐ Dr. Borelli ☐ Dr. Knight ☐ other: _____

Did we administer valium?: ☐ Yes ☒ No

Valium dose _____ mg

MD approval _____

☐ Dr. Borelli ☐ Dr. Knight ☐ other: _____

MRI AT BELFAIR PROCEDURE SCREENING FORM FOR PATIENTS

Date 5/27/14 Patient Number 217703

Name WIKEL KEVIN Age 24 Height 6' Weight 265
Last name First name Middle Initial

Date of Birth _____ Male ☒ Female _____ Body Part(s) to be Examined Lower back

Address 160 Knight Bridge Rd Telephone (mobile) _____
City, State, Zip Bluffton SC 29910 Telephone (home) (843)263-5846

Reason for MRI and/or Symptoms _____

Referring Physician Curtis Eranke MD Telephone (843)770-0676

- Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? No ☒ Yes _____
If yes, please indicate the date and type of surgery:
Date _____ Type of surgery _____
Date _____ Type of surgery _____
- Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? No ☒ Yes _____
If yes, please list:

Body part	Date	Facility
MRI	____/____/____	____
CT/CAT Scan	____/____/____	____
X-Ray	____/____/____	____
Ultrasound	____/____/____	____
Nuclear Medicine	____/____/____	____
Last Mammogram	____/____/____	____
- Have you experienced any problem related to a previous MRI examination or MR procedure? No ☒ Yes _____
If yes, please describe: _____
- Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? No ☒ Yes _____
If yes, please describe: _____
- Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No ☒ Yes _____
If yes, please describe: _____
- Are you currently taking or have you recently taken any medication or drug? No ☒ Yes _____
If yes, please list: _____
- Are you allergic to any medication? No ☒ Yes _____
If yes, please list: _____
- Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? No ☒ Yes _____
- Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, or seizures? No ☒ Yes _____
If yes, please describe: _____
- Do you have Liver disease (i.e., Cirrhosis, Hepatorenal syndrome) or have/plan for a liver transplant? No ☒ Yes _____
- Have you had cancer? If yes, Date: _____ Type: _____ No ☒ Yes _____

For female patients:

- Date of last menstrual period: _____/_____/_____. Post menopausal? No ☐ Yes ☐
- Are you pregnant or experiencing a late menstrual period? No ☐ Yes ☐
- Are you taking oral contraceptives or receiving hormonal treatment? No ☐ Yes ☐
- Are you taking any type of fertility medication or having fertility treatments? No ☐ Yes ☐
If yes, please describe: _____
- Are you currently breast feeding? No ☐ Yes ☐

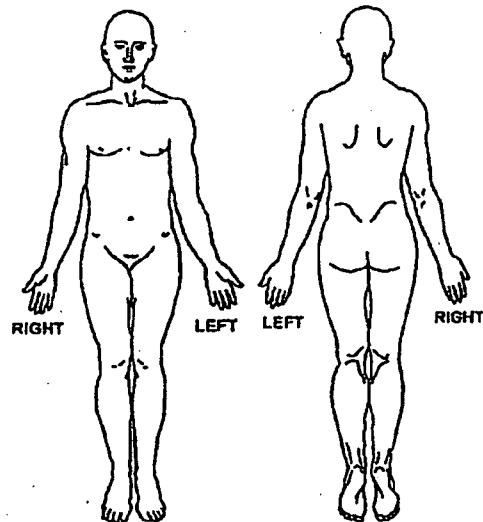


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS** on.

Please indicate if you have any of the following:

- | | | |
|--|------------------------------|---|
| No ☒ | ☐ Yes | Aneurysm clip(s) |
| No ☒ | ☐ Yes | Cardiac pacemaker |
| No ☒ | ☐ Yes | Implanted cardioverter defibrillator (ICD) |
| No ☒ | ☐ Yes | Electronic implant or device |
| No ☒ | ☐ Yes | Magnetically-activated implant or device |
| No ☒ | ☐ Yes | Neurostimulation system |
| No ☒ | ☐ Yes | Spinal cord stimulator |
| No ☒ | ☐ Yes | Internal electrodes or wires |
| No ☒ | ☐ Yes | Bone growth/bone fusion stimulator |
| No ☒ | ☐ Yes | Cochlear, otologic, or other ear implant |
| No ☒ | ☐ Yes | Insulin or other infusion pump |
| No ☒ | ☐ Yes | Implanted drug infusion device |
| No ☒ | ☐ Yes | Any type of prosthesis (eye, penile, etc.) |
| No ☒ | ☐ Yes | Heart valve prosthesis |
| No ☒ | ☐ Yes | Eyelid spring or wire |
| No ☒ | ☐ Yes | Artificial or prosthetic limb |
| No ☒ | ☐ Yes | Metallic stent, filter, or coil |
| No ☒ | ☐ Yes | Shunt (spinal or intraventricular) |
| No ☒ | ☐ Yes | Vascular access port and/or catheter |
| No ☒ | ☐ Yes | Radiation seeds or implants |
| No ☒ | ☐ Yes | Swan-Ganz or thermolab catheter |
| No ☒ | ☐ Yes | Medication patch (Nicotine, Nitroglycerine) |
| No ☒ | ☐ Yes | Any metallic fragment or foreign body |
| No ☒ | ☐ Yes | Wire mesh implant |
| No ☒ | ☐ Yes | Tissue expander (e.g., breast) |
| No ☒ | ☐ Yes | Surgical staples, clips, or metallic sutures |
| No ☒ | ☐ Yes | Joint replacement (hip, knee, etc.) |
| No ☒ | ☐ Yes | Bone/joint pin, screw, nail, wire, plate, etc. |
| No ☒ | ☐ Yes | IUD, diaphragm, or pessary |
| No ☒ | ☐ Yes | Dentures or partial plates |
| No ☒ | ☐ Yes | Tattoo or permanent makeup |
| No ☒ | ☐ Yes | Body piercing jewelry |
| No ☒ | ☐ Yes | Hearing aid (Remove before entering MR system room) |
| No ☒ | ☐ Yes | Other implant _____ |
| No ☒ | ☐ Yes | Breathing problem or motion disorder |
| No ☒ | ☐ Yes | Claustrophobia |
| No ☒ | ☐ Yes | High Blood Pressure/ Hypertension |
| No ☒ | ☐ Yes | Diabetes, if yes Type: _____ |

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern **BEFORE** you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: [Signature]

Date: 05/27/14

Form Completed By: ☐ Patient ☐ Relative ☐ Nurse

Form Information Reviewed By: AAL

Print name

Relationship to patient

Signature

☒ MRI Technologist

☐ Nurse

☐ Radiologist

Other _____

Front Office Reviewed By: J. Home



18 Clarks Summit Drive • Bluffton, SC 29910
(843) 815-9700 • Fax (843) 815-9701

Patient Name: WIKEL, KEVIN M

Date of Exam: 3/9/2015

Referring Physician: Dr. Scott Strohmeyer

DOB:

Indication: Back pain radiating to the left leg after lifting injury.

Comparison: Reference made to prior study dated 5/27/2014.

Equipment: 3.0T GE Discovery MR750w 32-channel ultra-short/wide bore MRI scanner with Silent Scan

MRI OF THE LUMBAR SPINE (72148): Sagittal short TR, long TR/long TE and axial short TR, long TR/long TE images were obtained.

The vertebral alignment is anatomic within the sagittal plane.

The vertebral body heights are maintained. There is a transitional appearance at the S1 vertebral body again noted and a prominent S1-2 intervertebral disc. There is mild narrowing of and signal loss seen within the L4-5 and L5-S1 intervertebral discs.

The distal spinal cord, conus medullaris, and cauda equina are normal in signal intensity and morphology.

The neural foramina are widely patent.

Axial images L1-2, L2-3, and L3-4 demonstrate no abnormality.

Axial images at L4-5 demonstrate slight interval decrease in small central disc extrusion with borderline central stenosis.

Axial images at L5-S1 demonstrate minimal diffuse annular bulging with superimposed large central/left paracentral disc extrusion. Findings create moderate central stenosis and severe left lateral recess stenosis.

IMPRESSION:

1. There is a transitional appearance of S1 at the lumbosacral junction with a prominent S1-2 intervertebral disc.
2. There is interval increase in left paracentral disc extrusion at L5-S1. There is persistent moderate central stenosis and severe left lateral recess stenosis with impingement of the left S1 traversing nerve root.
3. There is interval decrease in small central disc extrusion at L4-5 with persistent borderline central stenosis.
4. No foraminal stenosis is seen.

Electronically Signed by Thomas Knight, MD on 3/16/2015 2:59 PM

A. Joseph Borelli, Jr., MD
President & Medical Director



Thomas Knight, MD



18 Clarks Summit Drive • Bluffton, SC 29910
(843) 815-9700 • Fax (843) 815-9701

Patient Name: WIKEL, KEVIN M

Date of Exam: 5/27/2014

Referring Physician: Dr. Curtis Franke

DOB:

Indication: Low back and left lower extremity pain after lifting injury.

Equipment: 3.0T GE Discovery MR750w 32-channel ultra-short/wide bore MRI scanner with Silent Scan

MRI OF THE LUMBAR SPINE (72148): Sagittal short TR, long TR/long TE and axial short TR, long TR/long TE images were obtained. Sagittal long TR/long TE survey images of the cervicothoracic spine were obtained for vertebral enumeration (for no additional fee).

The vertebral alignment is anatomic in the sagittal plane.

The vertebral body heights are maintained. There is a transitional appearance of the S1 vertebral body with partial lumbarization and a prominent S1-2 intervertebral disc. There is mild narrowing of and signal loss seen within the L4-5 and L5-S1 intervertebral discs.

The distal spinal cord, conus medullaris and cauda equina are normal in signal intensity and morphology.

The neural foramina are widely patent.

Axial images at L5-S1 demonstrate minimal diffuse annular bulging with superimposed moderate sized left paracentral disc extrusion. Findings create moderate central stenosis and severe left lateral recess stenosis.

Axial images at L4-L5 demonstrate a small central disc extrusion with mild central stenosis.

Axial images at L1-L2, L2-L3, and L3-L4 demonstrate no abnormality.

IMPRESSION:

1. There is a transitional appearance at the lumbosacral junction with a prominent S1-2 intervertebral disc as described above.
2. Moderate central stenosis at the L5-S1 level secondary to left paracentral disc extrusion superimposed on diffuse annular bulging. There is severe left lateral recess stenosis at this level with probable left S1 traversing nerve root impingement.
3. Mild central stenosis at L4-5 secondary to small central disc extrusion.
4. There is no significant foraminal stenosis seen.

Electronically Signed by Thomas Knight, MD on 6/1/2014 9:56 AM

A. Joseph Borelli, Jr., MD
President & Medical Director



Thomas Knight, MD

260610 ✓
 ID ✓
 MRI ✓
 B

TED

Date of Service	2/25/2015	APPT Time	5:15 PM	PT ID	217703	Acct #	206033926	- 3
Procedure Ordered	MRI, Lumbar Spine w/ Contrast							

Last Name	WIKEL ✓	First	KEVIN ✓	MI	M	Gender	Male ✓
SSN		DOB		Marital Status	Single		

Address 1	160 Knight Bridge Rd		
Address 2			
City	Bluffton	State	SC
Zip	29910		

CONTACT
Day Phone
Evening Phone (843)263-5846
Other
E-mail

PRIMARY INSURANCE SUBSCRIBER			
Last Name	WIKEL	First	KEVIN
MI	M	Relationship	Self
SSN		DOB	
Address	160 Knight Bridge Rd		
City	Bluffton	State	SC
Zip	29910		
Phone	8432635846	Employer	

EMERGENCY	
Name	ANTOINETTE TAYLOR
Relation	Other
Phone	(843)384-7789

EMPLOYER	
Employer Name	Walmart
Address	
Phone	843-208-7000
City	Hardville
State	SC
Zip	29927

INJURY	
Date of Injury	
Type	None
Claim#	

BILLING INFORMATION	
Primary Payer Name	Blue Cross/Blue Shield SC
Plan Name	
Address	P.O. Box 100300
City	COLUMBIA
State	SC
Zip	29202
Phone	(888)281-7438
Subscriber Relationship	Self
Last	WIKEL
First	KEVIN
MI	M
DOB	
Policy #	WMW14771481W ✓
Group#	080928 ✓
Secondary Payer Name	
Plan Name	
Medigap	☐
Address	
City	
State	
Zip	
Phone	
Subscriber Relationship	
Last	
First	
MI	
DOB	
Policy #	
Group#	

I agree that the above information is true and accurate.

Signature:

Kevin Wikel

Repa
pb

Wm 614771481W

NR24:93p

NR25:5p

NR212:56p

NR21:26p

MRI at Belfair Benefits and Authorization Form

Last Name WIKEL First Name KEVIN DOB _____
Referring Physician Scott Strohmeier, MD Date of Service 7/25/2015
Insurance Carrier Blue Cross/Blue Shield SC
Procedure Name MRI, Lumbar Spine w/ Contrast CPT(s) 72148
Diagnosis Lumbago (Low Back Pain) ICD-9(s) 724.2

Representative for Benefits and Phone# Wm 61481W

Auth# 719 825 26 (or) Ref# or tracking # _____

☐ In Network Name of network _____

☐ Out of network benefits

Estimated benefits:

Allowed Amount per contract: \$ 460 Effective Date 7/7/14
Deductible \$ 5,500
Deductible met \$ 234.38
Co-Insurance \$ 7570
Co-Pay \$ _____
Out-of-pocket maximum \$ 10,000
Out-of-pocket paid to date \$ 333.38
Lifetime maximum \$ unlimited

Effective Date 7/7/14
\$ 263.62
48% - Reim - RA# 40527222
753.62

D.O.S. 5/27/14 \$ 328

Patient Responsibility	\$ <u>760</u>	\$ <u>150.00</u>	319
Minimum Initial Payment	\$ _____	\$ <u>218.00</u>	312
Payment Plan	\$ _____ /month for _____ months	Approval	_____
Method of payment	☐ Cash ☐ Check ☐ Credit/Debit Card (receipt attached)		
Amount paid today	\$ _____		
Patient Signature	<u>Wm 61481W</u>	Date	<u>3/9/15</u>
**** This is only an estimate of the patient's responsibility. The amount owed is subject to change after the claim has been processed by the insurance carrier. ****			

3/6
4m/nee

4744-7400-1957-6267
1117 978 29910

Hilton Head Orthopaedic Sports and Spine Center, LLC

95 Mathews Drive
Port Royal Plaza, Suite D1
Hilton Head, S.C. 29926
(843) 681-2363

Ralph F. Salzer, M.D.

Mark T. Dean, M.D.

Scott E. Strohmeyer, M.D.

WIKEL, KEVIN

#62308

06/06/14

INITIAL OFFICE VISIT
HISTORY AND PHYSICAL

CHIEF COMPLAINT: Left leg radicular pain.

HISTORY OF PRESENT ILLNESS: He is a 24-year-old gentleman. He works for Pepsi and does a lot of lifting. There was no one incident, but six weeks ago he began having back and left lower extremity pain. Now, he basically has radicular pain in his left leg in the L5-S1 distribution of the left leg. There was no trauma associated with it. It was not just one incident. He denies any bowel or bladder complaints. He denies any weakness.

PMH: The patient's review of system, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

PHYSICAL EXAMINATION: On his physical examination he can toe and heel walk without difficulty. Strength in the quad, hamstring, EHL, anterior tibia, gastroc-soleus complex is 5/5. He has a positive straight leg raise. He has full range of motion of the hip. There is no leg length discrepancy. There are no rashes. There is no atrophy.

His MRI scan shows a 5-1 disk herniation to the left encroaching the S1 nerve root.

CLINICAL IMPRESSION: S1 radiculopathy secondary to a herniated disk at L5-S1. I went through the gamut of conservative treatment with him. It has only been about six weeks. He is neurologically intact. We will try an injection to calm it down. He feels like the pain is actually getting worse and not better. He has been doing some stretching exercises and taking some anti-inflammatories and that just has not helped him. So I will set him up for an injection. I want to see him back following the injection and check his progress. If he is not better we will plan on a micro-discectomy, which we briefly discussed today, also.

Scott E. Strohmeyer, M.D.

Date 6-6-14

NEW PATIENT FORM

Initials TSNAME Karin WilhelDOB Chief Complaint: Right / Left Lumbar Brayle mass
In patient's words BackedPain ↓ (L) leg - Sores and call-(Papsie - marshmallow)
History of Trauma: Worked 13 days straight - Back pain - Now leg painHurts to sit @ length. X-ray, MRS, Scans, Fluor.Symptoms: How Long? 2 wks, leg painAny Previous Similar History? YES / NO Any Night Pain YES / NO

Any Treatment Thus Far? YES / NO If So, Did It Help YES / NO

Pain Scale: Low 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 High

Eyes	Yes / No	Musculoskeletal	<u>Yes</u> / No
Ears, Nose, Mouth, Throat	Yes / No	Neurological	<u>Yes</u> / No
Cardiovascular	Yes / No	Psychiatric	Yes / <u>No</u>
Respiratory	Yes / No	Endocrine	Yes / <u>No</u>
Hematologic / Lymphatic	Yes / No	Gastrointestinal	Yes / <u>No</u>
Allergic/Immunologic	Yes / No	Genitourinary	Yes / <u>No</u>
Constitutional Symptoms (e.g. fever, weight loss)	Yes / No	Integumentary (skin and/or breast)	Yes / <u>No</u>

BP Pulse 76 Height 6'0 Weight 260MEDICINES VITAMINS / SUPPLEMENTS ALLERGIES None

Patient Health Questionnaire

Name: Kevin Wikel Date: 6/6/14 Family Doctor: _____

Reason for this Office Visit: leg pain

Previous Hospitalizations & Surgeries (Include Place, Date and Reason whether it's related to today's problem or not) _____

Current Medications: None

Allergies: If none state "NONE" none

Circle YES or NO	Self		Parents		Other Relatives	
Diabetes	YES	☒ NO	YES	☒ NO	YES	☒ NO
Heart Problems (Heart Attack)	YES	☒ NO	YES	☒ NO	YES	☒ NO
High Blood Pressure	YES	☒ NO	YES	☒ NO	YES	☒ NO
Stroke	YES	☒ NO	YES	☒ NO	YES	☒ NO
Tuberculosis	YES	☒ NO	YES	☒ NO	YES	☒ NO
Cancer	YES	☒ NO	YES	☒ NO	YES	☒ NO
Crippling Arthritis	YES	☒ NO	YES	☒ NO	YES	☒ NO
Bleeding Tendencies	YES	☒ NO	YES	☒ NO	YES	☒ NO
Blood Clots	YES	☒ NO	YES	☒ NO	YES	☒ NO
Liver Disease	YES	☒ NO	YES	☒ NO	YES	☒ NO
Kidney Disease	YES	☒ NO	YES	☒ NO	YES	☒ NO
Mental Health Problems	YES	☒ NO	YES	☒ NO	YES	☒ NO
Do you play Sports Activities	YES	☒ NO	YES	☒ NO	YES	☒ NO
If YES then which Sports? _____						

Personal History:

If Married, health of spouse: _____

If Single, Do you have family support? ☒ YES ☐ NO

DO YOU:

How Much?

For How Long?

Smoke ☒ YES ☐ NO

one or two a day 4 years

Drink Alcohol YES ☒ NO

Use Caffeine YES ☒ NO

Wear Dentures YES ☒ NO

Patients General Health Recently _____

WIKEL, KEVIN
#62308
06/24/14

He returns back, today. He is a healthy gentleman with a disk herniation at S-1 on the right side with an S1 radiculopathy. He had one injection with Dr. Batson and he says it is, definitely, better. This has been going on for about six weeks. He has definitely improved compared to where we started.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination he is neurologically intact sensory and motor. He has no deficits. He has a tension sign. He has good pulses. His reflexes are intact. There is no atrophy.

No x-rays, today.

IMPRESSION: Disk herniation at L5-S1 with an S1 radiculopathy. He is doing better. He is going to continue with conservative treatment with another injection. I gave him a work excuse to put him on light duty. He should limit his lifting and no ladders or climbing or stooping. I will see him back in about three weeks following his second injection and check his progress.

Scott E. Strohmeyer, M.D.

Date 6-24-14

PATIENT UPDATE FORM

Initials B

NAME Kevin Wikel

DOB _____

Chief Complaint: Right / Left lumber (L) leg

In Patient's Words

Had inj 5/13/14 - Little bit better.

Since Last Date 6-6-14

APR 2014 Sole Thurs

____ Remained the Same

____ Worsened

____ Had Problem Re Occurrence

☒ Improved Slight

____ Been Injured

____ New Complaint

Explanation of Above _____

Eyes	Yes / No	Musculoskeletal	☒ Yes / No
Ears, Nose, Mouth, Throat	Yes / No	Neurological	Yes / No
Cardiovascular	Yes / No	Psychiatric	Yes / No
Respiratory	Yes / No	Endocrine	Yes / No
Hematologic / Lymphatic	Yes / No	Gastrointestinal	Yes / No
Allergic/Immunologic	Yes / No	Genitourinary	Yes / No
Constitutional Symptoms (e.g. fever, weight loss)	Yes / No	Integumentary (skin and/or breast)	Yes / No

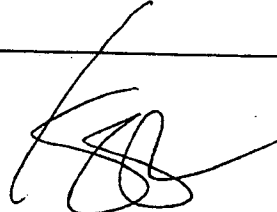
BP _____ Pulse _____ Height 6'0 Weight 260

MEDICINES CO

VITAMINS / SUPPLEMENTS _____

ALLERGIES NKA

Previous History Reviewed: _____



Beaufort Orthopaedic Sports and Spine Center, LLC
1076 Ribaut Road, Suite 101
Beaufort, SC 29902
(843) 525-0045

Hilton Head Orthopaedic Sports and Spine Center, LLC
95 Mathews Drive, Port Royal Plaza, Suite D1
Hilton Head, SC 29926
(843) 681-2363

Kevin Wikel DATE 6/16/14

TO WHOM IT MAY CONCERN:

Please be advised that in my opinion Kevin Wikel may:

☐ Not return to work until further notice. (Patient)

☒ Return to light duty effective 6/16/14 No lifting 50 lbs No ladders

☐ Return to Full duty effective no overhead work

☐ Return to School Activities not shy / stoop

If you have any questions regarding this matter, please feel free to contact my office.

Sincerely,


RALPH F. SALZER, M.D.
MARK T. DEAN, M.D.
SCOTT E. STROHMEYER, M.D.

PATIENT INFORMATION FOR

Date: _____

Social Security Number: _____

Name: Mr/Mrs/Ms. Kevin Matthew Wike
First Middle Last

Home Address: 160 Knightbridge Rd Bluffton SC 29910
Street City State Zip

Home Phone: () _____ Cell: (843) 263-5846 Email: _____

Date of Birth: _____ Age: 24 Sex: M Single ☒ Married ☐ Divorced ☐ Other ☐

Employer Name: pepsi Address: _____

Work Phone # 843-521-1424

Spouse's Name: _____ Date of Birth: _____ SS# _____

Home address if different from above: _____

Employers name and address: _____ Phone # _____

If the patient is a child, responsible party's name and relationship to child if not parent:

Name: _____ Relationship: _____ SS# _____

Date of Birth: _____ Employer: _____

Employer Address: _____ Work Phone # _____

Reason for Visit? Pain down left leg Accident? Yes ☒ No ☐

Work Related? Yes ☐ No ☐

Did injury occur during school athletic event? Yes ☐ No ☒ School Name: _____

Referring Physician: _____

In Case of emergency contact: Antoinette Taylor 843-384-7789

Please provide us with your insurance cards and picture ID so we may copy them. If you don't have the cards available you will be responsible for the office fee.

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that my insurance is a contract between the insurance carrier and me, not between the insurance carrier and this office, and that I am fully responsible for all fees. Should timely payments of this account not be made, I authorize Beaufort Orthopaedic and Sports Medicine Center, P.A. to retain the services of any attorney and/or collection agency to assist with the collection of any outstanding balance. Any expense incurred by such action shall become an additional liability for which I assume responsibility.

Signature: Kevin Wike Print Name: Kevin Wike Date: 6/6/14

Form 87

MIKEL, KEVIN M.
#62308
07/11/14

He returns back, today. He is doing fine. He is about 65% better. He has had two injections, so he is on the right path. He has a 5-1 disk herniation with a lumbar radiculopathy.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination he has no bowel or bladder complaints. There are no skin lesions. There are no rashes. There are no tension signs. He has normal posture. He has no guarding. He has full range of motion of the hips. There is no trochanteric tenderness. He can toe and heel walk without difficulty.

No x-rays, today.

IMPRESSION: Lumbar radiculopathy that is resolving. He has his third injection scheduled. He is going away for management training. So he will have his third injection and then he is going to be gone for about six weeks for management training. He is an assistant manager at Wal Mart up in Hardeeville. So I gave him some steroids to take. I told him that it looks like it is going in the right direction. I will see him back when he gets back into town and, hopefully, it will continue to resolve. If it does not then we will discuss a diskectomy, at that time.

Scott E. Strohmeyer, M.D.

Date 7-11-14

PATIENT UPDATE FORM

Initials JDNAME Kevin Wickel

DOB _____

Chief Complaint: Right / Left Back

In Patient's Words

65% better. Shots are helping #3 inj will be better.Since Last Date 6-24-14☐ Remained the Same☐ Worsened☐ Had Problem Re Occurrence☒ Improved☐ Been Injured☐ New Complaint

Explanation of Above _____

Eyes
Ears, Nose, Mouth, Throat
Cardiovascular
Respiratory
Hematologic / Lymphatic
Allergic/Immunologic
Constitutional Symptoms
(e.g. fever, weight loss)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

Musculoskeletal
Neurological
Psychiatric
Endocrine
Gastrointestinal
Genitourinary
Integumentary
(skin and/or breast)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

BP _____ Pulse 74 Height 6'0 Weight 260MEDICINES OTVITAMINS / SUPPLEMENTS /ALLERGIES NADA

Previous History Reviewed: _____

PATIENT NAME: Kevin Wikel ACCOUNT # 62308

62308.

DATE _____ MEDICATION & DIRECTIONS _____ PHARMACY & PHONE # _____ DR. & INITIALS _____

PHARMACY & PHONE #

DR. & INITIALS

[illegible]

WIKEL, KEVIN M.
#62308
11/11/14

He returns back, today. He is doing fine. He, actually, wants to get back and start working out. He really has no issues at all, at this point. He has had his three injections. He is near 100% better, at this point.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination he is neurologically intact. There are no tension signs and no long tract signs. There are no skin lesions. Strength in the quad, hamstring, EHL, anterior tibia, gastroc-soleus complex is 5/5. He has 2+ pulses.

So I discussed it with him. From my standpoint, he should do low-impact activities. We talked about some do's and don'ts. I will see him back in six weeks or p.r.n. at this point.

Scott E. Strohmeyer, M.D.

Date 11/11/14 PATIENT UPDATE FORM Initials AK

NAME Kesner Wikel DOB

Chief Complaint: Right / Left Back

In Patient's Words

feeling alot better had 3 injections

Since Last Date 7/11/14

☐ Remained the Same
☐ Worsened
☐ Had Problem Re Occurrence

☒ Improved
☐ Been Injured
☐ New Complaint

Explanation of Above has shooting pain down (L) leg

Eyes
Ears, Nose, Mouth, Throat
Cardiovascular
Respiratory
Hematologic / Lymphatic
Allergic/Immunologic
Constitutional Symptoms
(e.g. fever, weight loss)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

Musculoskeletal
Neurological
Psychiatric
Endocrine
Gastrointestinal
Genitourinary
Integumentary
(skin and/or breast)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

BP Pulse 80 Height 6'0 Weight 260

MEDICINES

VITAMINS / SUPPLEMENTS

ALLERGIES

Previous History Reviewed:

WIKEL, KEVIN M.
#62308
02/23/15

He returns back, today. He is a 24-year-old gentleman who is the assistant manager at Wal Mart. He presents with lumbar radiculopathy. He had the same thing last year. He was treated conservatively with three injections and some Physical Therapy. I saw him in November and he was doing well. He has been back to full duty, but he had a recurrence of his pain. He has terrible pain, again, in the back and down the left leg. There are no bowel or bladder complaints. There was no new trauma.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

His physical examination is totally benign. There is no asymmetry and there is no atrophy. He has 2+ pulses and his reflexes are 2+. Strength in the quad, hamstring, EHL, anterior tibia, gastroc-soleus complex is 5/5. He can toe and heel walk without difficulty.

IMPRESSION: Lumbar radiculopathy. It looks like he has a recurrence. He will need a new MRI scan to fully evaluate this. I will set that up for him and put him on some steroids. I will see him back following the MRI scan and discuss options, at that point.

Scott E. Strohmeier, M.D.

Date 2/23/15

PATIENT UPDATE FORM

Initials AKNAME Kevin WidelDOB 7/7Chief Complaint: Right / Left Back
In Patient's Wordswas getting better, still good down (C) L
to foot. Some numbnessSince Last Date 11/11/14☒ Remained the Same☐ Worsened☐ Had Problem Re Occurrence☐ Improved☐ Been Injured☐ New Complaint

Explanation of Above

worse when sitting to long
and 6 weeks PT - healed again

Eyes

Yes / No

Musculoskeletal

Yes / No

Ears, Nose, Mouth, Throat

Yes / No

Neurological

Yes / No

Cardiovascular

Yes / No

Psychiatric

Yes / No

Respiratory

Yes / No

Endocrine

Yes / No

Hematologic / Lymphatic

Yes / No

Gastrointestinal

Yes / No

Allergic/Immunologic

Yes / No

Genitourinary

Yes / No

Constitutional Symptoms

Yes / No

Integumentary

Yes / No

(e.g. fever, weight loss)

(skin and/or breast)

BP

Pulse

80

Height

6'0

Weight

240

MEDICINES

0

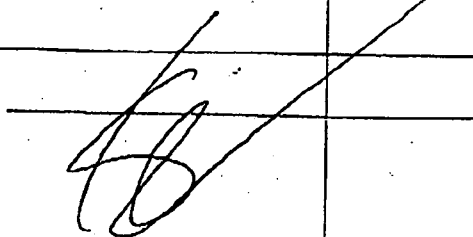
VITAMINS / SUPPLEMENTS

0

ALLERGIES

0

Previous History Reviewed:



PATIENT NAME:

Kevin Wikel

ACCOUNT #

62308

DATE

MEDICATION & DIRECTIONS

PHARMACY & PHONE #

DR. & INITIALS

1/10/14

Medrol Dose Pk #1 as Dir

W. H. H.

GS/D

"

Norco 57.25 #30 7-11 PM Q4

"

"

2/23/15

Medrol Dose Pk #1 as Dir

W. H. H.

GS/B

WIKEL, KEVIN M.

#62308

03/17/15

He returns back, today. He is a 24-year-old gentleman with lumbar radiculopathy left sided. It has been going on for about one year, now. He has had three injections and Physical Therapy. There are no bowel or bladder complaints. He has severe left leg pain. I repeated his MRI scan and he is back for my review.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination he has no asymmetry and no atrophy. He can toe and heel walk. He has a positive tension sign. He has good pulses. There are no rashes or atrophy.

His MRI scan shows a large disk herniation at 5-1 on the left. He has disk disease at 4-5 and at 5-1.

So I discussed options with him. It is time to get this thing removed. He agrees as he is absolutely miserable. He wants to get on with his life. I explained to him that there is a 3% infection rate and we discussed CSF leaks, nerve root injury, reherniation rate of 10% and imponderable. We will plan to proceed as scheduled.

Scott E. Strohmeyer, M.D.

Date 3/17/15

PATIENT UPDATE FORM

Initials R

NAME

Kevin Wikel

DOB

(M.D.)

Chief Complaint: Right / Left lumbar

In Patient's Words

painful - same

Since Last Date

2/23/15

☐ Remained the Same

☐ Worsened

☐ Had Problem Re Occurrence

☐ Improved

☐ Been Injured

☐ New Complaint

Explanation of Above

Same Pain helped some

Eyes

Yes / No

Ears, Nose, Mouth, Throat

Yes / No

Cardiovascular

Yes / No

Respiratory

Yes / No

Hematologic / Lymphatic

Yes / No

Allergic/Immunologic

Yes / No

Constitutional Symptoms

Yes / No

(e.g. fever, weight loss)

Musculoskeletal

Yes / No

Neurological

Yes / No

Psychiatric

Yes / No

Endocrine

Yes / No

Gastrointestinal

Yes / No

Genitourinary

Yes / No

Integumentary

Yes / No

(skin and/or breast)

BP

Pulse

80

Height

6'0

Weight

240

MEDICINES

Ø

VITAMINS / SUPPLEMENTS

Ø

ALLERGIES

Ø

Previous History Reviewed:

[Signature]

Date of Surgery Order 3-17-15

LOG# 8446
(Phyllis Sheet)

BEAUFORT

HILTON HEAD

Dr. Salzer

Dr. Dean

Dr. Strohmeyer

Kevin Wikel

SURGERY SCHEDULING SHEET

Patient Name: Kevin Wikel DOB

Home Phone: 415-1236 SS #

Work Phone Acct #

PROCEDURE

Other Special Needs

DIAGNOSIS

Procedure Code (CPT) 63030 Diagnosis Code (ICD-9) 722.2

☐ ER ☐ In Patient ☐ Out Patient ☐ Observation Stay ☐ ASC ☒ Out Patient / Admit

DATE OF SURGERY 4-2-15 LENGTH OF SURGERY

PRECERTIFICATION

Primary Ins. Co. BCBS Phone #

Identification # Contact Person Tiffany

Percent # NONE Approved LOS

Benefits # Contact Person

Effective Date 1-1-15 2nd Opinion Required ☐ YES ☐ NO

Deductible is \$ 5,500- Amount Met \$ 429.38 Coverage is 75 %

The Out of Pocket is \$ 10,000- \$ 532.38 Has Been Met

The Lifetime Maximum is \$ 555.62

Secondary Insurance Co. Phone #

Identification # Contact Person

PerCert # Approved LOS

Benefits # Phone #

Effective Date Deductible is \$ Amount Met \$

Estimated Gross Charges \$ Calculations By 300.00

Surgical Deposit Calculations + = \$ 1,466.00
PT Deductible % of PT Liability Total Deposit Required

Other Collectible Fees Total Deposit Received Collection Date Collection By (Please Initial)

FORM #9



BEAUFORT MEMORIAL HOSPITAL

Kevin Wikel

Pre-Op Total Spine Orders v3

Page 1 of 2

Admission

- ☐ Patient Name: Kevin Wikel
- ☐ Patient DOB: _____
- ☐ Procedure: L5/S1 @ H/O herniated disc
- ☐ Diagnosis: 322.2
- ☐ Surgery Date: 4-2-15
- ☐ Height: _____
- ☐ Weight: _____

Hospital Status

- ☐ Inpatient
- ☐ Observation
- ☒ Outpatient

- Note: Observation is for further evaluation of patient's condition due to diagnosis
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short term outpatient procedures or services.

Allergies

- ☐ Update Allergies W Reactions: W/KOA

Pre-OP

- ☒ BMH Pre-OP
- ☐ PCM Pre-OP

Laboratory

- ☒ CBC W Auto Differentiation
- ☒ Prothrombin Time
- ☒ Partial Thromboplast Time
- ☐ Urinalysis
- ☐ Culture, Urin
- ☐ Metabolic Panel (Basic)
- ☐ Type & Screen
- ☐ Crossmatch _____ Units
- ☐ Pregnancy Test (Serum)

Radiology

- ☒ Chest PA & Lateral Xray - Reason for exam: Preoperative Screening

Cardiology

- ☒ Electrocardiogram - (12 Lead EKG) - Reason for exam: Preoperative Screening

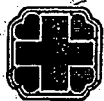
Diet

- ☒ NPO past midnight

Physician Signature: [Signature]

Date/Time: 3/17/15 @ 12:08pm

PATIENT STICKER



BEAUFORT MEMORIAL HOSPITAL

Pre-Op Total Spine Orders v3

Page 2 of 2

Spinal Orders

- ☐ Request A-Line
☐ Sequential Compression Device (SCD) Left Calf
☐ Sequential Compression Device (SCD) Right Calf
☒ Sequential Compression Device (SCD) Left Foot
☒ Sequential Compression Device (SCD) Right Foot
☐ Reason for no SCD's:

CIRCLE ONE:

Acquired deform lower limb
Amputation L leg
Amputee limb
BKA right
Burn of lower limb
Congestive heart failure
Deformity of leg
Edema of lower extremity
Hypervolemia
Ischemia peripheral
Skin graft disorder
Sensory neuropathy

AKA left
Amputation R leg
At risk for falls
Bil traum amp legs w comp
Clouded consciousness
Critical lower limb ische
DVT lower extremity
Hx lower limb amputation
Injury of lower extremity
Peripheral vascular dz
Suspected DVT

AKA Right
Amputee
BKA left
Bil traum amp legs w comp
Confusional state
Dermatitis
Edema of leg
Hx occl dz lower extr art
Ischemia lower limb
Surg proc on lower extr
Vasc insufficiency limb

- ☐ Obtain Consents Procedure
☐ Obtain Consents Blood Transfusion
☐ Other: _____

Medications

- ☐ Antibiotics: Amf 750 mg po bid

Special

CIRCLE ONE:

C-Arm
Gardner's Wells Tongs

SCM

Cell Saver
Danek BMP

Wilson Table
Spacers

Mayfield Tongs
Signature

CPT Codes

CIRCLE ONE:

☐ 63075	22846	63056	22614	63076	22851	63057	22840	22554	20660
63047	22842	22585	63030	63048	22851	22845	63042	22612	20936

- ☐ 63030
☐

ICD-9

- ☐ ICD-9: 722.2

REMINDERS

- Sign and date Verbal orders within 24 hours or fax (843)521-8386 / Admission Fax (843)522-5741

Physician Signature: _____

Date / Time: _____

Form #306

3-17-15 @ 12:08pm

PATIENT STICKER

Wikel, Kevin

WIKEL, KEVIN M.
#62308
04/17/15

He returns back, today. He is doing fine. He has a little bit of buttock pain, but his leg pain is better. All of the posterior leg pain has completely resolved. Otherwise, he is doing well.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination his wound looks clean and dry. He is neurologically intact sensory and motor. There is no sign of infection. There is no fluid collection.

No x-rays, today.

IMPRESSION: Status post microdiscectomy. He is doing fine. He will continue his walking program. I will see him back in one month and we will start a formal Physical Therapy program, at that point.

Scott E. Strohmeyer, M.D.

Date 4.17.15

PATIENT UPDATE FORM

Initials SW

NAME Kevin Winkel

DOB _____

Chief Complaint: Right / Left leg L.S.S. Sx 4.2.15
In Patient's Words P.O.

Since Last Date 3.17.15

☐ Remained the Same
☐ Worse
☐ Had Problem Re Occurrence

☐ Improved
☐ Been Injured
☐ New Complaint

Explanation of Above L leg pain better

Eyes
Ears, Nose, Mouth, Throat
Cardiovascular
Respiratory
Hematologic / Lymphatic
Allergic/Immunologic
Constitutional Symptoms
(e.g. fever, weight loss)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

L.S.S.
Musculoskeletal
Neurological
Psychiatric
Endocrine
Gastrointestinal
Genitourinary
Integumentary
(skin and/or breast)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

BP _____ Pulse 80 Height 6'0" Weight 240

MEDICINES Ø

VITAMINS / SUPPLEMENTS Ø

ALLERGIES Ø

Previous History Reviewed:

WIKEL, KEVIN M.

#62308

05/18/15

He returns back, today. He is six weeks out and he is doing fine. He really has no issues, whatsoever. He had a revision discectomy done secondary to a large disk herniation. He is doing well.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

He is six weeks out, now. He cannot be cleared to go back to work until he can lift 50 lbs. I think we will want to start some Physical Therapy first before we throw him back into work. I will set up the Physical Therapy with him, today. I will see him back in six weeks and I will release him, at that point.

On his physical examination, today, his wound looks great. He is neurologically intact. He has no guarding. There is no leg pain, whatsoever.

I will see him back in six weeks and, hopefully, release him back to work at that point.

Scott E. Strohmeier, M.D.

Date 5.18.15

PATIENT UPDATE FORM

Initials JW

NAME Kenneth W. Keel

DOB _____

Chief Complaint: Right / Left _____
In Patient's Words _____

L.S.S.

SX 4.2.15

P.O.

Since Last Date 4.13.15

☐ Remained the Same

☐ Worsened

☐ Had Problem Re Occurrence



Improved

☐ Been Injured

☐ New Complaint

Explanation of Above

Some pain - shooting pain of leg

Eyes

Yes / No

Ears, Nose, Mouth, Throat

Yes / No

Cardiovascular

Yes / No

Respiratory

Yes / No

Hematologic / Lymphatic

Yes / No

Allergic/Immunologic

Yes / No

Constitutional Symptoms

Yes / No

(e.g. fever, weight loss)

L.S.S.
Musculoskeletal

☒ Yes / No

Neurological

☐ Yes / No

Psychiatric

☐ Yes / No

Endocrine

☐ Yes / No

Gastrointestinal

☐ Yes / No

Genitourinary

☐ Yes / No

Integumentary

☐ Yes / No

(skin and/or breast)

BP _____

Pulse 80

Height 6' 0"

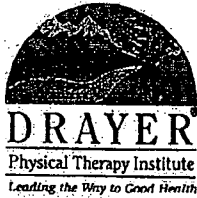
Weight 240

MEDICINES 

VITAMINS / SUPPLEMENTS 

ALLERGIES 

Previous History Reviewed: _____



☒ Bluffton Center
38 Sheridan Park Circle - Suite C
Bluffton, SC 29910
PHONE: 843-815-5628
FAX: 843-815-5637

☐ Hilton Head Center
95 Mathews Drive - Suite D5
Hilton Head Island, SC 29928
PHONE: 843-681-5640
FAX: 843-681-5631

☐ Sun City Center
10 William Pope Drive - Suite 3
Bluffton, SC 29909
PHONE: 843-705-9440
FAX: 843-705-9445

Physical Therapy Referral Form

Date 5/12/11 Patient Name Kevin Wilkel

Diagnosis SP Injured

ICD-9 Diagnosis Code(s)

Evaluate and Treat	Frequency
☒ Cervical/Lumbar Stabilization Program	1x/wk 2x/wk <u>3x/wk</u> 4x/wk 5x/wk
☐ Fix. Biased ☐ Ext. Biased	1 week 2 weeks 3 weeks 4 weeks
☐ Rotator Cuff Program	
☐ Traction	☐ Strengthening of
☐ Manual Therapy/ASTYM	☐ ROM of
☐ Modalities	☐ Body Mechanics/Ergonomic Ed.
☐ Estim: ☐ US ☐ Ionto	☐ Gait/Balance Training
☐ Tens Unit	☐ Orthotic Evaluation
☐ Urinary Incontinence Program	

Special Instructions or Precautions

In my opinion, in accordance with accepted medical practice standards, this patient requires physical therapy services for the medical condition(s) identified above. I hereby request that the staff of Drayer Physical Therapy Institute® evaluate and assess the patient's needs for such services and provide me with a detailed plan of care for my approval.

[Signature]
Physician's Name Printed

[Signature]
Physician's Signature

WIKEL, KEVIN M.
#62308
06/29/15

He returns back, today. He is three months out and he is doing great. He has no issues, whatsoever. He had a diskectomy three months ago. He has done six weeks of physical therapy and he is on a home program, at this point.

The patient's review of systems, past medical history, medications, allergies and vital signs were personally reviewed and recorded in the chart.

On his physical examination his wound is intact. He is neurologically intact. His wound looks great. He has excellent strength. There is no leg pain and no numbness.

So I discussed it with him, today. From my standpoint, he will continue with his exercise program. He can progress to activities as tolerated. I will see him back on a p.r.n. basis.

Scott E. Strohmeyer, M.D.

Date 6/22/15

PATIENT UPDATE FORM

Initials R

NAME Karen Wild

DOB 1/1/12 weeks

Chief Complaint: Right / Left lumb
In Patient's Words

(5/4 4/2/15)

feeling good, no pain

Since Last Date 5/18/15

☐ Remained the Same
☐ Worsened
☐ Had Problem Re Occurrence

☒ Improved
☐ Been Injured
☐ New Complaint

Explanation of Above P/t went well, finished last week.

Eyes
Ears, Nose, Mouth, Throat
Cardiovascular
Respiratory
Hematologic / Lymphatic
Allergic/Immunologic
Constitutional Symptoms
(e.g. fever, weight loss)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

Musculoskeletal
Neurological
Psychiatric
Endocrine
Gastrointestinal
Genitourinary
Integumentary
(skin and/or breast)

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

BP _____ Pulse 80 Height 6'0 Weight 240

MEDICINES _____

VITAMINS / SUPPLEMENTS _____

ALLERGIES _____

Previous History Reviewed:

Beaufort Orthopaedic Sports and Spine Center, LLC
1076 Ribaut Road, Suite D1
Beaufort, SC 29902
(843) 525-0045

Hilton Head Orthopaedic Sports and Spine Center, LLC
95 Mathews Drive, Port Royal Plaza, Suite D1
Hilton Head, SC 29926
(843) 681-2363

TO WHOM IT MAY CONCERN:

Please be advised that in my opinion Kevin Wikel may:
(Patient)

- ☐ Not return to work until further notice.
- ☐ Return to light duty effective _____.
- ☒ Return to Full duty effective _____.
- ☐ Return to School Activities _____.

If you have any questions regarding this matter, please feel free to contact my office.

Sincerely,


RALPH F. SALZER, M.D.
MARK T. DEAN, M.D.
SCOTT E. STROHMEYER, M.D.

PATIENT NAME:

Kevin Wikel
Kevin Wikel

COUNT #

62308

62308.

DATE _____

MEDICATION & DIRECTIONS

PHARMACY & PHONE #

DR. & INITIALS

 $\frac{1}{10} \text{ kg}$

Machol Dose PK #1 As Dm

W. R. Thurn

45/10

11

Norco 57.25-30 7-11 P024

1

1

4/23/15

Mechol Dose PK#1: 45 Dir

Written

ss/B

41,57,10

Oxycodone 5-40 $\frac{1}{7}$ - $\frac{1}{1}$ PO Q 6

Ver. Hm

SS/TS

4/11/15

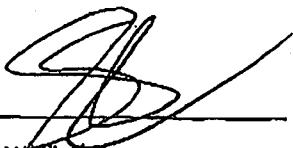
Oxycodone 5#40 $\bar{t}$ - $\bar{t}$ 1001

pm written

SS1an

I evaluated Kevin Wikel on June 5, 2014 for low back and left leg pain which Kevin related to prolonged lifting, loading and bending as part of his job as a delivery driver for Pepsi. An MRI dated May 27, 2014 confirmed L5-S1 moderate central stenosis secondary to left paracentral disc extrusion superimposed on diffuse annular bulging, as well as left lateral recess stenosis with probable left S1 traverse nerve root impingement. Kevin then underwent a conservative course of treatment, including medications and injections, which produced only temporary beneficial results. As such, on April 2, 2015, I performed a left-sided microdiscectomy at L5-S1.

It is my opinion, to a reasonable degree of medical certainty, that Kevin's low back and left leg radicular complaints are the direct result of prolonged lifting, loading and bending as part of his job as a delivery driver for Pepsi culminating in his need for treatment, including surgery.


Dr. Scott Strohmeyer


Date

Sep. 10. 2015 3:55PM

No. 2967 P. 2/3

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500 • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 www.WCC.SC.gov



Physician's Statement

Claimant's Name: Kevin WikelEmployer's Name: Pepsi Bottling GroupPhysician's Name: Scott Strohmeyer, M.D.Insurance Carrier: Ace American InsurancePractice/Clinic: Beaufort Orthopaedic Sports & Spine CenterSCWCC File No: 1405219

Preparer's Name: _____

Phone: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 05/12/2014Date of first office visit: 06/06/14 Date of last visit: 06/24/2015

Diagnosis or nature of injury or illness: _____

Body part(s) injured: Back; left lower extremity (LLE) Body part(s) affected: _____Date of Maximum Medical Improvement: 4/25/15

Based on the AMA Guidelines, the claimant has sustained a 10 % medical impairment to lumbar spine and left lower extremity (LLE) injured body part(s) and a 13 % medical impairment to _____ other affected body part(s).

☒ The claimant is able to return to work without restriction.

☐ The claimant is able to return to work with the following restrictions:

☐ The claimant is unable to return to work at his or her current employment.

☐ Claimant possesses retained hardware casually related to this injury.

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:

PT Surgery Medication

9/20/15

Sitting Physician

Date

Summary View

Page 1 of 3

Progress Notes

Patient: Wikel, Kevin
DOB: Age: 24 Y Sex: Male
Phone: 843-263-5846
Address: 160 Knightsbridge Rd, Bluffton, SC-29910

Provider: John P. Batson, MD
Date: 06/09/2014

Subjective:

CC:

1. Low back pain.

HPI:

Pain management:

The patient is complaining of pain located in the lower back. The pain radiates down the left lower extremity. The pain began 5 weeks ago. The pain occurred prolonged lifting, loading and driving while performing his job. The pain is described as sharp, shooting. The pain interrupts activity/exercise, sleep. The severity of the pain is 7/10 average, 10/10 max. The timing of the pain is continuous. The pain is associated with balance/walking difficulty, occasionally, poor sleep, occasionally. The patient denies fevers, chills and nightsweats. The patient reports no numbness or tingling in the leg. The pain is improved by lying down, standing. The pain is aggravated by bending forward, bending backward, sitting. Prior evaluation includes radiographs, MRI of the lumbar spine, (see scanned in report). Prior treatments include oral steroids, muscle relaxer. Pain medications that have been tried include Prednisone and Flexeril. Medical assistant initials: DD.

ROS:

Constitutional:

Patient denies fatigue, fever, night sweats, unintentional weight loss.

Dermatology:

Patient denies rash.

Endocrinology:

Patient denies cold intolerance, heat intolerance.

Cardiology:

Patient denies chest pain/pressure, irregular heart beat.

Respiratory:

Patient denies shortness of breath, wheezing.

Gastroenterology:

Patient denies change in bowel habits, abdominal pain, indigestion, constipation, diarrhea, blood in stool.

Hematology/Lymph:

Patient denies abnormal bleeding, abnormal bruising.

Urology:

Patient denies urinary incontinence/difficulty.

Neurology:

Patient denies weakness, paralysis, balance difficulty, headache.

Psychology:

Patient denies depression, anxiety.

Surgical History: Left Middle Finger.

Family History: Non-Contributory

Social History: Tobacco Use Patient is a: current smoker. Alcohol: none. Occupation: sales person/delivery for Pepsi. Recreational drug use: denies.

Medications: None

Allergies: N.K.D.A.

Objective:

Vitals: HR 103, BP 135/98, Ht 72, Wt 250, BMI 33.90.

Summary View

Page 2 of 3

Examination:

General examination:

General appearance: alert and Oriented x 3. Body Habitus large frame, overweight. Appears to be in mild pain. Mood: Pleasant. Coordination: No balance problems identified, Fine motor coordination without obvious deficit. Gait: Heel to toe, Normal. Station: Normal. HEENT: eyes clear without Injectate. Lungs: no labored breathing and no accessory muscle usage.

Lower back:

Inspection: normal lumbar lordosis. Palpation: No tenderness or abnormalities. Range of Motion: well preserved. Slump test: Positive on the left. Femoral nerve stretch Deferred. Stability: No overt evidence for instability on exam.

Pelvis/Hip:

Hip joint: stable bilaterally. Inspection: no deformities. Palpation: no bony tenderness about the pelvis, no tenderness over the greater trochanteric bursa. Range of motion: Pain free and unrestricted ROM.

Knee:

Inspection: No obvious deformities. Effusion not present. Palpation: non-tender. Stability: overall appears stable. Range of motion: full.

Neurology:

Motor strength: strength is normal and symmetric including the hip flexor, quad, ant tib, EHL and soleus. Sensory exam: normal to light touch. Reflexes: 2+ and symmetrical throughout the upper and lower extremities. Upper motor neuron signs: negative Babinski, no clonus, normal tone.

Skin:

Skin without obvious rashes or lesions.

Cardiovascular:

Pulses- dorsalis pedis 2+. Extremities warm. Peripheral edema not present.

Lymphatics:

Lymphatics clear without obvious adenopathy.

Therapeutic Interventions:

Assessment:

Assessment:

Plan:

1. Lumbago

I explained heat may be helpful for the myofascial and joint related pain, in particular prior to movement, activity and therapeutic exercises. I suggested this be performed 1-2 x / day for 20-30 mins and to avoid direct contact of a heat source to the skin. Home exercises reviewed and encouraged.

2. Displacement of lumbar intervertebral disc without myelopathy

MRI findings were reviewed and discussed with the patient today. I have personally reviewed the images (if provided). The report is scanned in our EMR.

3. Spinal stenosis of lumbar region

We will continue to monitor strength and neurologic function.

4. Thoracic or lumbosacral neuritis or radiculitis, unspecified

Given the moderate - severe pain at times and lack of response to conservative measures thus far, I have suggested an epidural steroid injection under fluoroscopic guidance.

Procedures:

Planned Procedure:

Lumbar/Sacral TF ESI Alternative treatment options were reviewed with the patient. The patient has elected to undergo a lumbar transforaminal epidural steroid injection. Informed consent was obtained. Level- Left L4 & L5 *****Addendum- Lt L5 and S1 to be performed. JB, MD 6/13/14*****

Immunizations:

Labs:

Preventive:

Summary View

Page 3 of 3

Counseling: Spine/Sports Counseling - Home modalities (ice vs. heat), activity modification and specific exercises discussed and recommended.

Follow Up: 1 Week (Reason: TF ESI)

Provider: John P. Batson, MD

Patient: Wikel, Kevin DOB:

Date: 06/09/2014

Electronically signed by John Batson, MD on 06/18/2014 at 11:24 AM EDT

Sign off status: Pending

NEW/EXISTING PATIENTS

Today's Date 6/9/14

Patient Name: Kevin Wibb Gender: Male Female

Social Security #: _____ DOB: 1/1 PCP: _____

Home: _____ Work: _____ Cell: _____

Mailing Address: _____

Primary Insurance: BEAS Ins ID: _____

Effective Date: 1/1/13 Medicare: Ded Met: Yes / No

Phone#: Yolanda Group #: _____

Claims Address: 1/1/14-12/31/14 local

Secondary Insurance: _____ Ins. ID: _____

Effective Date: _____ Sec'd Covers Primary Ded: Yes / No Co-Ins: Yes / No

Phone #: _____ Group #: _____

Claims Address: _____

Copay: Office Visits: _____ Injection: _____ X-rays: _____

Deductibles: OV: 1250 / 1146.80 MET TO DATE

INJ: _____ MET TO DATE

XRAY: _____ MET TO DATE

%%%%% OF PAYMENT: OV 80% INJ 80% X-RAYS 80%

Is authorization required for:

Office Visits: (99204,99213) Yes / No

INTERCOSTAL BLOCK: (64421) Yes / No

ESI/TF ESI: (62310, 64483,64493) Yes / No

MRI: (72148, 72141) Yes / No

SUPARTZ: (20610) Yes / No

Spheno Cath: (64505) Yes / No

RFA: (64633) Yes / No 877-284-7030

I7321: Yes / No

JOINT INJ: (20605) Yes / No

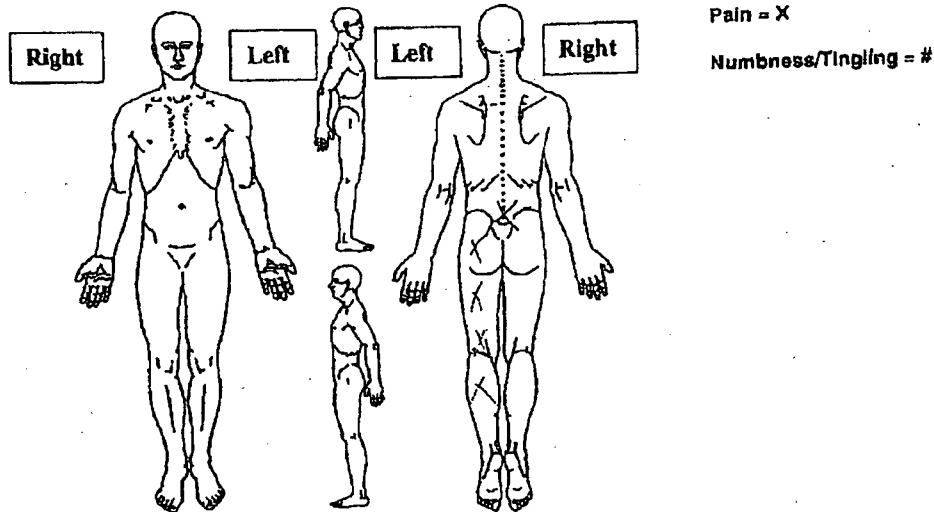
(2)

John P. Batson, MD, FACS
Lowcountry Spine & Sport
New Patient Pain Questionnaire

The following questions are designed to provide your physician with a thorough understanding of your pain and symptoms. If you do not understand or cannot complete any portion of this form please ask for assistance.

Name: Kevin Wike Date: 6/17/14

Please mark the figure with the location of your pain/symptoms:



How long have you been having the problem? 5 weeks

Would you describe the pain as: (please circle all that apply)
 ACHING BURNING CRAMPING DULL SHARP STABBING SHOOTING THROBBING
 OTHER (describe): _____

Does your pain interrupt: (please circle all that apply)
Activity/Exercise Happiness Sleep Work Other: _____

Mark the following scale to reflect your pain on average:

LEAST 0-1-2-3-4-5-6-7-8-9-10 MOST

Mark the following scale to show your pain when it is at its worst:

LEAST 0-1-2-3-4-5-6-7-8-9-10 MOST

Describe the timing of your pain: (please circle)
Continuous Intermittent Worse in the morning Worse in the evening No pattern

Is your pain associated with: (please circle)
 Bowel dysfunction Bladder incontinence Balance/walking difficulty Weakness
 Numbness Tingling Headaches

If you have any of the following symptoms, please circle: FEVER CHILLS NIGHTSWEATS

Please answer the following about your pain: (please circle)

1. Which of the following **REDUCE** your pain?
 NOTHING BENDING FORWARD BENDING BACKWARD REST/SLEEP LYING DOWN
 SITTING STANDING WALKING CHANGING POSITIONS ICE HEAT

2. Which of the following **INCREASE** your pain?
 EVERYTHING BENDING FORWARD BENDING BACKWARD REACHING LYING ON BACK
 LYING ON STOMACH SITTING STANDING WALKING CHANGING POSITIONS ROTATION
 COUGHING SNEEZING BEARING DOWN PHYSICAL ACTIVITY EXERCISE

If you have had any of the following diagnostic studies, please give the appropriate information:

X-RAYS	Body Part- <u>LOW BACK</u>	Location Performed- <u>Dr. Carr</u>	Date Performed-
MRI	Body Part- <u>LOW BACK</u>	Location Performed- <u>ReHair</u>	Date Performed-
CT	Body Part-	Location Performed-	Date Performed-
EMG Nerve Study	Body Part-	Location Performed-	Date Performed-

If you have been treated with any of the following, please circle:
 MEDICATIONS (Over the counter / Prescription) ORAL STEROIDS PHYSICAL THERAPY CHIROPRACTIC
 HOME EXERCISES SPINAL INJECTIONS SPINAL SURGERY OTHER: _____

Please list any pain medications you have taken for the pain in the past and note if they helped or not:

If your pain is due to an accident/injury, please complete the following:

1. Date of accident or injury: / /
2. Is your injury due to a motor vehicle accident? YES NO If no please go to #3.
 - If yes were you the driver, front seat passenger, rear passenger, or pedestrian? (please circle)
 - Were you wearing a seatbelt? YES NO
 - Were you hit from the rear, front, driver, or passenger side? (please circle)
 - How fast was your vehicle going?
 - How fast was (were) the other vehicle(s) going?
3. Is your injury work related? YES NO Is your injury due to an accident at work? YES NO.
4. Did you ever see a health care provider for back/neck pain prior to the injury? YES NO.
5. Please describe how the accident or injury occurred: _____

WORK STATUS

Are you currently? Working Full time Working Part time
 Unemployed Disabled, Temporarily Disabled, Permanently
 Retired

Have you missed any work because as a result of this injury? YES NO

Do you have any work restrictions? YES NO If yes, please explain:

If you are currently NOT working, how long have you been off work due to your back/neck pain? 5 WEEKS

What is your occupation? Merchandise

Where do you work? PEPS For how long? 2 years

If you work, please place an X next to any of the following you are required to perform:

Assembly Line Work	Using Hand Tools	Stair Climbing	Typing
Repetitive Motion <u>X</u>	Standing on Concrete Floors <u>X</u>	Walking <u>X</u>	Driving <u>X</u>
Carrying <u>X</u>	Heavy Lifting <u>X</u>	Stooping	Writing
Climbing	Desk Work	Extensive sitting	Pushing <u>X</u>
Cold Exposure	Overhead Lifting	Telephone Work	Pulling <u>X</u>
Computer Work	Twisting Motion Using Hands <u>X</u>	Hammering	
Repetitive Motion w/Fine Motor Skills			

Low Country Spine & Sport, LLC

Name of your pharmacy > Walgreens		Your Primary Care Doctor >	
Location > Bluffton			
Patient Information			
Last Name > Kikel		Alternate Names?	
First Name > Kevin		Middle Initial:	
Previous Name >			
Street Address > 160 Knightsbridge Rd		Birth Date	
Suite/Box #		Sex(M/F)	
City > Bluffton		Marital Status	
State > SC		Zip > 29910	Soc. Sec #
Home Phone >	Cell Phone > 843 263 5846	Employer > Pepsi	
Work Phone >	Email >	Student?	
Emergency Contact > Antoinette Taylor		Relation to patient > Friend	
Emergency Phone		Cell Phone > 843 334 7789	
Guarantor Information (Person Responsible For Bill) (Enter "same" if identical to above)			
Last Name > Same		Social Sec #	
First Name		Birth Date	
Middle Name		Sex (Male or Fem)	
Marital Status		Are you student?	
Street Address		Phone-Home	
Suite / Apt.	Cell >	Phone-Work	
City	State	Zip	
Email	Relationship to patient?		
Guarantor Employment Information			
Employer Name > Pepsi		Employer Phone	
Street Address		Suite / Apt #	
City > Beaufort	State > SC		
Zip Code > 29906	County > Beaufort		
Insurance Information For Patient- Provide complete or provide copy of insurance card			
Insurance Company # 1	Policy #	Name of Insured:	
	Group #	Their Social Security #:	
	Relationship to Insured	Birthday of Insured:	
Insurance Company # 2	Policy #	Name of Insured:	
	Group #	Their Social Security #:	
	Relationship to Insured	Birthday of Insured:	
Insurance Company # 3	Policy #	Name of Insured:	
	Group #	Their Social Security #:	
	Relationship to Insured	Birthday of Insured:	
Other Notes:			

Signature Of Patient >>>

Kevin Kikel

PATIENT HEALTH HISTORY QUESTIONNAIRE

The following information is very important to your plan of care. Please take time to fully and completely fill out this important information. We are counting on you.

Please complete every section. Do not leave any blanks.

NAME: Kevin Wiket DOB: 11/24 AGE: 24 TODAY'S DATE: 6/9/14

HT: 6'0" WT: 250 SEX: ☒ M ☐ F ☐ Right hand dominant ☒ Left hand dominant

FAMILY DR: _____ REFERRING DR: _____

DRUG ALLERGIES or ADVERSE REACTIONS: ☒ NO ☐ YES — Please list: _____

IF YOU ARE ALLERGIC TO ANY OF THE FOLLOWING, PLEASE CIRCLE:

SHELLFISH* IODINE* X-RAY DYE* EGGS* POULTRY* FEATHERS* LATEX*

LIST ALL MEDICATIONS (INCLUDE SUPPLEMENTS) and Include Dosage: ☒ NO Medications

YOUR PAST MEDICAL HISTORY-Please mark every line

DO YOU HAVE NOW OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	YES	NO	Comments		YES	NO	Comments
Anemia	☐	☒		High Blood Pressure	☐	☒	
Anxiety	☐	☒		High Cholesterol	☐	☒	
Asthma	☐	☒		Irregular Heart Rate	☐	☒	
Back Disorder	☐	☐		Kidney Disease	☐	☒	
Blood Clots	☐	☒		Lung Disease	☐	☒	
Blood Disease	☐	☒		Mental Disease	☐	☒	
Blood in Urine	☐	☒		MRSA/Serious Infection*	☐	☒	
Cancer (Location)	☐	☒		Neuropathy	☐	☒	
Colitis / Irritable Bowel	☐	☒		Osteoporosis	☐	☒	
Depression	☐	☒		Osteoarthritis	☐	☒	
Diabetes	☐	☒		Prostate Problems	☐	☒	
Emphysema	☐	☒		Sleep Apnea	☐	☒	
Epilepsy / Seizures	☐	☒		Stroke	☐	☒	
Gallbladder Disease	☐	☒		Rheumatoid Arthritis	☐	☒	
Gout	☐	☒		Thyroid Disease	☐	☒	
Heart Disease	☐	☒		Ulcers (Stomach)	☐	☒	
Hepatitis / Liver Disease*	☐	☒		Venereal Disease / STD	☐	☒	
HIV/AIDS*	☐	☒		Other- _____			

YOUR PAST SURGICAL HISTORY

☐ None ☒ Yes- please explain: Left middle finger

FAMILY / SOCIAL HISTORY - Please mark every area

Significant Medical History in Your:	YES	NO	Comments (family member affected)
Mother	☐	☒	
Father	☐	☐	
Siblings	☐	☒	
Children	☐	☒	
Specifically in your family members:			
Spine Disorders	☐	☒	
Arthritis/Joint Problems	☐	☒	
Cancer	☐	☒	Location: _____
Social History: Do you...	YES	NO	If YES, Please explain:
Smoke?	☒	☐	
Use alcohol?	☐	☒	
Use illegal drugs?	☐	☒	

MARITAL STATUS: Single Married Widowed Divorced **OCCUPATION:** _____

REVIEW OF SYSTEMS - Please mark every area

Have you recently been troubled with any of the following symptoms?

	YES	NO		YES	NO
Fatigue	☐	☒	Abdominal Pain	☐	☒
Fever	☐	☒	Indigestion	☐	☒
Night Sweats	☐	☒	Constipation	☐	☒
Weight Loss	☐	☒	Diarrhea	☐	☒
Rash	☐	☒	Blood in Stool	☐	☒
Heat/Cold Intolerance	☐	☒	Abnormal Bleeding/Bruising	☐	☒
Chest Pain/Pressure	☐	☒	Weakness/Paralysis	☐	☒
Irregular heart beat	☐	☒	Balance Difficulty	☐	☒
Shortness of Breath	☐	☒	Headache	☐	☒
Wheezing	☐	☒	Depression	☐	☒
Change in Bowel Habits	☐	☒	Anxiety	☐	☒

Other Concerns: _____

The above information is true and correct to the best of my belief.

Patient Signature (Parent or Guardian for Minor) / Date Kim [Signature]

Physician Signature / Date [Signature]

MA/REVIEWER INITIALS: OO



Wikel, Kevin

24 Y old Male, DOB: [redacted]
160 Knightsbridge Rd, Bluffton, SC-29910
Home: 843-263-5846
Surgeon: John P. Batson, MD

06/13/2014

John P. Batson, MD

OPERATIVE REPORT

Pre-op. Diagnosis:

1. Lumbar/Thoracic Radiculitis
2. Spinal Stenosis

Post-op. Diagnosis:

1. Same as pre-op diagnosis

Operation:

1. Lumbar Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance

Anesthesia:

N/A

Indications:

Clinical Scenario- As per our office notes.

Details of Procedure:

The patient was brought back into the procedure room and placed into the prone position on the fluoroscopy table.

A time out was undertaken.

Level- LT L5 and S1

The patient was then prepped and draped in a sterile fashion using Chlorhexidine. Ethyl Chloride spray was used to anesthetize the skin. The patient's skin and subcutaneous tissue were injected with 1cc of 1% Lidocaine without epinephrine for local anesthesia. The 22 gauge spinal needle was inserted into the appropriate foramen(s) using "live" fluoroscopy with radiopaque dye. At this point, 1cc of preservative free 1% Lidocaine was injected into the above nerve root foramen. No sensory motor changes were observed. Then, a solution of 40mg Methylprednisolone and 1-2cc normal saline was injected into each appropriate nerve root foramen(s) prior to withdrawing the needle. All aspirations were negative for heme. Bi-planar imaging was saved for documentation purposes. The patient tolerated the procedure well and had no complications. An appropriate dressing was placed and the patient was then taken to the post-procedure room. The patient was then evaluated and noted to be stable and ready for discharge. The patient was given discharge instructions and left without incident.

If the patient did not have a driver, Lidocaine was not added to the epidural injectate and the patient was monitored in the recovery room a minimum of 30 mins prior to discharge to ensure no neurologic changes (i.e. numbness, weakness) were present.

Specimens:

N/A

Complications:

None

Findings:

Flow was excellent within the ventral epidural space.

Notes:

Pre-procedure Vitals-123/88;96
Post-procedure Vitals-119/79;96

Procedure Codes:

- 1.64483 INJ FORAMEN EPIDURAL L/S.
- 2.64484 INJ FORAMEN EPIDURAL ADD-ON.
- 3.Q9967 LOCM 300-399MG/ML IODINE,1ML Units: 3.00.
- 4.J1040 INJ METHYLPRDNISOLONE ACTAT 80 MG.
- 5.A4550 STERILE TRAY.
- 6.A4209 SYRINGE W/NEEDLE STERILE 5 CC/GT EA. Units: 4.00.
- 7.A4215 NEEDLES ONLY STERILE ANY SIZE EACH. Units: 4.00.

Electronically signed by John Batson , MD on 06/18/2014 at 11:25 AM EDT
Sign off status: Pending

Lowcountry Spine And Sport LLC
300 New River Parkway
Hardeeville, SC 29927-4451
Tel: 843-208-2420
Fax: 843-208-2424

Patient: Wikel, Kevin DOB: _____ Progress Note: John P. Batson, MD 06/13/2014

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

Lowcountry Spine and Sport

John P. Batson, M.D.

300 New River Parkway, Suite 37

Hardeeville, SC 29939

PH #: 843-208-2420; Fax #: 843-208-2424

Work/School Excuse

Date: 6-13-14

Patient Name: Kevin Wilkel

Diagnosis: low back pain

☐ Please excuse from work/school today. Patient was seen in our office.

Work Limitations:

☐ None ☒ Can't Work ☐ Light Duty ☐ Medium Duty

☐ May Work with the following Restrictions:

Task	Yes	No	Occasional	Task	Yes	No	Occasional
Lifting 0-5 lbs				Overhead Work			
Lifting 0-20 lbs				Walking			
Lifting 50+lbs				Driving			
Pushing/Pulling				Heavy Equipment Operator			
Bending				Carrying			
Twisting				Climbing/Stairs			
Stooping				Computer/Desktop/Phone Work			
Alternate Sit/Stand				Fine Motor Repetition			
Prolonged Standing				Using Hand Tools			
Prolonged Sitting				Overhead Lifting			

Plan of Treatment: _____

Follow Up Appt: 2 weeks

Doctor's Signature: _____

John P. Batson, M.D.

John P. Batson, MD, FACSM
Lowcountry Spine & Sport
843-208-2420
Procedure Discharge Information

All Patients:

- You may experience an increase in your symptoms/pain for the first 2 days
 - It can take 2 days-2 weeks for the steroid to have maximum effect reducing your pain.
- You may use ice to the site for the first 24-36 hours, 20 minutes each hour as needed until your follow up visit. We do not recommend heat to the back.
- You may take your pain medicine and resume any medications you may have stopped for the procedure.
- You may shower. No swimming, tub bath or Jacuzzi for 24 hours.
- Remove bandage after 4 hours.
- You may resume light activities, as tolerated. Strenuous activities (i.e. golf) should be avoided.
- Check with your requesting physician about re-starting Physical Therapy.
- Resume your usual diet as tolerated.
- You should not drive for the next 3 to 5 hours (have someone drive for you)

If you have had IV sedation the following should be followed:

Do not drive for 24 hours; Do not use public transportation unaccompanied for 24 hours
Do not operate hazardous machinery or make important personal/business decisions for 24 hours
Person driving you home girl friend

POSSIBLE STEROID SIDE EFFECTS (if steroid was used for your procedure)

-If you experience these, it should only last for a short period-

Change in menstrual flow	Edema (swelling)	Increased appetite
Skin flushing (redness)	Skin rash/acne	Thrush (oral)
Vaginitis	Sweats	Depression
Increased blood glucose (sugar) levels		Euphoria (feeling happy)

POSSIBLE PROCEDURE SIDE EFFECTS

Increased Pain	Increased numbness/tingling	Headache
Nausea/Vomiting	Hematoma (bruising/bleeding at site)	Edema (swelling at site)
Difficulty with movement/ambulation		Infection/Fever (above 100.4)

In the event of a significant headache after an epidural steroid injection: drink plenty of caffeinated beverages (coffee, tea, colas). Bed-rest for 24 hours may also help.

If you have any concerns please call our staff or Dr. Batson at 843-208-2420

THESE INSTRUCTIONS HAVE BEEN EXPLAINED TO, AND UNDERSTANDING VERBALIZED BY THE UNDER-SIGNED. A COPY OF THE INSTRUCTIONS HAS BEEN GIVEN TO THE UNDER-SIGNED.

If patient is not sufficiently alert mentally, patient's representative should execute discharge instructions.

LSS Staff Signature

Signature of Patient

Date

Name: Kevin Winkel
Patient ID: _____

**LOWCOUNTRY SPINE & SPORT
SPINE INFORMED CONSENT FORM**

I hereby authorize Dr. John P. Batson to perform the following procedure:

- ☐ CERVICAL ☐ THORACIC ☒ LUMBAR
☐ INTERLAMINAR
EPIDURAL STEROID ☒ TRANSFORAMINAL
EPIDURAL STEROID ☐ FACET JOINT
INJECTIONS
☐ OTHER/SPECIFICS: (L4+L5)

I also authorize any further procedure, which, in their judgment, needs to be done because of any unforeseen condition, which arises during the procedure.

- Risks / complications of the procedure have been explained and include, but are not limited to:
- Steroids can cause fluid retention, increase blood pressure or blood sugars, result in bone problems (avascular necrosis, osteopenia), and/or increase intraocular pressures
 - Adverse or allergic reaction to anesthetic or other medication (contrast)
 - Increased pain
 - Perforation of dura resulting in a headache (rare)
 - Infection (rare)
 - Bleeding around spinal nerves or the spinal cord (rare)
 - Bowel or bladder dysfunction (rare)
 - Spinal block possibly requiring intubation and hospital admission (rare)
 - Nerve or spinal cord damage (rare)
 - Seizure, stroke, or paralysis (rare)
 - Thoracic procedures also carry the risk of pneumothorax (rare)

I understand and accept that any of these complications could lead to further hospitalizations and surgical procedures for their correction, and although it is very rare (<0.1 %), in my death.

I am aware that, in addition to the risks that have been described to me, there are other risks, such as loss of blood, cardiac arrest, etc., that attend the performance of any procedure.

I am also aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the proposed procedure. Furthermore, I have been informed of the comparative risks, benefits and alternatives associated with performing the procedure in an office/ambulatory facility vs. a hospital facility.

I have had sufficient opportunity to discuss my/the patient's condition and treatment with the doctor, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure. I realize that unexpected conditions may arise during my procedure, with which the

Lowcountry Spine and Sport

John P. Batson, M.D.

300 New River Parkway, Suite 37

Hardeeville, SC 29939

PH #: 843-208-2420; Fax #: 843-208-2424

Work/School Excuse

Date: 6-13-14

Patient Name: Kevin Mike Diagnosis: low back pain

☐ Please excuse from work/school today. Patient was seen in our office.

Work Limitations:

None ☒ Can't Work ☐ Light Duty ☐ Medium Duty

May Work with the following Restrictions:

Task	Yes	No	Occasional	Task	Yes	No	Occasional
Lifting 0-5 lbs				Overhead Work			
Lifting 0-20 lbs				Walking			
Lifting 50+lbs				Driving			
Pushing/Pulling				Heavy Equipment Operator			
Bending				Carrying			
Twisting				Climbing/Stairs			
Stopping				Computer/Desk/Phone Work			
Alternate Sit/Stand				Fine Motor Repetition			
Prolonged Standing				Using Hand Tools			
Prolonged Sitting				Overhead Lifting			

Plan of Treatment:

Follow Up Appt: 2 weeks

Doctor's Signature:

John P. Batson, M.D.



Progress Note

Patient: Wikel, Kevin
DOB: Age: 24 Y Sex: Male

Provider: John P. Batson, MD
Date: 06/26/2014

Reason for Appointment

1. Low back pain

History of Present Illness

Pain management:

The patient presents status post the following procedure: Lumbar Transforaminal Epidural Steroid Injection. The patient reports brief, but good, improvement from the procedure. Since the procedure, the pain is improved overall. The patient is complaining of pain located in the left leg. The pain does not radiate into the legs. The last visit was 2 weeks ago. The patient's current pain level on average is a 7-8/10. The pain occurred after prolonged lifting, loading, and driving while at his job. The pain is described as sharp. The timing of the pain is intermittent. The pain is associated with no bowel or bladder incontinence, balance difficulties or weakness. The patient denies fevers, chills and night sweats. The pain is improved by standing, lying down, walking. The pain is aggravated by sitting. Medical assistant initials: AN.

Current Medications

None

Past Medical History

No Medical History.

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Patient denies fever, night sweats, weight loss.

Dermatology:

Patient denies rash.

Endocrinology:

Patient denies cold intolerance, heat intolerance.

Cardiology:

Patient denies chest pain, leg swelling.

Respiratory:

Patient denies shortness of breath.

Gastroenterology:

Patient denies vomiting, diarrhea, change in bowel habits.

Hematology/Lymph:

Patient denies abnormal bleeding, abnormal bruising.

Urology:

Patient: Wikel, Kevin
DOB:

Provider: John P. Batson, MD
Date: 06/26/2014

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

Patient denies urinary incontinence.

Neurology:

Patient denies dizziness, balance difficulty, weakness.

Psychology:

Patient denies depression, anxiety.

Vital Signs

HR 100, BP 117/90, Ht 72, Wt 265, BMI 35.94.

Examination

General examination:

General appearance: alert and Oriented x 3. Body Habitus large frame, overweight. Appears to be in mild pain. Mood: Pleasant. Coordination: No balance problems identified, Fine motor coordination without obvious deficit. Gait: Heel to toe, Normal. Station: Normal. HEENT: eyes clear without injectate. Lungs: no labored breathing and no accessory muscle usage.

Lower back:

Inspection: normal lumbar lordosis. Palpation: No tenderness or abnormalities. Range of Motion: well preserved. Slump test: Positive on the left. Femoral nerve stretch Deferred. Stability: No overt evidence for instability on exam.

Pelvis/Hip:

Hip joint: stable bilaterally. Inspection: no deformities. Palpation: no bony tenderness about the pelvis, no tenderness over the greater trochanteric bursa. Range of motion: Pain free and unrestricted ROM.

Knee:

Inspection: No obvious deformities. Effusion not present. Palpation: non-tender. Stability: overall appears stable. Range of motion: full.

Neurology:

Motor strength: strength is normal and symmetric including the hip flexor, quad, ant tib, EHL and soleus. Sensory exam: normal to light touch. Reflexes: 2+ and symmetrical throughout the upper and lower extremities. Upper motor neuron signs: negative Babinski, no clonus, normal tone.

Skin:

Skin without obvious rashes or lesions.

Cardiovascular:

Pulses- dorsalis pedis 2+. Extremities warm. Peripheral edema not present.

Lymphatics:

Lymphatics clear without obvious adenopathy.

Treatment

1. Lumbago

I explained heat may be helpful for the myofascial and joint related pain, in particular prior to movement, activity and therapeutic exercises. I suggested this be performed 1-2 x / day for 20-30 mins and to avoid direct contact of a heat source to the skin. In addition, for more significant pain I have suggested ice packs to affected areas. We discussed a proper icing protocol- 15-20 mins at a time, wait 1-2 hours and repeat if needed. Also, I suggested the patient place something like a thin towel between the ice and skin.

2. Displacement of lumbar intervertebral disc without myelopathy

MRI findings were reviewed again and discussed with the patient today.

3. Thoracic or lumbosacral neuritis or radiculitis, unspecified

The patient received modest improvement from the procedure. Unfortunately the pain continues. I have suggested a repeat injection. Should the pain improve between now and then he/she knows to call and we will hold on the procedure.

4. Spinal stenosis of lumbar region

We will continue to monitor strength and neurologic function.

Patient: Wikel, Kevin
DOB: _____

Provider: John P. Batson, MD
Date: 06/26/2014

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

Procedures

Planned Procedure:

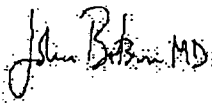
Lumbar/Sacral TF ESI Alternative treatment options were reviewed with the patient. The patient has elected to undergo a lumbar transforaminal epidural steroid injection. Informed consent was obtained. Level(s)- Left L5, S1.

Preventive Medicine

Counseling: Spine/Sports Counseling - Home modalities (ice vs. heat), activity modification and specific exercises discussed and recommended.

Follow Up

1 Week (Reason: TF ESI)



Electronically signed by John Batson, MD on 07/06/2014 at 09:46 PM EDT

Sign off status: Completed

Patient: Wikel, Kevin

DOB: _____

Provider: John P. Batson, MD

Date: 06/26/2014

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



Progress Note

Patient: Wikel, Kevin
DOB: Age: 24 Y Sex: Male

Provider: John P. Batson, MD
Date: 07/11/2014

Reason for Appointment

1. LOW BACK PAIN

History of Present Illness

Pain management:

The patient presents status post the following procedure- Lumbar Transforaminal Epidural Steroid Injection. The patient reports 70% improvement from the procedure. Since the procedure, the pain is improved. The patient is complaining of pain located in the lower back. The pain radiates into the left lower extremity. The last visit was 2 weeks ago. The patient's current pain level on average is a 6/10 while sitting. The pain occurred after prolonged lifting and driving at work. The pain is described as sharp. The timing of the pain is intermittent. The pain is associated with no bowel or bladder incontinence, balance difficulties or weakness. The patient denies fevers, chills and nightsweats. The pain is improved by steroid injections. The pain is aggravated by prolonged sitting. Medical assistant initials: AN.

Current Medications

None

Past Medical History

No Medical History.

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Patient denies fever, night sweats, weight loss.

Dermatology:

Patient denies rash.

Endocrinology:

Patient denies cold intolerance, heat intolerance.

Cardiology:

Patient denies chest pain, leg swelling.

Respiratory:

Patient denies shortness of breath.

Gastroenterology:

Patient denies vomiting, diarrhea, change in bowel habits.

Hematology/Lymph:

Patient denies abnormal bleeding, abnormal bruising.

Urology:

Patient: Wikel, Kevin
DOB:

Provider: John P. Batson, MD
Date: 07/11/2014

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

Patient denies urinary incontinence.

Neurology:

Patient denies dizziness, balance difficulty, weakness.

Psychology:

Patient denies depression, anxiety.

Vital Signs

HR 87, BP 159/100, Repeat BP 148/101, Ht 72, Wt 265, BMI 35.94.

Examination

General examination:

General appearance: alert and Oriented x 3. Body Habitus large frame, overweight. Appears to be in no obvious distress. Mood: Pleasant. Coordination: No balance problems identified, Fine motor coordination without obvious deficit. Gait: Heel to toe, Normal. Station: Normal. HEENT: eyes clear without injectate. Lungs: no labored breathing and no accessory muscle usage.

Lower back:

Inspection: normal lumbar lordosis. Palpation: No tenderness or abnormalities. Range of Motion: well preserved. Slump test: Positive on the left, mild. Femoral nerve stretch Deferred. Stability: No overt evidence for instability on exam.

Pelvis/Hip:

Hip joint: stable bilaterally. Inspection: no deformities. Palpation: no bony tenderness about the pelvis, no tenderness over the greater trochanteric bursa. Range of motion: Pain free and unrestricted ROM.

Knee:

Inspection: No obvious deformities. Palpation: non-tender. Range of motion: full.

Neurology:

Motor strength: strength is normal and symmetric including the hip flexor, quad, ant tib, EHL and soleus. Sensory exam: normal to light touch. Reflexes: 2+ and symmetrical throughout the upper and lower extremities. Upper motor neuron signs: normal tone.

Skin:

Skin without obvious rashes or lesions.

Cardiovascular:

Pulses- dorsalis pedis 2+. Extremities warm. Peripheral edema not present.

Lymphatics:

Lymphatics clear without obvious adenopathy.

Treatment

1. Lumbago

Notes: MRI findings were reviewed again and discussed with the patient today.

2. Thoracic or lumbosacral neuritis or radiculitis, unspecified

Notes: The patient received modest improvement from the procedure. Unfortunately the pain continues. I have suggested a repeat injection. Should the pain improve between now and then he/she knows to call and we will hold on the procedure. The patient is leaving town shortly. Given this and the moderate level of pain we will try to perform the procedure today.

3. Spinal stenosis of lumbar region

Notes: We will continue to monitor strength and neurologic function.

Procedures

Planned Procedure:

Lumbar/Sacral TFESI Alternative treatment options were reviewed with the patient. The patient has elected to undergo a lumbar transforaminal epidural steroid injection. Informed consent was obtained. Levels- Left, L5 & S1.

Patient: Wikel, Kevin

DOB: _____

Provider: John P. Batson, MD

Date: 07/11/2014

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

Summary View for Wikel, Kevin

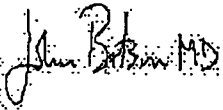
Page 3 of 3

Preventive Medicine

Counseling: Spine/Sports Counseling - Home modalities (ice vs. heat), activity modification and specific exercises discussed and recommended.

Follow Up

12:45 per Dr B (Reason: TF ESI)



Electronically signed by John Batson , MD on 07/17/2014 at 10:04 AM EDT

Sign off status: Completed

Patient: Wikel, Kevin
DOB: _____

Provider: John P. Batson, MD
Date: 07/11/2014

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

Summary View for Wikel, Kevin

Page 1 of 2

Progress Note

Patient: Wikel, Kevin
Account Number: 24874
DOB: () Age: 24 Y Sex: Male
Phone: 843-263-5846
Address: 160 Knightsbridge Rd, Bluffton, SC-29910

Provider: John P. Batson, MD

Date: 10/30/2014

Subjective:

Chief Complaints:

1. back pain.

HPI:

Pain management:

The patient presents status post the following procedure- Lumbar Transforaminal Epidural Steroid Injection. The patient reports good improvement from the procedure. Since the procedure, the pain is improved. The patient is complaining of pain located in the lower back. The pain radiates down into the posterior left thigh. The last visit was 3 months ago. The pain began 4-5 months ago, (acute on chronic). The pain occurred after lifting and loading things for his job. The pain is described as sharp. The severity of the pain is 0/10 average while standing, 7-8/10 average while sitting. The timing of the pain is intermittent. The pain is associated with no bowel or bladder incontinence, balance difficulties or weakness. The patient denies fevers, chills and nightsweats. The pain is improved by standing, walking. The pain is aggravated by prolonged sitting. Medical assistant Initials: AN.

Past Surgical, Social, Family history- reviewed, no new updates. Patient mentions swelling in both ankles.

ROS:

Constitutional:

Patient denies fever, night sweats, weight loss.

Dermatology:

Patient denies rash, dry or sensitive skin.

Endocrinology:

Patient denies heat intolerance, cold intolerance.

Cardiology:

Patient denies chest pain, leg swelling.

Respiratory:

Patient denies shortness of breath, cough.

Gastroenterology:

Patient denies nausea, vomiting, change in bowel habits.

Hematology/Lymph:

Patient denies abnormal bleeding, abnormal bruising.

Urology:

Patient denies urinary incontinence, voiding dysfunction.

Neurology:

Patient denies dizziness, balance difficulty, weakness.

Psychology:

Patient denies anxiety, depression.

Medications: None

Allergies: N.K.D.A.

Objective:

Vitals: HR 82, BP 133/80, Ht 72, Wt 265, BMI 35.94.

Examination:

General examination:

General appearance: alert and Oriented x 3. Body Habitus large frame, overweight. Appears to be

RECEIVED

NOV 05 2014



Beaufort Memorial
HOSPITAL

INPATIENT / OUTPATIENT FACESHEET

Page 1 of 1

Patient Name / Address WIKEL,KEVIN M
11 BRILLIANT LANE
BEAUFORT SC 29905
Phone: 843-283-5846
SSN:
Employer: Food Lion Burton

Accl No. H02475524
Rm/Bed
Type PRE SDC
LOC/Service OR
Unit/Med Rec # D036017
Primary Doctor
Birthdate 24 **Age**
Sex M **Mar. St.** S **Religion** No Preference **Race** W **Fin Class** BC

Guarantor Address WIKEL,KEVIN M
11 BRILLIANT LANE
BEAUFORT SC 29905
Phone: 843-283-5846
Relationship: S
Guar Emplr: DOLLAR GENERAL
Adv Dir Shared? ☐ **Adv Dir?** ☐ **Consult?** ☐ **Last Hosp. Date:**
Bridge to Home:
Nursing Home:
Insurance #1 Name 401 BC OUT OF STATE PRIMARY **Ins. #1 - Policy Number** 000014771411W **Ins. #1 - Group Number**
Subscriber / Insured Name WIKEL,KEVIN M
Pre-Cert:
LOS:
Insurance #2 Name **Ins. #2 - Policy Number** **Ins. #2 - Group Number** **Subscriber / Insured Name**
Pre-Cert:
LOS:
Insurance #3 Name **Ins. #3 - Policy Number** **Ins. #3 - Group Number** **Subscriber / Insured Name**
Pre-Cert:
LOS:
Accident Info: **Date / Time:**
Reason for Visit: SPINE
Comments:
Admit Date / Time 04/02/15 0730 **Admitting Physician**
Attending Physician Scott Strohmeyer, MD **User** DHART
Admit Date / Time **Service Code** **ICDA Code**
Admitting Diagnosis:
Principal Diagnosis:
Secondary Diagnosis:
Surgery (Give Date of Each):
Discharge Date **Discharge Status**
☐ Alive ☐ Dead-40 ☐ Deu+48 ☐ Autopsy ☐ Stillborn
Consultants:
Signature:
FACE (Created 1/2011) (Rev. 01/2011)

In-Patient / Out-Patient registration



H02475524
WIKEL,KEVIN M
MR#: D036017
Patient DOB:
Sex: M Age: 24



Scott Strohmeyer, MD

04/02/15



Beaufort Memorial HOSPITAL

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

I hereby authorize licensed professionals and their assistants to administer any tests or treatment necessary during this encounter at Beaufort Memorial Hospital (BMH). I also understand that no guarantees or assurances have been made to the results that may be obtained.

PERSONAL PROPERTY

I accept full responsibility for any personal articles that I take to my bedside/treatment area.

KW

PAYMENT AUTHORIZATION/BILLING

I hereby authorize and direct that any and all benefits/insurance proceeds to which I am entitled be paid directly to BMH and any practitioner providing care and treatment to me.

I agree to pay BMH for all charges incurred by the patient in accordance with the regular rates and terms of BMH. I understand that BMH will bill my insurance company/plan/benefit program and request that payment of authorized benefits be made to BMH on my behalf. Any uninsured or non-covered balances/charges are my responsibility.

I understand that BMH does not bill for professional fees for the Emergency Room Physician, Pathologist, Radiologist, or other treating physicians and I may receive a separate bill from their billing companies.

I authorize BMH and all clinical providers who have provided care to me, along with any billing services, collection agencies, attorneys or other agents who may work on their behalf, to contact me on my cell phone and/or home phone using automatic telephone dialing systems or other computer assisted technology.

Did you Provide BMH a copy of your insurance card today?

☒ Yes

☐ No

KW

ASSIGNMENT OF BENEFITS/RIGHTS

I hereby assign, transfer and convey to BMH and any practitioner who provides care and treatment to me, any and all rights, title and interest in the benefits payable for services rendered to me by BMH. This assignment includes, but is not limited to, the right to benefits or the right to payment for benefits. Benefits include, *but are not limited to*: (1) hospital, medical, and/or health benefits provided to me by a fully insured or self-funded employee welfare benefit plan or any group plan sponsored by my employer; (2) hospital, medical, and/or health benefits provided to me under an individual insurance policy; (3) Medicare and/or any Medicare managed care organization; (4) Medicaid and/or any Medicaid managed care organization; (5) TRICARE; (6) workers compensation; (7) PIP coverage; (8) third party liability coverage; (9) any health benefits/health care program established and/or maintained by any State and/or Federal entity; and (10) any other form of reimbursement and/or payment. I hereby warrant and represent that the benefits and/or insurance that I assign is valid and in effect and that I have the right to make this assignment. In the event that my policy and/or plan contains an anti-assignment provision, I agree to cooperate fully with BMH in order to effect payment on my account.

KW

DESIGNATION OF AUTHORIZED REPRESENTATIVE/ATTORNEY IN FACT TO APPEAL

I designate BMH as my authorized representative/attorney in fact and authorize BMH to act on my behalf to: (1) request and receive a copy of the summary plan description and/or policy of insurance; (2) pursue a benefit claim; (3) appeal an adverse benefit determination; (4) seek an administrative review of a disputed claim; and/or (5) file a legal/equitable action to recover benefits due under my employee welfare benefit plan and/or policy of insurance. If I am covered under a policy/plan pursuant to the Federal Employees Health Benefits Act, I authorize BMH to submit a request for reconsideration to the policy/plan and to request a review by the Office of Personnel Management. In the event that I am a member/enrollee of a Medicaid managed care program, I hereby authorize BMH to act on my behalf to: (1) file a grievance and/or appeal; and (2) request a State Fair Hearing.

KW

H08475531
WIKEL, KEVIN M
MR#: D035617
Patient DOB:

Sex: M Age: 24

Scott Strohmeier, MD

04/02/16

AUTH (10/2014)

Page 1 of 2

REQUEST FOR RESTRICTION AND USE DISCLOSURE

I understand that I have the right under federal and state law to request that my personal health information for this visit be confidential and not forwarded to any third party for any purpose. Furthermore, I understand that this request must be submitted separately as Request for Restriction and Use Disclosure available in the Health Information Services Department and upon request. All services rendered today will be cash only and must be paid in full at the time services are rendered to consider this request if payment may be affected. I understand that upon completion of the request, I will be informed if BMH declines this matter through written notification. BMH reserves the right to decline/terminate the request. Any changes to the request will be sent via a written notification to the affected party.

I understand that my patient information will be released as needed for my treatment, payment and operations unless otherwise specified above. (Regulatory agencies i.e. Joint Commission, Medicare, DHEC & CDC to fulfill Public Health Requirement for purposes of preventing or controlling disease, obligations under the HiTECII ACT, etc.) I consent to appropriate tests for the presence of infections, such as, but not limited to Hepatitis and Acquired Immune Deficiency Syndrome for the protection of others and I authorize the drawing of blood or other body fluids for this purpose. HIV testing will be done only on an as needed basis following employee exposure to a patient's blood, body fluids and/or mucous membranes.

With my consent my name and location in the BMH system will be listed and will only be given out to individuals who ask for me by name. This list may also be used for the delivery of flowers, cards, to make reminder phone calls, etc. In accordance with HIPAA privacy rules, I may refuse to be listed in the system directory, which means my presence at BMH will not be acknowledged. I understand that photographs may be taken of me or the named patient in connection with the medical and other services, which I the patient will receive at BMH.

I give BMH permission to release my patient health information to my Primary Care Physician or to any Physician who is involved in my treatment or care through the electronic health information network.

☒ Yes ☐ No

I wish to designate a family member or other individual with whom the provider may discuss my medical condition.

☒ Yes ☐ No If yes, individual named: Darlene Wikel

I wish to have my name listed in the system directory?

☐ Yes ☒ No

I understand that my health information will be available in the BMH Patient Portal and BMH will utilize my email address for purpose of participation.

Email: wikelos@gmail.com

KW

ADVANCE DIRECTIVES

I understand that I have the right to formulate Advance Directives and appoint a surrogate to make health care decisions on my behalf to the extent permitted by law. I understand that when I provide BMH with a copy of my Advance Directive they will honor it.

KW

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

I acknowledge and agree that I have been offered a copy of BMH's Notice of Privacy Practices. I understand that there may be circumstances under which information about me may be disclosed or reported to organizations by regulatory compliance.

KW

I have reviewed the Authorization for Treatment and Release of Information and have been provided with the opportunity to ask questions. I understand and agree to the above information as indicated by the authorized signature below.

Patient Signature: Kevin Wikel

Date/Time: 4/2/15 16:17

Legal Representative:

Relationship:

Witness: D. Hart

Date/Time: 4/2/15

H02475524
WIKEL KEVIN M
MRN: 0035617
Patient DOB:

Sex: M

Age: 24

Scott Strahmeyer, MD

04/02/15

AUTH (10/2014)

Page 2 of 2



Beaufort Memorial
HOSPITAL

Page 1 of 1

Operative Progress Note
(Used by OR Only)

Pre-op Diagnosis:

① LRS Hwp

Post-op Diagnosis:

S1 P

Procedure:

Sx
New orlandy LRS. ①

Surgeon:

Sx

Anesthesia:

GA

Assistants:

Yes

No

Estimated Blood Loss:

5

Urine output:

Complications:

Tourniquet time:

Pressure:

Fluids:

1000

Findings:

Sx

Specimen removed:

Drain(s): None/ Hemovac/ Penrose

Patient condition:

Physician Signature

Date/ Time

Unapproved Abbreviations:

U IU Trailing zero (X.O) Lack of Leading Zero (.Xmg) MS MgSO4 MSO4 QD qd Q.D.
q.d. QOD qod Q.O.D. q.o.d.

H02475524
WIKEL, KEVIN M
MR#: D035617
Patient DOB: _____



Sex: M Age: 024





BEAUFORT MEMORIAL HOSPITAL

Medical Records

SURGICAL HISTORY AND PHYSICAL

PATIENT NAME: WIKEL, KEVIN M.
 ACCOUNT #: H02475524
 UNIT #: D035617
 ATTENDING: SCOTT STROHMEYER, MD

ADMISSION DATE: 04/02/2015
 DISCHARGE DATE:
 ROOM AND BED:
 DATE OF BIRTH:

DIAGNOSIS:

1. Herniated disk lumbar spine L5-S1.
2. Lumbar radiculopathy.

HISTORY: This is a 24-year-old gentleman, healthy, assistant manager at Wal-Mart who presents with severe left leg pain. He failed extensive conservative treatment, tincture of time, anti-inflammatory medications and injections. Gave him temporary but no longstanding relief. This has gone on for about a year at this point. MRI confirms a disk herniation at S-1 left.

ALLERGIES: None.

MEDICATIONS: Are none.

PAST MEDICAL HISTORY: Noncontributory. He denies any heart, lung, kidney, liver or endocrine disorders.

REVIEW OF SYSTEMS: Negative.

There is no family history noted.

EXAMINATION: He is a well-developed male in no apparent distress. HEENT is clear. He has full range of motion of the cervical spine without meningeal signs. Chest is clear. CV: Regular rate and rhythm.

ABDOMEN: Soft and nontender. Pelvis stable. He's got tension sign on the left, negative on the right. Strength in his quad, hamstring, EHL, anterior tib and gastroc complex 5/5. He's got good pulses. No rashes.

MRI showed disk herniation, large, S-1 left, disk disease at 4-5, 5-1 but no instability.

LABS: Pending.

ASSESSMENT: 24-year-old with lumbar radiculopathy.

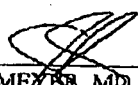
PLAN: To do decompression. No guarantee as to the outcome. We will do a microdiscectomy. Reherniation

PATIENT NAME: WIKEL, KEVIN M.

ACCOUNT #: H02475524
UNIT #: D035617

10%, infection rate 3%, adjacent segment problems, CSF leak, nerve injury and likelihood it may not relieve his symptomatology were all discussed. Plan to proceed as scheduled.

SS/CONMIIS
D: 04/01/2015 16:41
T: 04/01/2015 16:56 1482669
Job #: 1398294


SCOTT STROHMEYER, MD

The H&P was reviewed, the patient was examined, and no change has occurred in the patient's condition since the H&P was completed.

 4/2/15 7:48
Signature Date/Time

03/17/2015 13:22

(FAX)

P.002/003

#02475524
DO 3/17

BEAUFORT MEMORIAL HOSPITAL

SCANNED

+ Kevin J. Wikel

Pre-Op Total Spine Orders v3

Page 1 of 2

Admission

- ☐ Patient Name: Kevin Wikel
- ☐ Patient DOB: _____
- ☐ Procedure: L5/S1 @ H/O
- ☐ Diagnosis: L2-L3 herniated disc
- ☐ Surgery Date: 4-2-15
- ☐ Height: _____
- ☐ Weight: _____

Hospital Status

- ☐ Inpatient
- ☐ Observation
- ☐ Outpatient

• Note: Observation is for further evaluation of patient's condition due to diagnosis

• Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short term outpatient procedures or services

Allergies

- ☐ Update Allergies w/ Reactions: None

Pre-OP

- ☐ BMH Pre-OP
- ☐ PCM Pre-OP

Laboratory

- ☒ CBC w/ Auto Differentiation
- ☒ Prothrombin Time
- ☐ Partial Thromboplastin Time
- ☐ Urinalysis
- ☐ Culture, Urin
- ☐ Metabolic Panel (Basic)
- ☐ Type & Screen
- ☐ Crossmatch _____ Units
- ☐ Pregnancy Test (Serum)

Radiology

- ☒ Chest PA & Lateral X-ray - Reason for exam: Preoperative Screening

Cardiology

- ☐ Electrocardiogram - (12 Lead EKG) - Reason for exam: Preoperative Screening

Diet

- ☒ NPO past midnight

Physician Signature: [Signature]Date/Time: 3/17/15 @ 12:08pm

Form 4335

H02475524
WIKEL, KEVIN M
MRN: 0015617
Patient DOB: _____



Sex: M Age: 24

Boett Strahmeyer, MD

04/02/15

Preop Bluffton
3-19-15 @ 10:35

3/17

noted
J. H. Wikel
4-2-15
6:30

H02475524 WIKEL,KEVIN M 0035617
03/17/2015 13:22

(FAX)

P.003/003



BEAUFORT MEMORIAL HOSPITAL

SCANNER

+
Nursing Orders

Pre-Op Total Spine Orders v3

Page: 2 of 2

- ☐ Request A-Line
☐ Sequential Compression Device (SCD) Left Calf
☐ Sequential Compression Device (SCD) Right Calf
☐ Sequential Compression Device (SCD) Left Foot
☒ Sequential Compression Device (SCD) Right Foot
☐ Reason for no SCDs:

CIRCLE ONE:

Acquired deform lower limb
Amputation L leg
Amputee limb
BKA right
Burn of lower limb
Congestive heart failure
Deformity of leg
Edema of lower extr
Hypervolemia
Ischemia peripheral
Skin graft disorder
Sensory neuropathy

AKA left
Amputation R leg
At risk for falls
Bill traum amp legs w comp
Clouded consciousness
Critical lower limb ische
DVT lower extremity
Hx lower limb amputation
Injury of lower extremity
Peripheral vascular dz
Suspected DVT

AKA Right
Amputee
BKA left
Bill traum amp legs w comp
Confusional state
Dermatitis
Edema of leg
Hx occl dz lower extr art
Ischemia lower limb
Surg proc on lower extr
Vasc insufficiency limb

- ☐ Obtain Consents Procedure
☐ Obtain Consents Blood Transfusion
☐ Other: _____

Medications

- ☐ Antibiotics: Ampl 750 mg oral bid

Special

CIRCLE ONE:

C-Arm

SCM

Cell Saver

Wilson Table

Mayfield Tongs

Gardner's Wells Tongs

Danek BMP

Spacers

Signature

CPT Codes

CIRCLE ONE:

☐ 63075 22846 63056 22614 63076 22851 63057 22840 22554 20660
63047 22842 22585 63030 63048 22851 22845 63042 22612 20936

☐ 63030

☐ _____

ICD-9

☐ ICD-9: 222.2

REMINDEES

- Sign and date Verbal orders within 24 hours or fax (843)521-0306 / Admission Fax (843)521-5711

Physician Signature: _____

Date / Time: _____

Form 6.304

3-17-15 12:08pm

H02475524
WIKEL,KEVIN M
MR#: 0035617
Patient DCB:



Sex: M Age: 24

Scott Strohmeyer, MD

04/02/15



Beaufort Memorial HOSPITAL

Anesthesia Pre and Post Op Orders v1

Page 1 of 1

Diagnosis: _____

Allergies: Update Allergies w Reactions: PCA

Anesthesia Pre-Op Orders

- ☐ IV Access Peripheral _____
- ☒ Start all IVs with Lidocaine 1% skin wheal and perform FS blood sugar on all diabetes
- IV Fluids ☐ LR ☐ NS Amount: 1000 Rate: 700
- ☐ Hetastarch 6% ☐ Preload with LR 1000 ml's IV ☐ Other IV Fluids: _____ Amount: _____ Rate: _____

Pre-op Medications

- ☐ Hold beta blocker for possible anticipated blood pressure and heart rate responses to anesthetic.
- ☒ Ibuprofen (Pepcid) 20 mg IV ☒ Glycopyrronium (Robinul) 0.2 mg IV ☐ Alka-Seltzer Gold 2 tablets PO in 20 ml's water
- ☐ Ondansetron (Zofran) _____ mg IV ☐ metoclopramide (Reglan) 10 mg IV ☐ midazolam (Versed) _____ mg IV

Laboratory

- ☐ CBC W/Auto Diff - Stat ☐ Prothrombin Time - PT/INR - Stat ☐ Partial Thromboplastin Time - PTT - Stat ☐ Type & Screen
- ☐ Metabolic Panel (Basic) ☐ Glucose (Fasting) ☐ Potassium ☐ Crossmatch _____ Units ☐ Calcium (Total)
- ☐ Urine Pregnancy Test - Stat - any female between menarche and menopause unless they have had a hysterectomy

Radiology

☐ Chest Portable - Reason for exam: _____

Cardiology

☐ Electrocardiogram - Reason for exam: _____

Respiratory

☐ O2 Oxygen Via Nasal Cannula _____ lpm ☐ ABG - Blood Gas Arterial

☐ RT Periop Nebulizer Treatment ☐ Albuterol ☐ Racemic Epinephrine ☐ Xylocaine 2%

Other Orders

Physician Signature: [Signature] Date: 4/2/2015 Time: 0650

Anesthesia Post Op Orders

Pain Medication (Adult)

- ☐ Acetaminophen 1 gm IV over 15 minutes
- ☐ oxyCODONE - acetaminophen 5 mg-325 mg tab (Percocet 5) 1 tablet PO PRN pain x 1 dose, may repeat x 1 if pain persist
- ☐ ketorolac (Toradol) intravenously _____ mg per physician
- ☐ morphine _____ mg IV PRN pain every _____ minutes up to a maximum of _____ mg
- ☐ fentanyl (Sublimaze) _____ mg IV PRN pain every _____ minutes up to a maximum of _____ mg
- ☐ HYDROMORPHONE (Dilaudid) 2.5 mg IV PRN pain every 10 minutes up to a maximum of 2 mg

Antiemetic Medication (Adult)

- ☐ ondansetron (Zofran) 4 mg IV PRN nausea/vomiting - May repeat one dose in 20 minutes if nausea remains unresolved
- ☐ droperidol (Inapsine) 0.625 mg IV PRN nausea/vomiting - May repeat one dose in 20 minutes if nausea remains unresolved

Hypertension Medication (Adult)

- ☐ labetalol (Normodyne, Trandate) _____ mg IV for SBP > 180 or DBP > 90 - May repeat dose every 15 minutes up to a total of 20 mg
- HOLD FOR HR LESS THAN 60**
- ☐ hydralazine (Apresoline) _____ mg IV for SBP > 180 or DBP > 90 - May repeat dose once in 15 minutes if hypertension still unresolved

Radiology ☐ Chest Portable - Reason for exam: _____

Respiratory O2 Oxygen

- ☐ Nasal Cannula _____ lpm ☐ Blow by 90% ☐ Non Rebreather ☐ Face Tent ☐ BiPAP Respiratory ☐ CPAP Respiratory

Additional Orders - All orders to be discontinued when patient is discharged from PACU/SDS/OB Recovery

- ☐ Discontinue all orders - OB patients' recovery period is complete
- Postpartum Recovering Nurse's Signature: _____ Date: _____ Time: _____

Physician Signature: [Signature] Date: 4/2/2015 Time: 0650

Noted
4/2/15
0850
Uford Harrison

H02475524
WIKEL, KEVIN M
MR#: 0035617
Patient DOB: _____



Sex: M Age: 024

ORDAPRECO (Rev. 10/2012)



STROHMEYER, SCOTT MD

04/02/2015

Beaufort Memorial Hospital 955 Ribaut Road Beaufort, SC 29902		2 Nursing Notes (Archived)	Page: 1 Date: 04/03/15 03:37
RIKEL, KEVIN M Fac: Beaufort Memorial Hospital 24 M 05/12/1990 Attending: SCOTT STROEMEYER Reason: SPINE		Loc: Operating Room Med Rec Num: E035617	Bed:- Visit: H02475524 Reg Date: 04/02/15
Nursing Notes			
04/02/15 10:03 Nursing Note by Flowers, Victoria RN 945 AMBULATES TO BATHROOM. GAIT STEADY. VOIDS WITHOUT DIFFICULTY. Initialized on 04/02/15 10:03 - END OF NOTE			

Beaufort Memorial Hospital
Imaging Services
955 Ribaut Road
Beaufort, South Carolina 29902
(843) 522-5130

Patient Name: WIKEL, KEVIN M
Date of Birth:
Age: 24
Sex: M
Primary Insurance: 401 BC OUT OF STATE PRIMARY
Physician: SCOTT STROHMEYER MD

Account Number: H02475524
Unit Number: D035617
Exam Date: 04/02/15
Status: REG SDC
Location: OR

Type / Exam

Imaging: Xray / Lumbar Spine 2 or 3 Views

LUMBAR SPINE OR 04/02/2015

INDICATION: Marking exam.

Fluoroscopy was provided in the OR. A single cross-table spot image was submitted.
There is a metallic marker positioned at the level of the L5-S1 interspace.

IMPRESSION: Intraoperative marking exam.

** REPORT SIGNATURE ON FILE 04/02/15 **
Reported By: Phillip Blalock, MD
Dictated Date and Time: 04/02/15 0934
<Electronically signed by Phillip Blalock, MD>
E-Sign Date and Time: 04/02/15 1321

CC: Scott Strohmeier, MD

Transcribed Date / Time: 04/02/15 1214
Transcriptionist: Meridian Health Speechmotion
Printed Date / Time: 04/02/15 1321



Beaufort Memorial HOSPITAL

CONSENT TO OPERATION, ANESTHETIC AND OTHER MEDICAL SERVICES

Page 1 of 1

1. I authorize the performance upon Kevin M. Wikel of the following
 Operation/procedure inguinal hernia repair
 (State nature and extent of operation/procedure to be performed)

under the direction of Dr. Strohmeier and/ or such assistants as may be selected by him/her to perform such operation/procedure:

2. I recognize that during the course of the operation, additional different approaches or services than the procedure listed above maybe necessary. I authorize and request that the above named surgeons and/or associates, partners, assistants or designees perform such procedures if in his/her professional judgment it is necessary and in my best interest.
3. I understand the above named procedure(s) may require that I undergo some form of anesthesia; I consent to the administration of such anesthetics as may be considered necessary or advisable by the responsible anesthesia provider participating in my care.
4. I consent to the photographing or videotaping or other observation of the operation or procedures to be performed; including appropriate positions of my body, for medical scientific or educational purposes.
5. I also understand that medical, nursing and allied health students/trainees maybe present during the procedure and they observe or assist in my care, under the direction of my surgeon and other hospital staff members.
6. I consent to the presence of sales/clinical representatives during the procedure. I understand that sales/clinical representatives do not participate in the procedure.
7. I consent to the appropriate disposal (by hospital authority) of any tissue or members which may be removed during the course of the surgical procedure.
8. My physician, Dr. _____, has explained to me the nature, purpose and possible consequences of the operative procedure that is being performed. He/she has also discussed possible alternative methods of treatment, the risks involved with this procedure and the possibility of complications that may occur. No one has made or given me a guarantee or assurance regarding the results of the operative procedure.
9. I, THE UNDERSIGNED, HAVE HAD THIS FORM EXPLAINED TO ME AND FULLY UNDERSTAND THE CONTENTS OF THE AUTHORIZATION.

SIGNED Kevin M. Wikel
 (Patient or Authorization Person)

Date/Time: 4-2-15 0725

(Relationship to Patient)

Date/Time: _____

WITNESS Strohmeier
 (Witness to signature or phone consent)

WITNESS _____
 (Witness to signature or phone consent)

I HAVE EXPLAINED THE RISK, BENEFITS, POTENTIAL COMPLICATIONS, AND ALTERNATIVES OF THE TREATMENT TO THE PATIENT OR LEGAL REPRESENTATIVE AND HAVE ANSWERED ALL QUESTIONS TO THE PATIENT'S SATISFACTION, AND HE/SHE HAS GRANTED CONSENT TO PROCEED.

Physician Signature Strohmeier

Date/Time 4-2-15 0725

H02475524
 WIKEL, KEVIN M
 MR#: D035817
 Patient DOB: _____



Sex: M Age: 024



Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, South Carolina 29902

Operative Report

Patient Name: WIKEL KEVIN M
Date of Birth: _____
Admit Date: _____
Attending Doctor: Scott Strohmeier, MD

Account Number: H02475524
Unit Number: D035617
Discharge Date: _____

PROCEDURE DATE: 04/02/2015

DIAGNOSIS:

1. Herniated disk L5-S1 left.
2. S1 radiculopathy.

POST: Is the same.

PROCEDURES: Microdiscectomy L5-S1 left

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Less than 5.

FLUIDS: 1000.

No complications noted.

INDICATIONS: 24-year-old male presents with about a 1-year history of severe left leg pain. MRI confirms a large disk herniation, L5-S1. He has he failed conservative treatment. He has had 3 injections, PT, tincture of time, anti-inflammatory medications. Elected for operative intervention. Understands there is a 10% recurrent herniation rate, nerve root injury, CSF leak, infection of 3% was quoted. No guarantee given to the outcome. Nerve root damage also discussed.

PROCEDURE: Patient brought to the operating room, underwent general anesthesia without difficulty. Rolled into the prone position on the Jackson table. Arms placed in 90/90. C-arm was brought in to mark the spine appropriately. Time-out was performed. The back was then prepped and draped in normal fashion using aseptic technique. Time-out was performed. An approximately 1 cm incision was made over the 5-1 interspace. It was carried down through the subcutaneous tissue, identifying the fascia. The fascia was entered and a subperiosteal dissection was performed exposing the lamina of 5 on 1 on the left side. The facet was identified and protected. Taylor placed behind the facet for gentle retraction. A small laminotomy performed using a 2 and 3 Kerrison. Medial facetectomy was also performed using a 2 Kerrison. This allowed me to elevate the ligamentum which exposed the disk herniation which was subligamentous. The ligament was entered with a Penfield 4 and then the disk was taken out in 1 large fragment and multiple smaller fragments. Multiple passes with a nerve hook and a Penfield 4 to make sure the nerve was freely mobile at the end of the case. Irrigated out. No obvious trauma was noted or CSF leak. The fascia closed with _____ Vicryl, skin 2-0 Monocryl, subcuticular with 3-0 Monocryl suture, Steri-Strips, 10 cc of local, and sterile dressing. No complications. Taken to recovery in stable condition.

CC: Scott Strohmeier, MD

1 of 2

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, South Carolina 29902

Operative Report

Patient Name: WIKEL, KEVIN M
Date of Birth: _____
Admit Date: _____
Attending Doctor: Scott Strohmeyer, MD

Account Number: H02475524
Unit Number: D035617
Discharge Date:

Dictated By: Scott Strohmeyer, MD
Dictated Date and Time: 04/02/15 0842
Dictating Provider E-Sign: <Electronically signed by Scott Strohmeyer, MD>
Dictating Provider E-Sign Date and Time: 04/02/15 1255

Transcriptionist Initials: MHS

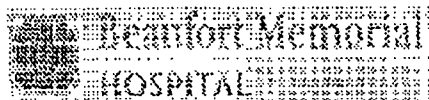
Transcription Date and Time: 04/02/15 0958

Report Number: 0402-0077

This Document has been reviewed
Co-Sign Physician E-Sign:
Cos-Sign Date and Time:

CC: Scott Strohmeyer, MD

2 of 2



Case Record #: 53975

Printed: 04/03/2015 08:32:15

Account #: H02175524 MRN: D035617
Name: WIKEL, KEVIN M
DOB: _____ Gender: M Age: 24
Surg Date: 04/02/2015 OR #: OPERATING ROOM 4

Surgeon(s): STROHMEYER, SCOTT, MD

Procedure(s): L5-S1 HEMI W/DISCECTOMY

Assistant(s):

Anesthesiologist(s): SPEARMAN, WILLIAM, MDA

OPERATING ROOM RECORD

CASE TIMES

Patient In Room: 07:30 Anesthesia Start: 07:30 Surgeon In Room: 07:41 Proc. Start Time: 07:58

Transports According to Individual Needs (118): Y Time Out for Procedure Verification: 07:57

Transport to OR Via: Stretcher

Neural Zone Established: Y T.17: 1st Case Of The Day

Patient Level of Consciousness: Awake
(Oriented X 3)

Case Cancelled: N/A Cancel Reason:

Procedure #2: N/A

Procedure #3: N/A

Procedure #2 Start Time:

Procedure #3 Start Time:

Procedure #2 End Time:

Procedure #3 End Time:

Time Family Notified: 0805

Preop Diagnosis: HERNIATED DISK LUMBAR SPINE L5-S1, LUMBAR
RADICULOPATHY

STAFF

Staff	Role	Time In	Time Out	CRNA	CRNA Role
Utsey, Lanie R.	Circulating Nurse			GRIFFITH, SALLY H.	CRNA
COLELLA, CAROL	Scrub Technician				
Milligan, Holly M.	Second Scrub Technician				

Observer / Other: N/A Anesthesia Type: General Oral Endotracheal Tube

Xray: Y Xray Type: FLUORO SPINE Xray Operator: S. LORENZO Contrast Medium: Not Applicable

Non-Physician Asst: Not Applicable Time In: Time Out:

Cell Saver: N/A Operator: Spinal Cord Monitor: N/A Operator:

COUNTS

Performs Required Counts (193): Y

Initial Count	RN	Scrub	Sponges	Sharps	Instruments
	Utsey, Lanie R.	COLELLA, CAROL	Y	Y	N/A
Count Type	Sponges	Sharps	Instruments	RN	Scrub
1ST COUNT	CORRECT	CORRECT	Non Applicable	Utsey, Lanie R.	COLELLA, CAROL
FINAL COUNT	CORRECT	CORRECT	Non Applicable	Utsey, Lanie R.	Milligan, Holly M.

Surgeon Notified of Counts: Y Closing Count Begun: Y

If Counts Incorrect, Xray Taken: XRay Results: XRay Read By:

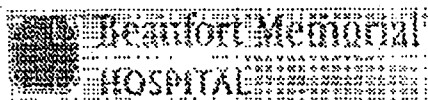
POSITIONING DEVICES

Positions the Patient (196): Y Applies Safety Devices (111): Y

Printed 04/03/2015 at 08:32

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Page: 1 of 4



Case Record #: 53975

Printed: 04/03/2015 08:32:15

Account #: H02475524 MRN: D035617
 Name: WIKEL, KEVIN M
 DOB: Gender: M Age: 24
 Surg Date: 04/02/2015 OR #: OPERATING ROOM 4

Surgeon(s): STROHMEYER, SCOTT, MD

Procedure(s): L5-S1 HEMI w/DISSECTOMY

Assistant(s):

Anesthesiologist(s): SPEARMAN, WILLIAM, MDA

Surgical Table
 Jackson Sting Table

Patient Position
 Prone

Positioning Aids	Site	Lot	Comments	Other
Head Rest	Head		WHITE/PER CRNA	
Padded Arm Board	Arm	Bilateral	SECURED	
Egg Crate	Arm	Bilateral		
Pillows	Leg	Bilateral	UNDERNEATH	
Safety Strap	Thigh		SECURED	

TEDS: N/A Sequential Pump: Y
 TEDS Type: Sequential Pump:

SKIN PREP

Performs Skin Preparations (194): Y Classifies Surgical Wound (122): Y Wound Class: Clean

Skin Prep	Site	Laterality	Prepped By
Alcohol	Back		
DuraPrep	Back		

Hair Removed: Y	Method	Site	Laterality	Hair Removed By
	Clipper	Back	LOWER	Usey, Lanie R.

Implements Aseptic Technique (170): Y

NETER / DRAINS

Urinary Catheters: N/A	Urinary Catheter	Size/French	Balloon cc	Catheter Status	Inserted By
------------------------	------------------	-------------	------------	-----------------	-------------

Drains: N/A	Type	Size	Drain Site	Laterality
-------------	------	------	------------	------------

ELECTRICAL SURGICAL DEVICES

Implements Protective Measures to Prevent Injury Due to Electrical Sources (172): Y

Electrical Surgical Unit	Pad Site	Cut	Coagulation	Bipolar Current
13126 ESU	Right Lat. Thigh			30

Additional Electrosurgical Equipment Used:	N/A	ESU	Pad Site	Sanitize
--	-----	-----	----------	----------

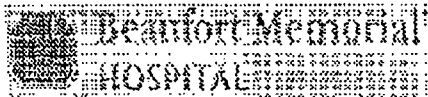
Tourniquet N/A	Unit Used	Site	Placed By	mmHg	Time Up	Time Down
----------------	-----------	------	-----------	------	---------	-----------

IRRIGATIONS AND MEDICATIONS

Irrigations: Y	Solutions	Additives	Quantity Used
	NORMAL SALINE 1000ML BOTTLE	BACTRACIN 50,000u	1

Hysteroscopy Irrigation In: Other Additives:

Hysteroscopy Irrigation Deficit: Administers Prescribed Medications and Solutions (18): Y



Case Record #: 53975

Printed: 04/03/2015 08:32:15

Account #: H02475524 MRN: D035617
Name: WIKEL, KEVIN M
DOB: Gender: M Age: 24
Surg Date: 04/02/2015 OR #: OPERATING ROOM 4

Surgeon(s): STROHMEYER, SCOTT, MD

Procedure(s): L5-S1 HEMI w/DISSECTOMY

Assistant(s):

Anesthesiologist(s): SPEARMAN, WILLIAM, MDA

UNIVERSAL PROTOCOL

Patient Verification Confirmed By: Patient

Other:

Latex Allergy: Verifies Allergies: Y

Two Pt. Identities Checked: Y

Verifies Operative Procedure, Surgical Site, and Laterality (1143): Y

Verifies Consent for Planned Procedure (1124): Y

Assesses Readiness to Learn (1136): Y

Explains Expected Sequence of Events (1156): Y

Ensures Continuity of Care (1127): Y

Implements Measures to Provide Psychological Support (1147): Y

Verifies Presence of Prosthetics or Corrective Devices (1127): Y

Identifies and Reports Philosophical, Cultural, and Spiritual Beliefs and Values (1157): Y

Implements Protective Measures prior to Operative or Invasive Procedure (1138): Y

OPERATING ROOM COMMENTS

Additional Comments: PATIENT VERIFIES ID, PROCEDURE, AND OPERATIVE SITE; DENIES ALLERGIES; NPO. PATIENT POSITIONED BY SURGEON WITH ASSISTANCE FROM ROOM STAFF.

EDUCATIONAL RECORD

Preferred Learning Method - Patient: HEARING

Fixed Learning Barriers:

Preferred Learning Method - Family: HEARING

Education Medications:

Readiness:

Learner:

Method:

Response:

Skills and Procedures:

Skills and Procedures:	Readiness:	Learner:	Method:	Response:
OR SEQUENCE OF EVENTS	READY TO LEARN	PATIENT	ONE ON ONE	VERBALIZES UNDERSTANDING INTERESTED IN RECEPT
TRANSFER TO AND FROM OR TABLE BY TO LEARN		PATIENT	ONE ON ONE	VERBALIZES UNDERSTANDING INTERESTED IN RECEPT

Safety:

SAFETY STRAP

Other:

DATE: 10/03/15 0 0007
 USER: BEM34

Medicare/Medicaid Temp PIA 'MVA'
 Medication Discharge Summary Report

PAGE 1

04/03/15		MEDICATION DISCHARGE SUMMARY	
Name	WIKEL, KEVIN M	Admit Date	Age 24
Unit Num	0035437	Discharge Date	Sex M
Account Num	002475524	Status	RSG SDC
Allergies	No Known Drug Allergy-Unknown, No known drug Allergies-Unknown		
ADDITIONAL INFORMATION:		STAFF	
0510-14661-10-10 14/03/15		N/A	
0.9% Sodium Chloride 100 mL (Sodium Chloride 0.9% IN) 100 mL BAG		104/02/15 3219 Order Entry SKMEE	
Route/Kefuro 2 CM (Cefazolin Inj) 1 CM VIAL		104/02/15 3630	
200 ML/HR IV On Call			
Discontinue: 1000 ML/HR IV ON CALL TO OR *****			
Expiry 9 days after making it re-dispatched.			
Stable 24 hours at room temperature			
RX #: 00115776			
Xylometazoline HCl (Xylometazoline 1% HCl Inj) 0.5 mL VIAL		104/02/15 3633 Xylometazoline HCl 0.5% HCl	
0.5 mL VIAL (Xylometazoline 1% HCl Inj)		104/02/15 Allergies: Irritated by HCl:	
RX #: 00115776		Override:	
		3634 Xylometazoline HCl 0.5%	
		3634 Dispensing Machine vFlow	
Zinc Oxide (Zinc Oxide Inj) 10 MG/ML 5 ML VIAL		104/02/15 3645	
50 MG .5% ZINC OXIDE INJ		104/02/15 3647 Dispensing Machine vFlow	
RX #: 00115776		3647 Dispensing Machine vFlow	
Sodium Chloride 0.9% IV Inj 10 ML		104/02/15 3645	
(Sodium Chloride 0.9% IV Inj) 10 ML VIAL		104/02/15 3647 Dispensing Machine vFlow	
As directed, 100% IV, 100% HCl		3647 Dispensing Machine vFlow	
RX #: 00115776			
Bupivacaine (Bupivacaine Inj) 10 MG/ML 5 ML VIAL		104/02/15 3645	
10 MG .5% BUPIVACAINE INJ		104/02/15 3647 Dispensing Machine vFlow	
RX #: 00115776		3647 Dispensing Machine vFlow	
Bupivacaine 0.5% 10 ML		104/02/15 3645	
(Bupivacaine Inj) 10 MG/ML 5 ML VIAL		104/02/15 3647 Dispensing Machine vFlow	
As directed, 100% IV, 100% HCl		3647 Dispensing Machine vFlow	
RX #: 00115776			

DATE: 74/03/15 @ 0707
 FROM: BEXB38

Nequeunt Fama-let 'loap. MIA '3174'
Nudiamicu Dischwegey Sumaryy Kupell

PAGE 2

04/03/25

Medication Discharge Summary

NAME: WICK, REVIN E

U.S. GPO: 1964 O-35617

ADVISORY: HQ NO 802475523

ADMINISTRATIVE PERIOD:

10650 147

BLAZZ

USA

xylenes MPP (1,4-dioxane 2% MPP 7% 10 M MPP)
10 M. 1,4-Dioxane 1.5% MPP 10 M
10 M. 1,4-Dioxane 1.5% MPP 10 M

10422271 1645

[04/03/19] 1867 Declaration of Independence

1 1647 Dispersing Machine Agriculture

Quelladin (Securidacalcholine In) 20 MG/ML 10 ML SYN
200 MG .ROUTE .SIX-TED/ONE
PC 3: 36-11578X

104/CZ/251 3645

104/12/25 3647 Dispensing Machine w/air...

0647	CINCINNATI KENNEDY
	0647 CINCINNATI SIK NID

Morphine (10mg/ml) in 10 ml/ML 2 ml vial
 20 mg, 100% . 100% . 100% . 100%
 RX #: 111111/1A

04/12/11 0052 ALBANY 25 0055 GARY: 20 N/A

[04/12/22] Alliances Unreviewed 2; 7HA:

Overleaf:

1 7635 115GATE/DEA 018 920

| 1635 | | Operating Machine of Awara

Schindl (Glycopyrrolate Tn) 0.9 mg/hr 7 hr. vmt.)
0.1 mg .ROUTE .SIX-TWO-ONE
RX): JCL615791

1042625-1 1657 VILLOTTA G. 0650 GAVZ: 0.2 MC

1942632-1 ALLIANCE: Reviewed by BRAC

104762-21 | **ATLASIS JALC**
| | **OYSA:443:**

1635 1126371050 016 310

| J635 E19c3f1a2e WIK SID
| J635 E19c3f1a2e WIK SID

Version (Microgramm Enj 1 MG/ML 2 ML VIAL)
2 MG . ROUTE . SIG-MED/367
ID# 0: 30 815726

104/62/22 1600

104/42, 221
104/42, 221

xylometazoline hydrochloride (xylometazoline HCl) 10 mg. VIAL
 10 mg. (10 mg.)
 RX 7: 00-115796

104/02/01 165A

104/13/25

Thrombinat/Thrombostat (Thrombin Topical 5,000 UNIT VIAL)
5,000 UNIT .ACUPE .STK-KED/ONE
PC 3: JCE-115797

104/52/291 2638

104/C2/251
104/C2/251

SECTION (MAGNETICALLY IN 50,000 UNIT VIAL)
 50,000 UNIT .MOULIN .TFA-FRM/CHM
 RC @: JUL11/78

104/12121 3530

| 04/C2/25 |

Continued on Page 3

DATE: 14/03/15 0 0007
USIR: 33128

Nearest Parental Drug PPA (Date)
Medication Discharge Summary Report

PAGE 1

04/03/15	Medication Discharge Summary
Name: WIKEL, KEVIN M	Unit No: D035617
	Account No: H02475524

ADMINISTRATION PERIOD:	STAFF:
04/03/15 00:00:00 - 04/03/15 00:00:00	04/03/15
0.9% Sodium chloride 100 ml (Sodium chloride 0.9% inj 100 ml bag) AMAR/KAFER 2 ml (Cefazolin Inj 1 gm vial) 20 ml 0.9% NaCl Dilution: 20 ml 0.9% NaCl 20 ml 0.9% NaCl Dilution: 20 ml 0.9% NaCl 20 ml 0.9% NaCl Stable 24 hours at room temperature Rx #: 04/03/15	04/03/15 1759 Discharge Machine 04/03/15 04/03/15
Vered (Midazolam Inj 1 mg/ml 2 ml vial) 2 mg ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 Dispensing Machine 04/03/15 04/03/15 0731 Discharge STK MED
Xylocaine-Epinephrine (Lidocaine 1%-Epinephrine Inj 10 ml vial) 10 ml ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 Dispensing Machine 04/03/15 04/03/15 0731 Discharge STK MED
Thrombin/Thromboplastin (Thrombin Topical 5,000 UNIT VIAL) 5,000 UNIT ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 Dispensing Machine 04/03/15 04/03/15 0731 Discharge STK MED
Marlin (Morphine Inj 50,000 UNIT VIAL) 50,000 UNIT ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 Discharge STK MED 04/03/15 0731 Dispensing Machine 04/03/15
Sublimase (Fentanyl Citrate Inj 50 mcg/ml 2 ml amp) 100 mcg ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 04/03/15 0731 Discharge STK MED 04/03/15 0731 Dispensing Machine 04/03/15
Nauf/Kufel 100 ml (Cefazolin 1 gm/100 ml 10 ml amp) As Directed ROUTE: STK-MED/CHX Rx #: 04/03/15	04/03/15 0731 04/03/15 0731 Discharge STK MED 04/03/15 0731 Dispensing Machine 04/03/15

DATE: 04/03/15 0 000
DEPT: 300000

Medication Discharge Summary Report

PAGE 4

04/03/15	Medication Discharge Summary
Name: WHEEL, KEVIN M	Unit: N/A 0035617
Admission: N/A 002475521	

ADMISSION: 04/03/15 0000	DISCHARGE: 04/03/15 0000
--------------------------	--------------------------

Amoxicillin (Amoxicillin Inj 0.5 mg/ml 2 ml vial)
2.5 ml, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

Morphine (Morphine Hydrochloride Inj 1 mg/ml 10 ml vial)
10 mg, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

Zofran (Ondansetron Inj 2 mg/ml 2 ml vial)
2 mg, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

Hydrocodone (Hydrocodone Inj 100 mg/100 ml. PREPARE)
100 mg, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

Sublimaze (Fentanyl Citrate Inj 50 mcg/ml 2 ml amp)
100 mcg, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

Versed (Midazolam Inj 1 mg/ml 2 ml vial)
2 mg, ROUTE: IV-HEP/HEP
RX #: 000000000

04/02/15 0000
04/02/15 0000 Discharge: IV-HEP
04/02/15 0000 Dispensing Machine: 000000000

DATE: 04/03/15 0 000
USER: BKINIS

Resident Name: [redacted] MIA "Tina"
Medication Discharge Summary Report

PAGE: 4

04/03/15

Medication Discharge Summary

Name: WIKEL, KEVIN M

Unit Num 0035617

Account Num 002475321

ADJUDICATION PERIOD:

04/03/15 to 04/03/15 (CONCURRENCE)

SIAM/

Oral Discharge (Diphenhydramine 10 mg/5 mL SYB)
2 mg/5 mL (10 mg/5 mL)
ID #: 00111111

104/02/15 1511

104/02/15 1512 DISCHARGE AT 0510 HRS: 0.5 mg pain intensity: 1 Pain Management Goal: 1
Interventions taken to relieve pain: 1 Pain Scale Used: Numeric Scale Pain Location:
Lower back/Ankle/Elbow: DMX (axillary Sedation Scale: 5-10, easy to arouse)
CNS/Respiratory Method: N of 500 (5): 17 Resp: 12 Respiratory Effort: 1 2
Allergies Reviewed by PHA:

Overdose:

1513 Discharge STK MID

1514 Dispensing Machine 00000000

1515 DISCHARGE AT 0510 HRS: 0.5 mg pain intensity: 1 Pain Management Goal: 1

Interventions taken to relieve pain: 1 Pain Scale Used: Numeric Scale Pain Location:
Lower back/Ankle/Elbow: DMX (axillary Sedation Scale: 5-10, easy to arouse)
CNS/Respiratory Method: N of 500 (5): 17 Resp: 12 Respiratory Effort: 1 2
Allergies Reviewed by PHA:

Overdose:

Oral Discharge (Diphenhydramine 10 mg/5 mL SYB)
50 mg/5 mL (10 mg/5 mL)
ID #: 00111111

104/02/15 1519

104/02/15 1520 Discharge STK MID

1521 Dispensing Machine 00000000

Diphen 20 mg
(Diphenhydramine 10 mg/5 mL SYB)
As Directed: ROUTE: STK-MID/CHE
ID #: 00111111

104/02/15 1511

104/02/15 1514 Discharge STK MID

1515 Dispensing Machine 00000000

DATE: 04/03/15 @ 0907
USER: SHINES

Resident Medical Group PMA "Jen"
Medication Discharge Summary Report

PAGE 7

04/03/15	Medication Discharge Summary
NAME: WIKEL, KEVIN M	Cell Num D035617
	Account Num 802473524

OLD: Status: Decoded 09/26/11 2040
 NEW: Status: Decoded 09/26/11 2139
 04/02/15 C007 Lennie D Jones, MEd VIA. BOM New No known true Allergy
 ALL: TYPE: Allergy
 REACTION: Unknown
 SYMPTOM: VAP P. AD 04/02/15 0907
 ALL: (Continued)
 (MKT: 2)

Jun. 19, 2015 10:31AM
Drayer

No. 0745 P. 31

PLAN OF CARE CERTIFICATION

Patient Name: Kevin Wikel Date of Eval: 5/20/15
Date of Birth: _____ Sex: ☐ Male ☐ Female Date of Onset: 4/2/15
Diagnosis: R/OB LBP & radiculopathy Date of Surgery: 4/2/15
Referring Physician: Dr. Strohmeyer Surgical Procedure: discectomy
Cert Period Effective Date: 5/20/15 through 6/18/15

ASSESSMENT

Patient Presents with Signs and Symptoms Consistent with the Following Therapy Diagnosis(es):

(A) 724.12 (B) 724.4 (C) _____ (D) _____

Clinical Assessment: PT presents 8/9 lumbar discectomy. He has some remaining radicular PI and demonstrates tension as well as weakness. PT warranted to address deficits and return pt to PLOT

Problem List: ☒ Pain ☒ Decreased Range of Motion ☒ Decreased Function ☐ Decreased Postural/ Ergonomic Awareness
☐ Swelling ☐ Decreased Flexibility ☒ Gait Dysfunction ☐ Balance Dysfunction/ Fall Risk
☐ Decreased Strength ☐ Joint Hypermobility/Hypomobility ☐ Other: _____

Comorbidity(ies) that May Impact Rate of Recovery: Smoker

Rehabilitation Potential: ☐ Excellent ☒ Good ☐ Fair ☐ Other: _____

Specific Functional Measurement/Activity	Long Term Functional Goals: Targeted Performance	Weeks
<u>lift: very light only</u>	<u>15th floor -> waist</u>	<u>4</u>
<u>Sit: <1 hour</u>	<u>2 hours to improve work tolerance</u>	<u>1</u>
<u>Stand: <1 hour</u>		<u>1</u>
<u>walk: 90d pace</u>	<u>as needed 5. pain</u>	<u>1</u>
Functional Tool/Score: _____ ☐ % Disability ☐ % Function	Score: _____ ☐ % Disability ☐ % Function	
Functional Tool/Score: <u>Recovery 50</u> ☒ % Disability ☐ % Function	Score: <u>10</u> ☒ % Disability ☐ % Function	

Functional Activities: ☒ Strengthening ☐ Neuromuscular Reeducation ☒ Manual Therapy ☐ Electrical Stimulation ☐ Hot/Cold Pack
☒ PMAA/PROM ☐ Assistive Device Fitting/Training ☒ Spine Stabilization ☐ Vasopneumatic ☐ Paraffin
☒ Endurance Training ☐ Refer for Assistive Device ☐ McKenzie Assessment ☐ Iontophoresis ☐ Infrared
☒ Posture ☐ Gait Training ☐ Wound Care ☐ Whirlpool/Fluidotherapy ☒ Taping
☒ Flexibility ☐ Orthotic Fitting/Training ☐ Aquatic Therapy ☐ Ultrasound/Phonophoresis ☐ Mechanical Traction
☒ Follow-Up with Physician prn regarding Patient's Pain ☐ Patient Education / Home Exercise Program
☐ Further Objective/Functional Testing per Physician Protocol and/or Therapist Discretion ☐ Follow-Up with Physician regarding Vitamin D Supplementation
☐ Patient referred to Physician for Evaluation due to Positive Depression Screening ☐ Patient referred to Physician for BMI / Weight Management
☐ Other: _____

Treatment Frequency of: 3 times per week Treatment Duration of: 4 weeks

Comments: _____

CERTIFICATION

I have fully discussed the above treatment plan and expected outcomes with the patient. He/she is aware of the diagnosis and prognosis and has voluntarily agreed to participate in physical and/or occupational therapy services as applicable. Thank you for this referral.

Therapist's Signature: [Signature] License #: 6879 Date: 5/20/15
Printed Therapist's Name: Amy Behn

Certification: I hereby certify that rehabilitation services are medically necessary for the above mentioned patient. I also understand that my signature signifies agreement with the Initial Plan of Care, including the estimated frequency and duration, as established by the licensed therapist, and this Initial Plan of Care supersedes the instructions outlined on the Prescription that initiated rehabilitation services.

Physician's Comments: _____
Physician's Signature: _____ Date: _____
Printed Physician's Name: Dr. Strohmeyer

Jun. 19. 2015 10:3/AM

No. 0745 P. 32

Drayer

INITIAL EVALUATION AND PLAN OF CARE

Lower Quarter/ Lumbar

Patient Name: Henry Wilsch Date of Birth: 5/20/1951
 Diagnosis: BSP & radiculopathy ☐ Right ☒ Left ☐ Bilateral

Objective Measurements (Choose all that apply) (*Denotes Pain)	Current Status	Long Term Goals (LTG's)	Time Frame	Objective Measurements (Choose all that apply) (*Denotes Pain)	Current Status	Long Term Goals (LTG's)	Time Frame
ROM Lumbar:	R: L:	R: L:	Weeks:	Strength Trunk:	R: L:	R: L:	Weeks:
Flexion	75°			Abdominals			
Extension	60°			Extensors			
Sidebending/Gilde	75°	75°		Strength Hip:	R: L:	R: L:	Weeks:
Rotation				Flexion (L2)	4+ 4+	5 5	4
Current AROM:	Current PROM:	LTG's:	Time:	Extension	5- 5-	5 5	
ROM Hip:	R: L:	R: L:	Weeks:	Abduction	5- 5-	5 5	
Flexion				Adduction			
Extension				Internal Rotation	4+ 4	5 5	
Abduction				External Rotation	4+ 4	5 5	
Adduction				Strength Knee:	R: L:	R: L:	Weeks:
Internal Rotation				Flexion	5- 5-		
External Rotation				Extension (L3)			
ROM Knee:	R: L:	R: L:	Weeks:	Strength Ankle:	R: L:	R: L:	Weeks:
Flexion				Dorsiflexion (L4)	4+ 4+	5- 5-	
Extension				Plantarflexion (S1)			
ROM Ankle:	R: L:	R: L:	Weeks:	Inversion			
Dorsiflexion				Eversion			
Plantarflexion				Great Toe Ext. (L5)	4+ 4+		
Inversion				Dermatomes:	R: L:	R: L:	Weeks:
Eversion				Reflexes:	R: L:	R: L:	Weeks:
Flexibility:	R: L:	R: L:	Weeks:	Patellar Tendon			
Hip Flexors				Achilles			
strings	-30°	-42°		Neural Tension:	R: L:	R: L:	Weeks:
driceps				Sciatic/SLR			
IT Band/TFL				Slump			
Piriformis				Girth (landmark)	R: (cm) L: (cm)	R: (cm) L: (cm)	Weeks:
Gastrocnemius							
Soleus							
Pain:	Worst: /10 Best: /10	Worst: /10 Best: /10		Vital Signs:	HR: BP: RR:		
NER:							
Observation/Posture/Inspection/Compensatory Patterns:	Current Status			Long Term Goals			Weeks
Palpation:	NT						
Joint Mobility:	NT						
Special Tests/Functional Tests:	(+) Slump			(-)			4
Gait Deviation:	Antic. Not working on L2/3						
Wt Bearing Status:	☒ Full ☐ Partial ☐ % Weight Bearing ☐ Non Weight Bearing			☐ Full ☐ Partial ☐ % Weight Bearing ☐ Non Weight Bearing			
Assistive Device:							
Walking:	☐ Distance: ☐ Duration:			☐ Distance: ☐ Duration:			
Ascending Stairs:	☐ Reciprocal ☐ Step to ☐ Railing ☐ # stairs ☐ Pain ☐ Unable			☐ Reciprocal ☐ Step to ☐ Railing ☐ # stairs ☐ No pain			
Descending Stairs:	☐ Reciprocal ☐ Step to ☐ Railing ☐ # stairs ☐ Pain ☐ Unable			☐ Reciprocal ☐ Step to ☐ Railing ☐ # stairs ☐ No pain			
Other:	☐ Height: ☐ Weight:						

Patient Name: Kevin WikelDate: 5/20/15

The Revised Oswestry Low Back Pain Questionnaire

Please read: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE, JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1 - Pain Intensity

- 3
- A The pain comes and goes and is very mild.
 - B The pain is mild and does not vary much.
 - C The pain comes and goes and is moderate.
 - ☒ D The pain is moderate and does not vary much.
 - E The pain comes and goes and is severe.
 - F The pain is severe and does not vary much.

SECTION 6 - Standing

- A I can stand as long as I want without pain.
- B I have some pain on standing but it does not increase with time.
- ☒ C I cannot stand for longer than one hour without increasing pain.
- D I cannot stand for longer than 1/2 hour without increasing pain.
- E I cannot stand for longer than 10 minutes without increasing pain.
- F I avoid standing because it increases the pain immediately.

SECTION 2 - Personal Care

- ☒ A I do not have to change my way of washing or dressing in order to avoid pain.
- B I do not normally change my way of washing or dressing even though it causes some pain.
- C Washing and dressing increases the pain but I manage not to change my way of doing it.
- D Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E Because of the pain I am unable to do some washing and dressing without help.
- F Because of the pain I am unable to do any washing and dressing without help.

SECTION 7 - Sleeping

- ☒ A I get no pain in bed.
- B I get pain in bed but it does not prevent me from sleeping well.
- C Because of pain my normal night's sleep is reduced by less than 1/4.
- D Because of pain my normal night's sleep is reduced by less than 1/2.
- E Because of pain, my normal night's sleep is reduced by less than 3/4.
- F Pain prevents me from sleeping at all.

SECTION 3 - Lifting

- 5
- A I can lift heavy weights without extra pain.
 - B I can lift heavy weights but it causes extra pain.
 - C Pain prevents me from lifting heavy weights off the floor.
 - D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
 - E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
 - ☒ F I can only lift very light weights at the most.

SECTION 8 - Social Life

- A My social life is normal and gives me no pain.
- B My social life is normal but increases the degree of my pain.
- ☒ C Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D Pain has restricted my social life, and I do not go out very often.
- E Pain has restricted my social life to my home.
- F I have hardly any social life because of the pain.

SECTION 4 - Walking

- 1
- A I have no pain on walking.
 - B I have some pain on walking but it does not increase with distance.
 - C I cannot walk more than one mile without increasing pain.
 - D I cannot walk more than 1/2 mile without increasing pain.
 - E I cannot walk more than 1/4 mile without increasing pain.
 - F I cannot walk at all without increasing pain.

SECTION 9 - Travel

- 1
- A I get no pain while traveling.
 - ☒ B I get some pain while traveling, but none of my usual forms of travel make it any worse.
 - C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
 - D I get extra pain while traveling, which compels me to seek alternative forms of travel.
 - E Pain restricts all forms of travel.
 - F Pain prevents all forms of travel except that done lying down.

SECTION 5 - Sitting

- 2
- A I can sit in my chair as long as I like.
 - B I can sit only in my favorite chair as long as I like.
 - ☒ C Pain prevents me from sitting more than one hour.
 - D Pain prevents me from sitting more than 1/2 hour.
 - E Pain prevents me from sitting more than 10 minutes.
 - F I avoid sitting because it increases pain straight away.

SECTION 10 - Changing degree of pain

- 7
- A My pain is rapidly getting better.
 - B My pain fluctuates but overall is definitely getting better.
 - ☒ C My pain seems to be getting better but improvement is slow at present.
 - D My pain is neither getting better nor worse.
 - E My pain is gradually worsening.
 - F My pain is rapidly worsening.

A=0 B=1 C=2 D=3 E=4 F=5

Patient's Total Score 30 x 100 = 30 % disability
 # of Sections Completed x 5

Total Score: 18Patient Signature: Kevin WikelDate: 5/20/15Therapist Signature: [Signature]Date: 5/20/15

INITIAL EVALUATION SUBJECTIVE HISTORY WORKSHEET (Page 1)

Patient Name: Kevin Wilko

Date of Birth:

Date of Eval: 3/20/15

SUBJECTIVE

Age: 35 When did your symptoms start? one year ago
Hand Dominance: ☐ Right ☒ Left Date of next Doctor's appointment: 6/29/15
Describe the current problem that brought you here: _____
Are your symptoms: ☒ Improving ☐ Getting Worse ☐ Staying the Same
Have you had any testing? ☒ X-rays ☒ MRI ☐ EMG/ Nerve Conduction Test ☐ CT Scan
☐ Other Results: _____
Have you ever had these symptoms before? ☐ Yes ☒ No Description: _____
Have you ever had treatment before for these symptoms? ☒ Yes ☐ No If Yes, please describe:
☐ Medication: Beneficial? ☐ Yes ☐ No Explain: _____
☐ Injection: Beneficial? ☒ Yes ☐ No Explain: _____
☐ Physical Therapy: Beneficial? ☒ Yes ☐ No Explain: _____
☐ Massage/Chiropractic: Beneficial? ☐ Yes ☐ No Explain: _____
Did you have surgery? ☒ Yes ☐ No Date of Surgery: 4/12/15
If yes, what procedure would you have done? Back Surgery
Have you ever purchased or rented Durable Medical Equipment, Orthotics, Prosthetics, or Supplies?
☐ Yes ☒ No Explain: _____

THERAPIST COMMENTS:

dissecting
6 weeks
a group
2-9/10 pass into
1st lg
3-9/10 move into
1st lg
1 yr ago -
little can of
water

CURRENT COMPLAINTS

If you have pain, what is your pain level?

(0 = No Pain, 10 = Extreme Pain - Circle)

AT WORST:

A horizontal number line with tick marks at every integer from 0 to 10. The numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 are written below the corresponding tick marks. The number 8 is circled with a hand-drawn loop.

AT BEST:

A horizontal number line with tick marks labeled from 0 to 10. The number 4 is circled, and an arrow points from 4 to 5.

CURRENTLY:

0. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Mark the location of your
point with an "X":

FRONT

BACK

Are your symptoms: ☐ Constant ☒ Come and Go ☐ Ache ☐ Deep ☐ Superficial ☐ Dull
☐ Sharp ☐ Shooting ☐ Burning ☒ Numbness/Tingling
☐ Other: _____

Day Pattern:

Does your pain seem to be WORSE at a certain time of day? ☐ Yes ☒ No

If Yes, ☐ Morning ☐ Night ☐ Other:

Does your pain progress as the day goes along? ☐ Yes ☒ No

If Yes, please explain:

Do you have difficulty falling asleep? ☐ Yes ☒ No If Yes, please explain:

Do you wake due to pain? ☐ Yes ☒ No If Yes, # of times per night:

FUNCTIONAL ABILITIES AND RESTRICTIONS

What were you doing prior to this injury that you are unable to do currently? Please list any additional activities that you are having difficulty completing.

☐ Squatting ☐ Sitting ☐ Driving ☐ Reaching ☒ Work Tasks ☐ Gripping/Pinching
☐ Standing ☐ Walking ☐ Lifting ☐ Dressing/Grooming ☐ Stairs ☐ Position Changes
☐ Kneeling ☐ Holding/Carrying Objects
☐ Other: _____

What activities make your pain WORSE?

What activities make your pain BETTER?

What household duties are you having difficulty performing? ☐ Cooking ☐ Cleaning ☐ Vacuuming
☒ Laundry ☐ Yard Work ☐ Grocery Shopping ☐ Other:

Do you use an assistive device? ☒ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other:

Did you use an assistive device prior to current injury/conditions? NO

Hobbies/ Interests/ Exercise:

THERAPIST COMMENTS:

agg: 7

228: 100

Jun. 19. 2015 10:40AM

No. 0745 P. 36

INITIAL EVALUATION SUBJECTIVE HISTORY WORKSHEET (Page 2)

Patient Name: Brian Wike Date of Birth: Date of Eval: 5/20/15

WORK HISTORY/ SOCIAL HISTORY/ INTERESTS/ LIVING ENVIRONMENT

| | | |
|---|--|--|
| Occupation: <u>Asm</u> | Presently Working: ☐ Yes ☒ No | THERAPIST COMMENTS:
<u>support to</u>
<u>return to</u>
<u>work duty /</u> |
| If Yes, ☐ Full Duty ☐ Limited Duty: Restrictions: <u> </u> # Days Off Work: <u> </u> | | |
| Job Duties: ☒ Sitting ☐ Computer Work ☒ Bending ☒ Heavy Lifting ☐ Traveling ☐ Standing | | |
| ☒ Reaching ☐ Crawling ☒ Twisting ☒ Walking ☐ Pushing/Pulling | | |
| ☐ Gripping/Pinching ☐ Other: <u> </u> | | |
| Are you now, or have you ever been disabled (service or work)? ☐ Yes ☒ No If Yes, when? <u> </u> | | |
| If Yes, please explain: <u> </u> | | |
| What is your current living arrangement? ☐ Alone ☐ Spouse ☐ Partner ☒ Family ☐ Other: <u> </u> | | |
| Does your home have stairs? ☒ Yes ☐ No If Yes, # of stairs: <u> </u> | | |
| If Yes, do your stairs have handrail? ☒ Yes ☐ No If Yes, which side going up? ☒ Right ☐ Left ☐ Both | | |

PREVIOUS MEDICAL HISTORY/ MEDICAL PRECAUTIONS AND CONTRAINDICATIONS

| | |
|---|---|
| How would you classify your general health? ☐ Good ☒ Fair ☐ Poor | THERAPIST COMMENTS:
☐ See Attached List |
| In terms of your general health, please check <u>ALL</u> that apply: | |
| ☐ Allergies ☐ Anemia ☐ Liver/Gallbladder Problem
☐ Rheumatoid Arthritis ☐ Recent Fever ☐ Fibromyalgia
☐ Metal Implants ☐ Ringing of the Ears ☐ Asthma/Breathing Difficulties
☐ Recent Headaches ☐ Recent Nausea/Vomiting ☐ Seizures/Epilepsy
☐ Recent Vision Changes ☐ Heart Attack ☐ Recent Dizziness/Fainting
☐ Sexual Dysfunction ☐ Cancer ☐ Recent Change in Bowel/Bladder Habits
☐ Osteoarthritis ☐ Skin Abnormalities ☐ Pain with Cough/Sneeze
☐ Heart Palpitations ☐ Osteoporosis ☐ Smoking History
☐ Chest Pain/Angina ☐ Hernia ☐ Pacemaker
☐ Stroke/TIA ☐ Depression ☐ High/Low Blood Pressure
☐ Physical Abnormalities ☐ Surgeries ☐ Diabetes I or II
☐ Hypoglycemia ☐ Polio ☐ Unexplained Weight Loss/Gain
☐ Night Pain ☐ Intolerance to Cold/Heat ☐ Pregnancy (Currently)
☐ Urine Leakage ☐ Recent Fractures ☐ Recent Unexplained Fatigue
☐ Kidney Problems ☐ Heart Disease ☐ Numbness/Tingling in Hip/Buttocks Area | |
| Is there any other information regarding your medical history or are there any factors that may complicate your ability to participate in therapy that we should know about? <u> </u> | |
| Do you currently use any Tobacco products? ☒ Yes ☐ No If yes, what type? <u> </u> Frequency: <u> </u> | |
| ☐ Brief < 3 min counseling provided | |

FALLS RISK

| | |
|---|---------------------|
| Have you had any falls in the past 12 months? ☐ Yes ☒ No If Yes, how many times? <u> </u> | THERAPIST COMMENTS: |
| If Yes, please describe the nature of the fall(s): <u> </u> | |
| If Yes, please describe if an injury(ies) occurred: <u> </u> | |
| Have you discussed Vitamin D Supplementation with your physician? ☐ Yes ☒ No | |

MEDICATIONS

| | |
|--|---|
| Please list all of the medications (with specific NAME, DOSAGE, FREQUENCY, and ROUTE (i.e. by mouth)) that you are currently taking (including over-the-counter, prescriptions, herbals, and vitamins/mineral(s)): | THERAPIST COMMENTS:
☐ See Attached List |
| <u> </u> | |
| <u> </u> | |

PATIENT GOALS FOR THERAPY

| | |
|--|---------------------|
| What are your goals for participating in therapy? (i.e. performing household tasks without pain) | THERAPIST COMMENTS: |
| <u> </u> | |

SIGNATURES

| | |
|--|---|
| To the best of my knowledge I have fully informed you of the history of my problem and current status. | |
| Patient's Signature: <u>Brian Wike</u> | Date: <u> </u> |
| Therapist's Signature: <u>[Signature]</u> | License #: <u>0879</u> Date: <u>5/20/15</u> |
| Printed Therapist's Name: <u>[Name]</u> | |

Jun. 19. 2015 10:35AM

No. 0745 P. 27

| Evaluation | | | | Time Based Modalities - Direct Contact Required | | | | Other Procedures/Supplies | | | |
|---|-------|-------|----|---|-------|-------|----|-------------------------------------|-------|-------|----|
| Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 |
| Ultrasound (ea. 15 min) | 97001 | | | Ultrasound (ea. 15 min) | 97035 | | | TENS Instruction | G4550 | | |
| Ultrasound-PT | 97002 | | | Iontophoresis (ea. 15 min) | 97033 | | | Orthotic Mgmt Training (ea. 15 min) | 97760 | | |
| Ultrasound-OT | 97003 | | | E-Stim Attended (ea. 15 min) | 97032 | | | Orthotic Checkout (ea. 15 min) | 97762 | | |
| Ultrasound-OT | 97004 | | | Unlisted Modality (ea. 15 min) | 97039 | | | Prosthetic Training (ea. 15 min) | 97761 | | |
| Physical Performance Test/Meas | 97750 | | | (i.e., Richmar near infrared handheld) | | | | Work Conditioning (1st 2 hours) | 97545 | | |
| E. Functional Out-ea. 15 min) | | | | | | | | Work Conditioning (each add. hr.) | 97546 | | |
| Time Based Procedures - Direct Contact Required | | | | Service Based Procedures/Modalities - Direct Contact Not Required | | | | | | | |
| Therapeutic Activities (ea. 15 min) | 97530 | 2 | 15 | Hot/Cold Pack | 97010 | 1 | 15 | Wheelchair Management (ea. 15 min) | 97542 | | |
| Therapeutic Procedures (ea. 15 min) | 97110 | 1 | 15 | Mechanical Traction | 97012 | | | Electrodes (per pair) | A4556 | | |
| Promuscular Re-Ed (ea. 15 min) | 97112 | | | E-Stim Unattended | 97014 | | | Orthotic: | | | |
| Manual Therapy (ea. 15 min) | 97140 | | | Vasopneumatic | 97016 | | | Supplies: | | | |
| Balance Training (ea. 15 min) | 97116 | | | Paraffin Bath | 97018 | | | | | | |
| Massage (ea. 15 min) | 97124 | | | Whirlpool/Fluidotherapy | 97022 | | | | | | |
| Thermal Therapy (ea. 15 min) | 97113 | | | Infrared (i.e., anodyne, Revitalized) | 97028 | | | | | | |
| Home Care/Management | 97535 | | | Group Therapy | 97150 | | | | | | |
| Community/Work Reintegration | 97537 | | | Biofeedback | 90901 | | | | | | |
| | | | | Biofeedback Pelvic Floor | 90911 | | | | | | |
| Wound-Selective (1st 20 sq.cm) | 97597 | | | Canalith Repositioning | 95992 | | | | | | |
| Wound-Selective (ea. add. 20 sq.cm) | 97598 | | | Unlisted Modality | 97039 | | | | | | |
| Wound-Non Selective | 97602 | | | (i.e., Richmar near infrared diode) | | | | | | | |

DIAGNOSIS

ICD-9 CODE

A. 724.2

B. 724.4

Cx NS R/S Date

Reason:

DAILY PROGRESS NOTE

Objective: Patient's chief complaint and perceived progress toward functional goals: Reports compliance with H&P exercises D/K'd ex p 19 but wants to have hip @ and @ & @ leg.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

① exs to balance, posture, strength/awareness
 w/ to maintain stability on PB in M/L direction & flex/lob,
 despite maintaining ADLs.

Patient Education:

Action:

Assessment: Patient's progress towards functional STG/LTG: Able to tolerate new exs & 1st ex but lacks core strength for dynamic spine stability.

Plan: X Progress/modify current treatment plan per POC

Total # visits: Brief Re-eval/Progress Report next visit: D/C patient

Therapist Signature: License # 724

| GUARANTOR NAME AND ADDRESS | | PATIENT NO. | PATIENT NAME | DOCTOR NO. | DATE |
|----------------------------|--|---------------|----------------|-----------------|---|
| Kevin Wikel | | SC0120699 | Wikel Kevin | 20050 | 05-22-15 |
| 10 Knightsbridge Road | | | | | 12:00p |
| duffryn SC 29910 | | DATE OF BIRTH | TELEPHONE NO. | INSURANCE | CERTIFICATE NO. |
| Patient Bal 0.00 | | | (843) 415-1236 | 10862 00002 015 | Kevin Wikel /PT pays after insurance Blue Cross |
| | | | | | CoPay/Coins. 25% |

200391 9/25/13 L&P

To Reorder, Call WB Mason 866.926.2166

Jun. 19. 2015 10:35AM



Supine Active Hamstring Stretch

Reps: 10 Sets: 2 Hold (sec): 2 Weekly: 5x Daily: 1x



Step 1



Step 2

Clinician Notes:

**don't hold as a static stretch

Setup

- Begin by lying on your back with your knees bent and feet resting on the floor.

Movement

- Lift one leg to a 90 degree angle, grabbing it with both hands on your thigh, then slowly straighten your knee as far as possible. Bring it back down to 90 then repeat.

Tip

- Make sure not to arch your low back during the exercise.

Supine Lower Trunk Rotation

Reps: 10 Sets: 2 Hold (sec): 5 Weekly: 3x Daily: 1x



Step 1



Step 2

Clinician Notes:

**stay within a comfortable range of motion

Setup

- Begin lying on your back with your feet flat on the floor and your arms straight out to your sides.

Movement

- Lower your knees to one side, return to center, and repeat on the other side.

Tip

- Make sure to activate your core muscles and keep both of your shoulders in contact with the ground throughout the exercise.

Jun. 19. 2015 10:34AM

No. 0745 P. 26

| Evaluation | | | Time Based Modalities - Direct Contact Required | | | Other Procedures/Supplies | | |
|---|-------|-------|---|-------|-------|-------------------------------------|-------|-------|
| Description | CPT | UNITS | Description | CPT | UNITS | Description | CPT | UNITS |
| Ultrasound (ea. 15 min) | 97031 | | Ultrasound (ea. 15 min) | 97035 | | TFNS Instruction | 64550 | |
| Iontophoresis (ea. 15 min) | 97002 | | Iontophoresis (ea. 15 min) | 97033 | | Orthotic Mgmt Training (ea. 15 min) | 97780 | |
| E-Stim Attended (ea. 15 min) | 97003 | | E-Stim Attended (ea. 15 min) | 97032 | | Orthotic Checkout (ea. 15 min) | 97762 | |
| Unlisted Modality (ea. 15 min) | 97004 | | Unlisted Modality (ea. 15 min) | 97039 | | Prosthetic Training (ea. 15 min) | 97761 | |
| (I.e., Richmar near infrared bandhead) | 97750 | | | | | Work Conditioning (1st 2 hours) | 97545 | |
| | | | | | | Work Conditioning (each add. hr.) | 97546 | |
| Time Based Procedures - Direct Contact Required | | | Service Based Procedures/Modalities - Direct Contact Not Required | | | Wheelchair Management (ea. 15 min) | | |
| Therapeutic Activities (ea. 15 min) | 97530 | 49.3 | Hot/Cold Pack | 97010 | 15.0 | Electrodes (per pair) | A4556 | |
| Therapeutic Procedures (ea. 15 min) | 97110 | | Mechanical Traction | 97012 | 15.0 | Orthotic: | | |
| Therapeutic Re-Ed (ea. 15 min) | 97112 | | E-Stim Unattended | 97014 | 15.0 | Supplies: | | |
| Thermal Therapy (ea. 15 min) | 97140 | | Vasopneumatic | 97016 | | | | |
| Training (ea. 15 min) | 97118 | | Paraffin Bath | 97018 | | | | |
| Massage (ea. 15 min) | 97124 | | Whirlpool/Fluidotherapy | 97022 | | | | |
| Thermal Therapy (ea. 15 min) | 97113 | | Infrared (I.e., anodyne, RevitaMed) | 97026 | | | | |
| Care/Home Management | 97535 | | Group Therapy | 97150 | | | | |
| Community/Work Reintegration | 97537 | | Biofeedback | 90901 | | | | |
| | | | Biofeedback Pelvic Floor | 90911 | | | | |
| Wound Care | | | Canalith Repositioning | 95992 | | | | |
| Wound-Selective (1st 20 sq.cm) | 97597 | | Unlisted Modality | 97039 | | | | |
| Wound-Selective (ea. add. 20 sq.cm) | 97598 | | (I.e., Richmar near infrared diode) | | | | | |
| Wound-Non Selective | 97602 | | | | | | | |

DIAGNOSIS

ICD9 CODE

724.2 Lumbago
724.4 Lumbosacral neuritis NOS

Cx NS R/S Date:

Reason:

DAILY PROGRESS NOTE

Objective: Patient's chief complaint and perceived progress toward functional goals: REPORTS NO A STS. SINCE LAST VISIT. CAN'T HAVE HLP @ 2 RADIOLARY IN PAULANGE
(15 POSITIONS)

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

SLP AND HLP - TOLERATED
WILL 5 A STS.

Patient Education:

Assessment:

Patient's progress towards functional STG/LTG: ADDITIONAL P.T. NEEDED TO ↑ STRENGTH
FLEXIBILITY OF CORE/BLK FOR IMPROVED WB TOL
AND RETURN TO PUL.

Plan: Progress/modify current treatment plan

CONT PUL

Total # visits

Brief Re-eval/Progress Report next visit O/C patient

Therapist Signature

License #

| GUARANTOR NAME AND ADDRESS | PATIENT NO. | PATIENT NAME | DOCTOR NO. | DATE |
|--|---------------|---------------|-----------------|----------|
| Kevin Wikel
50 Knightsbridge Road
Clifton SC 28910
Patient Bal 0.00 | SC0120699 | Wikel Kevin | 20350 | 05-23-15 |
| | DATE OF BIRTH | TELEPHONE NO. | INSURANCE | |
| | | | CERTIFICATE NO. | |
| | | | | |

1200301 9/25/13 Laser

To Reorder, Call WB at 800.828.2788

| Evaluation | | | Time Based Modalities - Direct Contact Required | | | | Other Procedures/Supplies | | | | | |
|---|-------|---------|---|---|-------|-------|---------------------------|-------------------------------------|------------------------------------|-------|----|-------|
| Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 | |
| 11 Evaluation-PT | 97001 | | | Ultrasound (ea. 15 min) | 97035 | | | TENS Instruction | 94550 | | | |
| 11 Evaluation-PT | 97002 | | | Iontophoresis (ea. 15 min) | 97033 | | | Orthotic Mgmt Training (ea. 15 min) | 97760 | | | |
| 11 Evaluation-OT | 97003 | | | E-Stim Attended (ea. 15 min) | 97032 | | | Orthotic Checkout (ea. 15 min) | 97762 | | | |
| 11 Evaluation-OT | 97004 | | | Unlisted Modality (ea. 15 min) | 97039 | | | Prosthetic Training (ea. 15 min) | 97761 | | | |
| Physical Performance Test/Meas | 97750 | | | (i.e., Richmar near infrared handheld) | | | | Work Conditioning (1st 2 hours) | 97545 | | | |
| E. Functional Orits (ea. 15 min) | | | | | | | | Work Conditioning (each add. hr.) | 97546 | | | |
| Time Based Procedures - Direct Contact Required | | | | Service Based Procedures/Modalities - Direct Contact Not Required | | | | | Wheelchair Management (ea. 15 min) | | | 97542 |
| Therapeutic Activities (ea. 15 min) | 97530 | 431 (3) | | Hot/Cold Pack | 97010 | 15'0 | | Electrodes (per pair) | A4556 | | | |
| Therapeutic Procedures (ea. 15 min) | 97110 | | | Mechanical Traction | 97012 | | | Orthotic: | | | | |
| Thrombotic Re-Ed (ea. 15 min) | 97112 | | | E-Stim Unattended | 97014 | | | Supplies: | | | | |
| Manual Therapy (ea. 15 min) | 97140 | | | Vasopneumatic | 97016 | | | | | | | |
| Stair Training (ea. 15 min) | 97116 | | | Paraffin Bath | 97018 | | | | | | | |
| Massage (ea. 15 min) | 97124 | | | Whirlpool/Fluidotherapy | 97022 | | | | | | | |
| Relaxation Therapy (ea. 15 min) | 97113 | | | Infrared (i.e., anodyne, Revitalized) | 97026 | | | | | | | |
| Home Management | 97535 | | | Group Therapy | 97150 | | | | | | | |
| Community/Work Reintegration | 97537 | | | Biofeedback | 90901 | | | | | | | |
| Wound Care | | | | Biofeedback Pelvic Floor | 90911 | | | | | | | |
| Wound-Selective (1st 20 sq.cm) | 97597 | | | Canalith Repositioning | 95992 | | | | | | | |
| Wound-Selective (ea. add. 20 sq.cm) | 97598 | | | Unlisted Modality | 97039 | | | | | | | |
| Wound-Non Selective | 97602 | | | (i.e., Richmar near infrared diode) | | | | | | | | |
| DIAGNOSIS | | | | ICD9 CODE | | | | | Tracking | | | |
| 724.2 Lumbago | | | | | | | | | Time In | | | 11:45 |
| 724.4 Lumbosacral neuritis NOS B | | | | | | | | | Time Out | | | 12:43 |
| | | | | | | | | | Total Treatment Time | | | 58 |
| | | | | | | | | | Total Service Based Time | | | 15 |
| | | | | | | | | | Total Time Based Time | | | 43 |
| | | | | | | | | | Total Time Based Units | | | 3 |
| | | | | | | | | | Total Units (SB + TB) | | | 4 |

724.2 Lumbago
724.4 Lumbosacral neuritis NOS B

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Objective: Patient's chief complaint and perceived progress toward functional goals: Reports no problems
states that over the weekend
his PAIN DOWN LATERAL LEFT LEG
has DECREASED.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

④ SALPD / NR to GREEN TB

Patient Education: GOOD TOL. TO THER EX 5 T STS.

Assessment:

Patient's progress towards functional STG/TCG: OT PROGRESSING WELL TOWARD LTGS AS DEMO BY V STS
AND IMPROVED ACTIVITY TOLERANCE.

Plan: Progress/modify current treatment plan

CONT POC

Total # visits 3137 Brief Re-eval/Progress Report next visit _____ D/C patient _____
Therapist Signature Michael M. Henry License # 6879

| GUARANTOR NAME AND ADDRESS | PATIENT NO. | PATIENT NAME | DOCTOR NO. | DATE |
|---|---------------|----------------|--|----------|
| Kevin Wikel
90 Knightsbridge Road
Buffon SC 29910
Patient Bal 0.00 | SC0120699 | Wikel Kevin | 20350 | 05-25-15 |
| | DATE OF BIRTH | TELEPHONE NO. | INSURANCE | |
| | | (843) 415-1236 | 10862 00002 015 | |
| | | | Kevin Wikel / Pl pays after insurance Blue Cross | |
| | | | Certificate No. CoPay/Coins 25% | |

Jun. 19. 2015 10:33AM

No. 0745 P. 24

| Evaluation | | | | Time Based Modalities - Direct Contact Required | | | | Other Procedures/Supplies | | | |
|---|-------|-------|----|---|-------|-------|----|-------------------------------------|-------|-------|----|
| Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 |
| Ultrasound (ea. 15 min) | 97035 | | | Ultrasound (ea. 15 min) | 97035 | | | TENS Instruction | A4550 | | |
| Iontophoresis (ea. 15 min) | 97002 | | | Iontophoresis (ea. 15 min) | 97033 | | | Orthotic Mgmt Training (ea. 15 min) | 97760 | | |
| E-Stim Attended (ea. 15 min) | 97003 | | | E-Stim Attended (ea. 15 min) | 97032 | | | Orthotic Checkout (ea. 15 min) | 97762 | | |
| Unlisted Modality (ea. 15 min) | 97004 | | | Unlisted Modality (ea. 15 min) | 97039 | | | Prosthetic Training (ea. 15 min) | 97761 | | |
| Functional Performance Test/Meas | 97750 | | | (i.e., Richmar near infrared handheld) | | | | Work Conditioning (1st 2 hours) | 97545 | | |
| Functional Drills (ea. 15 min) | | | | | | | | Work Conditioning (each add. hr.) | 97546 | | |
| Time Based Procedures - Direct Contact Required | | | | Service Based Procedures/Modalities - Direct Contact Not Required | | | | Wheelchair Management (ea. 15 min) | | | |
| Therapeutic Activities (ea. 15 min) | 97530 | 3 | | Hot/Cold Pack | 97010 | | | Electrodes (per pair) | A4550 | | |
| Therapeutic Procedures (ea. 15 min) | 97110 | | | Mechanical Traction | 97012 | | | Orthotic: | | | |
| Therapeutic Procedures (ea. 15 min) | 97112 | | | E-Stim Unattended | 97014 | | | Supplies: | | | |
| Therapeutic Procedures (ea. 15 min) | 97140 | | | Vasopneumatic | 97016 | | | | | | |
| Therapeutic Procedures (ea. 15 min) | 97116 | | | Paraffin Bath | 97018 | | | | | | |
| Therapeutic Procedures (ea. 15 min) | 97124 | | | Whirlpool/Fluidotherapy | 97022 | | | | | | |
| Therapeutic Procedures (ea. 15 min) | 97113 | | | Infrared (i.e., anodyne, Revitalized) | 97026 | | | | | | |
| Care/Home Management | 97535 | | | Group Therapy | 97150 | | | | | | |
| Community/Work Reintegration | 97537 | | | Biofeedback | 90901 | | | | | | |
| Wound Care | | | | Biofeedback Pelvic Floor | 90911 | | | | | | |
| Wound-Selective (1st 20 sq.cm) | 97597 | | | Canalith Repositioning | 95992 | | | | | | |
| Wound-Selective (ea. add. 20 sq.cm) | 97598 | | | Unlisted Modality | 97039 | | | | | | |
| Wound-Non Selective | 97602 | | | (i.e., Richmar near infrared diode) | | | | | | | |

DIAGNOSIS

ICD9 CODE

724.2 Lumbago A
 724.4 Lumbosacral neuritis NOS B

Cx _____ NS _____ R/S Date _____

Reason: _____

DAILY PROGRESS NOTE

Objective: Patient's chief complaint and perceived progress toward functional goals:

NO A. or symptoms
 since yesterday.

Subjective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

progressed low/SAPD → CC

① chops for core strength

Patient Education: _____

Action: _____

Assessment: Patient's progress towards functional STG/LTG: _____

continued progression with

Plan: Progress/modify current treatment plan

cont. doc

Total # visits: _____

Brief Re-eval/Progress Report next visit: _____ D/C patient

Therapist Signature: _____

License #: 7247

GUARANTOR NAME AND ADDRESS

PATIENT NO.

PATIENT NAME

DOCTOR NO.

DATE

Kevin Wikel

SC0120699

Wikel

Kevin

20050

05-26-15

50 Knightsbridge Road

SC 29910

DATE OF BIRTH

TELEPHONE NO.

CODE

DESCRIPTION

CERTIFICATE NO.

Patient Bal 0.00

943) 415-1236

10862
00002
015Kevin Wikel
/PI pays after insurance
Blue Cross

CoPay/Coins 25%

Jun. 19. 2015 10:32AM

No. 0745 P. 23

| Evaluation | | | | Time Based Modalities - Direct Contact Required | | | | Other Procedures/Supplies | | | |
|---|-------|-------|----|---|-------|-------|----|-------------------------------------|-------|-------|-------|
| Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 | Description | CPT | UNITS | 59 |
| Ultrasound (ea. 15 min) | 97001 | | | Ultrasound (ea. 15 min) | 97035 | | | TENS Instruction | 84550 | | |
| Therapeutic PT | 97002 | | | Iontophoresis (ea. 15 min) | 97033 | | | Orthotic Mgmt Training (ea. 15 min) | 97760 | | |
| Therapeutic OT | 97003 | | | E-Stim Attended (ea. 15 min) | 97032 | | | Orthotic Checkout (ea. 15 min) | 97762 | | |
| Therapeutic OT | 97004 | | | Unlisted Modality (ea. 15 min) | 97039 | | | Prosthesis Training (ea. 15 min) | 97761 | | |
| Physical Performance Test/Measure | 97750 | | | (i.e., Richmar near infrared handheld) | | | | Work Conditioning (1st 2 hours) | 97545 | | |
| E. Functional Drills (ea. 15 min) | | | | | | | | Work Conditioning (each add. hr.) | 97546 | | |
| Time Based Procedures - Direct Contact Required | | | | Service Based Procedures/Modalities - Direct Contact Not Required | | | | Wheelchair Management (ea. 15 min) | | | |
| Therapeutic Activities (ea. 15 min) | 97530 | 57.4 | | Hot/Cold Pack | 97010 | 15.0 | | Electrodes (per pair) | A4556 | | |
| Therapeutic Procedures (ea. 15 min) | 97110 | | | Mechanical Traction | 97012 | | | Orthotic: | | | |
| Therapeutic Re-Ed (ea. 15 min) | 97112 | | | E-Stim Unattended | 97014 | | | Supplies: | | | |
| Therapeutic Therapy (ea. 15 min) | 97114 | | | Vasopneumatic | 97016 | | | | | | |
| Therapeutic Training (ea. 15 min) | 97116 | | | Paraffin Bath | 97018 | | | | | | |
| Therapeutic Massage (ea. 15 min) | 97124 | | | Whirlpool/Fluidotherapy | 97022 | | | | | | |
| Therapeutic Therapy (ea. 15 min) | 97113 | | | Infrared (i.e., anodyne, Revitalized) | 97026 | | | | | | |
| Therapeutic Care/Home Management | 97535 | | | Group Therapy | 97150 | | | | | | |
| Therapeutic Community/Work Reintegration | 97537 | | | Biofeedback | 90901 | | | | | | |
| Wound Care | | | | Biofeedback Pelvic Floor | | | | Tracking | | | |
| Wound-Selective (1st 20 sq.cm) | 97597 | | | Canalith Repositioning | 95992 | | | Time In | | | 11:05 |
| Wound-Selective (ea. add. 20 sq.cm) | 97598 | | | Unlisted Modality | 97039 | | | Time Out | | | 12:15 |
| Wound-Non Selective | 97602 | | | (i.e., Richmar near infrared diode) | | | | Total Treatment Time | | | 72 |
| | | | | | | | | Total Service Based Time | | | 15 |
| | | | | | | | | Total Time Based Time | | | 57 |
| | | | | | | | | Total Time Based Units | | | 4 |
| | | | | | | | | Total Units (SB + TB) | | | 5 |

DIAGNOSIS

ICD9 CODE

724.2 Lumbago
724.4 Lumbosacral neuritis NOS

Cx _____ NS _____ R/S Date _____
Reason: _____

DAILY PROGRESS NOTE

Objective: Patient's chief complaint and perceived progress toward functional goals: **IT CHIEF COMPLAINT IS NUMBNESS AND PAIN AT TIMES DOWN (L) LAT**
EG.

Objective: Please refer to this patient's flow sheet for details specific to the procedures/modalities and specific exercises utilized during today's treatment.

Patient Education:

Action:

Assessment: Patient's progress towards functional STGA/ID:

IT MAKING GOOD PROGRESS TOWARD GOALS AND
REMO GOOD TOL TO PROGRESSIONS/Ther - EX - ADDITIONAL
ADRE/BLT Strength Training Needed TO Achieve LTGs.
Plan: Progress/modify current treatment plan **CONT FOR**

Total # visits

Brief Re-eval/Progress Report next visit

O/C patient

Therapist Signature

License #

| GUARANTOR NAME AND ADDRESS | PATIENT NO. | PATIENT NAME | DOCTOR NO. | DATE |
|---|---------------|----------------|-----------------------|---|
| Kevin Wikel
10 Knightsbridge Road
Bluffton SC 29910
Patient Bal 0.00 | SC0120699 | Wikel Kevin | 20350 | 05-28-15 |
| | DATE OF BIRTH | TELEPHONE NO. | INSURANCE | |
| | | | CODE | DESCRIPTION |
| | | (843) 415-1236 | 10862
00002
015 | Kevin Wikel
/PI pays after insurance
Blue Cross |
| | | | CERTIFICATE NO. | |
| | | | CoPay/Coins 25% | |

5700391 05/25/13 L. Lauer

To Reorder, Call WB Mason 888.826.2768

Jun. 19. 2015 10:32AM

No. 0745 P. 22

Conversion Note

Date of Visit: 05-31-15
Patient Name: Wikel, Kevin
Patient #: SC0120699

Therapist: Michelle McKenzie
Referring MD: Scott Strohmeyer

Date of Birth:
Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
724.4 Lumbosacral neuritis NOS

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1 OF 1

Jun. 19. 2015 10:31AM

No. 0745 P. 20

Daily Note

Date of Visit: 06-01-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Michelle McKenzie
 Referring MD: Scott Strohmeyer

Date of Birth: _____
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Abby Behm, PT

SUBJECTIVE:

Pl. reports some low back soreness over the weekend but states that (L) leg numbness is a lot better.

ACTIVITY LOG:

| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done Today |
|------------------------------|---------------------|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 59 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Dead Bugs | 5sec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30-sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Reverse Clam Shell | green band | Active | 0 | 30 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 25 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |

| Modalities | Comment | Status | Time | Done Today |
|------------|-------------|--------|------|------------|
| Ice | low back-MM | Active | 15 | Yes |

ASSESSMENT:

The patient appears motivated and is able to perform exercises with no complaints of pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. Pl. continues to demonstrate good tolerance to exercises and progress toward goals.

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| Goals | Short/Long | Time Frame | Result | Comment |
|--|------------|------------|---------|---------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Met | |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Ongoing | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 7.

Best regards,

Abby Behm DPT

This document was electronically cosigned on 06-01-15 at 04:52p by Abby Behm DPT.

Patient: Kevin Wikel

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2 OF 2

Jun. 19. 2015 10:30AM

No. 0745 P. 18

Daily Note

Date of Visit: 06-02-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Michelle Mckenzie
 Referring MD: Scott Strohmeyer

Date of Birth: _____
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Abby Behm, PT

SUBJECTIVE:

The patient reports today's pain a 1 out of 10. Patient reports increased walking tolerance and believes he could probably walk unlimited without increased symptoms or pain.

ACTIVITY LOG:

| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done Today? |
|------------------------------|---|--------|------|------|--------|------|-------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 69 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Dead Bugs | 5sec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30 sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Reverse Clam Shell | green band | Active | 0 | 30 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 25 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | | Active | 0 | 20 | 25 | 0 | Yes |

| Modalities | Comment | Status | Time | Done Today? |
|------------|-------------|--------|------|-------------|
| Ice | low back-MM | Active | 15 | Yes |

ASSESSMENT:

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The patient appears motivated and is able to perform exercises with no complaints of pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. Pt. continues to demonstrate good tolerance to exercises and progress toward goals but lacks core strength and BLE flexibility needed for return to PLOF.

| Goals | Short-Long | Time Frame | Results | Comment |
|--|------------|------------|---------|---------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Met | |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Ongoing | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 8.

Best regards,

Abby Behm DPT

This document was electronically cosigned on 06-02-15 at 05:53p by Abby Behm DPT.

Patient: Kevin Wikel

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Jun. 19. 2015 10:29AM

No. 0745 P. 16

Daily Note

Date of Visit: 06-04-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Troy Rice, PTA
 Referring MD: Scott Strohmeyer

Date of Birth: _____
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Lindsay McDonald, PT

SUBJECTIVE:

Patient reports no longer having difficulty sleeping through the night.

ACTIVITY LOG:

| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done Today |
|------------------------------|---|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 65 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Dead Bugs | 5sec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30 sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Reverse Clam Shell | green band | Active | 0 | 30 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 30 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | | Active | 0 | 20 | 25 | 0 | Yes |

| Modalities | Comment | Status | Time | Done Today |
|------------|-------------|--------|------|------------|
| Ice | low back-MM | Active | 15 | Yes |

ASSESSMENT:

The patient appears motivated and is able to perform exercises correctly with difficulty but no pain. The patient's progress

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Jun. 19. 2015 10:29AM

No. 0745 P. 17

towards goals is excellent and his tolerance to treatment is excellent. patient demonstrates improved ability to sleep through night without complaints of back pain.

| Goals | Short-Long | Time Frame | Result | Comment |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Met | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 9.

Best regards,

Troy Rice PTA

This document was electronically signed on 06-04-15 at 12:19p by Troy Rice PTA.

Lindsay McDonald DPT

This document was electronically signed on 06-04-15 at 08:01p by Lindsay McDonald DPT.

Patient: Kevin Wikel

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2 OF 2

Jun. 19. 2015 10:27AM

No. 0745 P. 13

Daily Note

Date of Visit: 06-09-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Michelle Mckenzie
 Referring MD: Scott Strohmeier

Date of Birth: _____
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Abby Behm, PT

SUBJECTIVE:

The patient reports today's pain a 3 out of 10. Pt. states that symptoms continue to decrease. States he still has pain down LLE, at times.

OBJECTIVE:

HIP EVALUATION

MANUAL MUSCLE TEST:

| Hip | Initial | Goal | Last | Current | Comments |
|-------------------|----------|------|----------|----------|----------|
| Right MMT | 05-20-14 | | 05-20-14 | 06-09-15 | |
| Flexion | 4+ | 5 | 4+ | | |
| Abduction | 5 | 5 | 5 | | |
| Internal Rotation | 4+ | 5 | 4+ | 5 | |
| External Rotation | 4+ | 5 | 4+ | 5 | |

| Hip | Initial | Goal | Last | Current | Comments |
|-------------------|----------|------|----------|----------|------------|
| Left MMT | 05-20-14 | | 05-20-14 | 06-09-15 | |
| Flexion | 4+ | 5 | 4+ | | |
| Extension | 5 | 5 | 5 | | Initial=5- |
| Internal Rotation | 4+ | 5 | 4+ | 5 | |
| External Rotation | 4+ | 5 | 4+ | 5 | |

ACTIVITY LOG:

| Exercise | Comment | Status | Sets | Reps | Weight | Time | Done Today |
|------------------------------|------------------|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 97 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Incline Board | 2x1' | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Reverse Clam Shell | green band | Active | 0 | 30 | 0 | 0 | Yes |
| Head Bugs | 5sec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |

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| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done Today |
|----------------------------|---|--------|------|------|--------|------|------------|
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30 sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Bilateral bridges | 3 sec hold | Active | 0 | 20 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 30 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | | Active | 0 | 20 | 25 | 0 | Yes |
| Reverse chops | cable column | Active | 0 | 30 | 20 | 0 | Yes |
| Monsterwalks | 2 LOG w/ green X band | Active | 0 | 0 | 0 | 0 | Yes |

| Modalities | Comment | Status | Time | Done Today |
|------------|-------------|--------|------|------------|
| Ice | low back-MM | Active | 15 | Yes |

Bilat. bridges, reverse chops, and monsterwalks added for improved core/hip strength. Pt. demonstrates good tolerance to added exercises without increased symptoms. Minimal cueing needed for correct task technique and core activation.

ASSESSMENT:

The patient appears motivated and is able to perform exercises correctly with difficulty but no pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. Patient demonstrates good progress toward LTG's with decreased symptom occurrence. Additional skilled P.T. needed to continue strength progression for achievement of goals and return to work.

| Goals | Short/Long | Time Frame | Result | Comment |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Met | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 10.

Patient: Kevin Wikel

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No. 0745 P. 15

Best regards,

Abby Behm DPT

This document was electronically cosigned on 06-09-15 at 04:00p by Abby Behm DPT.

Patient: Kevin Wilkel

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3 OF 3

Daily Note

Date of Visit: 06-10-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Abby Behm, PT
 Referring MD: Scott Strohmeyer

Date of Birth: _____

Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

SUBJECTIVE:

Pt reports his back and legs continue to feel better. He is having less radicular pain with weight bearing.

ACTIVITY LOG:

| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done today |
|------------------------------|---|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 84 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Incline Board | 2x1' | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Reverse Clam Shell | green band | Active | 0 | 30 | 0 | 0 | Yes |
| Dead Bugs | Ssec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30 sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Bilateral bridges | 3 sec hold | Active | 0 | 20 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 30 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | | Active | 0 | 20 | 25 | 0 | Yes |
| Reverse chops | cable column | Active | 0 | 30 | 20 | 0 | Yes |
| Monsterwalks | 2 LOG w/ blue X band | Active | 0 | 0 | 0 | 0 | Yes |

| Modalities | Comment | Status | Time | Done today |
|------------|-------------|--------|------|------------|
| Ice | low back-MM | Active | 15 | Yes |

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Jun. 19. 2015 10:26AM

No. 0745 P. 12

Pt able to tolerate entire clinic program without increased s/s. He requires intermittent rest breaks with standing portion due to fatigue and generally decreased endurance.

ASSESSMENT:

The patient appears motivated and is able to perform exercises correctly with difficulty but no pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. Patient demonstrates good progress toward LTG's with decreased symptoms during weightbearing tasks. Additional skilled P.T. needed to continue strength and endurance progression for achievement of goals and return to work.

| Goal | Short/Long | Time Frame | Result | Comment |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Met | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Ongoing | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 11.

Best regards,

Abby Behm DPT

This document was electronically signed on 06-10-15 at 01:49p by Abby Behm DPT.

Patient: Kevin Wikel

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2 OF 2

Progress Note

Date of Visit: 06-12-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Britany Means, PTA
 Referring MD: Scott Strohmeyer

Date of Birth:
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Chris Fisher, PT

SUBJECTIVE:

Kevin Wikel, attended for therapy evaluation on 05-20-15 for evaluation. The patient has attended 12 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Pain/numbness down lateral left leg

Presenting Problems:

The patient reports today's pain a 0 out of 10. The patient c/o pain in LB L > R and in lateral L calf.

| Functional Status | Prior | Current |
|---|-------|---------|
| Rev Oswest 5/20/25=36% disability; goal 10% | 36% | 10% |

Current Surgery:

Date: 04-02-15
 Lumbar discectomy (L)

The patient reports he does still get pain in his LB and some symptoms in L lateral calf but symptoms do not restrict ADL's.

Oswestry Low Back Disability Index

Score: 10% - Mild Impairment

OBJECTIVE:

HIP EVALUATION

MANUAL MUSCLE TEST:

| UP | Initial | Goal | Left | Right | Comments |
|-------------------|---------|------|------|-------|----------|
| RIGHT | 0-5 | 5 | 0-5 | 0-5 | |
| Flexion | 4+ | 5 | 4+ | 5 | |
| Abduction | 5 | 5 | 5 | 5 | |
| Internal Rotation | 4+ | 5 | 5 | 5 | |
| External Rotation | 4+ | 5 | 5 | 5 | |

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| Hip | Initial | Goal | Last | Current | Comments |
|-------------------|----------|------|----------|----------|------------|
| Left MMT | 05-31-15 | | 06-09-15 | 06-12-15 | |
| Flexion | 4+ | 5 | 4+ | 5 | |
| Extension | 5 | 5 | 5 | 5 | initial=5- |
| Abduction | | | | 5 | |
| Internal Rotation | 4+ | 5 | 5 | 5 | |
| External Rotation | 4+ | 5 | 5 | 5 | |

ANKLE/FOOT EVALUATION**MANUAL MUSCLE TEST:**

| Ankle/Foot | Initial | Goal | Last | Current | Comments |
|--------------|----------|------|----------|----------|----------|
| Right MMT | 05-31-15 | | 06-09-15 | 06-12-15 | |
| Dorsiflexion | 4+ | 5 | 4+ | 5 | |

| Ankle/Foot | Initial | Goal | Last | Current | Comments |
|--------------|----------|------|----------|----------|----------|
| Left MMT | 05-31-15 | | 06-09-15 | 06-12-15 | |
| Dorsiflexion | 4+ | 5 | 4+ | | |

ACTIVITY LOG:

| Exercises | Comments | Status | Sets | Reps | Weight | Time | Done Today |
|------------------------------|---|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 95 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Incline Board | 2x1' | Active | 0 | 0 | 0 | 0 | Yes |
| Clam Shell | black band | Active | 0 | 30 | 0 | 0 | Yes |
| Reverse Clam Shell | blue band | Active | 0 | 30 | 0 | 0 | Yes |
| Dead Bugs | 5sec hold x 2min | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| Lower trunk rotation (LTR) | 3 min | Active | 0 | 0 | 0 | 0 | Yes |
| Piriformis Stretch | supine; 30 sec hold | Active | 0 | 3 | 0 | 0 | Yes |
| Bilateral bridges | 3 sec hold | Active | 0 | 20 | 0 | 0 | Yes |
| Iso flexion | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Reverse curl | 10:5 x 3min | Active | 0 | 0 | 0 | 0 | Yes |
| Standing Leg Press | no hands | Active | 0 | 30 | 70 | 0 | Yes |
| HL leg press | | Active | 0 | 30 | 100 | 0 | Yes |
| Narrow row | | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | | Active | 0 | 30 | 35 | 0 | Yes |
| Chops | | Active | 0 | 30 | 30 | 0 | Yes |
| Anti-rotation | | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | | Active | 0 | 20 | 25 | 0 | Yes |
| Reverse chops | cable column | Active | 0 | 30 | 20 | 0 | Yes |
| Monsterwalks | 2 LOG w/ blue X band | Active | 0 | 0 | 0 | 0 | Yes |

The patient able to complete RX without any need for rest breaks today with good control and no increased s/s.

Patient: Kevin Wikel

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ASSESSMENT:

The patient is making excellent gains towards LTG's with improved tolerance of walking, sitting, standing. The patient remains limited with work tasks including lifting. The patient will continue to benefit from PT to address dynamic stability and lifting tolerance for return to prior level of function. The patient's rehab potential is excellent. The patient's discharge prognosis is excellent.

The patient appears motivated and is able to perform exercises correctly with verbal cues only. The patient's progress towards goals is excellent and his tolerance to treatment is excellent.

| Goals | Short/Long | Time Frame | Result | Comment |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Met | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Met | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Ongoing | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

The patient's treatment will include A/AA/PROM, body mechanics retraining and safe lifting techniques, electrical stimulation unattended, endurance training, ergonomics education, exercise principles, flexibility, follow up with referral source regarding BMI screening, functional activities, home exercise program (HEP) instruction, hot pack / cold pack, neuromuscular re-education, pain management, strengthening and therapeutic activities. Kevin will continue therapy for an additional 3 times per week for 4 weeks for a total of 24 visits.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Patient: Kevin Wikel

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3 OF 3

Daily Note

Date of Visit: 06-15-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Michelle McKenzie
 Referring MD: Scott Strohmeyer

Date of Birth:
 Age: 25

Date of Onset: 05-20-14

Diagnosis:

724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

The following staff also participated in today's therapy session:
 Chris Fisher, PT

SUBJECTIVE:

Pt. states that back continues to do good with no complaints of pain. Pt. complains of hamstring tightness L>R that affects ability to bend over.

ACTIVITY LOG:

| Exercises | Comment | Status | Sets | Reps | Weight | Time | Done today |
|------------------------------|---|--------|------|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 76 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Incline Board | 2x1' | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| SA row | tandem | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | Tandem | Active | 0 | 30 | 50 | 0 | Yes |
| Chops | staggered | Active | 0 | 30 | 35 | 0 | Yes |
| Pull/push with cookbar | staggered | Active | 0 | 20 | 15 | 0 | Yes |
| SA Bench press | tandem | Active | 0 | 20 | 35 | 0 | Yes |
| Reverse chops | cable column | Active | 0 | 30 | 20 | 0 | Yes |
| Monsterwalks | 2 LOG w/ blue X band | Active | 0 | 0 | 0 | 0 | Yes |
| SLP | no hands | Active | 0 | 30 | 70 | 0 | Yes |
| HLP | | Active | 0 | 30 | 140 | 0 | Yes |
| Squats | kettle ball | Active | 3 | 10 | 20 | 0 | Yes |
| Deadlifts | kettleball | Active | 3 | 10 | 40 | 0 | Yes |

| Modalities | Comment | Status | Time | Done today |
|------------|----------|--------|------|------------|
| Ice | low back | Active | 15 | Yes |

Added Squats, deadlifts, push/pull with cookbar today. Progressed several exercises to narrow base of support. Tolerated progressions well with cueing for technique and body positioning.

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ASSESSMENT:

The patient appears motivated and is able to perform exercises correctly with difficulty but no pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. Patient demonstrates good progress toward LTG's with decreased symptoms during weightbearing tasks. Additional skilled P.T. needed to continue work related strength and endurance progressions for achievement of goals and facilitate return to work.

| Goals | Short-term | Time frame | Results | Comments |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established flexibility LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Met | |
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Met | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Ongoing | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 13.

Best regards,

Michelle McKenzie PTA

This document was electronically signed on 06-15-15 at 05:05p by Michelle McKenzie PTA.

Chris Fisher PT

This document was electronically cosigned on 06-15-15 at 08:52p by Chris Fisher PT.

Patient: Kevin Wikel

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Daily Note

Date of Visit: 06-17-15
 Patient Name: Wikel, Kevin
 Patient #: SC0120699

Therapist: Troy Rice, PTA
 Referring MD: Scott Strohmeyer

Date of Birth: _____
 Age: 25

Date of Onset: 05-20-14

Diagnosis:
 724.2 Lumbago
 724.4 Lumbosacral neuritis NOS

SUBJECTIVE:

have not really had any pain in lower back last few days.

ACTIVITY LOG:

| Exercises | Comments | Start | Set | Reps | Weight | Time | Done Today |
|------------------------------|---|--------|-----|------|--------|------|------------|
| 97530 Therapeutic Activities | | Active | 0 | 0 | 0 | 67 | Yes |
| Recumbent Bike | 10 min | Active | 0 | 0 | 0 | 0 | Yes |
| Incline Board | 2x1' | Active | 0 | 0 | 0 | 0 | Yes |
| Hamstring Stretch | ACTIVE | Active | 0 | 30 | 0 | 0 | Yes |
| Hamstring Stretch | seated in chair, foot on floor; 2x1 min | Active | 0 | 0 | 0 | 0 | Yes |
| SA row | tandem | Active | 0 | 30 | 35 | 0 | Yes |
| Straight arm lat pulldown | Tandem | Active | 0 | 30 | 50 | 0 | Yes |
| Chops | staggered | Active | 0 | 30 | 35 | 0 | Yes |
| SA Bench press | tandem | Active | 0 | 20 | 35 | 0 | Yes |
| Reverse chops | cable column | Active | 0 | 30 | 20 | 0 | Yes |
| Monsterwalks | 2 LOG w/ blue X band | Active | 0 | 0 | 0 | 0 | Yes |
| SLP | no hands | Active | 0 | 30 | 70 | 0 | Yes |
| HLP | | Active | 0 | 30 | 140 | 0 | Yes |
| Squats | kettle ball | Active | 3 | 10 | 20 | 0 | Yes |
| Deadlifts | kettleball | Active | 3 | 10 | 40 | 0 | Yes |

Added Squats, deadlifts, push/pull with cookbar today. Progressed several exercises to narrow base of support. Tolerated progressions well with cueing for technique and body positioning.

ASSESSMENT:

The patient appears motivated and is able to perform exercises correctly with difficulty but no pain. The patient's progress towards goals is excellent and his tolerance to treatment is excellent. has been able to tolerate exercise progression with no complaints of pain in lower back while performing.

| Goals | Short Term | Time Frame | Result | Comment |
|--|------------|------------|--------|---------|
| Please refer to established flexibility LTG's as documented in Objective section of this evolution | Long Term | 4 weeks | Met | |

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| Goals | Short/Long | Time/Frame | Result | Comment |
|--|------------|------------|---------|---------------------------------------|
| Please refer to established MMT/strength LTG's as documented in Objective section of this evaluation | Long Term | 4 weeks | Met | |
| Pt. will be able to lift 15 pounds from floor to waist. | Long Term | 4 weeks | Ongoing | have not lifted secondary to protocol |
| Pt. will be able to sit for two hours for work purposes w/ increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to stand for 2 hours as needed for work w/o increased symptoms. | Long Term | 4 weeks | Met | |
| Pt. will be able to walk as needed w/o pain. | Long Term | 4 weeks | Met | |

PLAN:

Kevin will continue therapy as prescribed. This is visit # 14.

Best regards,

Troy Rice PTA

This document was electronically signed on 06-17-15 at 02:10p by Troy Rice PTA.

Lindsay McDonald DPT

This document was electronically cosigned on 06-17-15 at 05:17p by Lindsay McDonald DPT.

Patient: Kevin Wikel

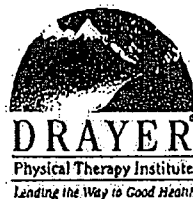
, Sheridan Park Cir. STE C Bluffton, SC 29910-7023
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TREATMENT FLOW SHEET

Patient Name: Kevin Wital

| | 16 | Dates | | | | | | | 956 |
|-----------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|-----|
| | 5/20 | 5/22 | 5/23 | 5/25 | 5/26 | 5/28 | 6/1 | | |
| 2015
BIKE / ITB | | | | | | → 10' | | | |
| AHSS | 2 1/3" | 2' 3" | 2 1/3" | 2 1/3" | 30X | 30X | 30X | 30X | |
| clamskulls | 20X | 20X | 20X | 30X | 30X | 30X | 30X | 30X | |
| iso V / rev curl | 2 1/3" | 2 1/3" | 3 1/3" | 3 1/3" | 3' | 3' EA | 3' EA | 3' EA | |
| HL piniformis | 2/30" | 2x30" | 2x30" | 2x30" | 2x30" | 2x30" | 2x30" | 2x30" | |
| LTR | 2' | 3' | 3' | 3' | 3' | 3' | 3' | 3' | |
| balance board = ADM | → | 1' ea. | 1' EA | 1' EA | 1' ea | 1' EA | | | |
| clench | → | 2' 1/2" | 2 1/5" | 2 1/5" | 2 1/5" | 2 1/5" | 2 1/5" | 2 1/5" | |
| S.P / HLP | | | | | | | | | |
| ROW / LAPD | | | | | | | | | |
| chops | | | | | | | | | |
| ANTI-ROT | | | | | | | | | |
| SA BP | | | | | | | | | |
| Manual Rx | | | | | | | | | |
| Modalities | ice 45 | 15' AB | 15' e | 15MM | 15MM | 15MM | 15MM | 15MM | |
| 4EP | 15' 45 | | | | | | | | |
| Signature/Credentials | Initials | Signature/Credentials | Initials | Signature/Credentials | Initials | Signature/Credentials | Initials | Signature/Credentials | |
| | | | | | | | | | |



☐ Bluffton Center
38 Sheridan Park Circle • Suite C
Bluffton, SC 29910
PHONE: 843-815-5628
FAX: 843-816-5637

☐ Hilton Head Center
95 Mathews Drive • Suite D5
Hilton Head Island, SC 29928
PHONE: 843-681-5640
FAX: 843-681-5631

☐ Sun City Center
10 William Pope Drive • Suite 3
Bluffton, SC 29909
PHONE: 843-705-9440
FAX: 843-705-9445

Physical Therapy Referral Form

Date 5/18/15 Patient Name Kevin Wilk

Diagnosis SO Spinal

ICD-9 Diagnosis Code(s) _____

| Evaluate and Treat | Frequency |
|---|---|
| ☐ Cervical/Lumbar Stabilization Program | 1x/wk 2x/wk <u>3x/wk</u> 4x/wk 5x/wk |
| ☐ Flx. Biased ☐ Ext. Biased | 1 week 2 weeks 3 weeks 4 weeks |
| ☐ Rotator Cuff Program | |
| ☐ Traction | ☐ Strengthening of |
| ☐ Manual Therapy/ASTYM | ☐ ROM of _____ |
| ☐ Modalities | ☐ Body Mechanics/Ergonomic Ed. |
| ☐ Estim ☐ US ☐ Ionto | ☐ Gait/Balance Training |
| ☐ Tens Unit | ☐ Orthotic Evaluation |
| ☐ Urinary Incontinence Program | |

Special Instructions or Precautions _____

In my opinion, in accordance with accepted medical practice standards, this patient requires physical therapy services for the medical condition(s) identified above. I hereby request that the staff of Drayer Physical Therapy Institute® evaluate and assess the patient's needs for such services and provide me with a detailed plan of care for my approval.

Physician's Name Printed

Physician's Signature



RETURN SERVICE REQUESTED

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 10% |
| 25-34 | 20% |
| 35-44 | 25% |
| 45-54 | 20% |
| 55-64 | 15% |
| 65-74 | 10% |
| 75-84 | 5% |
| 85+ | 5% |

| | |
|-------------------|----------------|
| Patient Name: | KEVIN M WIKEL |
| Account Number: | 206033926 |
| Statement Date: | 3/19/2015 |
| Service Location: | MRJ at Belfair |

| Date of Service | Vist | Transaction Date | Description of Service | Charges | Receipts |
|-----------------|---------|------------------|------------------------|-----------|-----------|
| 5/27/2014 | 2 | 5/27/2014 | OTC Payment | \$0.00 | \$92.00 |
| 5/27/2014 | 2 | 6/2/2014 | BGBS Billing | \$1223.00 | \$0.00 |
| 5/27/2014 | 2 | 6/2/2014 | BCBS Adj | \$0.00 | \$933.00 |
| 5/29/2014 | 2 | 6/10/2014 | Blue Cross Payment | \$0.00 | \$0.00 |
| 5/27/2014 | 3 | 5/10/2015 | Self Pay Payment | \$0.00 | \$150.00 |
| 5/27/2015 | 4 | 5/17/2015 | BCBS Billing | \$1093.00 | \$0.00 |
| 5/27/2015 | 4 | 5/17/2015 | BGBS Adj | \$0.00 | \$1335.00 |
| TOTAL: | | | | | |
| Current | Over 30 | Over 60 | Over 90 | Over 120 | Over 150 |
| \$460.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$283.00 |

Messages

| | | | | | | |
|----------------------|--------|------------|--------------------|-----------------|--------------------------|-------------|
| Previous Bill Amount | Co-Pay | Deductible | Due from Insurance | Monthly Payment | Due Date
UPON RECEIPT | Balance Due |
| \$0.00 | \$- | \$- | \$678.00 | \$0.00 | | \$0.00 |

Make Checks Payable to MRI at Bellsair

MRI at Belfair
PO Box 75513
Charlotte, NC 28275-0513

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

| | | |
|-------------------------------------|-------------------------------|-----------------------------------|
| ☐ MASTERCARD | ☐ VISA | ☐ DISCOVER |
| CARD NUMBER | | SECURITY CODE |
| NAME ON CARD (PLEASE PRINT) | | EXP. DATE |
| SIGNATURE | | AMOUNT |
| STATEMENT DATE
07/24/2014 | ACCOUNT #
24874 | PAY THIS AMOUNT
CONTINUED |

0006



AMOUNT P.

Office Hours: Mon - Thurs 8:00am - 5:00pm; Fri 8:00am - 3:00pm
Phone: 843/208-2420

Patient: Kevin Wikel



MAKE CHECK PAYABLE & REMIT TO:

00458

Kevin Wikel
160 Knightsbridge Rd
Bluffton SC 29910-4102

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

LSSLLC01-0391341-0000000-4112323-001-000020-#006605-0006
PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

| DATE | CODE | DESCRIPTION | CHARGE | PAYMENT/ADJ | BALANCE |
|----------|------|---|----------|-------------|----------|
| 06/09/14 | | Claim:44838, Provider: John P. Batson, MD | | | |
| 06/09/14 | | Office Consultation Level 4 | \$262.00 | | |
| 06/17/14 | | BCBS SOUTH CAROLINA Payment | | \$0.00 | |
| 06/17/14 | | BCBS SOUTH CAROLINA Adjustment | | \$141.00 | |
| 07/11/14 | | Patient Payment | | \$0.00 | |
| 07/11/14 | | Your Balance Due On These Services ... | | | \$121.00 |
| 06/13/14 | | Claim:44974, Provider: John P. Batson, MD | | | |
| 13/14 | | INJ FORAMEN EPIDURAL L/S | \$570.00 | | |
| 06/13/14 | | INJ FORAMEN EPIDURAL ADD-ON | \$291.00 | | |
| 06/13/14 | | LOCM 300-399MG/ML IODINE,1ML | \$18.00 | | |
| 06/13/14 | | INJ METHYLPRDNISOLONE ACTAT 80 MG | \$20.00 | | |
| 06/13/14 | | STERILE TRAY | \$50.00 | | |
| 06/13/14 | | SYRINGE W/NEEDLE STERILE 5 CC/GT EA | \$60.00 | | |
| 06/13/14 | | NEEDLES ONLY STERILE ANY SIZE EACH | \$60.00 | | |
| 06/25/14 | | BCBS SOUTH CAROLINA Payment | | \$0.00 | |
| 06/25/14 | | BCBS SOUTH CAROLINA Adjustment | | \$542.95 | |
| 07/11/14 | | Patient Payment | | \$0.00 | |
| 07/11/14 | | Your Balance Due On These Services ... | | | \$526.05 |
| 06/30/14 | | Claim:45436, Provider: John P. Batson, MD | | | |
| 06/30/14 | | INJ FORAMEN EPIDURAL L/S | \$570.00 | | |
| 06/30/14 | | INJ FORAMEN EPIDURAL ADD-ON | \$291.00 | | |
| 06/30/14 | | LOCM 300-399MG/ML IODINE,1ML | \$18.00 | | |
| 06/30/14 | | INJ METHYLPRDNISOLONE ACTAT 80 MG | \$20.00 | | |
| 06/30/14 | | STERILE TRAY | \$50.00 | | |

CONTINUED

Patient: Kevin Wikel

Account Number: 24874

Statement Date: 07/24/2014

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

BASIC 0006

LSSLLC01-0391341-0000000-4112323-001-000020-#006605-0006

Phone: 843/208-2420 IRS# 26-4007552

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

☐ ☐ ☐

| | |
|------------------------------|--------------------|
| CARD NUMBER | SECURITY CODE |
| NAME ON CARD (PLEASE PRINT) | EXP. DATE |
| SIGNATURE | AMOUNT |
| STATEMENT DATE
07/24/2014 | ACCOUNT #
24874 |
| PAY THIS AMOUNT
CONTINUED | |

0006



AMOUNT P

Office Hours: Mon - Thurs 8:00am - 5:00pm; Fri 8:00am - 3:00pm
Phone: 843/208-2420

Patient: Kevin Wikel



MAKE CHECK PAYABLE & REMIT TO:

Kevin Wikel
160 Knightsbridge Rd
Bluffton SC 29910-4102

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

LSSLLC01-0391341-0000000-4112323-001-000020-#008608-0006

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

| DATE | CODE | DESCRIPTION | CHARGE | PAYMENT/ADJ | BALANCE |
|----------|------|---|----------|-------------|----------|
| 06/30/14 | | SYRINGE W/NEEDLE STERILE 5 CC/GT EA | \$60.00 | | |
| 06/30/14 | | NEEDLES ONLY STERILE ANY SIZE EACH | \$60.00 | | |
| 07/07/14 | | BCBS SOUTH CAROLINA Payment | | \$420.84 | |
| 07/07/14 | | BCBS SOUTH CAROLINA Adjustment | | \$542.95 | |
| 07/11/14 | | Patient Payment | | \$0.00 | |
| 07/11/14 | | Your Balance Due On These Services ... | | | \$105.21 |
| 07/11/14 | | Claim:45775, Provider: John P. Batson, MD | | | |
| 07/11/14 | | Office Visit, Est Pt., Level 3 | \$87.00 | | |
| 07/11/14 | | Patient Payment | | \$0.00 | |
| 07/21/14 | | BCBS SOUTH CAROLINA Payment | | \$28.80 | |
| 07/21/14 | | BCBS SOUTH CAROLINA Adjustment | | \$51.00 | |
| 07/21/14 | | Your Balance Due On These Services ... | | | \$7.20 |
| 07/11/14 | | Claim:45801, Provider: John P. Batson, MD | | | |
| 07/11/14 | | INJ FORAMEN EPIDURAL L/S | \$570.00 | | |
| 07/11/14 | | INJ FORAMEN EPIDURAL ADD-ON | \$291.00 | | |
| 07/11/14 | | LOCM 300-399MG/ML IODINE,1ML | \$18.00 | | |
| 07/11/14 | | INJ METHYLPREDNISOLONE ACTAT 80 MG | \$20.00 | | |
| 07/11/14 | | STERILE TRAY | \$50.00 | | |
| 07/11/14 | | SYRINGE W/NEEDLE STERILE 5 CC/GT EA | \$60.00 | | |
| 07/11/14 | | NEEDLES ONLY STERILE ANY SIZE EACH | \$60.00 | | |
| 07/21/14 | | BCBS SOUTH CAROLINA Payment | | \$420.84 | |
| 07/21/14 | | BCBS SOUTH CAROLINA Adjustment | | \$542.95 | |
| 07/21/14 | | Your Balance Due On These Services ... | | | \$105.21 |

CONTINUED

Patient: Kevin Wikel

Account Number: 24874

Statement Date: 07/24/2014

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

BASIC 0006

LSSLLC01-0391341-0000000-4112323-001-000020-#008608-0006

Phone: 843/208-2420 IRS# 26-4007552

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

| CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW | | |
|--|-------------------------------|-----------------------------------|
| ☐ MASTERCARD | ☐ VISA | ☐ DISCOVER |
| CARD NUMBER | | SECURITY CODE |
| NAME ON CARD (PLEASE PRINT) | | EXP. DATE |
| SIGNATURE | | AMOUNT |
| STATEMENT DATE
07/24/2014 | ACCOUNT #
24874 | PAY TRIN AMOUNT
\$864.67 |

0006



AMOUNT P.

Office Hours: Mon - Thurs 8:00am - 5:00pm; Fri 8:00am - 3:00pm
Phone: 843/208-2420

Patient: Kevin Wikel



MAKE CHECK PAYABLE & REMIT TO:

Kevin Wikel
160 Knightsbridge Rd
Bluffton SC 29910-4102

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

LSSLLC01-0381341-0000000-4112323-001-000020-#008607-0006
PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

| DATE | CODE | DESCRIPTION | CHARGE | PAYMENT/ADJ | BALANCE |
|------|------|-------------|--------|-------------|---------|
|------|------|-------------|--------|-------------|---------|

****Thank you for your prompt response****

BALANCE DUE: \$864.67

Patient: Kevin Wikel

Account Number: 24874

Statement Date: 07/24/2014

Lowcountry Spine And Sport, LLC
300 New River Parkway, Suite 37
Hardeeville SC 29927-4545

BASIC 0006

LSSLLC01-0381341-0000000-4112323-001-000020-#008607-0006

Phone: 843/208-2420 IRS# 26-4007552

Lowcountry Spine And Sport, LLC
 300 New River Parkway, Suite 37
 Hardeeville SC 29927-4545

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

☐ AMERICAN EXPRESS ☒ VISA ☐ DISCOVER

| | | |
|------------------------------|--------------------|-----------------------------|
| CARD NUMBER | | SECURITY CODE |
| NAME ON CARD (PLEASE PRINT) | | EXP. DATE |
| SIGNATURE | | AMOUNT |
| STATEMENT DATE
06/20/2014 | ACCOUNT #
24874 | PAY THIS AMOUNT
\$121.00 |

0006



AMOUNT:

Office Hours: Mon - Thurs 8:00am - 5:00pm; Fri 8:00am - 3:00pm
 Phone: 843/208-2420

Patient: Kevin Wikel



2956 1 AT 0.406 *13 02956
 Kevin Wikel
 160 Knightsbridge Rd
 Bluffton SC 29910-4102

MAKE CHECK PAYABLE & REMIT TO:

Lowcountry Spine And Sport, LLC
 300 New River Parkway, Suite 37
 Hardeeville SC 29927-4545

LSSLLC01-0387756-0002956-4052529-001-000230-0004548-0008
 PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
 USING THE RETURN ENVELOPE ENCLOSED

| DATE | CODE | DESCRIPTION | CHARGE | PAYMENT/ADJ | BALANCE |
|----------|-------|---|----------|-------------|----------|
| 06/09/14 | | Claim:44838, Provider: John P. Batson, MD | | | |
| 06/09/14 | 99244 | Office Consultation Level 4 | \$262.00 | | |
| 06/17/14 | | BCBS SOUTH CAROLINA Payment | | \$0.00 | |
| 06/17/14 | | BCBS SOUTH CAROLINA Adjustment | | \$141.00 | |
| 06/17/14 | | Your Balance Due On These Services ... | | | \$121.00 |

****Thank you for your prompt response****

BALANCE DUE: \$121.00

Patient: Kevin Wikel

Account Number: 24874

Statement Date: 06/20/2014

Lowcountry Spine And Sport, LLC
 300 New River Parkway, Suite 37
 Hardeeville SC 29927-4545

BASIC 0006

LSSLLC01-0387756-0002956-4052529-001-000230-0004548-0008

Phone: 843/208-2420 IRS# 26-4007552

Beaufort Memorial Hospital
 955 Ribault Road
 Beaufort, SC 29902
 843-522-5150

1

FINAL

KEL, KEVIN M

H02475524

04/02/15

04/07/15

WIKEL, KEVIN M
 11 BRILLIANT LANE
 BEAUFORT SC 29906

401 BC OUT OF STATE P WNW14771481W00
 BC OUT OF STATE BECON WAAN4381070

| *** PHARMACY *** | | | |
|------------------|------------|--|-----------|
| /02/15 | 4400082492 | ARTICHAINE 1% 10ML SYRINGE; Lidocaine 1% MPF Inj 0.5 ML SYR | 1 15.18 |
| /02/15 | 4400082350 | ZEMERON 5 ML VIAL; Rocuronium Inj 10 MG/ML 5 ML VIAL | 1 22.21 |
| /02/15 | 4400080734 | SODIUM CHLORIDE 0.9% INJ 10ML; Sodium Chloride 0.9% PI Inj 10 ML V | 1 101.20 |
| /02/15 | 4400081127 | XYLOCAINE 2% MPF 10ML; Lidocaine 2% MPF Inj 10 ML AMP | 1 22.33 |
| /02/15 | 4400082721 | LIDOCAINE EPI 1% 10ML VIAL; Lidocaine 1%-2% naphrine Inj 10 ML | 1 19.73 |
| /02/15 | 4400081005 | THROMBIN TOP (5,000U-5ML); Thrombin Topical 5,000 UNIT VIAL | 1 138.15 |
| /02/15 | 4400080117 | BACITRACIN 50,000U IV; Bacitracin Inj 50,000 UNIT VIAL | 1 26.27 |
| /02/15 | 4400082694 | EPHEDRINE 5MG/ML 50MG SYRINGE; ePHEDrine Inj 5 MG/ML 10 ML SYR | 1 32.72 |
| /02/15 | 4400082694 | EPHEDRINE 5MG/ML 50MG SYRINGE; ePHEDrine Inj 5 MG/ML 10 ML SYR | -1 -32.72 |

 345.07

| *** CENTRAL SURGICAL SUPPLIES *** | | | |
|-----------------------------------|------------|--|-----------|
| /02/15 | 3300024182 | SUTURE N104T 4-0 NEUROLON; SUTURE N104T NUROLON 4-0 TF | 1 94.04 |
| /02/15 | 3300024182 | SUTURE N104T 4-0 NEUROLON; SUTURE N104T NUROLON 4-0 TF | -1 -94.04 |
| /02/15 | 3300075087 | OXYGEN X PRA | 1 83.00 |

 83.00

| *** STERILE SUPPLIES *** | | | |
|--------------------------|------------|--|----------|
| /02/15 | 3300024363 | PACK SPINE PN23SPBU; PACK SPINE PN23SPBUK | 1 306.25 |
| /02/15 | 3300029974 | SPONGE GELFOAM 100 1366202; SPONGE GELFOAM 100 1366202 | 1 109.34 |
| /02/15 | 3300031329 | ADHESIVE LIQUAND IXMT-P QBC03; ADHESIVE LIQUAND IXMT-P QBC03 | 1 87.31 |
| /02/15 | 3300025221 | SUTURE V031G VIC O CT-1 CR8 27; SUTURE V02P31D VIC O CT-1 | 1 64.46 |

 H02475524

Beaufort Memorial Hospital
 355 Ribault Road
 Beaufort, SC 29902
 313-522-5150

2

FINAL

WIKEL, KEVIN M

H02475524

04/02/15

04/07/15

WIKEL, KEVIN M
 11 BRILLIANT LANE
 BEAUFORT SC 29906

401 BC OUT OF STATE P WW14771481W00
 BC OUT OF STATE SECON WAAN4381070

| | | |
|---------------------------------|--|-----------|
| | | 1067.36 |
| *** RADIOLOGY *** | | |
| /02/15 | 4230094056 LUMBAR SPINE | 1 644.00 |
| | | ----- |
| | | 644.00 |
| *** OPERATING ROOM SERVICES *** | | |
| /02/15 | 3330083006 OR TIME (76 TO 90 MINUTES) | 1 8860.00 |
| | | ----- |
| | | 8860.00 |
| *** ANESTHESIA *** | | |
| /02/15 | 4530064001 ANESTHESIA, FIRST 30MIN | 1 329.00 |
| /02/15 | 4530064003 ANESTHESIA, ADD 30MIN INCREMS | 2 348.00 |
| | | ----- |
| | | 677.00 |
| *** 636 DRUGS/DETAIL CODE *** | | |
| /02/15 | 3330025038 L R 1000 CC 2B2324X; LACTATED RINGERS | 1 5.11 |
| | 1000C 2B2324X | |
| /02/15 | 4530025038 L R 1000 CC 2B2324X; LACTATED RINGERS | 1 6.41 |
| | 1000C 2B2324X | |
| /02/15 | 4430081523 CEFAZOLIN 500 MG; Cefazolin Inj 1 GM | 2 17.84 |
| | VIAL | |
| /02/15 | 4430088030 SODIUM CHLOR 0.9% INJ 100ML; Sodium | 1 102.84 |
| | Chloride 0.9% Inj 100 mL Bag | |
| /02/15 | 4430080726 NORCURON 10MG/10ML; Vecuronium Inj 10 | 1 22.10 |
| | MG VIAL | |
| /02/15 | 4430080333 DIPRIVAN; Propofol Inj 10 MG/ML 20 ML | 1 155.59 |
| | VIAL | |
| /02/15 | 4430082696 SUCCINYLCHOLINE 200MG SYRINGE; | 1 31.89 |
| | Succinylcholine Inj 20 MG/ML 10 ML | |
| /02/15 | 4430081671 FAMOTIDINE INJ 20MG; Famotidine Inj | 1 17.41 |
| | 10 MG/ML 2 ML VIAL | |
| /02/15 | 4430081250 GLYCOPYRROLATE INJ 0.4MG; | 1 16.13 |
| | Glycopyrrolate Inj 0.2 MG/ML 2 ML V | |
| /02/15 | 4430088061 MIDAZOLAM 5MG/5ML 2ML; Midazolam | 1 21.35 |
| | Inj 1 MG/ML 2 ML VIAL | |
| /02/15 | 4430080951 SUBLIMAZE 2ML; Fentanyl Citrate Inj | 1 22.70 |
| | 50 MCG/ML 2 ML | |
| /02/15 | 4430081943 CEFAZOLIN INJ 1GM PREMIX; Cefazolin 1 | 1 159.51 |
| | GM/DSW 50 ML PREMIX | |

H02475524

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, SC 29902
843-522-5150

3

FINAL

KEL, KEVIN M

H02475524

04/02/15

04/07/15

WIKEL, KEVIN M
11 BRILLIANT LANE
BEAUFORT SC 29906

401 BC OUT OF STATE P WNW14771481W00
BC OUT OF STATE SECTION WAAN4381070

| | | | | |
|--------|------------|---------------------------------------|----|---------|
| /02/15 | 4400081250 | GLYCOPYRROLATE INJ 0.4MG; | 1 | 16.13 |
| | | Glycopyrrolate Inj 0.2 MG/ML 2 ML V | | |
| /02/15 | 4400080845 | NEOSTIGMINE VL 1:1000 IM 1CMG; | 1 | 244.84 |
| | | Neostigmine Methylsulfate Inj 1 MG/ | | |
| /02/15 | 4400081715 | ZOFERAN INJ SDV; Ondansetron Inj 2 | 1 | 15.88 |
| | | MG/ML 2 ML VIAL | | |
| /02/15 | 4400082814 | OFIRMEV 100CMG 100ML IV INJ; | 1 | 235.86 |
| | | Acetaminophen Inj 1000 MG/100 ML PR | | |
| /02/15 | 4400080951 | SUBLIMAZE 2ML; Fentanyl Citrate Inj | 1 | 22.70 |
| | | 50 MCG/ML 2 ML | | |
| /02/15 | 4400083061 | MIDAZOLAM VL 1MG/ML 2ML; Midazolam | 1 | 21.35 |
| | | Inj 1 MG/ML 2 ML VIAL | | |
| /02/15 | 4400080327 | HYDROMORPHONE INJ 2MG; Hydromorphone | 1 | 25.22 |
| | | Inj 2 MG/ML SYR | | |
| /02/15 | 4400083061 | MIDAZOLAM VL 1MG/ML 2ML; Midazolam | -1 | -21.35 |
| | | Inj 1 MG/ML 2 ML VIAL | | |
| /02/15 | 4400080951 | SUBLIMAZE 2ML; Fentanyl Citrate Inj | -1 | -22.70 |
| | | 50 MCG/ML 2 ML | | |
| /02/15 | 4400080333 | DEPRIVAN; Propofol Inj 10 MG/ML 20 ML | 1 | 155.59 |
| | | VIAL | | |
| /02/15 | 4400081525 | CEFAZOLIN VL 1GM; Cefazolin Inj 1 GM | -2 | -17.84 |
| | | VIAL | | |
| /02/15 | 4400088030 | SODIUM CHLOR 0.9% INJ 100ML; Sodium | -1 | -102.84 |
| | | Chloride 0.9% Inj 100 mL Bag | | |
| | | | | 1153.02 |
| | *** | RECOVERY ROOM *** | | |
| /02/15 | 3330062051 | SDS RECOVERY - LEVEL 1 | 1 | 764.00 |
| /02/15 | 3330062002 | BACU (31-60 MINUTES) | 1 | 1377.00 |
| /02/15 | 3330062053 | SDS RECOVERY - ADDL 30 MINS | 1 | 291.00 |
| | | | | 2132.00 |

H02475524

14961.45
0.00
14961.45

***** INSTANT BILL *****

ACCT:297689

DATE:10/12/15

PAGE 1 OF 1

LOWCOUNTRY ANESTHESIA, PA
 P.O. BOX 74
 COLUMBIA, SC 29202-0074

LAST PAYMENT

YTD PAY

05/12/15 \$457.47

\$457.47

OFFICE PH:888-537-8533

HOME PH:843-263-5846 BUSINESS PH:

EXT:

PAT NAME

APPOINTMENT

KEVIN M. WIKEL
 11 BRILLIANT LANE
 BEAUFORT, SC 29906

KW KEVIN M. WIKEL

DIAGNOSIS

1-722.10

NUM DOCTOR

TAX ID

1 WILLIAM L. SPEARMAN, 57-0860993

| DATE | DR | PAT | DIAGPTRS | TCODE | MOD | DESCRIPTION | CHARGE | CREDIT | BALANCE |
|--|----|-----|----------|-------|-----|-------------------------------|---------|--------|---------|
| 04/02/15 | 1 | KW | 1 | 00630 | QK | SERVICES
(DAYS/UNITS = 9) | 1530.00 | | 1530.00 |
| ** APPLIED TO DEDUCTIBLE: 609.96 | | | | | | | | | |
| ** INS. FILED:05/04/15 | | | | | | | | | |
| 05/12/15 | 1 | KW | | 2 | | BLUE-CROSS PAY | | 457.47 | 1072.53 |
| ** APPLIES TO CHARGES ON: 04/02/15 CHK#:0001496163 | | | | | | | | | |
| 05/12/15- | 1 | KW | | 514C | | PFC W/O | | 920.04 | 152.49 |
| 04/02/15 | | | | | | | | | |

REF PHYS : SCOTT STROHMEYER, M TAX ID:

SAGES

REF STATE: SC

LIC # :

TOT: \$152.49

***** INSTANT BILL ***** ACCT:179741 DATE:10/12/15 PAGE 1 OF 1

BEAUFORT CRNA SERVICES
P.O. BOX 1927
COLUMBIA, SC 29202-1927

LAST PAYMENT YTD PAY

04/21/15 \$227.70 \$227.70

OFFICE PH:8002037607 HOME PH:843-263-5846 BUSINESS PH:

EXT:

KEVIN M. WIKEL
160 KNIGHTSBRIDGE RD
BLUFFTON, SC 29910

PAT NAME APPOINTMENT

KW KEVIN M. WIKEL

DIAGNOSIS

-722.10

UM DOCTOR TAX ID

47 SALLY H. GRIFFITH CRN 576000094

| ATE | DR | PAT | DIAGPTRS | TCODE | MOD | DESCRIPTION | CHARGE | CREDIT | BALANCE |
|---|----|-----|----------|-------|-----|------------------------------------|--------|--------|---------|
| 2/15 | 47 | KW | 1 | 00630 | QX | CRNA SERVICES
(DAYS/UNITS = 6) | 714.00 | | 714.00 |
| * INS. FILED:04/15/15 SECONDARY:04/24/15 | | | | | | | | | |
| 4/21/15 | 47 | KW | | 2 | | BLUE-CROSS PAY | | 227.70 | 486.30 |
| * APPLIES TO CHARGES ON: 04/02/15 CHK#:0001474981 | | | | | | | | | |
| 4/21/15- | 47 | KW | | 514C | | PPC W/O | | 410.40 | 75.90 |
| 4/02/15 | | | | | | | | | |
| 0/06/15- | 47 | KW | | 893C | | ACCTS TURNED O | | 75.90 | 0.00 |
| 4/02/15 | | | | | | | | | |

MESSAGES

TOT: \$0.00

Open Item Ledger

Patient # SC0120699

Kevin Wikel

(843) 415-1236

Page 1 of 3
Dray Physical Therapy
1/18/2015, 2:07 PM

No. 0/45 P. 3/

| Date of Service | Prg | Resp | Code | Description | Prv | Billed | Contract Write-Off | Expected | Paid | Adjusted | Transfer | Insurance Balance | Patient Balance | Total Balance |
|-----------------|-------|------|-------------------|--|-------|--------|--------------------|----------|---------|----------|----------|-------------------|-----------------|---------------|
| 05-20-15 | PT001 | aP | 97001 | PT EVALUATION | 10402 | 140.00 | 0.00 | 140.00 | -42.45 | -97.55 | | 0.00 | 0.00 | 0.00 |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -10.61 | | | | | |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10402 | | | | -31.84 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10402 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10402 | | | | | -97.55 | | | | |
| | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES (2) | 10402 | 134.00 | 0.00 | 134.00 | -47.62 | -86.38 | 10.61 | | | |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -11.90 | | | 0.00 | 0.00 | 0.00 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10402 | | | | -35.72 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10402 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10402 | | | | | -86.38 | | | | |
| | PT001 | aP | 97110 | THERAPEUTIC EXERCISES (1) | 10402 | 61.00 | 0.00 | 61.00 | -23.81 | -37.19 | 11.90 | | | |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -5.95 | | | 0.00 | 0.00 | 0.00 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10402 | | | | -17.86 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10402 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10402 | | | | | -37.19 | | | | |
| 05-22-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-20-15 - 05-20-15 | 10402 | 335.00 | | | | | 5.95 | | | |
| Total: | | | | | | 335.00 | 0.00 | 335.00 | -113.88 | -221.12 | | 0.00 | 0.00 | 0.00 |
| 05-22-15 | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES (2) | 20050 | 134.00 | 0.00 | 134.00 | -47.62 | -86.38 | | | | |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -11.90 | | | 0.00 | 0.00 | 0.00 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10652 | | | | -35.72 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10652 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10652 | | | | | -86.38 | | | | |
| | PT001 | aP | 97110 | THERAPEUTIC EXERCISES (1) | 20050 | 61.00 | 0.00 | 61.00 | -23.81 | -37.19 | 11.90 | | | |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -5.95 | | | 0.00 | 0.00 | 0.00 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10652 | | | | -17.86 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10652 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10652 | | | | | -37.19 | | | | |
| 05-26-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-22-15 - 05-22-15 | 10652 | 195.00 | | | | | 5.95 | | | |
| Total: | | | | | | 195.00 | 0.00 | 195.00 | -71.43 | -123.57 | | 0.00 | 0.00 | 0.00 |
| 05-23-15 | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES (3) | 20350 | 201.00 | 0.00 | 201.00 | -67.27 | -129.57 | | | | |
| 05-28-15 | PT001 | P | PPCC | Patient Payment - Credit Card | | | | | -13.69 | | | 0.00 | 4.16 | 4.16 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10156 | | | | -53.58 | | | | | |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10156 | | | | | | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10156 | | | | | -129.57 | | | | |
| 05-26-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-23-15 - 05-23-15 | 10156 | 201.00 | | | | | 17.85 | | | |

Open Item Ledger

Patient # SC0120699

Kevin Wikel

(843) 415-1236

Page 2 of 3
Dr: Physical Therapy
8/18/2015, 2:07 PM

No. 0745 P. 38

| Date of Service | Prg | Resp | Coder | Description | Qty | Billed | Contract Write-Off | Expected | Paid | Adjusted | Transfer | Insurance Balance | affent ilance | Total Balance |
|-----------------|-------|------|-------------------|--|-------|--------|--------------------|----------|--------|----------|----------|-------------------|---------------|---------------|
| Total: | | | | | | 201.00 | 0.00 | 201.00 | 67.27 | -129.57 | | 0.00 | 4.16 | 4.16 |
| 05-25-15 | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES [3] | 20350 | 201.00 | 0.00 | 201.00 | -53.58 | -129.57 | | 0.00 | 17.85 | 17.85 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10402 | | | | -53.58 | | | 0.00 | 17.85 | 17.85 |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10402 | | | | | -129.57 | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10402 | | | | | | 17.85 | | | |
| 05-26-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-25-15 - 05-25-15 | 10402 | 201.00 | | | | | | | | |
| Total: | | | | | | 201.00 | 0.00 | 201.00 | -53.58 | -129.57 | | 0.00 | 17.85 | 17.85 |
| 05-26-15 | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES [3] | 20050 | 201.00 | 0.00 | 201.00 | -53.58 | -129.57 | | 0.00 | 17.85 | 17.85 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10652 | | | | -53.58 | | | 0.00 | 17.85 | 17.85 |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10652 | | | | | -129.57 | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10652 | | | | | | 17.85 | | | |
| 06-02-15 | PT001 | aP | 97014 | ELECTRIC STIMULATION THERAPY | 20050 | 35.00 | 0.00 | 35.00 | -8.46 | -23.73 | | 0.00 | 2.81 | 2.81 |
| 06-02-15 | PT001 | A | IC | BCBS of SC Check #*0001518350 | 10652 | | | | -8.46 | | | 0.00 | 2.81 | 2.81 |
| 06-02-15 | PT001 | A | IWO- | Insurance Write Off | 10652 | | | | | -23.73 | | | | |
| 06-02-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10652 | | | | | | 2.81 | | | |
| 05-27-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-26-15 - 05-26-15 | 10652 | 236.00 | | | | | | | | |
| Total: | | | | | | 236.00 | 0.00 | 236.00 | -62.04 | -153.30 | | 0.00 | 20.66 | 20.66 |
| 05-28-15 | PT001 | aP | 97530 | THERAPEUTIC ACTIVITIES [4] | 20350 | 268.00 | 0.00 | 268.00 | -71.43 | -172.76 | | 0.00 | 23.81 | 23.81 |
| 06-09-15 | PT001 | A | IC | BCBS of SC Check #*0001525610 | 10402 | | | | -71.43 | | | 0.00 | 23.81 | 23.81 |
| 06-09-15 | PT001 | A | IWO- | Insurance Write Off | 10402 | | | | | -172.76 | | | | |
| 06-09-15 | PT001 | A>P | UTPAT | Unpaid to Patient | 10402 | | | | | | 23.81 | | | |
| 05-29-15 | PT001 | A | Bill to: **PAID** | SB880 BCBS of SC for services: 05-28-15 - 05-28-15 | 10402 | 268.00 | | | | | | | | |
| Total: | | | | | | 268.00 | 0.00 | 268.00 | -71.43 | -172.76 | | 0.00 | 23.81 | 23.81 |
| 06-01-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES [4] | 20350 | 268.00 | 0.00 | 268.00 | 0.00 | 0.00 | | 268.00 | 0.00 | 268.00 |
| | PT001 | A | 97010 | Hot/Cold Pack | 20350 | 20.00 | 0.00 | 20.00 | 0.00 | 0.00 | | 20.00 | 0.00 | 20.00 |
| Total: | | | | | | 288.00 | 0.00 | 288.00 | 0.00 | 0.00 | | 288.00 | 0.00 | 288.00 |
| 06-02-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES [5] | 20350 | 335.00 | 0.00 | 335.00 | 0.00 | 0.00 | | 335.00 | 0.00 | 335.00 |
| Total: | | | | | | 335.00 | 0.00 | 335.00 | 0.00 | 0.00 | | 335.00 | 0.00 | 335.00 |
| 06-04-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES [4] | 20050 | 268.00 | 0.00 | 268.00 | 0.00 | 0.00 | | 268.00 | 0.00 | 268.00 |
| | PT001 | A | 97010 | Hot/Cold Pack | 20050 | 20.00 | 0.00 | 20.00 | 0.00 | 0.00 | | 20.00 | 0.00 | 20.00 |
| Total: | | | | | | 288.00 | 0.00 | 288.00 | 0.00 | 0.00 | | 288.00 | 0.00 | 288.00 |
| 06-09-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES [6] | 20350 | 402.00 | 0.00 | 402.00 | 0.00 | 0.00 | | 402.00 | 0.00 | 402.00 |

08/12/2015 12:41 AM

Open Item Ledger

Patient # SC0120699

Kevin Wikel

(843) 415-1236

Page 3 of 3
Dr. er Physical Therapy
6/18/2015, 2:07 PM

No. 0745 P. 39

| Date of Service | Prq | Resp | Code | Description | Prv | Billed | Contract Write-Off | Expected | Paid | Adjusted | Transfer | Insurance Balance | Patient Balance | Total |
|-----------------|-------|------|-------|----------------------------|-------|--------|--------------------|----------|------|----------|----------|-------------------|-----------------|--------|
| Total: | | | | | | 402.00 | 0.00 | 402.00 | 0.00 | 0.00 | | 402.00 | 0.00 | 402.00 |
| 06-10-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES (6) | 10402 | 402.00 | 0.00 | 402.00 | 0.00 | 0.00 | | 402.00 | 0.00 | 402.00 |
| | PT001 | A | 97010 | Ho/Cold Pack | 10402 | 20.00 | 0.00 | 20.00 | 0.00 | 0.00 | | 20.00 | 0.00 | 20.00 |
| Total: | | | | | | 422.00 | 0.00 | 422.00 | 0.00 | 0.00 | | 422.00 | 0.00 | 422.00 |
| 06-15-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES (5) | 20350 | 335.00 | 0.00 | 335.00 | 0.00 | 0.00 | | 335.00 | 0.00 | 335.00 |
| Total: | | | | | | 335.00 | 0.00 | 335.00 | 0.00 | 0.00 | | 335.00 | 0.00 | 335.00 |
| 06-17-15 | PT001 | A | 97530 | THERAPEUTIC ACTIVITIES (4) | 20050 | 268.00 | 0.00 | 268.00 | 0.00 | 0.00 | | 268.00 | 0.00 | 268.00 |
| Total: | | | | | | 268.00 | 0.00 | 268.00 | 0.00 | 0.00 | | 268.00 | 0.00 | 268.00 |

| Payor Breakdown | | | | | | Unapplied | | |
|-----------------|-------|-------|-------------------------|---------|---------|-----------|---------|-------|
| BC | Prq | Code | Payor | Charges | Paid | Adjusted | Balance | Total |
| A | PT001 | 10862 | BCBS of SC | 3847.52 | -379.63 | -929.89 | 2338.00 | 0.00 |
| P | PT001 | 00002 | PI Pays After Insurance | 126.48 | -60.00 | 0.00 | 66.48 | 0.00 |
| Total: | | | | 3774.00 | -439.63 | -929.89 | 2404.48 | 0.00 |

| Provider Breakdown | | | | |
|---------------------------|---------|---------|----------|---------|
| Provider | Charges | Paid | Adjusted | Balance |
| 10156 Chris Fisher, PT | 536.00 | -67.27 | -129.57 | 339.16 |
| 10402 Abby Behm, PT | 2251.00 | -238.89 | -523.45 | 1488.66 |
| 10652 Undsay McDonald, PT | 987.00 | -133.47 | -276.87 | 576.66 |
| Total: | 3774.00 | -439.63 | -929.89 | 2404.48 |

| Location Breakdown | | | | |
|--------------------------------|---------|---------|----------|---------|
| Location | Charges | Paid | Adjusted | Balance |
| SC002 Drayer PT - Bluffton, SC | 3774.00 | -439.63 | -929.89 | 2404.48 |
| Total: | 3774.00 | -439.63 | -929.89 | 2404.48 |



**McDOUGALL
LAW FIRM**

A LIMITED LIABILITY COMPANY
Personal Commitment. Professional Representation.™

J. OLIN McDOUGALL, II, Esquire
Million Dollar Advocates
Forum, Lifetime Member



WILLIAM THOMAS BACON, IV, Esquire
Attorney

JOE W. UNDERWOOD, Esquire
Of Counsel, Family Court Litigation

Tax ID#64-0953148

WWW.MCDOUGALLLAWFIRM.COM

November 16, 2015

Amy Bracy
Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Kevin Wikel v. Pepsi Bottling
WCC File No.: 1405219
Date of Injury: May 9, 2014

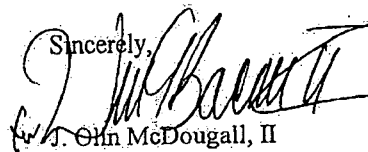
Dear Amy:

Please find enclosed an original and one (1) copy of our Amended Form 50 and Motion to Amend Form 50 in the above-referenced matter. Enclosed is the \$25.00 filing fee.

By courtesy copy of this correspondence I am also notifying Andrew D. Smith, Esquire, Attorney for the Defendants and providing him with a copy of same.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

With kind regards, I am

Sincerely,

J. Olin McDougall, II

JOM,II:ala

Enclosures

cc: Kevin Wikel
Andrew D. Smith, Esquire
Commissioner Avery B. Wilkerson

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1405219
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kevin Wikel SSN: _____ Employer's Name: Pepsi
Address: 160 Knight Bridge Road Address: 287 Broad River Road
City: Bluffton State: SC Zip: 29910 City: Beaufort State: SC Zip: 29906
Home Phone: (843) 263-5846 Work Phone: () Insurance Carrier: Indemnity Insurance Co. of NA/Sedgwick CMS
Preparer's Name: J. Olin McDougall, II, Esq. Law Firm: McDougall Law Firm Preparer's Phone #: (843) 379-7000

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 05/09/2014

☒ Injury ☐ Illness ☒ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to back, left lower extremity (LLE); right lower extremity (RLE) on 05/09/2014 in Beaufort county, state of South Carolina.
2. Body part(s) affected are: back, left lower extremity (LLE); right lower extremity (RLE)
Briefly describe how the accident occurred. Employee/Claimant pulled pallet of Pepsi products to floor, bending, twisting & lifting when he felt pain in his back.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 05/12/2014 in the following manner:
Eric Smith

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

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: back, left lower extremity (LLE); right lower extremity (RLE)

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
05/12/2014 until, as long as allowable by law.

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

☐ (1) General Disability: ☐ Total ☐ Partial

☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

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

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim: Employer/Carrier should be responsible for Claimant's medical bills, mileage expenses, prescription charges, temporary total benefits and permanent partial disability to be determined. Claimant requests a lump sum payment of any award, according to Regulations of the Commission. Claimant requests the Commissioner to make any award subject to Utica Mohawk v. Orr, 277 SC 226, 887 S.E. 2d 589 (1995) and Sciarrotta v. Brown, 837 F. 2d 135 (3d Cir. 1988).

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Doctors Care, 1510 S. Ribaut Road, Port Royal, SC 29935; Scott Strohmeyer, M.D., 1076 Ribaut Road, Suite 101, Beaufort, SC 29902; Progressive Physical Therapy, 1510 South Ribaut Road, Port Royal, SC 29935; John Batson, M.D. Low Country Spine & Sport, 300 New River Parkway, Suite 37, Hardeeville, SC 29927; MRI at Belfair, 18 Cl Summit Drive, Bluffton, SC 29910; Hilton Head Hospital, 25 Hospital Center Drive, HHI, SC 29925; Drayer Physical Therapy, 38 Sheridan Park Circle, Bluffton, 29910.

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

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

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

14. Estimated time needed for hearing: 30 minutes

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

☐ Mediation

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

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

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Amy Bracy, Judicial Director, South Carolina Workers' Compensation Commission and Andrew P. Smith, Esquire, 147 Wappoo Creek Drive, Suite 104, Charleston, SC 29412 on the _____ day of November 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Attorney for Employee/Claimant tom@mflaw.com

11-16-15

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

WCC Form # 50
Revised 7/13

AMENDED

50

**Employee's Notice of Claim and/or
Request for Hearing**

KEVIN WIKEL,
Employee/Claimant,

v

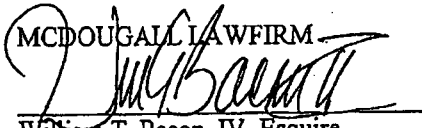
PEPSI BOTTLING,
Employer,

ACE American Insurance Company,
Carrier,

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND, ESQUIRE,
ATTORNEY FOR THE EMPLOYER/CARRIER:

YOU WILL TAKE NOTICE that the Undersigned, Counsel for Claimant, will move before South Carolina Workers' Compensation Commission or a Hearing Commissioner, as designated by the South Carolina Workers' Compensation Commission at 1333 Main Street, Columbia, South Carolina 29201, or any location as designated by the Commission, on the tenth (10th) day after service hereof, or as soon as thereafter as counsel may be heard, for an Order allowing the Employee/Claimant to Amend his Form 50. The Amended 50 is attached hereto as "Exhibit A".

Employee/Claimant respectfully requests the relief requested herein.

By: 
MCDUGALL LAW FIRM
William T. Bacon, IV, Esquire
Attorney for Employee/Claimant
P.O. Box 1336
Beaufort, South Carolina 29901-1336
(843) 379-7000
Tom@mlflaw.co

Beaufort, South Carolina
November 16, 2015

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1405219
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kevin Wikel SSN: _____ Employer's Name: Pepsi
Address: 160 Knight Bridge Road Address: 287 Broad River Road
City: Bluffton State: SC Zip: 29910 City: Beaufort State: SC Zip: 29906
Home Phone: (843) 263-5846 Work Phone: () Insurance Carrier: Indemnity Insurance Co. of
NA/Sedgwick CMS
Preparer's Name: J. Olin McDougall, II, Esq. Law Firm: McDougall Law Firm Preparer's Phone #: (843) 379-7000

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 05/09/2014

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2. Briefly describe how the accident occurred. Employee/Claimant pulled pallet of Pepsi products to floor, bending, twisting & lifting when he felt pain in his back.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
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Eric Smith

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

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: back, left lower extremity (LLE); right lower extremity (RLE)

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05/12/2014 until, as long as allowable by law.

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

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

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

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$ _____, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim: Employer/Carrier should be responsible for Claimant's medical bills, mileage expenses, prescription charges, temporary total benefits and permanent partial disability to be determined. Claimant requests a lump sum payment of any award, according to Regulations of the Commission. Claimant requests the Commissioner to make any award subject to Utica Mohawk v. Orr, 277 SC 226, 887 S.E. 2d 589 (1995) and Scharrota v. Brown, 837 F. 2d 135 (3d Cir. 1988).

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

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

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

14. Estimated time needed for hearing: 30 minutes

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

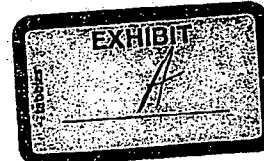
☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Amy Bracy, Judicial Director, South Carolina Workers' Compensation Commission and Andrew P. Smith, Esquire, 147 Wappoo Creek Drive, Suite 104, Charleston, SC 29412 on the _____ day of November 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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



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

WCC Form # 50
Revised 7/13

AMENDED

50

Employee's Notice of Claim and/or
Request for Hearing

RUN DATE: 12/30/08
RUN TIME: 1842
RUN USER: RN.BAR

Beaufort Memorial Hospital EDM *LIV...
EDM Assessments

PAGE 1

Patient: 01603427 JINEL, KEVIN MATTHEW

Triage Assessment

Date: 12/30/08 Time 1839 User: BONNIE ROGERS RN

*****ED Triage Assessment*****

Is primary language English: Y Interpreter Needed? Deaf Interpreter needed? N
Stated Complaint: HAND SET WRONG FMD: NONE

Allergies: NKDA

Patient's Weight: kg:

Temp: 98.3 Source: O

BP: 151/83

Pulse: 96

Resp: 20

O2 Sat: % RA: O2:

Tetanus Status:

Vaccines: Flu: N

Pneumonia: N

BGL:
Pain: 7

Visual Acuity:

Right Eye:

Left Eye:

Both Eyes:

Med Given:

Motrin:

Tylenol:

GCS: 15 (Shift F8)

Last Menstrual Period

Implanted Devices:

PMHx: FOOT PROBLEMS

Document home medications: N

MOA: Ambulatory: Y

Wheelchair:

Carried:

Stretcher:

POV: Y

EMS:

Police:

Pediatric Immunizations: UTD:

UNK:

Comment:

AVPU: Alert:

Verbal:

Pain:

Unresponsive:

Infant/Pediatrics: Strong Cry:

Playful:

Calm:

Lethargic:

Consolable:

Birth Wt:

lbs oz

Formula:

Triage Interventions:

Ice:

Elevate:

Splint:

Sling:

Dressing Applied:

Mask Placed On Patient: (**Precautions Explained**)

Additional Nurses Notes: PT STATES HE PUNCHED A WALL ON 12/23/08 AND SEEN HERE IN ER AND TOLD RIGHT HAND/WRIST BROKEN AND PLACED A CAST ON IT. PT REPORTS HE TOOK THE CAST OFF TODAY AND DID NOT FOLLOW UP WITH ORTHO MD AS DIRECTED ON 12/23. PT NOT WEARING HIS SLING AS DIRECTED AND STATES HE TOOK IT OFF. PT C/O PAIN IN RIGHT WRIST, RED DIME SIZE BUMP NOTED ON OUTER RIGHT WRIST.

** ENTER PATIENT ACUITY ** Y

Name: WIKEL, KIM M
Phys: MCELVEE, C TYRONE, MD
DOB: () Age: 24 Sex: M
Acct: C1587602 Loc: UNK
Exam Date: 11/03/2008 Status: UNK
Radiology No: C0239562
Unit No: 03567

PL/EXAM RESULT
BY/LUMBAR SPINE

Lumbar spine two views

HISTORY: Back pain

LUMBAR SPINE SERIES: AP, lateral and lumbosacral spot views were obtained. The lumbar vertebral bodies appear intact with no evidence for fracture or subluxation. The lumbar pedicles, transverse processes, and spinous processes appear intact. Oblique views of the lumbar spine demonstrate no evidence for spondylolysis. No significant disc space narrowing is seen.

IMPRESSION: Unremarkable lumbosacral spine series.

** REPORT SIGNATURE ON FILE 11/10/2008 **

Reported By: Robert C Anton, MD

Signed By: DR ERIC BELLIG

CC:

Technologist: MARIO M. LARA

Transcribed Date/Time: 11/10/2008 (0754)

Transcriptionist: XEBY

Printed Date/Time: 09/03/2014 (0953)

PAGE 1

Signed Report Printed From: PCL

RUN DATE: 11/08/08
RUN TIME: 1910
RUN USER: PCSRN.KIL

Beaufort Memorial Hospital EDM *LIVE*
EDM Assessments

PAGE 1

Patient: 0153002 MIKE, KEVIN WAHLEP

EDM Assessment

Date: 11/08/08 Time: 1909 Room: 0000000000

*****ED Triage Assessment*****

Is primary language English: Y Interpreter Needed? Deaf Interpreter needed?
Stated Complaint: SHARP PAINS DOWN MY LEG PMD: NONE

Allergies: NKDA

Patient's Weight: kg: 97.1

Temp: 98.1 Source: O

BP: 169/77

Pulse: 94

Resp: 18

O2 Sat: & RA: O2:

Tetanus Status:

Vaccines: Flu:

Pneumonia:

BGL:

Pain: 6

GCS: (Shift F8)

Visual Acuity:

Right Eye:

Left Eye:

Both Eyes:

Med Given:

Motrin:

Tylenol:

Last Menstrual Period

Implanted Devices:

PMHx: FOOT PROBLEMS

Document home medications: Y

MOA: Ambulatory: Y

Wheelchair:

Carried:

Stretcher:

POV: Y

EMS:

Police:

AVPU: Alert: Y

Verbal:

Pain:

Unresponsive:

Pediatric Immunizations: UTD:

UNK:

Comment:

Infant/Padiatrics: Strong Cry:

Playful:

Calm:

Lethargic:

Consolable:

Birth Wt:

lbs oz

Formula:

Triage Interventions:

Ice:

Elevate:

Splint:

Sling:

Dressing Applied:

Mask Placed On Patient:

(**Precautions Explained**)

Additional Nurses Notes: PT C/O SHARP "SHOOTING" PAINS DOWN LEFT LEG X 2 1/2 WEEKS.

** ENTER PATIENT ACUITY ** Y

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, South Carolina 29902

Medical Records - Emergency Department Record

PATIENT NAME: WIKEL, KEVIN MATTHEW
ACCOUNT NUMBER: 01587602
ROOM AND BED:
UNIT NUMBER: 035617
ATTENDING DOCTOR: SCHROCK, LINA, PA-C

ADMISSION DATE: 11/08/08
DISCHARGE DATE: 11/08/08
DATE OF BIRTH:

CHIEF COMPLAINT: "Sharp pains down my leg."

DATE: November 8, 2008.

DATE OF BIRTH: May 12, 1990.

HPI: This 18-year-old Caucasian male presents to the emergency room with complaint of pain to his low back area that he has been having for about 2 1/2 weeks. The patient states that he was lifting something heavy and had taken it to the roof of Golden Corral where he works as a manager. The patient states now having shooting pains to the low back, mainly into his left leg that radiates all the way down to his foot. States that pain is 6/10. He has taken no medication. Has not consulted with his primary care physician. Currently denies any numbness, tingling or weakness, only constant pain that keeps him awake. Denies any problems with bowel or bladder. The patient denies any other injuries only having pain to his feet and which he states it is constant, especially when he is on his feet a lot at work.

PAST MEDICAL HISTORY: "Foot problems".

ALLERGIES: No known drug allergies.

PRIMARY CARE PHYSICIAN: None.

SURGICAL HISTORY: Left hand 3rd finger surgical repair.

MEDICATIONS: None.

SOCIAL HISTORY: Smoked 2 cigars a day. He has been smoking for about a year. Denies alcohol intake or recreational drug use or intake. Currently employed as a manager.

REVIEW OF SYSTEMS: Essentially as stated above. Otherwise GENERAL CONSTITUTIONAL: Denies sleep disturbance, night sweats, fever, malaise, fatigue, weight change. CUTANEOUS: Denies rashes or other lesions of the skin, hair or nails. HEENT: Denies headaches, changes in vision, hearing loss, tinnitus, vertigo, otalgia, or otorrhea. Also denies changes in sense of smell, nasal obstruction, rhinorrhea, epistaxis or snoring. Denies pharyngitis, dysphagia, odynophagia, changes in taste sensation or difficulty with deglutition, speech or swallowing. NODES: Denies any lymphadenopathy. CARDIOVASCULAR: Denies chest pain, shortness of breath, syncope, palpitations, diaphoresis, or claudication. CHEST/PULMONARY: Denies chest pain, shortness of breath, cough, hemoptysis, or wheezing.

PATIENT CARE INQUIRY *** LIVE *** (PMT: OF Database PEM)

RUN: 09/03/14-09:53 by MARTIN SCHUBERT/SMA

Page 1 of 3

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, South Carolina 29902

Medical Records - Emergency Department Record

PATIENT NAME: WIKEL, KEVIN MATTHEW
ACCOUNT NUMBER: 01387602
ROOM AND BED:
UNIT NUMBER: 035617
ATTENDING DOCTOR: SCHROCK, LIKA, PA-C

ADMISSION DATE: 11/08/08
DISCHARGE DATE: 11/08/08
DATE OF BIRTH:

GASTROINTESTINAL: Denies changes in appetite, weight change, dysphagia, odynophagia, heartburn, abdominal pain, nausea, vomiting, diarrhea, constipation, melena, hematochezia, or change in bowel pattern. GENITOURINARY: Denies dysuria, hematuria, dysuria, urgency, frequency, hesitancy, incontinence, impotence or penile discharge. MUSCULOSKELETAL: Denies pain, deformity or loss of motion, arthralgias, or myalgias. NEUROLOGIC: Denies parestia, paresthesias, or difficulty with speech, ambulation or mentation. HEME/COAG: Denies bruising, bleeding or clotting problems. HEMATOLOGIC/LYMPHATIC: Denies any purpuric/petechial lesions. Denies spontaneous or easy bruising. ENDOCRINE: Denies polyuria/polydipsia. Denies tachycardia, tremors. Denies hair loss, diarrhea or constipation. Denies weight loss or gain. Denies blurred vision. ALLERGY/IMMUNOLOGIC: Denies rhinorrhea, increased lacrimation, itchy eyes, sneezing or congestion. No pruritus. Negative wheezing.

PHYSICAL EXAMINATION: VITALS: Temperature at 98.1, blood pressure 169/77, pulse 94, respiration 18, pain score 5/10. HEART: Regular rate and rhythm with no rubs or gallops auscultated. LUNGS: Clear. No rales, rhonchi or wheezes auscultated. Respiratory effort noted to be unlabored. No nasal flare. EXTREMITIES: Positive pulses. Positive capillary refill. No edema or varicosities. BACK: No bony deformities or step-offs palpated. Pain is localized at paravertebral muscle on the left and is radiating into the left hip and gluteus. No obvious bony deformity or step-offs palpated. No crepitus noted. Reflexes -2 in lower extremities. Good sensation L4, L5, S1, S2.

Lumbar x-rays were performed and negative for fracture or subluxation. The patient is noted with decreased spacing between L4 and S1. No obvious bony deformities, step offs palpated. Slight decrease in curvature is also noted otherwise normal.

TREATMENT: The patient received Anaprox 450 mg a day and prednisone 60 mg p.o. since he drove himself here. To go home with 2 Lortabs. was given a prescription of Lortab as well as Diclofenac and ibuprofen. He will be advised to take the prescribed medications, apply cold compresses for pain and swelling, alternate with warm moist heat and range of motion exercises. Follow up with primary care physician or Dr. Strommeyer who is the orthopedic physician on call. Return if his symptoms worsen or as needed. The patient will be discharged in stable condition.

DIAGNOSES

1. Low back pain.
2. Sciatica.

PATIENT CARE INQUIRY *** LIVE *** (PUI: ON Database ELM)

Run: 09/03/14-09:53 by MARTIN SCIUBERI/SMA

Page 2 of 3

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, South Carolina 29902

Medical Records - Emergency Department Record

PATIENT NAME: WIKEL, KEVIN MATTHEW
ACCOUNT NUMBER: 01587602
ROOM AND BED:
UNIT NUMBER: 035617
ATTENDING DOCTOR: SCHROCK, LIKA, PA-C

ADMISSION DATE: 11/08/08
DISCHARGE DATE: 11/08/08
DATE OF BIRTH:

3. Musculoskeletal strain.

LIKA SCHROCK, PA-C, DICTATING FOR TYRONE MCLEWEN, MD

Lika Schrock, PA C
OSI/223459/ir/0/11/09/2008 17:45:13
T: 11/09/2008 17:45:13 Doc ID: 2203106
DMI Job#: 264024/OSI Job#: 3700637

PATIENT NAME: WIKEL, KEVIN M
Dictated by: SCHROCK, LIKA, PA-C
Dictate Date: 11/08/08
Dictate Time: 201900

UNIT NUMBER: 035617
ACCOUNT #: 01587602
Transcribed Date: 11/09/08
Transcriptionist: OSI
E Sign Time: 0407
E-Sign Date: 11/12/08

SCHROCK, LIKA, PA-C

ELECTRONICALLY SIGNED

EN: ES
CC:

PATIENT CARE INQUIRY *** LIVE *** (PC: OF Database ELM)

Run: 09/03/14-09:53 by MARTIN SCHUBERT/SMA

Page 3 of 3

Beaufort Memorial Hospital Emergency Department

Beaufort Memorial Hospital

955 Ribaut Road
Beaufort, SC 29902
(843) 522-5101

H01944853
WIKEL, KEVIN M
MRN: D035617
Patient DOB:



Sex: M Age: 21

Discharge Instructions for:

Wikel, Kevin M

Arrival Date:

Tuesday, July 12, 2011

07/12/11

Thank you for choosing Beaufort Memorial Hospital for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Duff, Thomas, DO
Kolb, Andrew, PA-C

Diagnosis: Thoracic Myofascial Strain

| DISCHARGE INSTRUCTIONS | FORMS |
|---|---|
| THORACIC STRAIN | Medication Reconciliation
Work Release - 2 Day |
| FOLLOW UP INSTRUCTIONS | PRESCRIPTIONS |
| Dawson, Rosalind (INT-MED)
When: 1 - 2 days; Reason: Physician Recheck | Flexeril
Naprosyn
Lortab 5 |
| SPECIAL NOTES | |
| None | |

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Kevin Wikel

MRN # D035617

Discharge Date/Time :

ED Physician or Nurse

7510 MW

Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, SC 29902
(843)522-5101

MedHost Provider Documentation

Patient Name: WKEL, KEVIN M
Date of Birth: _____
Admit Date: _____
Attending Doctor: _____

Account Number: H01948114
Unit Number: D035617
Discharge Date: 07/21/11

HPI:

07/21 This 21 years old Male presents to ER via POV with complaints of Flank Pain, Chest Pain. ap1
11:35

11:35 The patient complains of pain in the right subscapular area and right mid back. The pain does not radiate. Onset: The symptoms/episode began/occurred 2 week(s) ago. Modifying factors: The symptoms are alleviated by nothing. The symptoms are aggravated by movement. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. Severity of pain: At its worst the pain was severe a 10 / 10 in the emergency department the pain is unchanged. The patient has experienced similar episodes in the past, a few times. The patient has been recently seen by a physician: the patient's primary care provider, with similar presenting complaints, and apparently given a diagnosis of BRONCHITIS, was given a prescription for antibiotics.

Historical:

- Allergies: No known drug Allergies
- Home Meds:
 1. ?ABX
- PMHx: Bronchitis
- Immunization history: Last tetanus immunization: up to date. Flu vaccine status is unknown.
- Family history: Not pertinent. No immediate family members are acutely ill.
- Social history: The patient/guardian denies using tobacco, alcohol, street drugs.
- The history from nurses notes was reviewed, and I agree with what is documented.

ROS:

11:36 MS/Extremity: Negative for injury and deformity. Skin: Negative for injury, rash, and discoloration. Neuro: Negative for weakness, numbness, tingling, and seizure. Eyes: Negative for injury, pain, redness, and discharge. ENT: Negative for injury, pain, and discharge. Neck: Negative for injury, pain, and swelling. Cardiovascular: Negative for chest pain, palpitations, and edema. Constitutional: Positive for fatigue, malaise. Respiratory: Positive for cough, with no reported sputum, pleurisy, shortness of breath. Abdomen/GI: Positive for abdominal pain, nausea. Back: Positive for pain at rest, pain with movement. GU: Positive for flank pain. All other systems are negative. ap1

Exam:

11:37 Head/Face: Normocephalic, atraumatic. Eyes: Pupils equal, round, and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses. Exudates, or evidence of obstruction, uvula midline. Mucous membrane Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. ap1

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M

Date of Birth:

Admit Date:

Attending Doctor:

Account Number: H01948114

Unit Number: D035617

Discharge Date: 07/21/11

Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus Chest/axilla. Normal chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis. MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait. Constitutional: The patient appears in no acute distress, alert, non-diaphoretic, non-toxic, well developed, well hydrated, well groomed, well nourished. Respiratory: the patient does not display signs of respiratory distress. Respirations normal. Breath sounds decreased breath sounds, are located in both bases. Abdomen/GI: Inspection: abdomen appears normal. Bowel sounds normal. Palpation: abdomen is soft and non-tender, in all quadrants. Back pain, is absent, ROM is normal, painless, normal spinal alignment noted, CVA tenderness, is absent, muscle spasm, is not present.

15:52 GU CVA tenderness, is absent.

ap1

Vital Signs

10:42 BP 128 / 75; Pulse 70; Temp 96.2; Pulse Ox 97%; Weight 113.40Kg / 250.05Lbs; Height 6 ft. 1m2 (183 cm); Pain 10/10;

10:53 Pulse Ox 98% on R/A;

lls

12:23 Pulse 78; Resp 20; Pulse Ox 96% on R/A;

lh

12:59 BP 151 / 67; Pulse 68; Resp 20; Pulse Ox 97%; Pain 10/10;

kam

13:50 Pain 9/10;

mea

14:02 BP 134 / 46 RA Supine (auto/reg); Pulse 60 MON; Resp 20; Pulse Ox 99% on R/A; Pain 10/10;

mea

14:48 BP 125 / 68; Pulse 76; Resp 20; Pulse Ox 98%; Pain 10/10;

kam

16:15 BP 120 / 44; Pulse 76; Resp 18; Pulse Ox 96% on R/A; Pain 7/10;

mea

14:02 Normal Sinus Rhythm with No ectopy

mea

Glasgow Coma Score:

14:02 Eye Response: spontaneous(4); Verbal Response: oriented(5); Motor Response: obeys commands(6); mea
Total: 15

MDM:

11:23 Patient medically screened.

ap1

11:38 Differential diagnosis: nephrolithiasis, pyelonephritis UTI, diverticulitis, pancreatitis. ap1

Data reviewed, vital signs, nurses notes, lab test result(s), radiologic studies, CT scan, plain films, old medical records. Data interpreted: Cardiac monitor: rate is 70 beats/min, rhythm is normal sinus rhythm. Interpretation: normal rate, normal rhythm.

15:45 Counseling: I had a detailed discussion with the patient and/or guardian regarding, to return ap1 to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home, the need for outpatient follow up, the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results. Response to treatment: the patient's symptoms have markedly improved after treatment. Medication response: The patient's symptoms have improved.

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M
Date of Birth: _____
Admit Date: _____
Attending Doctor: _____

Account Number: HD1948114
Unit Number: D035617
Discharge Date: 07/21/11

| | | |
|--|-----|--|
| 11:42 Order name: CBC w/diff, Complete Time: 13:40 | ap1 | |
| 11:42 Order name: CRP; Complete Time: 15:02 | ap1 | |
| 11:42 Order name: Culture, Blood | ap1 | |
| 11:42 Order name: D Dimer; Complete Time: 14:04 | ap1 | |
| 11:42 Order name: Magnesium; Complete Time: 15:02 | ap1 | |
| 11:42 Order name: Metabolic Panel; Complete Time: 15:02 | ap1 | |
| 11:42 Order name: PT; Complete Time: 14:04 | ap1 | |
| 11:42 Order name: PTT; Complete Time: 14:04 | ap1 | |
| 11:42 Order name: UA; Complete Time: 13:40 | ap1 | |
| 11:42 Order name: Chest, PA / Lateral XRAY | ap1 | |
| 11:42 Order name: CT Abd/pelvis W/O Contrast Com | ap1 | |
| 15:03 Order name: Lipase; Complete Time: 15:46 | ts | |
| 11:42 Order name: Cardiac monitor; Complete Time: 12:02 | ap1 | |
| 11:42 Order name: CALL RESPIRATORY FOR TREATMENT; Complete Time: 11:48 | ap1 | |

Dispensed Medications:

| | |
|---|-----|
| 11:48 Drug: Duoneb X 1 - (Ipratropium Aerosol 0.5 mg, Albuterol 3 mg); Route: Nebulizer; | lh |
| 12:23 Follow up: Pulse 78 bpm; Resp 20 bpm; Pulse Ox 96% RA; GIVEN TX NO DISTRESS NOTED AT THIS TIME. BBD NOTED DIMINISHED. | lh |
| 12:54 Drug: NS 0.9% 1000 mL; Route: IV; Rate: 150 ml/hr; Site: left antecubital; Delivery: Primary | lam |
| Tubing; | |
| 12:59 Drug: Rocephin 1 grams, NS 0.9% 50 mL; Route: IVPB; Rate: 100 ml/hr; Duration: 30 mins; Site: left antecubital; Delivery: Secondary tubing; | lam |
| 14:30 Follow up: Response: No adverse reaction | mea |
| 13:23 Drug: Zofran 8 mg; Route: IVP; Site: left antecubital; | lam |
| 14:30 Follow up: Response: Nausea is decreased | mea |
| 13:23 Drug: Morphine 4 mg; Route: IVP; Site: left antecubital; | lam |
| 13:50 Follow up: Pain 9/10 Adult | mea |
| 13:24 Drug: Toradol - Ketorolac 30 mg; Route: IVP; Site: left antecubital; | lam |
| 14:50 Follow up: Response: No change in condition | lam |
| 14:01 Drug: Zithromax 500 mg; Route: PO; | mea |
| 14:29 Follow up: Response: No adverse reaction | mea |
| 14:02 Drug: SOLU-MEDrol 125 mg; Route: IVP; Site: left antecubital; | mea |
| 14:29 Follow up: Response: No adverse reaction | mea |
| 14:28 Drug: Valium 10 mg; Route: PO; | mea |
| 14:50 Follow up: Response: No change in condition | lam |
| 14:28 Drug: Dilaudid 1 mg; Route: IVP; Site: left antecubital; | mea |
| 14:50 Follow up: Response: No change in condition | lam |

Disposition:

07/21/11 15:48 Discharged to Home Self Care. Impression: Pneumonia, Pleurisy, Thoracic Myofascial Strain, Myofascial Lumbar Strain.
- Condition is Stable.

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M

Date of Birth: _____

Admit Date: _____

Attending Doctor: _____

Account Number: H01948114

Unit Number: D035617

Discharge Date: 07/21/11

- Discharge Instructions PLEURISY, PNEUMONIA (Adult).
- Prescriptions for Anaprox DS 550 mg Oral Tablet - take 1 tablet by ORAL route every 12 hours As needed; 20 tablet. Miralax 17 gram (100 %) Oral Packet - take 17 gram by ORAL route once daily; 1 bottle. Percocet 5- 325 mg Oral Tablet - take 2 tablet by ORAL route every 6 hours As needed; 10 tablet. Prednisone 20 mg Oral Tablet - take 3 tablet by ORAL route once daily for 5 days; 15 tablet. Zithromax 500 mg Oral Tablet - take 1 tablet by ORAL route Daily for 5 days; 5 tablet. Albuterol 90 mcg/Actuation Inhalation Aerosol - inhale 2 puff by INHALATION route every 6 hours As needed WITH SPACER PLEASE; 1 canister.
- Medication Reconciliation, Work Release - 2 Day form
- Follow up: Andrea Huck; When: 1 - 2 days; Reason: Physician Recheck.
- Problem is an ongoing problem.
- Symptoms have improved.

Signatures

Dispatcher Med-Host

Appleby, MaryEllen, RN

Schmitz, Teri, RN

Jolley, Andrea, MD

Hand, Laquilia

Moore, Kasie, RN

EDMS

RN mea

RN tfs

MD ap1

lh

RN lam

Dictated By: Andrea Jolley, MD

Dict Date/Time: 07/21/11 1548

MD's E-Sign: Andrea Jolley, MD

E-Signed Date & Time: 07/22/11 1741

Transcriptionist: MedHost EDIS

Copy:

HPI:

07/21 This 21 years old Male presents to ER via POV with complaints of Flank Pain, Chest Pain. - ap1
11:35

11:35 The patient complains of pain in the right subscapular area and right mid back. The pain does not radiate. Onset: The symptoms/episode began/occurred 2 week(s) ago. Modifying factors: The symptoms are alleviated by nothing, the symptoms are aggravated by movement. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. Severity of pain: At its worst the pain was severe a 10 / 10 in the emergency department the pain is unchanged. The

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M

Date of Birth: _____

Admit Date: _____

Attending Doctor: _____

Account Number: H01948114

Unit Number: D035617

Discharge Date: 07/21/11

patient has experienced similar episodes in the past, a few times. The patient has been recently seen by a physician the patient's primary care provider, with similar presenting complaints and apparently given a diagnosis of BRONCHITIS, was given a prescription for antibiotics

Historical:

- Allergies: No known drug Allergies

- Home Meds:

1. ?ABX

- PMHx: Bronchitis

- Immunization history: Last tetanus immunization: up to date. Flu vaccine status is unknown.

- Family history: Not pertinent. No immediate family members are acutely ill.

- Social history: The patient/guardian denies using tobacco, alcohol, street drugs

- The history from nurses notes was reviewed, and I agree with what is documented.

ROS:

11:38 MS/Extremity: Negative for injury and deformity. Skin: Negative for injury, rash, and ap1 discoloration. Neuro: Negative for weakness, numbness, tingling, and seizure. Eyes: Negative for injury, pain, redness, and discharge. ENT: Negative for injury, pain, and discharge. Neck: Negative for injury, pain, and swelling. Cardiovascular: Negative for chest pain, palpitations, and edema. Constitutional: Positive for fatigue, malaise. Respiratory: Positive for cough, with no reported sputum, pleurisy, shortness of breath. Abdomen/GI: Positive for abdominal pain, nausea. Back: Positive for pain at rest, pain with movement. GU: Positive for flank pain. All other systems are negative.

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11:37 Head/Face: Normocephalic, atraumatic. Eyes: Pupils equal round and reactive to light, ap1 extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. ENT: Nares patent. No nasal discharge. No septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Chest/Axilla: Normal chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis. MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait. Constitutional: The patient appears in no acute distress, alert, non-diaphoretic, non-toxic, well developed, well hydrated, well groomed, well nourished. Respiratory: the patient does not display signs of respiratory distress.

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M

Date of Birth: _____

Admit Date: _____

Attending Doctor: _____

Account Number: H01948114

Unit Number: D035617

Discharge Date: 07/21/11

Respirations: normal, Breath sounds decreased breath sounds, are located in both bases
Abdomen/GI: Inspection: abdomen appears normal Bowel sounds normal, Palpation: abdomen is
soft and non-tender, in all quadrants. Back pain, is absent, ROM is normal, painless, normal
spinal alignment noted, CVA tenderness, is absent, muscle spasm, is not present.
15:52 GU CVA tenderness, is absent. ap1

Vital Signs

10:42 BP 128 / 75; Pulse 70; Temp 96.2; Pulse Ox 97%; Weight 113.40Kg / 250.00 lbs; Height 6 ft. 1m2
(183 cm) Pain 10/10,

10:53 Pulse Ox 98% on R/A;

lls

12:23 Pulse 78; Resp 20; Pulse Ox 96% on R/A;

lh

12:59 BP 151 / 67; Pulse 68; Resp 20; Pulse Ox 97%; Pain 10/10;

kam

13:50 Pain 9/10;

mea

14:02 BP 134 / 46 RA Supine (auto/reg), Pulse 60 MON, Resp 20; Pulse Ox 99% on R/A; Pain 10/10, mea

14:48 BP 125 / 68; Pulse 76; Resp 20; Pulse Ox 98%; Pain 10/10;

kam

16:15 BP 120 / 44; Pulse 76; Resp 18; Pulse Ox 96% on R/A; Pain 7/10,

mea

14:02 Normal Sinus Rhythm with No ectopy

mea

Glasgow Coma Score:

14:02 Eye Response: spontaneous(4); Verbal Response: oriented(5); Motor Response: obeys commands(6); mea
Total: 15

MDM:

11:23 Patient medically screened

ap1

11:38 Differential diagnosis: nephrolithiasis, pyelonephritis, UTI, diverticulitis, pancreatitis ap1

Data reviewed: vital signs, nurses notes, lab test result(s), radiologic studies, CT scan,
plain films, old medical records. Data interpreted: Cardiac monitor: rate is 70 beats/min,
rhythm is normal sinus rhythm. Interpretation: normal rate, normal rhythm.

15:48 Counseling: I had a detailed discussion with the patient and/or guardian regarding to return ap1
to the emergency department if symptoms worsen or persist or if there are any questions or
concerns that arise at home, the need for outpatient follow up, the historical points, exam
findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results,
radiology results. Response to treatment: the patient's symptoms have markedly improved after
treatment. Medication response: The patient's symptoms have improved.

11:42 Order name: CBC w/diff; Complete Time: 13:40

ap1

11:42 Order name: CRP; Complete Time: 15:02

ap1

11:42 Order name: Culture, Blood

ap1

11:42 Order name: D Dimer; Complete Time: 14:04

ap1

11:42 Order name: Magnesium; Complete Time: 15:02

ap1

11:42 Order name: Metabolic Panel; Complete Time: 15:02

ap1

11:42 Order name: PT; Complete Time: 14:04

ap1

11:42 Order name: PTT; Complete Time: 14:04

ap1

11:42 Order name: UA; Complete Time: 13:40

ap1

15:03 Order name: Lipase; Complete Time: 15:46

lls

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M
Date of Birth: _____
Admit Date: _____
Attending Doctor: _____

Account Number: H01948114
Unit Number: D035617
Discharge Date: 07/21/11

11:42 Order name: Chest, PA / Lateral XRAY ap1
11:42 Order name: CT Abd/pelvis W/O Contrast Com ap1
11:42 Order name: CALL RESPIRATORY FOR TREATMENT; Complete Time: 11:48 ap1
11:42 Order name: Cardiac monitor; Complete Time: 12:02 ap1

Dispensed Medications:

11:48 Drug: Duoneb X 1 - (Ipratropium Aerosol 0.5 mg, Albuterol 3 mg); Route: Nebulizer; lh
12:23 Follow up: Pulse 78 bpm; Resp 20 bpm; Pulse Ox 96% RA; GIVEN TX NO DISTRESS NOTED AT THIS TIME. BBD NOTED DIMINISHED lh
12:54 Drug: NS 0.9% 1000 mL; Route: IV; Rate: 150 ml/hr; Site: left antecubital; Delivery: Primary kam
Tubing;
12:59 Drug: Rocephin 1 grams, NS 0.9% 50 mL; Route: IVPB; Rate: 100 ml/hr; Duration: 30 mins; Site: kam
left antecubital; Delivery: Secondary tubing;
14:30 Follow up: Response: No adverse reaction mea
13:23 Drug: Zofran 8 mg; Route: IVP; Site: left antecubital; kam
14:30 Follow up: Response: Nausea is decreased mea
13:23 Drug: Morphine 4 mg; Route: IVP; Site: left antecubital; kam
13:50 Follow up: Pain 9/10 Adult mea
13:24 Drug: Toradol - Ketorolac 30 mg; Route: IVP; Site: left antecubital; kam
14:50 Follow up: Response: No change in condition kam
14:01 Drug: Zithromax 500 mg; Route: PO; mea
14:29 Follow up: Response: No adverse reaction mea
14:02 Drug: SOLU-MEDrol 125 mg; Route: IVP; Site: left antecubital; mea
14:29 Follow up: Response: No adverse reaction mea
14:28 Drug: Valium 10 mg; Route: PO; mea
14:50 Follow up: Response: No change in condition kam
14:28 Drug: Dilaudid 1 mg; Route: IVP; Site: left antecubital; mea
14:50 Follow up: Response: No change in condition kam

Disposition:

07/21/11 15:48 Discharged to Home Self Care. Impression: Pneumonia Pleurisy, Thoracic Myofascial Strain,
Myofascial Lumbar Strain.
- Condition is Stable.
- Discharge Instructions: PLEURISY, PNEUMONIA (Adult).
- Prescriptions for Anaprox DS 550 mg Oral Tablet - take 1 tablet by ORAL route every 12 hours
As needed, 20 tablet. Miralax 17 gram (100 %) Oral Packet - take 17 gram by ORAL route once
daily, 1 bottle. Percocet 5- 325 mg Oral Tablet - take 2 tablet by ORAL route every 6 hours As
needed; 10 tablet. Prednisone 20 mg Oral Tablet - take 3 tablet by ORAL route once daily for 5
days, 15 tablet. Zithromax 500 mg Oral Tablet - take 1 tablet by ORAL route Daily for 5 days,
5 tablet. Albuterol 90 mcg/Actuation Inhalation Aerosol - inhale 2 puff by INHALATION route
every 6 hours As needed WITH SPACER PLEASE; 1 canister.
- Medication Reconciliation, Work Release - 2 Day form
- Followup: Andrea Hicks, When: 1 - 2 days, Reason: Physician Recheck.
- Problem is an ongoing problem.

Beaufort Memorial Hospital

MedHost Provider Documentation
EMERGENCY DEPARTMENT
RECORD

Patient name: WKEL, KEVIN M

Date of Birth: _____

Admit Date: _____

Attending Doctor: _____

Account Number: H01948114

Unit Number: D035617

Discharge Date: 07/21/11

- Symptoms have improved.

Signatures

Dispatcher MedHost

Appleby, MaryEllen, RN

Schmitz, Teri, RN

Jolley, Andrea, MD

Hand, Laquvia

Moore, Kasie, RN

EDMS

RN mea

RN lls

MD ap1

lh

RN lam

Urgent Care Note

WIKEL, KEVIN - C257446

Back Sprain *

Patient: WIKEL, KEVIN MRN: C257446 FIN: 2015967
Age: 23 years Sex: Male DOB:
Associated Diagnoses: Low back sprain
Author: Isidor, Keturu

Visit Information

Date of Service: 05/09/2014 10:29 am Performing Location: Doctors Care - Beaufort Encounter#: 2015967

Primary Care Provider (PCP): C34 -UNKNOWN, PERSONNEL

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint

05/09/2014 10:57 AM EDT WKC: Lower back pain

History of Present Illness

Presents with O/O of low back pain x 1 week after long shifts at work of lifting and bending. Admits to a sharp pain to lower back radiating to the left side, worse with sitting and standing.

Exacerbating factors consist of prolonged sitting, squatting and standing. Relieving factors consist of heat application. Associated symptoms consist of denies bladder dysfunction, denies bowel dysfunction, denies decreased sensation, denies unilateral weakness and denies saddle numbness. Prior treatment consists of none.

Review of Systems

Constitutional: Negative.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Musculoskeletal: Negative except as documented in history of present illness.

Integumentary: Negative except as documented in history of present illness. No rash.

Neurologic: Alert and oriented X4.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Percocet 10/325 oral tablet: 1 tab(s), po, tid, Instructions: may cause drowsiness, # 50 tab(s), 0 Refill(s), Type: Maintenance, handwritten (Rx)

Problem list:

All Problems (Selected)

Acute Bronchitis / SNOMED CT 18268014 / Confirmed

Closed fracture of one rib / SNOMED CT 75611015 / Confirmed

Excessive sweating / SNOMED CT 496382011 / Confirmed

Obesity / ICD-9-CM 278.00 / Probable

Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Family History:

Diabetes Mellitus

Printed by: Jeffcoat, Cindy
Printed on: 5/14/2014 4:32 AM EDT

Page 1 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

Father

Procedure history:

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment

Never
Never

Tobacco Assessment

Current
Never
Current

Substance Abuse Assessment

Never
Never

Physical Examination

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.

HEENT: Normocephalic, Normal hearing.

Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Vital Signs

05/09/2014 10:57 AM EDT

| | |
|--------------------------|-----------|
| Temperature Oral | 97.4 DegF |
| Peripheral Pulse Rate | 84 bpm |
| Respiratory Rate | 16 br/min |
| Systolic Blood Pressure | 130 mmHg |
| Diastolic Blood Pressure | 88 mmHg |
| Mean Arterial Pressure | 102 mmHg |
| BP Site | Left arm |

Measurements from flowsheet : Measurements

05/09/2014 10:57 AM EDT

| | |
|-----------------|-------------|
| Height | 72 in |
| Weight | 265 lb |
| BSA | 2.47 m2 |
| Body Mass Index | 35.94 kg/m2 |

Integumentary: Warm, Dry, No rash.

General: Alert and oriented, No acute distress.

Neurologic: Alert, Oriented, Normal deep tendon reflexes.

Psychiatric: Cooperative, Appropriate mood & affect.

Musculoskeletal: Spine/torso exam: Lumbar (Posterior, No swelling, Tenderness, Pain, No numbness, No tingling, Strength 5 /5, Range of motion (Active, Passive, 30 degrees, Flexion, Extension, Restricted by pain)).

Review / Management

Results review: Lab results

02/10/2014 2:42 PM EST

| | |
|---------------------------|-------------------------------|
| Sodium Level | 140 mmol/L |
| Potassium Level | 4.1 mmol/L |
| Chloride Level | 99 mmol/L |
| CO2 Level | 25 mmol/L |
| Glucose Level | 67 mg/dL |
| BUN | 18 mg/dL |
| Creatinine Level | 0.98 mg/dL |
| BUN/Creat Ratio | NOT APPLICABLE (calc) |
| eGFR African American | 125 mL/min/1.73m ² |
| eGFR Non-African American | 108 mL/min/1.73m ² |
| Calcium Level | 10.2 mg/dL |
| Bili Total | 0.4 mg/dL |

Printed by: Jeffcoat, Cindy
Printed on: 5/14/2014 4:32 AM EDT

Page 2 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

02/02/2014 4:49 PM EST

Alk Phos
AST/SGOT
ALT/SGPT
Protein Total
Albumin Level
Globulin
A/G Ratio
TSH
Influenza A POC
Influenza B POC

74 U/L
22 U/L
48 U/L HI
8.1 g/dL
4.9 g/dL
3.2 g/dL (calc)
1.5 (calc)
2.17 mIU/L
Negative
Negative

Radiology results

X-ray, Spondylosis at L4-5, No acute fracture, Pending overreading from radiology
Documentation reviewed: Flowsheet
Course: Progressing as expected.

Impression and Plan

Diagnosis

Low back sprain (ICD9 846.9).

Course: Worsening.

Plan: Meds as directed, rest, increase fluids, return in 1 week for f/u.

Patient instructions: BACK SPRAIN/STRAIN, Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better. Within As needed.

Limitations: No lifting.

Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Completed

72100 radex spine lumbosacral 2/3 views (Task/Charge): Quantity: 1

98372 therapeutic prophylactic/dx injection subq/im (Charge): Quantity: 1

99214 office outpatient visit 25 minutes (Charge): Quantity: 1

Toradol: 60 mg, im, once

Prescriptions

Prescribed

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type:

Maintenance, Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po tid, PRN: for spasm

naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance,

Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po bid.

Signature Line

Signed and Authored by Ketura Isidor on 05/09/2014 02:44 PM EDT

Charted Date: May 09, 2014 11:30 AM EDT

Subject / Title: Back Sprain

Performed By: Isidor, Ketura on May 09, 2014 12:26 PM EDT

Electronically Signed By: Isidor, Ketura on May 09, 2014 2:44 PM EDT

Visit Information: 2015967, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Jeffcoat, Cindy
Printed on: 5/14/2014 4:32 AM EDT

Page 3 of 3
(End of Report)



Return To Work Form

CENTER LOCATION:

- | | |
|--|--|
| ☐ Beaufort - 1510 South Ribault Rd., Port Royal, SC 29935 • (843) 770-0676 | ☐ James Island - 743 Folly Rd., Charleston, SC 29412 • (843) 762-2360 |
| ☐ Bluffton - 64 Bluffton Rd., Bluffton, SC 29910 • (843) 737-0676 | ☐ Moncks Corner - 459 Hwy 52 North, Moncks Corner, SC 29461 • (843) 699-3870 |
| ☐ Charleston West - 3424 Shelby Ray Ct., Charleston, SC 29414 • (843) 402-6834 | ☐ Mount Pleasant - 631 Johnnie Dodds Blvd., Mt. Pleasant, SC 29464 • (843) 881-0815 |
| ☐ Dorchester Road - 10160 Dorchester Rd., Summerville, SC 29485 • (843) 871-7900 | ☐ Northwoods - 8091 Rivers Ave., North Charleston, SC 29406 • (843) 572-7000 |
| ☐ Hilton Head - 845 William Hilton Pkwy., Hilton Head Island, SC 29928 • (843) 341-2416 | ☐ Summerville - 410 N Main St., Summerville, SC 29483 • (843) 871-3277 |
| ☐ Hwy 17 - 3074 Hwy 17 North, Mt. Pleasant, SC 29466 • (843) 884-6424 | ☐ West Ashley - 1851 Sam Rittenberg Blvd., Charleston, SC 29407 • (843) 556-5385 |

PATIENT INFORMATION:

Name: Kevin Wikel Arrival Time: 9:45 Discharge Time: _____
Date: 5-9-14 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: 5/16/14
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: _____
- ☐ No lifting more than _____ 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.
 - ☐ Minimal walking or climbing (including stairs)
 - ☐ Limited use of _____
 - ☐ 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 5/16/14 Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low back sprain Medications: ☒ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ Ice every day ☒ apply heat every day ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____
For: _____
Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X Kevin Wikel 5/9/14 X Debra J. Taylor, PAC 5/9/14
Employee Signature Date Provider Signature Date

UCI medical affiliates

Doctors Care Radiology Form

X-Ray Interpretation and Review



Ray #: C257446 Office: Beaufort Date: 5/9/14
 Patient Name: Wikel, Kevin Patient ID: C257446 DOB: Age 23
 Requesting Provider: Endor Pregnancy Status: Male Sex: M
 Operator's Signature: Danenne J. Jazyn RTR History: LBP

| | | |
|--|---|---|
| Films Taken: | | |
| ☐ Abdomen, 1V, 74000 | ☐ Finger, 3V, 73140 | ☒ LS-Spine, 3V, 72100 |
| ☐ Abdomen, 3V, 74022 | ☐ Foot, 2V, 73620 | ☐ Mandible, 3V, 70100 |
| ☐ Ankle, 3V, 73610 | ☐ Foot, 3V, 73630 | ☐ Nasal, 3V, 70160 |
| ☐ C-Spine, 3V, 72040 | ☐ Foot-FB, 2V, 73620 | ☐ Neck-ST, 2V, 70360 |
| ☐ C-Spine, 5V, 72050 | ☐ Forearm, 2V, 73090 | ☐ Osgood, 2V, 73650 |
| ☐ Chest, 1V, 71010 | ☐ Hand, 2V, 73120 | ☐ Pelvis, 1V, 72170 |
| ☐ Chest, 2V, 71020 | ☐ Hand, 3V, 73130 | ☐ Ribs, 4V, 71101 |
| ☐ Clav, 2V, 73000 | ☐ Hip, 2V, 73510 | ☐ Ribs-Bilat, 4-5V, 71111 |
| ☐ Coccyx, 2V, 72220 | ☐ Humerus, 2V, 73060 | ☐ Sacrum, 2V, 72220 |
| ☐ Elbow, 2V, 73070 | ☐ Knee, 2V, 73560 | ☐ Scapula, 2V, 73010 |
| ☐ Elbow, 4V, 73080 | ☐ Knee & Sun, 3+1, 73564 | ☐ Shoulder AC, 2V, 73050 |
| ☐ Femur, 2V, 73550 | ☐ Knee & Tun, 3+1, 73564 | ☐ Shoulder, 2V, 73030 |
| ☐ Unlisted X-Ray Description: | | # of Views: Code: |

Doctors Care Practitioner Interpretation

No acute fr, Spondylosis at L4-5

Right or Left Extremity
 Lead Shielding Used
 Is Patient Pregnant
 Circle # of Films Taken

| | |
|----------------------------|---------------------------------------|
| ☐ R | ☐ L |
| ☐ Y | ☒ N |
| ☐ Y | ☒ N |
| 1 | 2 3 4 5 |

Practitioner Signature: Setura B. B. RTR

| | |
|--|--|
| Questions for Radiologist | |
| Do you agree with practitioner's initial impression? | ☐ Yes ☐ No |
| Do you consider the x-ray(s) normal? | ☐ Yes ☐ No |
| Do you see significant findings not noted by practitioner? | ☐ Yes ☐ No |
| If high risk, please notify office immediately by phone and fax. | |
| Additional Practitioner Questions | |
| Radiologist's Response | |
| Radiologist Name: Date of Review: | |
| Radiologist Signature: Doctors Care Office Notified (Phone/Fax/Other): | |

| | |
|--|--|
| Doctors Care Follow-Up | |
| Report Reviewed By Doctors Care Practitioner: | Signature: |
| Further action required? | ☐ Yes ☐ No |
| Patient notified? | ☐ Yes ☐ No |
| If yes to either question, follow up steps initiated (describe): | |

(MED-F006-14-081)

WIKEL, KEVIN 1/1

Doctors Care Beaufort
1510 South Ribaut Road
Port Royal, SC 29935
(843) 770-0876 Office
(843) 770-0776 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: WIKEL, KEVIN
DOB: ()
PHYSICIAN: Isidor, Ketura PA

DATE OF EXAM: 05/09/2014
PATIENT ID: DCLCC257446

EXAM: L-SPINE 3V

IMPRESSION: Slight scoliosis. No acute finding. No evidence of spondylolysis or spondylolisthesis.

Disagree.

Gary L. Rike, M.D.
Electronic Signature
May 10 2014 10:23AM

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.

Visit Summary

WIKEL, KEVIN - C257446

* Final Report *

* Final Report *

Visit Summary (Verified)

Visit Summary for KEVIN WIKEL

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 23 years Sex: Male DOB: MRN: C257446
Address: 160 KNIGHT BRIDGE RD BLUFFTON, SC 29910
Home: (843) 283-5846 Work: -- Mobile: --
Primary Care Provider: C34 -UNKNOWN, PERSONNEL
Race: White Ethnicity: Not Hispanic or Latino
Preferred Language: English
Health Plan: 1*WC/SEDGWICK

Visit Information

Doctors Care - Beaufort
1510 S RIBAUT RD PORT ROYAL SC, 29935
Phone: (843) 770-0676 Fax: (843) 770-0776

Visit Date: 05/09/2014 09:45 am
Scheduled Provider: Beaufort - 76514
Visit Provider: Ildor, Ketura
Referring Provider: --
Reason for Visit: WKC: Lower back pain

Future Appointments

No future appointments scheduled

Problems and Health Issues

Acute Bronchitis
Closed fracture of one rib
Excessive sweating
Obesity (278.00)
Tobacco user (305.1)

Allergies

No known allergies

All Known Current Prescriptions and Reported Medications

Prescriptions

Printed by: Hart, Dorothy
Printed on: 6/28/2014 9:28 AM EDT

Page 1 of 3
(Continued)

Page: 7/15

6/28/2014

To: 18663150607

JUN-28-2014 09:29 From: Drs Care Beaufort

301422017510001

5220140628001031

Visit Summary

WIKEL, KEVIN - C257446

* Final Report *

Flexeril 10 mg oral tablet (cyclobenzaprine)

Take 1 tab(s)(10 Milligram) oral 3 times a day for spasm, 0 refills authorized
naproxen 500 mg oral tablet (naproxen)

Take 1 tab(s)(500 Milligram) oral 2 times a day, 0 refills authorized

Percocet 10/325 oral tablet (acetaminophen-oxycodone)

Take 1 tab(s) oral 3 times a day, 0 refills authorized

Instructions: may cause drowsiness

Other Reported Medications

No reported medications documented

New Medications this Visit

New Prescriptions

Flexeril 10 mg oral tablet (cyclobenzaprine)

Take 1 tab(s)(10 Milligram) oral 3 times a day for spasm, 0 refills authorized

naproxen 500 mg oral tablet (naproxen)

Take 1 tab(s)(500 Milligram) oral 2 times a day, 0 refills authorized

Vitals and Measurements this Visit

Height:: 72 in

Weight:: 265 lb

Body Mass Index:: 35.94 kg/m2

BSA: 2.47 m2

Temperature Oral: 97.4 DegF

Systolic Blood Pressure: 130 mmHg

Diastolic Blood Pressure: 88 mmHg

Mean Arterial Pressure: 102 mmHg

Peripheral Pulse Rate: 84 bpm

Respiratory Rate: 16 br/min

Laboratory and Radiology this Visit

No Laboratory and Radiology documented

Orders this Visit

No visit orders documented

Diagnoses this Visit

Low back sprain (846.9)

Printed by: Hart, Dorothy
Printed on: 6/28/2014 9 28 AM EDT

Page 2 of 3
(Continued)

Page: 8/15
6/28/2014

To: 18663150607

JUN-28-2014 09:30 From: Drs Care Beaufort 843 770 0776
3014222017510001

5220140628001031

Visit Summary

WIKEL, KEVIN - C257446

* Final Report *

Referral and Consult Requests this Visit

No Referral or Consults documented

Procedures this Visit

No Procedures documented

Smoking Status

Current

Follow up

Follow up with: Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better.

When: Within As needed

Where: -

Comments: -

Patient Education Materials Provided this Visit

0

Additional Visit Comments:

Charted Date: May 09, 2014 12:31 PM EDT
Subject / Title: Visit Summary
Performed By: Isidor, Ketura on May 09, 2014 12:31 PM EDT
Electronically Signed By: Isidor, Ketura on May 09, 2014 12:31 PM EDT
Visit Information: 2015987, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Hart, Dorothy
Printed on: 6/28/2014 9:28 AM EDT

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(End of Report)

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6/28/2014

To: 18663150607

JUN-28-2014 09:38 From: Drs Care Beaufort

301422017510001

5220140628001031

Return to Work Form

WIKEL, KEVIN - C257446

This document has an image

Charted Date: May 09, 2014 1:08 PM EDT
Performed By: Priester, Shalanda on May 09, 2014 1:08 PM EDT
Electronically Signed By: Priester, Shalanda on May 09, 2014 1:08 PM EDT
Visit Information: 2015967, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Hart, Dorothy
Printed on: 6/28/2014 9:28 AM EDT

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(End of Report)

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6/28/2014

To: 18663150607

JUN-28-2014 09:31 From: Drs Care Beaufort 843 770 0776
301422017510001
5220140628001031

XR Report

WIKEL, KEVIN - C257446

This document has an image

Charted Date: May 11, 2014 10:47 AM EDT
Subject / Title: Is
Performed By: Isidor, Ketura on May 11, 2014 10:48 AM EDT
Electronically Signed By: Isidor, Ketura on May 13, 2014 9:25 AM EDT
Visit Information: 2015987, Doctors Care - Beaufort, Outpatient, 5/9/2014 - 5/11/2014

Printed by: Hart, Dorothy
Printed on: 6/28/2014 9:29 AM EDT

Page 1 of 1
(End of Report)

Page: 11/15
6/28/2014

To: 18663150607

JUN-28-2014 09:31 From: Drs Care Beaufort 843 770 0776
301422017510001

5220140628001031

Urgent Care Note

WIKEL, KEVIN - C257446

Low Back Sprain, wkc f/u

Patient: WIKEL, KEVIN MRN: C257446 FIN: 2027974
Age 24 years Sex: Male DOB:
Associated Diagnoses: Low back sprain
Author Isidor, Ketura

Visit Information

Date of Service: 05/16/2014 08:42 am Performing Location: Doctors Care - Beaufort Encounter#: 2027974

Primary Care Provider (PCP): C34 -UNKNOWN, PERSONNEL

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint

05/16/2014 9:03 AM EDT f/u WKC: Lower back strain

History of Present Illness

Presents for f/u on low back sprain, states feeling better, not as stiff, able to sit in his car without pain, but still pain with bending over. Tolerating meds well.

Review of Systems

Constitutional: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative except as documented in history of present illness. No rash.
Neurologic: Alert and oriented X4.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Flexeril 10 mg oral tablet: 1 tab(s) (10 mg), PO, TID, PRN: for spasm, # 30 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po tid, PRN: for spasm
Percocet 10/325 oral tablet: 1 tab(s), po, tid, Instructions: may cause drowsiness, # 50 tab(s), 0 Refill(s), Type: Maintenance, handwritten (Rx)
naproxen 500 mg oral tablet: 1 tab(s) (500 mg), PO, BID, # 60 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Walgreens Drug Store 07652, 1 tab(s) po bid

Problem list:

All Problems (Selected)

Acute Bronchitis / SNOMED CT 18268014 / Confirmed
Closed fracture of one rib / SNOMED CT 75611015 / Confirmed
Excessive sweating / SNOMED CT 496382011 / Confirmed
Obesity / ICD-9-CM 278.00 / Probable
Tobacco user / ICD-9-CM 305.1 / Probable

Histories

Family History:

Printed by Jeffcoat, Cindy
Printed on: 05/19/2014 7:14 AM EDT

Page 1 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

Diabetes Mellitus
Father

Procedure history.

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment

Never
Never

Tobacco Assessment

Current
Never
Current

Substance Abuse Assessment

Never
Never

Physical Examination

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.

HENT: Normocephalic, Normal hearing.

Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Vital Signs

05/16/2014 9:03 AM EDT

Temperature Oral
Peripheral Pulse Rate
Respiratory Rate
Systolic Blood Pressure
Diastolic Blood Pressure
Mean Arterial Pressure
BP Site

97.5 DegF
108 bpm HI
16 br/min
111 mmHg
66 mmHg
81 mmHg
Left arm

Measurements from flowsheet : Measurements

05/16/2014 9:03 AM EDT

Height
Weight
BSA
Body Mass Index

72 in
260 lb
2.45 m2
35.28 kg/m2

Integumentary: Warm, Dry, No rash.

General: Alert and oriented, No acute distress.

Neurologic: Alert, Oriented, Normal deep tendon reflexes.

Psychiatric: Cooperative, Appropriate mood & affect.

Musculoskeletal: Normal strength, No swelling, No deformity, Normal gait, Normal station.

Spine/torso exam: Lumbar (Left, Posterior, No erythema, No swelling, Tenderness, No numbness, No tingling, Strength 5/5,

Range of motion (Passive, 45 degrees, Flexion, Extension, Restricted by pain)).

Review / Management

Results review: Lab results

02/10/2014 2:42 PM EST

Sodium Level
Potassium Level
Chloride Level
CO2 Level
Glucose Level
BUN
Creatinine Level
BUN/Creat Ratio
eGFR African American
eGFR Non-African American

140 mmol/L
4.1 mmol/L
99 mmol/L
25 mmol/L
67 mg/dL
18 mg/dL
0.88 mg/dL
NOT APPLICABLE (calc)
125 mL/min/1.73m²
108 mL/min/1.73m²

Printed by: Jeffcoat, Cindy
Printed on: 05/19/2014 7:14 AM EDT

Page 2 of 3
(Continued)

Urgent Care Note

WIKEL, KEVIN - C257446

| | |
|---------------|-----------------|
| Calcium Level | 10.2 mg/dL |
| Bili Total | 0.4 mg/dL |
| Alk Phos | 74 U/L |
| AST/SGOT | 22 U/L |
| ALT/SGPT | 48 U/L HI |
| Protein Total | 8.1 g/dL |
| Albumin Level | 4.9 g/dL |
| Globulin | 3.2 g/dL (calc) |
| A/G Ratio | 1.5 (calc) |
| TSH | 2.17 mIU/L |

Documentation reviewed: Reviewed prior records.

Course Progressing as expected.

Impression and Plan

Diagnosis

Low back sprain (ICD9 846.9)

Course Progressing as expected.

Plan. Meds as directed, rest, increase fluids, return in 1 week for f/u.

Patient Instructions: Return to this practice in 1 week 05/23/2014; Rest, ice pack or moist heat to affected area for 20 minutes at a time and alternate every 1 to 2 hours, at least 4 times a day. Take meds as directed, increase fluids, avoid stress to affected area. Return if no better. Within As needed.

Limitations: No lifting greater than 10 pounds.

Counseled. Patient. Regarding diagnosis. Regarding medications. Activity. Verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Completed

99213 office outpatient visit 15 minutes (Charge): Quantity: 1.

Signature Line

Signed and Authored by Ketura Isidor on 05/16/2014 10:01 AM EDT

Charted Date: May 16, 2014 9:14 AM EDT

Subject / Title: Low Back Sprain, wkc f/u

Performed By: Isidor, Ketura on May 16, 2014 10:01 AM EDT

Electronically Signed By: Isidor, Ketura on May 16, 2014 10:01 AM EDT

Visit Information: 2027974, Doctors Care - Beaufort, Outpatient, 05/16/2014 - 05/18/2014

Printed by: Jeffcoat, Cindy
Printed on: 05/19/2014 7:14 AM EDT

Page 3 of 3
(End of Report)



Return To Work Form

CENTER LOCATION:

☐ Beaufort - 1510 South Robert Rd., Port Royal, SC 29915 - (843) 770-0676
☐ Bluffton - 68 Bluffton Rd., Bluffton, SC 29910 - (843) 757-0676
☐ Charleston West - 3424 Shelby Hwy Cr., Charleston, SC 29414 - (843) 402-6834
☐ Dorchester Road - 10160 Dorchester Rd., Summerville, SC 29485 - (843) 871-7900
☐ Hilton Head - 845 William Hilton Pkwy., Hilton Head Island, SC 29928 - (843) 341-2416
☐ Hwy 101 - 10741 Hwy 17 North, Mt. Pleasant, SC 29466 - (843) 884-6424

☐ James Island - 743 Folly Rd., Charleston, SC 29412 - (843) 767-2360
☐ Moncks Corner - 439 Hwy 52 North, Moncks Corner, SC 29461 - (843) 899-3870
☐ Mount Pleasant - 631 Johnnie Dodds Blvd., Mt. Pleasant, SC 29564 - (843) 881-0815
☐ Northwoods - 8091 Rivers Ave., North Charleston, SC 29406 - (843) 572-7000
☐ Summerville - 410 N Main St., Summerville, SC 29483 - (843) 871-3227
☐ West Ashley - 1851 Sam Rittenberg Blvd., Charleston, SC 29407 - (843) 556-5585

PATIENT INFORMATION:

Name: Kevin Wikel Arrival Time: 8:24 Discharge Time: 9:20
Date: 5/16/14 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: _____
☒ No lifting more than 10 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.
☐ Minimal walking or climbing (including stairs)
☒ Limited use of low back
☐ 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 5/23/14 Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low back sprain Medications: ☒ as directed ☒ as needed
Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☒ ice every day ☒ apply heat every day ☐ wear elastic support/immobilizer/keep taped
☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____
For: _____
Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

x Kevin Wikel 5/16/14 x Kevin Wikel 5/16/14
Employee Signature Date Provider Signature Date



Return To Work Form

CENTER LOCATION:

- | | |
|--|--|
| ☐ Beaufort - 1510 South Beaufort Rd., Port Royal, SC 29935 - (843) 770-0676 | ☐ James Island - 743 Folly Rd., Charleston, SC 29412 - (843) 762-2360 |
| ☐ Bluffton - 64 Bluffton Rd., Bluffton, SC 29910 - (843) 757-0670 | ☐ Moncks Corner - 459 Hwy 52 North, Moncks Corner, SC 29461 - (843) 899-3870 |
| ☐ Charleston West - 3424 Shelby Ray Ct., Charleston, SC 29414 - (843) 402-6834 | ☐ Mount Pleasant - 631 Johnnie Dodds Blvd., Mt. Pleasant, SC 29464 - (843) 881-0815 |
| ☐ Dorchester Road - 10160 Dorchester Rd., Summerville, SC 29485 - (843) 871-7900 | ☐ Northwoods - 8091 River Ave., North Charleston, SC 29406 - (843) 572-7000 |
| ☐ Hilton Head - 645 William Hilton Pkwy., Hilton Head Island, SC 29928 - (843) 341-2416 | ☐ Summerville - 410 N Main St., Summerville, SC 29483 - (843) 871-3277 |
| ☐ Hwy Mall - 1074 Hwy 17 North, Mt. Pleasant, SC 29466 - (843) 884-6424 | ☐ West Ashley - 1851 Sam Rittenberg Blvd., Charleston, SC 29407 - (843) 556-1585 |

PATIENT INFORMATION:

Name: Kevin Wikel Arrival Time: 8:24 Discharge Time: 9:20
Date: 5/16/14 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: _____
☒ No lifting more than 10 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.
☐ Minimal walking or climbing (including stairs)
☒ Limited use of Low back
☐ 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 5/23/14 Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Low back sprain Medications: ☒ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ ice every day ☒ apply heat every day ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____
For: _____
Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X [Signature] 5/16/14 X [Signature] 5/16/14
Employee Signature Date Provider Signature Date

Subrogation / Workers' Compensation
1-20 at Alpine Road
Columbia, SC 29219-0001
1-800-288-2227, extension 43060
Fax: 1-803-865-0654



Blue Cross BlueShield
of South Carolina

An Independent Member of the Blue Cross and Blue Shield Association

ACCIDENT QUESTIONNAIRE

Subscriber: Kevin M. Wikel
Address: _____
Address: _____

Patient: Kevin M. Wikel
Identification No.: _____
Provider: Strophmeyer
Date of Service: 02/06/2014
Group Number: _____
Claim Number: _____
Claim Amount: _____

Dear Member:

Our review process indicates this patient may have received healthcare services related to an accident. So we may evaluate our responsibility, please complete, sign and return this form within five days of receipt. If we do not receive this information, we may have to deny your claims. If you have previously completed a form for this accident, please check here ☐ and update.

Was the injury or illness: Auto/Motorcycle Accident _____ Work Related _____ Other Accident _____ No Accident ☒
Date of the injury or illness: _____ City/County and State of Injury: _____

Describe the injury or illness and how it happened: _____

Names of other family members injured: _____

If you checked "Auto/Motorcycle Accident" or "Other Accident," please answer the following:

Did another person cause this accident: YES / NO

If yes, name and address of person causing injury: _____

Insurance Company of person causing injury: _____ Policy/Claim #: _____

Address and Phone #: _____ Adjuster's Name: _____

If auto or motorcycle related, was the patient wearing a seatbelt? YES / NO a helmet? YES / NO

If auto or motorcycle related, was the patient the driver _____ or a passenger _____ ?

Auto Insurance Company of Patient: _____ Policy/Claim #: _____

Address and Phone #: _____ Adjuster's Name: _____

If you checked "Work Related," please answer the following:

Name and address of patient's employer at the time of injury: _____

Have you filed a Workers' Compensation claim?: YES / NO

If yes, name of Workers' Compensation carrier: _____

Policy/Claim #: _____ Adjuster's Name: _____

Address and Phone #: _____

Has the employer or the workers' compensation carrier accepted or denied liability? ACCEPTED / DENIED

Name, address, and telephone number of your attorney (if applicable): _____

I agree that the above information is correct, and I will not settle a claim before contacting the Subrogation / Workers' Compensation Department of Blue Cross BlueShield of South Carolina.

Signature: Mr. Wikel Date: 6/6/14 Telephone Number: 813-263-5944

STATEMENT/QUESTIONNAIRE OF DR. SCOTT STROHMEYER

On November 17, 2015 I met with Defense Counsel and Plaintiff's Counsel in regard to the matter of *Kevin M. Wikel v. PepsiCo Bottling Group*. I previously signed a questionnaire marked as Plaintiff's APA #67, finding that the Claimant sustained a repetitive trauma injury at PepsiCo. At the meeting, Defense Counsel provided me with additional evidence I was unaware of when I previously signed the aforementioned statement. In light of the evidence I am now in possession of, I formerly revoke my prior statement, and I am of the following opinions:

1. Is it your opinion, within a reasonable degree of medical certainty (more likely than not), that the Claimant did NOT sustain a repetitive trauma injury to his spine, while working for PepsiCo, for which I previously treated?

Yes ☒ No ☐

If no, please explain.

2. Is it your opinion, within a reasonable degree of medical certainty (more likely than not), that the Claimant never mentioned to you a specific work-related injury at PepsiCo during his entire course of treatment?

Yes ☒ No ☐

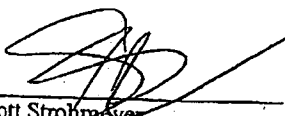
If no, please explain.

3. Is it your opinion, within a reasonable degree of medical certainty (more likely than not), that the herniated disc and left lower extremity symptoms for which I treated Mr. Wikel, are not related to a specific incident that occurred at PepsiCo?

Yes ☐ No ☐

If no, please explain.

I DO NOT know Hee
He Did it!!


Dr. Scott Strohmeyer

11/20/15
date

DOLLAR GENERAL**Personnel Action Form**

LOCATION/STORE NUMBER

12451

Please print in black ink. Complete only sections that are changing. See reverse side for complete instructions.

Employee Identification Number: 1225449

(required for processing)

Employee Name: Kevin Wikel

Add leading zeros if necessary (e.g. 06/08/2008)

EFFECTIVE DATE OF CHANGE: 04/01/2011

PERSONAL CHANGES**NEW MARITAL STATUS**☐ Married☐ Single**NAME CHANGE**

Previous Name:

New Name:

(Must attach a copy of Social Security Card showing the new legal name - required for processing)

NEW ADDRESS

Street Address:

City:

State:

Zip:

County:

NEW HOME PHONE NUMBER**JOB CHANGES**☐ Promotion☐ Demotion☐ Lateral Transfer☐ Pay Increase**DEPARTMENT/STORE COST CENTER**

From:

To:

RATE OF PAY

From:

To:

(Region manager must submit changes for store employees)

JOB CODE

From:

To:

(Must change if promotion or demotion)

SHIFT CODE

From:

To:

POSITION/TITLE

From:

Supervisor:

To:

Supervisor:

JOB STATUS☐ Full Time☐ Part Time☐ DG Temporary

Comments:

I certify that the above information is correct.

X Debra Turner

EMPLOYEE SIGNATURE

4-1-11

DATE

Stores send to: HRIS. DCs send to: DC Human Resources Department

DG-HRIS-5505 05/2008

REASON FOR SEPARATION

Add leading zeros if necessary (e.g. 06/08/2008)

Termination Date: 04/01/2011

Last Day Worked: 03/15/2011

VOLUNTARY TERMINATION (RESIGN)

- ☐ 01 Dissatisfied with employment
☐ 70 Failed to return to work from leave
☐ 06 Health reasons (see instructions on reverse side for explanation)
☐ 04 Moved from area
☐ 05 Personal reasons
☐ 02 Pursue another job
☒ 71 Resigned during investigation
☐ 07 Retirement (see instructions on reverse side for explanation)
☐ 03 Return to school
☐ 08A Without notice - 3 consecutive work days, no call-no show
☐ 08B Without notice - walked off job during scheduled work hours
☐ 08C Without notice - 2 consecutive work days (DCs only), no call-no show
☐ 08 Without notification - Other (comments required for processing)

INVOLUNTARY TERMINATION

(See instructions on reverse side prior to termination)

- ☐ 52 Background check - Failed
☐ 49 Drug/Alcohol - Failed test
☐ 50 Drug/Alcohol - Refused test
☐ 51 Drug/Alcohol - Violation of policy
☐ 14 Excessive absenteeism/tardiness
☐ 48 Falsification of employment paperwork
☐ 41 Falsifying records
☐ 42 Inappropriate conduct (comments required for processing)
☐ 13 Insubordination (comments required for processing)
☐ 10 Not meeting performance standards
☐ 44 Unauthorized removal or use of company property
☐ 46 Violation of company policy/procedure (comments required for processing)
☐ 47 Violation of safety rules
☐ 45 Violation of Workplace Violence policy
☐ 43 Mishandling or failure to protect company funds or assets - other
☐ 80 Cash shortages/overages
☐ 81 Missing deposits
☐ 82 Gave keys to unauthorized person
☐ 83 Failure to make timely deposits
☐ 84 Sliding merchandise
☐ 85 Written admission of theft (partnership with Loss Prevention required)
☐ 86 Unacceptable shrink
☐ 87 Violation of Refund/Return/Void policy
☐ 88 Violation of Employee Purchase policy

LEAVE OF ABSENCE

FMLA Leave and Company Medical Leave - The employee or manager must contact the Unum Leave Management Center at 1-866-DGS-FMLA (1-866-347-3653) to request a family or medical leave of absence. See the Handbook for notice guidelines.

Other Leave Programs - see reverse side for explanation.

Workers' Compensation - Notify Risk Management at 1-800-456-9446 for Workers' Compensation leave approval.**MISCELLANEOUS**

- ☐ 15 Death
☐ 16 Elimination of position (DC/Store Support Center only)
☐ 60 Hired but never worked
☐ 62 Internship completed
☐ 19 Lack of work
☐ 18 Store closing - other (comments required for processing)
☐ 18A Store closing - natural disaster (tornado, fire, etc.)
☐ 17 Other (comments required for processing)
☐ 66 Temporary Assignment Ended

I certify that the above information is correct.

X Debra Turner

MANAGER/SUPERVISOR SIGNATURE

4-1-11

DATE

Store Support Center and Field Management send to: HR Coordinator, HRIS

Application for Employment

Wal-Mart Stores, Inc.

Wal-Mart is an Equal Opportunity Employer and is committed to excellence through diversity.

Please type or print. This application must be fully completed to be considered. Please complete each box, even if you attach a resume.

Position(s) that you are applying for

Position/Job title(s): Assistant Manager

Job number: (if applicable) _____

Rate of pay expected: \$0.00

Part Time ☐ Full Time ☒ Temporary ☐

Date you can start work: ASAP

About you

Please print your name as it appears on your Social Security Card.

| | | |
|--|--|---|
| Last Name:
<u>Winkel</u> | First Name:
<u>Kevin</u> | Middle Name:
<u>Matthew</u> |
| Social Security Number:
_____ | Street Address:
_____ | Telephone Number:
_____ |
| E-Mail Address: <u>_____</u> | City:
_____ | Alternate Number:
_____ |
| State: <u>_____</u> Zip Code: <u>_____</u> | | |
| Are you 18 years of age or older?
Yes ☒ No ☐
<small>If under 18, the applicant will be required to submit a birth certificate or work certificate as required by state or federal laws.</small> | Will you be able to show evidence of identity and work authorization within three days of your hire date?
Yes ☒ No ☐ | Will you now or in the future require work visa sponsorship?
Yes ☐ No ☒ |

Have you ever been employed by Wal-Mart or any of its subsidiaries? Yes ☐ No ☒

Location: _____ Dates of Employment: _____ Reason for Leaving: _____

Name employed under (if your name is now different): _____

List relatives employed by Wal-Mart, their relationship to you, and where they work.
(if you live in California, do not answer this question.) _____

Education (check the highest level or equivalent completed):

| | | |
|--|--|---|
| Elementary (grade level)
8 ☐ (or less) | High School (grade level)
9 ☐ 10 ☐ 11 ☐ 12 ☒ | College/University/Technical (years)
1 ☐ 2 ☐ 3 ☐ 4 ☐ |
| Are you currently a student?
Yes ☐ No ☐ | Name of the college, university or technical school attended/attending:
_____ | |

Availability Days ☒ Evenings ☒ Overnights ☒ Saturdays ☒ Sundays ☒

To help us consider you for a job that matches your availability, tell us the earliest time and latest time that you can work each day.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Earliest Time | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> |
| Latest Time | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> | <u>Open</u> |

WMP 242
(9951356)

Wal-Mart Stores, Inc. will provide a reasonable accommodation during the application and/or hiring process for individuals with disabilities. Please advise us if you need assistance with the application and/or hiring process to accommodate a disability.

Rev. June 2010

Application for Employment

Wal-Mart Stores, Inc.

Employment History

List your entire employment history, beginning with your current employer. For any unemployed or self-employed periods, provide dates and locations. (Attach additional sheets if necessary.)

If you are currently employed, may we contact your current employer? Yes ☐ No ☒

| | | |
|--|--|--|
| Company Name: <u>REPS</u>
Address: _____
City, State: <u>Indianapolis, IN</u>
Zip: <u>46202</u> Phone: _____ | Your job: <u>Sales Help</u>
Supervisor: _____
Dates Employed: From <u>2019</u> To <u>current</u> | Last pay rate: <u>\$6.000</u>
Reason for leaving: <u>Current</u> |
| Company Name: <u>Frederick's</u>
Address: <u>N/A</u>
City, State: <u>Indianapolis, IN</u>
Zip: <u>46202</u> Phone: <u>N/A</u> | Your job: <u>Graphic Manager</u>
Supervisor: _____
Dates employed: From <u>02/2011</u> To <u>02/2012</u> | Last pay rate: <u>\$6.00</u>
Reason for leaving: <u>Shift Change</u> |
| Company Name: <u>Dollar General</u>
Address: <u>N/A</u>
City, State: <u>Indianapolis, IN</u>
Zip: <u>46202</u> Phone: _____ | Your job: <u>Store Manager Candidate</u>
Supervisor: _____
Dates employed: From <u>01/2016</u> To <u>02/2011</u> | Last pay rate: <u>\$7.00</u>
Reason for leaving: <u>Seeking Job Opportunities</u> |
| Company Name: <u>Golden Care</u>
Address: _____
City, State: <u>Indianapolis, IN</u>
Zip: <u>46202</u> Phone: _____ | Your job: <u>Manager</u>
Supervisor: _____
Dates employed: From <u>06/2006</u> To <u>01/2010</u> | Last pay rate: <u>\$14.00</u>
Reason for leaving: <u>Personal Reasons</u> |

References

List two people (not relatives) you have worked with who we may contact.

| | | |
|-------------|---------------|--------------|
| Name: _____ | E-mail: _____ | Phone: _____ |
| Name: _____ | E-mail: _____ | Phone: _____ |

IMPORTANT: We are glad you are interested in joining the Walmart team. Please read the following statements carefully and return this application.

Wal-Mart Stores, Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, understand and agree to this statement. (Please initial here.) KW

I understand that Wal-Mart Stores, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Wal-Mart, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a second confirmatory test using the gas chromatography/mass spectrometry method, it is determined my specimen contains a controlled substance or was adulterated or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. I have read, understand, and agree to this statement. (Please initial here.) KW

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President of Wal-Mart Stores, Inc. or Vice President of its People Division has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President of Wal-Mart Stores, Inc. I have read, understand and agree to this statement. (Please initial here.) KW

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to complete a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Date of Application May 10, 2014

Signature [Signature]
(as appears on Social Security Card)

WMP-24 Z
(9951356)

Wal-Mart Stores, Inc. will provide a reasonable accommodation during the application and/or hiring process for individuals with disabilities. Please advise us if you need assistance with the application and/or hiring process to accommodate a disability.

Rev. June 2010

Kevin Wikel

SUMMARY

Retail sales professional who excels in fast-paced, deadline-driven environments. Client-focused with broad knowledge of Pepsi products. Enthusiastic Sales Associate possessing expertise in the Pepsi sales industry. Reliable, punctual and hard working. Results-oriented Account Manager who excels in revealing customer needs and delivering solutions. Account Representative who excels at building a loyal customer base to achieve both short and long-term organization sales goals.

HIGHLIGHTS

- Proven sales track record
- Relationship selling
- Customer-oriented
- Exceptional customer service skills
- Reliable and dependable
- Positive outlook
- Team leadership
- Retail inventory management
- Accurate cash handling
- Store opening and closing procedures
- Store operations
- Detail-oriented
- Excellent multi-tasker
- Sales orientated
- Excellent communication skills
- Strong lead development skills
- Goal-oriented
- Excellent negotiating tactics
- Visual displays
- Team player
- Organized
- Recruiting and interviewing
- Flexible schedule
- Inventory control procedures
- Employee scheduling
- Time management
- Full service restaurant background
- Supervisory skill

EXPERIENCE

Sales Representative, 06/2012 to Current
Pepsico - Beaufort, sc

Development of all assigned accounts relative to sales volume, market share, product distribution, space allocation, and customer service. Responsible for ongoing rotation and stocking of product on the shelves and displays, in coolers, vending equipment, and store's backroom. Sell and build incremental displays to stimulate sales and new package distribution. Execute corporate programs through point of purchase materials such as pricing signs, banners and program promotional materials. Manage inventory and place orders for delivery. Sell and execute placement of equipment and sell sufficient product inventory. Maintain and increase shelf facings, clean shelving and rotate product. Provide excellent service to assigned accounts; create and maintain goodwill with all customers.

Line cook, 08/2011 to 06/2012
Ihop - Beaufort, SC

Consistently kept a clean and safe environment by adhering to all federal, state and local sanitation and safety requirements. Followed proper food handling methods and maintained correct temperature of all food products. Enforced appropriate work-flow and quality controls for food quality and temperature. Prepared for each shift by placing a clean cutting board and utensil

bath at workstation. Main goal was to decrease ticket times to make guest happy.

Grocery Manager, 02/2011 to 02/2012
Food Lion - Hilton Head Island, SC

Assist the Store Manager and Assistant Store Manager to see that Food Lion customer service standards are met, and that policies, standards and security measures are followed. Responsible for maintaining standards according to the Grocery Standard Practice Manual, maximizing sales through excellent customer service and minimizing shrink through proper utilization of standard practices. Serve as a role model for customer service and other vital behaviors and instill this value in all associates. Manage store Grocery Department. Directly responsible for supervision of Head Grocery Associates and Grocery Associates within store (Grocery Stock Crew). Manage operation of assigned store and is responsible for providing direction and instruction to all store associates in the absence of the Store Manager, Assistant Store Manager, or Customer Service Sales Manager. Responsible for all grocery orders and is the primary display builder when executing merchandising in the store each week. Complies with all Food Lion directives, policies, and procedures. Engage and interact with customers to create a positive shopping experience. Maintain an evaluation program for Grocery Associates, which includes productivity measurements. Train and supervise all associates in the Grocery Department. Maintain proper product level and inventory control of grocery shelves and backroom to include proper ordering and rotation. Keep the grocery shelves and backroom clean and organized.

Store Manager Candidate, 01/2010 to 02/2011
Dollar General - Beaufort, SC

Assist Store Manager in completing all paperwork and documentation according to guidelines and deadlines. Provide superior customer service leadership. Assist in maintaining accurate inventory levels by controlling damages, markdowns, scanning, paperwork, and facility controls. Assist in plan-o-gram implementation and maintenance. Authorize and sign for refunds and overrides; count register; deposit money in bank. Opened a new store location and assisted in recruiting and training new staff. Stocked and restocked inventory when shipments were received. Directed and supervised employees engaged in sales, inventory-taking and reconciling cash receipts. Completed a series of training sessions to advance from Assistant Manager to Store Manager. Completed weekly schedules according to payroll policies. Trained all new managers on store procedures and policies. Maintained daily record of all transactions.

Manager, 06/2006 to 01/2010
Golden Corral - Beaufort, SC

Accepted payment from customers and made change as necessary. Cleaned and maintained the beverage area, display cases, equipment, and order transaction area. Cleaned and prepared various foods for cooking or serving. Managed kitchen operations for high grossing, fast-paced fair concession kitchen. Scheduled and directed staff in daily work assignments to maximize productivity. Efficiently resolved problems or concerns to the satisfaction of all involved parties. Continually monitored restaurant and took appropriate action to ensure food quality and service standards were consistently met. Minimized loss and misuse of equipment through proper restaurant supervision and staff training. Ensured proper cleanliness was maintained in front of house. Consistently obtained highest rating from the county health department. Optimized profits by controlling food, beverage and labor costs on a daily basis.



[REDACTED]
Sr. Recruiting Coordinator
479 277 2533

June 4, 2014

Kevin Wikel
[REDACTED]

Dear Kevin,

We are pleased to confirm our offer to you for the position of Assistant Manager Trainee for store # 2832 in Hardeeville, SC. This position reports to Jared Worley. Store placement location may change in which case travel to new store will not be more than 50 miles from your home.

The following outlines the terms and conditions of the offer:

1. Compensation

- a) During the AMT training program: Your hourly rate of pay will be \$18.27.
- b) After successful completion and graduation of the AMT program: You will be a salaried member of management and you are anticipated to be placed in Store 2832. Your annual base pay will be \$38,000.00. This will be paid bi-weekly. Salaries are typically reviewed during the annual process that takes place during the first quarter of the Company's fiscal year. Management level Associates employed prior to November 1 may be eligible for a salary increase the following fiscal year based upon their individual performance ratings and the Company's financial performance.
- c) Upon successful completion of the training and beginning with the fiscal year ending January 31, 2015, you will be eligible to participate in the Wal-Mart Stores, Inc. Management Incentive Plan (the "MIP"). The MIP currently allows you to earn a target of up to 5% of your annual salary in an incentive award based on the Company and/or other appropriate business unit(s) reaching certain pre-established performance measures. Your maximum incentive opportunity is 10%. Your date of hire is a factor that determines MIP eligibility. Generally, salaried Associates hired prior to November 1 will be eligible to participate in the incentive plan for the current fiscal year (February 1 to January 31). Your incentive award will be pro-rated based on your hire date, your eligible base wages as of the end date in each incentive plan eligible position, and movement between incentive plans. Associates must remain employed through January 31 of the fiscal year to receive the incentive award payout, unless otherwise required by applicable state law.

2. Benefits

- a) Upon successful completion and graduation of the AMT program, you will receive, one week of paid vacation after your 1st year of employment, two weeks after your 2nd year, three weeks after your



7th year and four weeks of vacation after your 15th year. Vacation time will be available and may be used in accordance with the terms of the vacation policy that applies to your position.

- b) You will be eligible to participate in the Associate Stock Purchase Plan, which allows you to purchase Wal-Mart stock through payroll deductions. You can choose from \$2 per pay period up to \$1,000 per pay period, and the Company will match fifteen (15%) on the first \$1,800 of your purchases per plan year. You should review the Stock Purchase Plan brochure before completing an enrollment card to begin purchases.
- c) You will be eligible to participate in the Walmart 401(k) Plan the first day of the month following your one-year anniversary, provided that you have worked at least 1,000 hours. Walmart will match your contributions dollar-for-dollar up to 6% of your pay. You must personally contribute to your 401(k) in order to receive a company matching contribution. You can save as much as 50% of your eligible pre-tax pay in your 401(k) Plan up to the maximum contribution limits set by the IRS. You will always be 100% vested in both your personal contributions and company contributions to your 401(k). Matching contributions will be made each paycheck. Enrollment materials will be sent to your home address on file when you become eligible. You may roll over funds from another qualified plan at any time after you are hired by calling (888) 968-4015 and completing the appropriate documents.
- d) You will be immediately eligible for medical and dental coverage, consistent with the Company's health insurance plan(s). HMOs (where available) may not have first year limitations. The current dental plan at Walmart has a one-year waiting period for orthodontia and major care services.
- e) You will be eligible for the Walmart Associate Discount Card after ninety (90) calendar days of continuous employment. The Discount Card allows Associates to purchase most regularly priced general merchandise in Walmart stores, as well as fresh fruits and vegetables, at a ten percent discount. To receive the discount, simply present your Associate Discount Card at the time you make a purchase.

You will receive further details in the days prior to your start date in regards to your first day.

Federal law requires that you present documentation that establishes your identity and legal right to work in the U.S. You must bring this documentation with you on your first day of employment. If you are unable to present the appropriate documents within three days of employment, Walmart will be required to terminate your employment. Because this is federal law, no exceptions to this requirement are permitted.

This offer is conditioned upon your passing a drug screen test, which must be administered within 24 hours after you receive this offer. This offer is also contingent upon your passing a background check. Details regarding the drug testing process are attached.

If you previously have been employed by Walmart Stores, Inc., in any capacity, your rehire status with the Company must be confirmed as eligible for rehire.

This offer is conditioned upon your agreement to accept the position. This offer letter does not create an express or implied contract of employment or any other contractual commitment. Your employment relationship with Walmart is on an at-will basis, which means that either you or



Walmart may terminate the employment relationship at any time for any or no reason, consistent with applicable law.

By signing below, you confirm that you are not subject to any non-compete agreement or other contractual obligations that could, or could be construed to, prohibit you from accepting the position outlined in this letter or interfering with your ability to perform the duties associated with this position.

Kevin, we look forward to you joining Walmart. We ask that you acknowledge your acceptance of the terms of this written offer by signing below and returning the signed letter to Stephanie Gaches at sgaches@walmart.com or by fax at 479-204-9880.

Congratulations and welcome to Walmart!

1

Agreed and Accepted:

By: Kevin [Signature]

On: 6/5, 2014

Gain Personnel Action

| | | | | | | | |
|----------------|------------|--------|------------|----------------|--------------|-------------------|---------------------|
| Gain # | 6421762 | Status | Transacted | Created by | Silena Beene | Created On | 07/03/2014 08:31 AM |
| | | | | Updated by | Ruth Diaz | Updated On | 07/07/2014 12:07 AM |
| Country | US | WIN | 220145245 | Associate Name | Kevin Wikel | Associate Status | Active |
| Effective Date | 07/07/2014 | Action | Hire | Reason | Trainee | Within Guidelines | Y |

FieldNew Information

Position Information

| | |
|------------------------|----------------------------------|
| Position # | 1000055993 |
| Position Description | Trainee Hourly |
| Job Code | 100000414 |
| Salary Plan | N40 |
| Band / Grade | 2L |
| Supervisor | Jared Worley |
| Supervisor Description | Non-Metro Store Mgr \$40-\$80 mm |
| Salary Class | Hourly |

Work Location

| | |
|---------------------------|------------------------|
| Work Country | US |
| Work Facility | 3349 |
| Work Facility Description | PORT CHARLOTTE (E), FL |
| Work Div | 1 |
| Work SubDiv | C |
| Work Region | 11 |
| Work District | 118 |
| Work Facility Type | U |
| Metro / Non-Metro Flag | N |
| Store Volume Flag | Wal-Mart 40m - 80m |

Charge Information

| | |
|-----------------------------|-----------------|
| Charge Country | US |
| Charge Facility | 2832 |
| Charge Facility Description | HARDEEVILLE, SC |
| Charge Div | 1 |
| Charge SubDiv | A |
| Charge Region | 4 |
| Charge District | 34 |

General Information

| | |
|----------------|-----------|
| Associate Type | Full-Time |
|----------------|-----------|

Applicant Information

| | |
|-------------------------------|----------------------|
| Regional Manager | |
| Market Manager | |
| Regional HR Director ID | |
| Market HR Manager ID | |
| Mgmt Trainee Class Start Date | <input type="text"/> |

[Click here to add College Information](#)

Payroll Check Information

| | |
|---------------------------------|--|
| Payroll Check Delivery Location | <input type="text" value="3349"/> * Please enter 4 digit store nbr |
| Check Delivery Option | <input type="text" value="Field Management"/> |

Compensation Information

| Field | New Info | % Change | \$ Change |
|--------------------------|-------------------------------------|----------|-----------|
| Base Salary | <input type="text" value="18.27"/> | | |
| Total Salary | <input type="text" value="18.27"/> | | |
| Band / Grade Penetration | <input type="text" value="0.00"/> % | | |
| Retro Check Amount | <input type="text"/> | | |
| Total Sign on Bonus | <input type="text"/> | | |

[Click here if the Associate has a sign on bonus](#)

Attachments

| No. | Document Type | Document Sub-Type | File |
|-----|---------------|--------------------------------------|---------------------------------------|
| #1: | Employment | Associate Personal Information Sheet | GAIN1404394512519.tif |

Approvers

#4: Jeffrey McIver (Approved)

Date: 07/16/2014 10:19am

User: emitro

Page: 10

Claim Number : 20140500582-0001

Date Loss : 05/02/2014

Client : 6384 - PepsiCo

Account : 63841002 - North American Beverages (NAB)

Unit : 504 - Beaufort SC

Claimant : Wikel, Kevin M

NOTES

Event/Clmnt/Claim Date Tp Sb Examiner

the claimant has been employed with PBC about 2 years. his supervisor is Eric Smith and works as an account merchandiser. he work schedule is Thursday thru Tuesday. he makes \$11.80 per hour and does not have any concurrent employment at this time. he reported the injury date as 5/2/14. he could not remember any specific event at work to cause the injury. he said he had worked 13 straight days when his back started hurting. he had 2 days off but the pain continued so he called and reported this to jobhurt. no actual witnesses. he noted no prior back injuries. he went to see the dr on the 9th. they took an x-ray and he was put on light duty with a follow up on the 16th. no prior his of back injuries. prior to working for PBC he worked at FoodLion for 1 year. he does not take any rx for on work issues and he noted no outside of work activities.

[Time Note Created : 8:49 AM]

Date: 07/16/2014 10:19am

User: emitro

Page: 5

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Claim Number : 20140500582-0001

Date Loss : 05/02/2014

Client : 6384 - PepsiCo

Account : 63841002 - North American Beverages (NAB)

Unit : 504 - Beaufort SC

Claimant : Wikel, Kevin M

=====

----- NOTES -----

Event/Cmnt/Claim Date Tp Sb Examiner

On Friday 5/09/14, Kevin told Eric that he had reinjured himself the previous Friday from a previous injury. Eric and I called him and spoke to Kevin. I asked him what happened, and then I told him that if he did not hurt himself at work, then he could not claim a WC claim, and he would have to see his own doctor and would not be able to come back to work until he was released with no restrictions. He then stated that he did hurt himself in the course of his regular duties, and that it was actually a job hurt claim. I then informed him to call Job hurt, like we are supposed to do.

This one is a little tricky, that is why I wanted to let you know.

Thanks

Landon

[Time Note Created :10:20 AM]



**McDOUGALL
LAW FIRM**

A LIMITED LIABILITY COMPANY
Personal Commitment. Professional Representation.™

J. OLIN McDOUGALL, II, Esquire
Million Dollar Advocates
Forum, Lifetime Member



DAVIS A. WHITFIELD-CARGILE, Esquire
Associate Attorney

JOE W. UNDERWOOD, Esquire
Of Counsel, Family Court Litigation

Tax ID#04-0933148

WWW.MCDOUGALLLAWFIRM.COM

July 16, 2014

Grant Duffield
Interim Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Kevin Wikel v. Pepsi Bottling
WCC File No.: 1405210
Date of Injury: May 12, 2014

Dear Grant:

Please find enclosed an original and one (1) copy of our Form 50 in the above-referenced matter. We are at this time requesting a hearing. Please schedule this matter for a hearing at your earliest convenience. Enclosed is the \$25.00 filing fee.

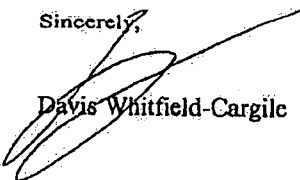
By courtesy copy of this correspondence I am also notifying the Employer/Carrier and providing them with a copy of same.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

1140722082281

With kind regards, I am

Sincerely,


Davis Whitfield-Cargile

DWC:ala
Enclosures

cc: Kevin Wikel
Indemnity Insurance Co of NA/Sedgwick CMS

Post Office Box 1336 | Beaufort SC, 29901 | 115 Lady's Island Commons | Lady's Island, SC 29907 | P 843.379.7000 | F 843.379.7007

Serious Injury and Death Claims | Motor Vehicle Accidents | Workers Compensation Claims | Nursing Home Abuse and Neglect | Medical Malpractice
Insurance Claims and Litigation | Premises Liability | Defective and Dangerous Products | School and Education Litigation | Boating and Water Accidents

South Carolina Workers' Compensation Commission
4333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WC File #: 1405219
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kevin Wikel SSN: _____ Employer's Name: Pepsi
Address: 160 Knight Bridge Road Address: 287 Broad River Road
City: Bluffton State: SC Zip: 29910 City: Beaufort State: SC Zip: 29906
Home Phone: (843) 263-5846 Work Phone: () Insurance Carrier: Indemnity Insurance Co. of NA/Sedgwick CMS
Preparer's Name: J. Olin McDougall, II, Esq. Law Firm: McDougall Law Firm Preparer's Phone #: (843) 379-7000
A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 05/12/2014
☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to back, left lower extremity (LLE); right lower extremity (RLE) (Part(s) of Body Injured) on 05/12/2014 (Month/Day/Year) in Beaufort county, state of South Carolina.
2. Body part(s) affected are: back, left lower extremity (LLE); right lower extremity (RLE)
Briefly describe how the accident occurred. Employee/Claimant rolled pallet of Pepsi products to floor, bending, twisting & lifting when he felt pain in his back.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 05/12/2014 (Month/Day/Year) in the following manner:
Eric Smith
☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: back, left lower extremity (LLE); right lower extremity (RLE)
☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
10/30/12 until, as long as allowable by law.
☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
9a. ☒ A determination of permanent disability is premature at this time.
☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$_____, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: 18278077/067
11. Further grounds or unusual aspects of claim: Employer/Carrier should be responsible for Claimant's medical bills, mileage expenses, prescription charges, temporary total benefits and permanent partial disability to be determined. Claimant requests a lump sum payment of any award, according to Regulations of the Commission. Claimant requests the Commissioner to make any award subject to Utica Mohawk v. Orr, 277 SC 226, 887 S.E. 2d 589 (1995) and Scharotta v. Brown, 837 F. 2d 135 (3d Cir. 1988).
11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Doctors Care, 1510 Sour Ribaut Road, Port Royal, SC 29935; Scott Strohmeier, M.D., 1076 Ribaut Road, Suite 101, Beaufort, SC 29902; Progressive Physical Therapy, 1510 South Ribaut Road, Port Royal, SC 29935; John Batson, M.D. Low Country Spine & Sport, 300 New River Parkway, Suite 37, Hardeeville, SC 29927.
11b. To the best of your knowledge, did you have any prior permanent disability? _____
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
☐ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 30 minutes
☒ 13b. I am requesting a hearing. A \$25 fee is required.
☐ Mediation
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Indemnity Insurance Co. of NA, Address P.O. Box 5122, Scranton, PA 18505 on the 11th day of July 2014, by ☒ first class postage ☐ certified mail ☐ personal service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney for Employee/Claimant: davis@mlflaw.co Title: _____ Email: _____ Date: [Signature]

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-619 as well as Reg. 67-1801.

Andrew D. Smith, LLC

Wappoo Center
147 Wappoo Creek Dr.
STE. 104
Charleston, SC 29412

Telephone: (843) 737-4619
Facsimile: (843) 737-4714
asmith@scwcdefense.com

July 18, 2014

J. Olin McDougall, II
McDougall Law Firm
P.O. Box 1336
Beaufort, SC 29901

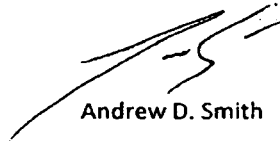
Re: Kevin Wikel v. Pepsi Bottling Group
SCWCC: 1405219
Claim No.: 20140500582-0001
Our File No.: 100-235
Date of Accident: 5/2/2014

Dear Lin:

I am in receipt of your subpoenas requesting a recorded statement, as well as information pertaining to the Form 20. I have the information pertaining to the Form 20. Please note, the Claimant did have a statement conducted on May 12, 2014, although it was not recorded. I can provide you with the only summary available of that conversation in the Carrier's file notes. There was a recording of his call to 1-800-JOB-HURT on May 9, 2014, and I am in the process of obtaining that recording. It is a third-party vendor who performs the 1-800-JOB-HURT line. Please file a letter of representation with the South Carolina Workers' Compensation Commission pertaining to the claim, so I can forward you the requested information.

Upon receipt of this correspondence, should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,



Andrew D. Smith

ADS/lmj

1-800-JOB-HURT Phone Call CD
Transcribed by Andrew D. Smith, LLC
CD will be provided at the time of hearing

Job-Hurt: JOB-HURT claim support line, this is Mercedes. Let me verify you are calling to report a work related injury?

Caller: Yes ma'am.

Job-Hurt: Okay. May I have the employees ID number or social?

Caller: Uh, 1-0-1-8-6-3-5-7.

Job-Hurt: It's for Kevin Wikel?

Caller: Yes ma'am.

Job-Hurt: And the date of the incident?

Caller: Uhh, it would have been *pause* uh, it started hurting me May 2nd.

Job-Hurt: Occurred May 2nd. And that occurred at what time?

Caller: Uhh, like 11 o'clock in the afternoon. Uh, in the morning.

Job-Hurt: Okay. And what time was the employer notified?

Caller: Uh, today.

Job-Hurt: Okay. And notified at what time?

Caller: Eight o'clock.

Job-Hurt: Okay. And you are Kevin Wikel?

Caller: Yes ma'am.

Job-Hurt: Your job title?

Caller: Uh, Merchandiser.

Job-Hurt: Your contact phone number?

Caller: 8-4-3-2-7-1-0-1-4-5.

Job-Hurt: 8-4-3-2-7-1-0-1-4-5.

Caller: Yes ma'am.

Job-Hurt: And to verify, I have your home address as 5 Forest Cove...

Caller: Uhm...

Job-Hurt: Hilton Head, South Carolina.

Caller: It switched. It's, uhm, 160 Knights Bridge.

Job-Hurt: Okay, Night Bridge?

Caller: Yes ma'am.

Job-Hurt: N-i-g-h-t?

Caller: K-n-i-g-h-t-s B-r-i-d-g-e

Job-Hurt: Bridge.

Caller: Road, Bluffton, South Carolina 29912.

Job-Hurt: Okay, and do you work a set schedule, or schedule varies?

Caller: Uh, schedule varies. *in audible*

Job-Hurt: And your supervisors name?

Caller: Eric Smith.

Job-Hurt: And that's E-r-i-c, S-m-i-t-h?

Caller: Yes ma'am.

Job-Hurt: His job title?

Caller: Uhh, Territory Sales Manager.

Job-Hurt: His contact phone number?

Caller: Uhm, 8-4-3 *pause* uh, give me one second I gotta to look that up.

Job-Hurt: Okay.

Caller: 5-4-0-6-0-9-7.

Job-Hurt: 8-4-3-5-4-0-6-0-9-7?

Caller: Yes ma'am.

Job-Hurt: Okay, and a description of what happened?

Caller: Uhm, I started having pain in my lower back. I can't really tell you exactly what all happened with it. *laughs*

Job-Hurt: And what were you doing at the time?

Caller: Uh, workin'.

Job-Hurt: Were you lifting a case? Or are you not sure what you were doing? The work process?

Caller: I was doing the work process, yeah.

Job-Hurt: And what was it?

Caller: I was servicing a store.

Job-Hurt: And you felt pain through your back?

Caller: Yes ma'am.

Job-Hurt: And what were you particularly doing at the time?

Caller: Uh, I can't... honestly, I can't really remember. I know I didn't lift anything incorrectly or anything. It might just have been from exhaustion.

Job-Hurt: Okay. Your upper or lower back?

Caller: Uh, lower back.

Job-Hurt: And have you sought medical treatment?

Caller: No ma'am.

Job-Hurt: Were there any witnesses to the incident?

Caller: None that I remember around.

Job-Hurt: And were you missing any time from work?

Caller: Uh, I worked a couple hours today, and told them I wasn't going to be able to do it. My back was killing me too bad, and they told me I had to call y'all. So...

Job-Hurt: And where were you located when this occurred?

Caller: Uhm, in Beaufort.

Job-Hurt: Is there a location name?

Caller: Uh, location? What do you mean by that?

Job-Hurt: The uhm, store name, or address where it occurred?

Caller: Uh, I could have been... I believe it was a Publix.

Job-Hurt: And do you have their address?

Caller: Uh, no ma'am, I don't have their address.

Job-Hurt: And that was in Beaufort, South Carolina.

Caller: Where I work at is Hilton Head location, Beaufort.

Job-Hurt: That's for the uh, Publix. Was it Beaufort, South Carolina?

Caller: Uh, Hilton Head.

Job-Hurt: Alright, so it occurred at the Publix in Hilton Head, South Carolina, and the time zone the incident occurred in, it would be Eastern Time Zone?

Caller: Yes ma'am.

Job-Hurt: And the supervisor was notified today?

Caller: Yes ma'am. I thought with two days off, I would be alright, but that didn't get it. Right now it might be a little bit worse.

Job-Hurt: And what time your shift started the day of the incident?

Caller: Uhm, 5:30.

Job-Hurt: That's 5:30 am?

Caller: Yes ma'am.

Job-Hurt: And you were performing your regular job duties when this occurred?

Caller: Yes ma'am.

Job-Hurt: Pain is in the lower back. You were performing work duties. And this occurred at the grocery store Publix. What specific area were you located in?

Caller: Uh, Hilton Head.

Job-Hurt: Were you in an aisle or the parking lot?

Caller: Uh, I was inside the store. When I first started feeling the pain, I was inside the store.

Job-Hurt: Okay, and what area of the store?

Caller: Uh, I believe the back room.

Job-Hurt: Was there equipment or tools involved in the incident?

Caller: No ma'am.

Job-Hurt: Any products or packages involved in the incident?

Caller: Uh, I probably was down stacking a pallet. Sorry, all of my days are running together.

Job-Hurt: No problem. Were you lifting plastic shelf crates, or cardboard boxes, pallets?

Caller: Uh, probably crates.

Job-Hurt: Crates. And there was no work place violence involved. No medical. Do you require a medical referral for medical treatment?

Caller: Uh, they said I have to go to the medical, to be brought back to work. They said since I informed them I was hurt, I have to go seek medical treatment.

Job-Hurt: Okay. The location I have for medical treatment is Doctor's Care. And their...

Caller: Uh, Doctor's Care.

Job-Hurt: And their address is 1501 Ribaut Road, Port Royal, South Carolina.

Caller: Yes ma'am. Am I able to use a different one?

Job-Hurt: Mm, that's the only one they have listed for your location. The supervisor may have a different location. Did you want to go to Doctor's care or do you want to... to the different location?

Caller: Uhm, I was hoping to just go to Doctor's Care in Bluffton, 'cause it's a little bit closer for me. But I will go to Beaufort, 'cause I ain't got no other option.

Job-Hurt: Alright, and the claim is processed in South Carolina, and again, there is no time missed from work, you were performing work duties when this occurred. Is there a Carrier TPA Federal ID number? Or is that unknown?

Caller: Unknown. I don't even know what that is.

Job-Hurt: Okay. Are there any additional comments or notes for the report?

Caller: Uh, no ma'am.

Job-Hurt: Alright, I'm going to give you the report number.

Caller: Give me one second, I'll write it down real quick. Okay.

Job-Hurt: The report number is W-1-2-6-7-3-7.

Caller: Okay.

Job-Hurt: The authorized provider is Doctor's Care, at 1501 Ribaut Road, Port Royal, South Carolina, and we'll fax a copy of the Claim to the authorized provider. We will also send the information to the Pepsi Insurance organization and supervisor. And if you have any further questions, you'll contact the adjusters at Sedgwick Claims office.

Caller: Okay.

Job-Hurt: And their phone number is 1-800-5-4-8-1-3-7-3.

Caller: 1-7 what ma'am?

Job-Hurt: 1-3-7-3.

Caller: 1-3-7-3. Okay.

Job-Hurt: Okay. Was there anything else I could help with today?

Caller: No ma'am that'd be it.

Job-Hurt: Okay, so than you for calling in your report.

Caller: Thank you and you have a good one.

Job-Hurt: Thank you, you too.

end call

Andrew D. Smith, LLC

Wappoo Center
147 Wappoo Creek Dr.
STE. 104
Charleston, SC

Telephone: (843) 737-4619
Facsimile: (843) 737-4714
asmith@scwcdefense.com

August 22, 2014

Publix
ATTN: General Manager
11 Palmetto Bay Rd
Hilton Head Island, SC 29928

Re: Kevin M. Wikel v. Pepsi Bottling Group
SCWCC: 1405219
Claim No.: 20140500582-0001
Our File No.: 100-235
Date of Accident: 5/12/2014

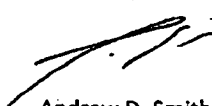
To Whom It May Concern:

This office represents the self-insured Employer in the above-referenced workers' compensation claim filed by Kevin M. Wikel. Your immediate compliance with the enclosed S.C. Workers' Compensation Commission Subpoena will be greatly appreciated. In accordance with Title 42 of the South Carolina Code of Laws, you may charge for copying the requested records as follows. Please show the number of pages copied on your bill. Please provide surveillance tapes and records from 5/2/2014.

| | |
|-----------------|---------------------------------|
| First 30 pages | Not to exceed 65 cents per page |
| All other pages | Not to exceed 50 cents per page |
| Clerical Fee | Not to exceed \$15.00 |
| Postage | Actual postage |

By Proof of Service to the Claimant, I am notifying him that I have submitted the subpoena for records, and providing him with a copy of the subpoena.

Very truly yours,



Andrew D. Smith

ADS/lmj
Enclosures
Cc: Davis Whitfield-Cargile, Esq.

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



WCC File #: 1405219
Carrier File #: 20140500582-0001
Carrier Code #: 093
Employer FEIN #: 131584303

Claimant's Name: Kevin M. Wikel SSN: _____ Employer's Name: PC Metro Bottling
Address: 160 Knights Bridge Rd. Address: PO Box 4070 Hwy 280
City: Bluffton State: SC Zip: 29910 City: Burton State: SC Zip: 29902
Home Phone: (843) 263-5846 Work Phone: () Insurance Carrier: ACE American Insurance Company
Preparer's Name: Andrew D. Smith Law Firm: Andrew D. Smith, LLC Preparer's Phone #: (843) 737-4619

SUBPOENA

To: Publix
ATTN: General Manager
11 Palmetto Bay Rd
Hilton Head Island, SC 29928

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: Surveillance tapes and records of May 2, 2014, covering the back room, and any

location Kevin M. Wikel is visible.

PLACE: Andrew D. Smith, LLC
147 Wappoo Creek Drive, STE 104
Charleston, SC 29412

DATE AND TIME: September 1, 2014 by
5:00pm

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

[Signature] Attorney for Defendants
ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 737-4619
PHONE NUMBER

8/22/2014
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

WCC Form # 27
Rev. 3/2014

27

SUBPOENA

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. File No.: 1405219

Kevin M. Wikel,
Claimant,

v.

Pepsi Bottling Group,
Employer,

and

Sedgwick CMS,
Carrier,

Defendants.

CERTIFICATE OF SERVICE

I, Andrew D. Smith, do hereby certify that I have served the South Carolina Workers' Compensation Form 27, Subpoena for records, via United States Mail First Class, postage prepaid, to the following address:

Publix
ATTN: General Manager
11 Palmetto Bay Rd
Hilton Head Island, SC 29928

Davis Whitfield-Cargile, Esq.
McDougall Law Firm
P.O. Box 1336
Beaufort, South Carolina 29901


Andrew D. Smith

August 22, 2014
Charleston, South Carolina

FW: Wickel v. Pepsi Bottling Group
Leslie Crawford [Leslie.Crawford@publix.com]
Sent: Friday, September 19, 2014 3:44 PM
To: andrew@acwdefense.com
Cc: Lauren Jones; Litigation Support - TPSP (Litigation.Support-TPSP@publix.com)
Importance: high

Mr. Smith,

I was able to copy the video to my computer, but the file was too large to e-mail. I tried to see if I could limit the video to the two frames you needed, but we can't do that in-house. I have overnighted it to you and it should be there by 10:30 tomorrow morning.

Thanks,

Leslie Crawford, Legal Assistant
Publix Super Markets, Inc.
Risk Management
Post Office Box 32023
Lakeland, Florida 33802-2023
(863) 499-8521, Extension 88606
(863) 413-5765 Facsimile

This e-mail message and any attachments are confidential and contain information intended only for the addressees. Any retention, storage, forwarding, retransmission, publication or other use or disclosure of this message or any of its attachments by any other person is strictly prohibited. If you have received this transmission in error, please notify the sender immediately. Also, please destroy the original message, including all attachments and all copies. Thank you.

Publix

General Liability Risk Management
P.O. Box 32023
Lakeland, FL 33802
Phone (863) 499-8521 ext. 88606
Facsimile (863) 413-5765

September 19, 2014

Lauren Jones
Legal Assistant to Andrew D. Smith
Andrew D. Smith, LLC
147 Wappon Creek Drive
Suite 104
Charleston, SC 29412

RE: Kevin M. Wikel v. Pepsi Bottling Group
Your File No.: 100-235
DOI: 05/02/14

Dear Lauren:

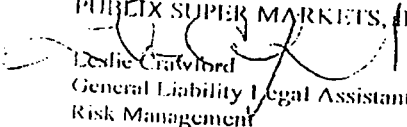
Please find enclosed the item(s) as noted below:

- Formal Answers to Interrogatories and signature page.
- Affidavit(s).
- Time card(s).
- Associate(s)'s profiles which are NOT to be produced.
- Floor plan(s).
- Lease and addenda, if any.
- ☒ Miscellaneous: Store video.

Should you have any questions or if I may be of additional assistance, please do not hesitate to call this office.

Sincerely,

PUBLIX SUPER MARKETS, INC.


Leslie Crawford
General Liability Legal Assistant
Risk Management

Enclosure(s)

cc:

WHERE SHOPPING IS A PLEASURE

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Appellate Case No.: 2016-001398
WCC Number: 1405219

RECEIVED
OCT 17 2016
SC Court of Appeals

Kevin Wikel,
Claimant,

Respondent,

vs.

PC Metro Bottling, Employer,
and
Indemnity Insurance Company of NA, Carrier,

Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

September 23, 2016



Andrew D. Smith
SC Bar# 17187
Goodman McGuffey, LLP
147 Wappoo Creek Dr., Ste 204
Charleston, SC 29412
(843) 518-5040