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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION

Melody L. James, Commissioner
R. Michael Campbell, II, Commissioner
Avery B. Wilkerson, Commissioner

WCC File No. 1402961
Appellate Case No. 2016-001072

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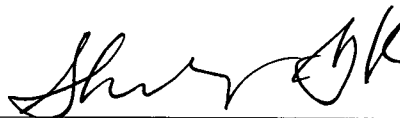
SC Court of Appeals

Bryan McHowell, Employee/Claimant, Respondent,

Star Food Products/Mrs. Stratton's Salads, Inc., Employer and Great American Alliance Ins.,
Carrier, Appellants.

RECORD ON APPEAL VOLUME I

December 12th, 2016



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

WCC FILE # 1402961

Bryan McHowell,	)	
	)	
Employee/Claimant	)	
	)	
Vs.	)	
	)	
	)	
Star Food Products/ Mrs. Stratton's Salads, Inc.,	)	ORDER
	)	
Employer	)	
	)	
	)	
and	)	
	)	
Great American Alliance Ins.	)	
	)	
Carrier	)	
	)	

Appellate Panel Review held in Columbia, South Carolina on February 22, 2016
after timely and proper service was perfected upon all parties of interest.

Appellate Panel Decision and Order filed: April 20, 2016.

Appearances: Respondent/Claimant represented by Brent P. Stewart, Esquire
of Stewart Law Offices, L.L.C. of Columbia, South Carolina.

Appellates/Defendants represented by Shelby H. Hapeshis, Esquire
of Huff and Hapeshis of Irmo, South Carolina.

CASE HISTORY

This appeal arises from a denied repetitive trauma claim. On February 27, 2014 Claimant was definitively diagnosed with a work related repetitive trauma injury. On March 27, 2014, within ninety days of the date of diagnosis, Claimant, through his attorney, filed a Form 50 placing the defendants on notice of repetitive trauma injuries to the left arm and left shoulder.

The Claimant previously alleged injuries to his left shoulder, neck, left hand and finger following a March 6, 2012 work related motor vehicle accident. The defendants denied that claim and on July 9, 2013 both parties presented to a hearing in front of Commissioner Susan S. Bard. On October 25, 2013 Commissioner Barden issued an Order denying the claim finding that Mr. McHowell returned to baseline within a few days of the injury. The Claimant did not go out of work due to the March 6, 2012, motor vehicle accident. As a result, the repetitive trauma giving rise to the injury continued up until September 2013. In September of 2013, the Claimant went out of work due to being unable to do the work required by the Employer and due to inheriting money to allow him to seek the treatment he so desperately needed. The Claimant worked the repetitive job for approximately 18 months after the March 6, 2012 automobile accident and being found to be back to baseline by Commissioner Barden.

On January 9, 2015 Claimant, through his attorney, filed a Form 50 requesting a hearing on the February 27, 2014 repetitive trauma injury. The Defendants maintained their denial of the claim and a hearing was set for April 8, 2015 before the Honorable Aisha Taylor.

At the call of the hearing Claimant contended that he was at maximum medical improvement based on the medical report of Dr. William Lehman, one of his treating physicians, and Dr. Matthew Schwartz. Claimant requested a finding of compensability, payment of all causally related medical treatment, a finding of permanent and total disability pursuant to Section

42-9-10 of the South Carolina Code, lifetime causally related medical treatment, and all other benefits pursuant to the Act.

Dr. William Lehman, with knowledge of the March 6, 2012 car accident, stated that in his medical opinion, to a reasonable degree of medical certainty:

1. The Claimant suffered a work related repetitive trauma injury to his arm and shoulder.
2. There is a direct casual relationship between the condition under which the Claimant's work was performed and his injuries to the left shoulder.
3. The injury to the shoulder was new.
4. The Claimant's job duties at Star Food Products, Inc. increased his risk for present injury.
5. The injury demanded surgery.
6. The Claimant went back to work after the automobile accident and due to repetitive motion continued to aggravate the shoulder.
7. The records of Carolina Orthopedics specifically set out sprains and strains of the shoulder and upper arm.
8. That the Claimant was released following surgery with restrictions of no lifting waist to above head, no repetitive use of the shoulder, no overhead lifting, no lifting over 10 pounds overhead and that he was limited to doing light or possibly medium work.
9. That the Claimant may need in the future surgery, physical therapy, steroid injections, over the counter medications and prescription medication.
10. That the Claimant suffered 5 percent impairment to the left shoulder and 3 percent impairment to the upper extremity.
11. The repetitive trauma injury affects the arm.

Dr. Matthew Schwartz, also a treating physician of the Claimant, stated in a questionnaire that he concurred with the above as set out by Dr. Lehman.

Other medical records document an injury to the arm and shoulder. Metrolina Medical's Dr. Howard Mandel, a neurologist, in a report dated September 17, 2014, stated, "He says he is continuing to experience pain in the left shoulder region. He also has some pain radiating down the arm and he has numbness in the whole arm at times particularly if he is doing anything repetitive with the arm or if he has it up even watching television sometimes." Dr. Gisele Girault, a pain doctor, states in her records, "Patient is considering a total shoulder replacement."

An expert as to ergonomics opined in a report that based on what he reviewed the Claimant's work tasks at Star Foods elevated his risks for the development of musculoskeletal disorders (cumulative trauma disorders) to the shoulders. The elevated risks are related to repetition, force and shoulder posture. The expert stated he would like to view the job, but the attorney for Star Foods did not respond to requests to view the job sent out on February 24, 2015, February 13, 2014 and March 6, 2015.

Ashley Johnson, a vocational expert held the Claimant to be totally and permanently disabled. An expert hired by the Defendant the week of the hearing stated at trial that she had not had time to complete her vocational evaluation. Her testimony greatly limited the work that the Claimant could perform. In fact, she was unable to state definitively any job the Claimant could perform.

Stephan Laney of Star Foods testified that:

1. The Claimant's job was repetitive in nature.
2. That the repetitive nature of the job entailed lifting 300 boxes to unload his truck
3. That the repetitive nature of the job entailed moving 300 cases of product regularly.

4. That there was actually about 1200 repetitive motions required to do the Claimant's job.
5. That he knew that Mr. McHowell went out of work due to his shoulder issues.

The only witness called by the Defense was one that was supposed to state the Claimant was seen working. However, this witness denied that she had seen the Claimant working in spite of numerous proddings from her testimony. The Defendant offered no medical testimony, no ergonomic testimony or evidence of any prejudice in regards to their claim of lack of notice within 90 days.

The claim was found compensable and Mr. McHowell found totally disabled by the single commissioner.

STATEMENT OF THE CASE

Claimant, Bryan McHowell, has a pre-existing left shoulder condition. In June of 2011, Mr. McHowell underwent a left shoulder surgery (including a distal clavicle excision, acromioplasty, and the implementation of hardware). Following shoulder surgery, he underwent post-surgical physical therapy. In January of 2012, he underwent a left shoulder steroid injection.

On March 6, 2012, Mr. McHowell was involved in a work-related motor vehicle accident. Mr. McHowell filed a Form 50 alleging the March 6, 2012 motor vehicle accident aggravated a pre-existing condition in his left shoulder. The defendants filed a Form 51 denying the claim.

A hearing on Claimant's Form 50 and Defendants' Form 51 took place in front of Commissioner Susan Barden on July 9, 2013. On October 25, 2013 Commissioner Barden issued an order denying the claim and finding, "If Claimant injured/aggravated his left shoulder in the accident, I find that his condition returned to baseline...." Commissioner Barden, in her

order, found the Claimant not to credible. However, co-workers specifically stated that they found the Claimant to be an honest individual.

Mr. McHowell continued to work for Star Food Products until August of 2013 when he inherited money and left work in order to undergo left shoulder surgery. On October 31, 2013, Mr. McHowell underwent left shoulder surgery.

On February 27, 2014, Mr. McHowell was diagnosed with a repetitive trauma work-related injury. On March 27, 2014 claimant, through his attorney, filed a Form 50 placing the defendants on notice of the claim. The Claimant filed a Form 50 requesting a hearing on January 9, 2015. Claimant respectfully requested the following benefits pursuant to the Act: a) that the February 27, 2014 work-related injury be found compensable; b) a finding of permanent and total disability; c) payment of all causally related medical treatment to date; d) lifetime medical treatment; and e) Utica Mohawk language.

On February 5, 2015 the Employer/Carrier filed a Form 51 denying the claim pending an investigation. The case was heard by the Honorable Aisha Taylor on April 22, 2015 in Rock Hill, South Carolina.

The Hearing began with a long list of objections and a Motion in Limine filed by the Claimant in regards to the Defendant/Employer's attempts to include numerous unauthenticated, duplicative and prejudicial exhibits which were not relevant to the case through their Form 58 brief. The Single Commissioner denied the Claimant's Motion in Limine. The Defendant/Employer then attempted to exclude the ergonomics report of Glen Adams stating he was not an expert in ergonomics. The Single Commissioner stated that, "I think it's been the Commission's general practice that he is one of the few ergonomics experts in the state for purposes of workers' compensation, and so I'll just limit it to that." Employer/Carrier offered no

rebuttal ergonomics expert or medical experts in their Form 58. Counsel for both parties then put their contentions on the record. The Claimant contended that:

1. The injury for which they were in front of the Single Commissioner was a new injury.
2. Two doctors opined the injury was new. No medical evidence was offered by the Employer/Carrier refuting this medical diagnosis.
3. That the Claimant worked following his car accident and previous workers' compensation claim.
4. That by Order of the Commission, Mr. McIlowell was found to be back to baseline following his previous work-related car wreck.
5. That the Claimant informed Mr. Laney that he was going out of work due to his shoulder problems and the Employer not being able to modify the job.
6. That Dr. Lehman opined the arm and shoulder were the two affected body parts.
7. That no attempts were made to depose any doctor.
8. No medical evidence was presented by the Employer/Carrier to refute the repetitive trauma injury.
9. Specific restrictions were given by the doctor none of which were refuted by the Employer/Carrier.
10. The ergonomics report corroborates the medical findings of the two orthopedic surgeons.
11. No ergonomic report was offered in opposition to that of the Claimant by the Employer/Carrier.

12. Stephen Laney of Star Foods likewise testified to the repetitive nature of the job stating that 300 cases of product were regularly moved by the Claimant.

13. Stephen Laney, Star Foods employee, stated that the Claimant repetitively lifts boxes up to 300 times a week to load his truck and up to 300 boxes to unload his truck.

14. Stephen Laney, Star Food witness, stated that actually, there are about 1200 repetitive motions required to do the Claimant's job.

15. Stephen Laney, Star Food witness, knew Mr. McHowell went out of work due to his shoulder issues.

16. That the Claimant was entitled to a finding of compensability, payment of all medicals, lifetime medicals, Utica Mohawk language and Dodge medicals.

The Employer/Carrier contended that:

1. That there was no new injury.
2. There was no repetitive trauma.
3. Notice was not timely provided to the Employer.
4. There was only one body part involved, if there was actually an injury.
5. This injury is barred by res judicata and collateral estoppel.

On November 9, 2015 Commission Taylor issued the following Findings of Facts,

Conclusions of Law and Order.

FINDINGS OF FACT

1. I find that Mr. McHowell was involved in a work related motor vehicle accident on March 6, 2012.

2. I find that Mr. McHowell alleged that he injured his left shoulder in the March 6, 2012 motor vehicle accident. I find that Mr. McHowell has a pre-existing left shoulder condition.
3. I find, in accordance with the prior Decision and Order of Commissioner Barden, Claimant had returned to baseline following his March 6, 2012 motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.
4. I find that the employer's representative, Steve Laney, testified Claimant's job was repetitive.
5. I find that Mr. McHowell's job at Star Food Products was both repetitive and heavy. This finding is based on the deposition testimony of Stephen Laney, a representative of the employer, and the ergonomics report completed by Glenn Adams.
6. I find that on October 3, 2013 Mr. McHowell presented to Dr. Lehman with left shoulder pain following the March 5, 2012 motor vehicle accident.
7. I find that on October 31, 2013, the Claimant underwent the following surgical procedures to the left shoulder: a) arthroscopy with major debridement of the labrum and rotator cuff; b) mini open repair of a supraspinatus tendon tear; c) anterior acromioplasty and CA ligament resection; and d) open acromioclavicular joint arthroplasty. I find that postoperatively Dr. Lehman diagnosed chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis.
8. I find that on February 27, 2014 Mr. McHowell was diagnosed with a work related repetitive trauma injury.
9. I find that Defendants were provided timely notice of the February 27, 2014 repetitive trauma injury as Claimant has a complex history with regard to the shoulder and he

reported the injury within ninety days of the date he discovered, or could have discovered, that his condition was compensable. Additionally, I find that the Defendants have not been prejudiced by any perceived lack of notice.

10. I find that Mr. McHowell provided Dr. Lehman with a job description that outlined the physical requirements of his job at Star Foods.
11. I find that on February 27, 2014 Dr. Lehman stated, to a reasonable degree of medical certainty that: a) There is a causal connection between Mr. McHowell's repetitive use of his left shoulder on the job and the injury that he sought treatment for; b) There is a direct causal relationship between the condition under which Mr. McHowell's work is performed and the injuries to the left shoulder; c) Mr. McHowell's left shoulder injury is new; and d) Mr. McHowell's job duties at Star Food Products increased his risk for the present injury.
12. I find that on August 22, 2014 Dr. Lehman opined, "Mr. McHowell's job activities at Star Foods place a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at a substantially higher risk of injury, given the pre-existing rotator cuff and labral abnormalities at the shoulder, most probably leading to the progression of the partial rotator cuff tear diagnosed in 2011, progressing to a complete tear with intraarticular abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on 10/31/13."
13. I find that on November 26, 2014 Dr. Schwartz opined, most probably and to a reasonable degree of medical certainty, "I have had an opportunity to review the July 6, 2015 questionnaire and August 22, 2011 report of Dr. William Lehman. Upon review, I

concur with Dr. Lehman's diagnosis and assessment of Mr. McHowell's injuries and future medical needs."

14. I find that Section 42-1-172 of the South Carolina Code defines a repetitive trauma injury.
15. I find, by a preponderance of the evidence, that there is a causal connection established by medical evidence between the repetitive activities that occurred while Mr. McHowell was engaged in the regular duties of his employment at Star Food and his left shoulder and left arm injuries.
16. I find that there is a direct causal relationship, established by medical evidence, between the conditions under which Mr. McHowell worked and his left arm and left shoulder injuries.
17. I find Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.
18. I find that on July 6, 2014 Dr. Lehman restricted Mr. McHowell from engaging in the following activities: a) lifting waist to overhead; b) repetitive use of the left shoulder; c) over-head lifting; and d) lifting over 10 pounds overhead. Dr. Lehman placed Mr. McHowell in a light to medium work category.
19. I find that on July 6, 2014 Dr. Lehman recommended future medical treatment in the form of surgery, physical therapy, steroid injections, and medications both over the counter and prescription.
20. I find that on July 6, 2014 Dr. Lehman provided a 3% rating to the left upper extremity and a 5% rating to the left shoulder due to the February 27, 2014 work related repetitive trauma injury.

21. I find that the amount Mr. McHowell can lift overhead and the amounts he can lift with the left shoulder are both limited.
22. I find that Mr. McHowell's left shoulder and arm injury affects his ability to complete chores, yard work, laundry, and cleaning.
23. I find that on January 10, 2015 Dr. Lehman opined, "It is my opinion, that Mr. McHowell's repetitive left shoulder injury of February 27th, 2014 affects his left arm."
24. I find that Mr. McHowell's February 27, 2014 injury affects the function of his left arm and left shoulder.
25. I find that the present condition of Mr. McHowell's left shoulder and left arm prevents him from returning to work with Star Foods. Additionally, I find that Mr. McHowell has applied for six other jobs and as of the date of hearing, had been unable to find employment.
26. I find that Mr. McHowell keeps a check book and is able to regularly manage his own funds. I find that Mr. McHowell requested a lump sum payment of benefits in order to catch up on bills and other items since he has been out of work.
27. I find that Mr. McHowell has not worked since August of 2013.
28. I find that Mr. McHowell has sustained permanent impairment to the left shoulder and left arm.
29. I find that Ashley H. Johnson, a vocational expert out of Vargas Vocational Consulting, opined, "It is my opinion that Mr. McHowell is totally disabled from a vocational perspective."
30. I find that the labor market survey completed by Jan Westmoreland was tentative as she did not have the opportunity to contact potential employers and see if they would be able

to accommodate Mr. McHowell's work restrictions. Additionally, Ms. Westmoreland did not have the opportunity to interview Mr. McHowell or sit in on his testimony.

31. I find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. I base this finding on the greater weight of the evidence as a whole including, but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Ashley Johnson. I did review and consider the vocational assessment provided by Jan Westmoreland; however, I gave the Vargas Vocational report greater weight.
32. The testimony of Defendants' rebuttal witness, Ms. Riggins, was very damaging to Defendants' case as Defendants could not prove Claimant was currently working in another capacity.
33. I find Claimant is entitled to lifetime causally-related medical treatment for his work injuries at the direction of Defendants pursuant to Section 42-15-60.
34. I find Claimant is entitled to a lump-sum payment subject to the commuted value tables.
35. I find Claimant is entitled to James v. Anne's SSA apportionment language.
36. I find Defendants' are liable for any and all previously incurred causally related medical treatment to be paid pursuant to the SC Fee Schedule.
37. I find Claimant is entitled to reimbursement for all causally-related out-of-pocket expenses including mileage reimbursement, if any.
38. I find that this claim is neither barred by res judicata nor collateral estoppels as a preponderance of the evidence indicates that Mr. McHowell brought two separate and distinct causes of action, the On March 6, 2012 work related motor vehicle accident and the February 27, 2014 work related repetitive trauma injury by accident.

39. I find that no hearing costs are assessed.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Worker's Compensation Act in 42-1-10 S.C. Code of Laws, et. seq., that:

1. Pursuant to South Carolina Code Ann. §42-15-10 and §42-17-20, jurisdiction and venue are proper.
2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.
3. South Carolina Code Ann. § 42-15-20(C) addresses notice in repetitive trauma claims. I find the Claimant provided the Defendants with notice within ninety days of the date he discovered, or could have discovered, that his condition was compensable.
4. South Carolina Code Ann. § 42-1-172 addresses repetitive trauma injuries. I find the Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.
5. In accordance with the prior Decision and Order of Commissioner Barden, the Claimant had returned to baseline following his prior motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.
6. South Carolina Code Ann. § 42-9-10 addresses permanent and total disability. I find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. I base this finding on the greater weight of the evidence as a whole including but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Glen Adams.

7. I find Claimant entitled to lifetime medicals pursuant to the S.C. Code of Laws, Ann. (1976, as amended).
8. I find that the settlement proceeds of \$299,911.20 shall be allocated as follows:
\$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

ORDER

IT IS HEREBY ORDERED that this claim is found compensable as a repetitive trauma injury both the left arm and left shoulder.

IT IS FURTHER ORDERED that the Claimant is found to be totally and permanently injured.

IT IS FURTHER ORDERED that the Defendants are responsible for payment of all causally related medical treatment received to date;

IT IS FURTHER ORDERED that the Claimant is given lifetime medicals under the SC Code.

IT IS FURTHER ORDERED that the award of \$299,911.20 shall be allocated as follows: \$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the

South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

AND IT IS SO ORDERED.

Within the statutory period, Defendants, by and through their attorney, filed a Request for Commission Review, setting forth their reasons for appeal, copies of which were furnished to all interested parties prior to oral argument, which took place before the Appellate Panel on February 22, 2016.

By way of appeal, Defendants/Appellant asserts:

- 1) The Single Commissioner erred in finding and ordering that the claimant is permanently and totally disabled pursuant to 42-9-10, the error being that the claimant sustained an injury to one body part is an error of law and not supported by a preponderance of the evidence.
- 2) The Single Commissioner erred in finding as fact and ordering that the claimant's current medical condition is unrelated to his prior injury, the error being that this is not supported by the preponderance of the evidence and is an error of law.
- 3) The Single Commissioner erred in finding as fact and concluding as law that this claim was not barred by the doctrine of res judicata and collateral estoppels, the error being that this is not supported by the preponderance of the evidence and is an error of law.
- 4) The Single Commissioner erred in determining that the claimant gave adequate notice of the injury and the Defendants were not prejudiced by the lack of notice, the error

being that this finding is not supported by the preponderance of the evidence and is an error of law.

- 5) The Single Commissioner erred in finding as fact and concluding as a matter of law that the claimant's injury was causally related to his job duties at Star Foods, the error being that this finding is not supported by the preponderance of the evidence and is an error of law.
- 6) The Single Commissioner erred in finding as fact and determining as a matter of law that the claimant sustained a repetitive trauma to his left arm and shoulder, the error being that this is not supported by the preponderance of evidence and is an error of law.
- 7) The Single Commissioner erred in determining that the claimant suffered a 3% rating to his left upper extremity and a 5% rating to his left shoulder due to this alleged injury, the error being that this finding is not supported by any medical evidence, is a misstatement of fact, and is an error of law.
- 8) The Single Commissioner erred in finding as fact and determining as a matter of law and ordering that the claimant's injury prevents him from returning to work, the error being that this is not supported by the preponderance of the evidence and is an error of law.
- 9) The Single Commissioner erred in determining that the claimant is entitled to a lump sum payment, the error being that this payment is not supported by the preponderance of the evidence and is an error of law.

10) The Single Commissioner erred in determining that defendants are liable for all previously incurred causally related medical treatment and expenses, the error being that this is not supported by the evidence and is an error of law.

A review was held in Columbia, South Carolina on February 22, 2016, where arguments by both parties of interest were made before the Appellate Panel. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellant Panel and has since been under study and consideration.

Pursuant to §42-17-50, we, the Appellate Panel, have weighed the evidence presented at the initial hearing and have reviewed the Hearing Commissioner's Decision and Order. We have considered all issues raised in the briefs and as presented through oral arguments by Appellants and Respondent.

After careful review and consideration of all the evidence in the case, the Appellate Panel agrees with the Hearing Commissioner's Decision and Order in its entirety and adopts the Decision and Order, including her Findings of Fact and Conclusions of Law, in total.

FINDINGS OF FACT

Accordingly, we the Full Panel of the Workers' Compensation Commission make the followings findings of fact:

1. We find that Mr. McHowell was involved in a work related motor vehicle accident on March 6, 2012.

2. We find that Mr. McHowell alleged that he injured his left shoulder in the March 6, 2012 motor vehicle accident. We find that Mr. McHowell has a pre-existing left shoulder condition.
3. We find, in accordance with the prior Decision and Order of Commissioner Barden, Claimant had returned to baseline following his March 6, 2012 motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.
4. We find that the employer's representative, Steve Laney, testified Claimant's job was repetitive.
5. We find that Mr. McHowell's job at Star Food Products was both repetitive and heavy. This finding is based on the deposition testimony of Stephen Laney, a representative of the employer, and the ergonomics report completed by Glenn Adams.
6. We find that on October 3, 2013 Mr. McHowell presented to Dr. Lehman with left shoulder pain following the March 5, 2012 motor vehicle accident.
7. We find that on October 31, 2013, the Claimant underwent the following surgical procedures to the left shoulder: a) arthroscopy with major debridement of the labrum and rotator cuff; b) mini open repair of a supraspinatus tendon tear; c) anterior acromioplasty and CA ligament resection; and d) open acromioclavicular joint arthroplasty. We find that postoperatively Dr. Lehman diagnosed chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis.
8. We find that on February 27, 2014 Mr. McHowell was diagnosed with a work related repetitive trauma injury.
9. We find that Defendants were provided timely notice of the February 27, 2014 repetitive trauma injury as Claimant has a complex history with regard to the shoulder and he

reported the injury within ninety days of the date he discovered, or could have discovered, that his condition was compensable. Additionally, we find that the Defendants have not been prejudiced by any perceived lack of notice.

10. We find that Mr. McHowell provided Dr. Lehman with a job description that outlined the physical requirements of his job at Star Foods.

11. We find that on February 27, 2014 Dr. Lehman stated, to a reasonable degree of medical certainty that: a) There is a causal connection between Mr. McHowell's repetitive use of his left shoulder on the job and the injury that he sought treatment for; b) There is a direct causal relationship between the condition under which Mr. McHowell's work is performed and the injuries to the left shoulder; c) Mr. McHowell's left shoulder injury is new; and d) Mr. McHowell's job duties at Star Food Products increased his risk for the present injury.

12. We find that on August 22, 2014 Dr. Lehman opined, "Mr. McHowell's job activities at Star Foods place a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at a substantially higher risk of injury, given the pre-existing rotator cuff and labral abnormalities at the shoulder, most probably leading to the progressing to a complete tear with intraarticular abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on 10/31/13."

13. We find that on November 26, 2014 Dr. Schwartz opined, most probably and to a reasonable degree of medical certainty, "I have had an opportunity to review the July 6, 2015 questionnaire and August 22, 2011 report of Dr. William Lehman. Upon review, I

concur with Dr. Lehman's diagnosis and assessment of Mr. McHowell's injuries and future medical needs."

14. We find that Section 42-1-172 of the South Carolina Code defines a repetitive trauma injury.
15. We find, by a preponderance of the evidence, that there is a causal connection established by medical evidence between the repetitive activities that occurred while Mr. McHowell was engaged in the regular duties of his employment at Star Food and his left shoulder and left arm injuries.
16. We find that there is a direct causal relationship, established by medical evidence, between the conditions under which Mr. McHowell worked and his left arm and left shoulder injuries.
17. We find Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.
18. We find that on July 6, 2014 Dr. Lehman restricted Mr. McHowell from engaging in the following activities: a) lifting waist to overhead; b) repetitive use of the left shoulder; c) over-head lifting; and d) lifting over 10 pounds overhead. Dr. Lehman placed Mr. McHowell in a light to medium work category.
19. We find that on July 6, 2014 Dr. Lehman recommended future medical treatment in the form of surgery, physical therapy, steroid injections, and medications both over the counter and prescription.
20. We find that on July 6, 2014 Dr. Lehman provided a 3% rating to the left upper extremity and a 5% rating to the left shoulder due to the February 27, 2014 work related repetitive trauma injury.

21. We find that the amount Mr. McHowell can lift overhead and the amounts he can lift with the left shoulder are both limited.
22. We find that Mr. McHowell's left shoulder and arm injury affects his ability to complete chores, yard work, laundry and cleaning.
23. We find that on January 10, 2015 Dr. Lehman opined, "It is my opinion that Mr. McHowell's repetitive left shoulder injury of February 27th, 2014 affects his left arm."
24. We find that Mr. McHowell's February 27, 2014 injury affects the function of his left arm and left shoulder.
25. We find that the present condition of Mr. McHowell's left shoulder and left arm prevents him from returning to work with Star Foods. Additionally, we find that Mr. McHowell has applied for six other jobs and as of the date of the hearing, had been unable to find employment.
26. We find that Mr. McHowell keeps a check book and is able to regularly manage his own funds. We find that Mr. McHowell requested a lump sum payment of benefits in order to catch up on bills and other items since he has been out of work.
27. We find that Mr. McHowell has not worked since August of 2013.
28. We find that Mr. McHowell has sustained a permanent impairment to the left shoulder and left arm.
29. We find that Ashley H. Johnson, a vocational expert out of Vargas Vocational Consulting, opined, "It is my opinion that Mr. McHowell is totally disabled from a vocational perspective."
30. We find that the labor market survey completed by Jan Westmoreland was tentative as she did not have the opportunity to contact potential employers and see if they would be

able to accommodate Mr. McHowell's work restrictions. Additionally, Ms. Westmoreland did not have the opportunity to interview Mr. McHowell or sit in on his testimony.

31. We find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. We base this finding on the greater weight of the evidence as a whole including, but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Ashley Johnson. We did review and consider the vocational assessment provided by Jan Westmoreland; however, we gave the Vargas Vocational report greater weight.
32. The testimony of Defendant's rebuttal witness, Ms. Riggins, was very damaging to Defendants' case as Defendants could not prove Claimant was currently working in another capacity.
33. We find Claimant is entitled to lifetime causally-related medical treatment for his work injuries at the direction of Defendants pursuant to Section 42-15-60.
34. We find Claimant is entitled to a lump-sum payment subject to the commuted value tables.
35. We find Claimant is entitled to James v. Anne's SSA apportionment language.
36. We find Defendants' are liable for any and all previously incurred related medical treatment to be paid pursuant to the SC Fee Schedule.
37. We find Claimant is entitled to reimbursement for all causally-related out-of-pocket expenses including mileage reimbursement, if any.
38. We find that this claim is neither barred by res judicata nor collateral estoppels as a preponderance of the evidence indicates that Mr. McHowell brought two separate and

distinct causes of action, the On March 6, 2012 work related motor vehicle accident and the February 27, 2014 work related repetitive trauma injury by accident.

39. We find that no hearing costs are assessed.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Worker's Compensation Act in 42-1-10 S.C. Code of Laws, et. seq., that:

1. Pursuant to the South Carolina Code Ann. §42-15-10 and §42-17-20, jurisdiction and venue are proper.

2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.

3. South Carolina Code Ann. §42-15-20(C) addresses notice in repetitive trauma claims. We find that the Claimant provided the Defendants with notice within ninety days of the date he discovered, or could have discovered, that his condition was compensable.

4. South Carolina Code Ann. §42-1-172 addresses repetitive trauma injuries. We find the Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.

5. In accordance with the prior Decision and Order of Commissioner Barden, the Claimant had returned to baseline following his prior motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.

6. South Carolina Code Ann. §42-9-10 addresses permanent and total disability. We find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. We base this finding on the greater weight of the evidence as a whole

including but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Glen Adams.

7. We find Claimant entitled to lifetime medicals pursuant to the S.C. Code of Laws, Ann. (1976, as amended).
8. We find that the settlement proceeds of \$299,911.20 shall be allocated as follows:
\$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

ORDER

IT IS HEREBY ORDERED that this claim is found compensable as a repetitive trauma injury to both the left arm and left shoulder.

IT IS FURTHER ORDERED that the Claimant is found to be totally and permanently injured.

IT IS FURTHER ORDERED that the Defendants are responsible for payment of all causally related medical treatment received to date;

IT IS FURTHER ORDERED that the Claimant is given lifetime medicals under the SC Code.

IT IS FURTHER ORDERED that the award of \$299,911.20 shall be allocated as follows: \$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

AND IT IS SO ORDERED.

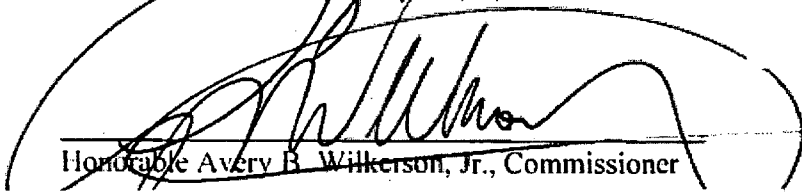
South Carolina Workers' Compensation Commission


Honorable Melody L. James, Commissioner, Chairman

FULL AFFIRMATION

CONCUR:


Honorable R. Michael Campbell, II, Commissioner


Honorable Avery B. Wilkerson, Jr., 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 *Eugenia Hollmon* on April 20, 2016

0026

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1402961

BRYAN MCHOWELL,

Employee,

Claimant,

vs.

STAR FOOD PRODUCTS, INC.,

Employer,

AND

STRATEGIC COMP SERVICES,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Rock Hill, South Carolina on April 8, 2015.

APPEARANCES:

Claimant appeared and represented by Brent P. Stewart, Esquire of Stewart Law Offices, LLC of Rock Hill, South Carolina.

Defendants represented by Shelby H. Kellahan and Ros E. Huff, Jr., Esquire of Huff Law Firm of Irmo, South Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner Aisha Taylor

FILED:

November 9, 2015

STIPULATIONS

At the commencement of this hearing, counsel for the prospective parties stipulated that:

1. The purpose of the hearing was to determine the issues raised by the Forms 50 and 51.
2. Notice of the hearing was timely and properly served upon the parties of interest.
3. Venue was properly set in Rock Hill, South Carolina, pursuant to South Carolina Code Annotated Section 42-17-20.
4. The Commission's file was made part of the record in this matter with the exception of self-serving declarations and unstipulated medical reports.
5. The average weekly wage is \$959.16 and an average weekly wage of \$639.47.

CLAIMANTS' APA SUBMISSIONS

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.	Questionnaire and medical records of William Lehman, Jr., M.D. with Carolina Orthopaedic Surgery Associates		10/3/2013 – 1/10/2015	1-48
2.	Medical records of Howard Mandell, M.D., FRCPC with Metrolina Neurological Associates		9/17/2014	49 - 51
3.	Medical records of The Pain Center North East Columbia		12/18/2014 – 3/6/2015	52 - 60

EX#	EXHIBIT	DATES	PAGES
1.	Vargas Vocational Consultant, Vocational Evaluation	8/22/2014	61-65
2.	Adams & Wilkinson, Ergonomics Assessment	11/24/2014	66-71
3.	Correspondence of Stewart Law Firm to Ros Huff, Esq.	2/13/2015 – 3/6/2015	72 - 74
4.	Order dated October 25, 2013	10/25/2013	75 - 89

DEFENDANTS' APA SUBMISSIONS

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.		Carolina Hand Center	06/07/93	90
2.		Carolina Orthopaedic Surgery Associates	01/02/02 – 11/20/14	91 - 139

3.		Lancaster Rehab Center	04/08/02 – 05/13/12	140 - 141
4.		Center for Orthopaedic Surgery	12/15/09 – 12/18/09	142 - 169
5.		Mackey Family Practice	09/20/10 – 10/21/11	170 - 182
6.		Metrolina Neurological Associates	03/23/11	183 - 188
7.		Lancaster Orthopaedics & Sports Medicine	04/25/11 – 04/12/12	189 - 207
8.		Springs Memorial Hospital	05/03/11 – 08/19/14	208 - 315
9.		Palmetto Rehab Specialists	12/4/13	316 - 317

EX#	EXHIBIT	DATES	PAGES
1.	Claimant's Personnel File		318 - 431
2.	Hearing Transcript – WCC#1207730		432 - 486
3.	Order – WCC#1207730		487 - 501
4.	Clincher Agreement – WCC#1207730		502 - 505
5.	Forms 50 and 51 – WCC# 1207730		506 - 514
6.	Claimant's Deposition (for impeachment only)		515 - 561
7.	Deposition of Norman Mabry		562 - 581
8.	Deposition of Steve Tilley		582 - 603
9.	SLED Report		604
10.	Driving Record		605 - 606
11.	MVA Reports		607 - 614
12.	Chubb Insurance WC Claim DOI: 5/4/93		615 - 633
13.	Zurich American Insurance WC Claim DOA: 2/2/11		669 - 682
14.	Boral/Liberty Mutual Insurance Claim 3/27/06		683
15.	FedEx Application		684
16.	Deposition of Claimant from prior WC Claim for impeachment purposes		
17.	Deposition of Steve Laney (to be submitted)		
18.	Deposition of Glen Adams (to be submitted)		
19.	Rebuttal Testimony to Glen Adams Testimony		
20.	Deposition of Ashley Johnson (to be submitted)		
21.	Defendant's Vocational Expert Report of Jan Westmoreland (to be submitted)		

STATEMENT OF THE CASE

Claimant, Bryan McHowell, has a pre-existing left shoulder condition. In June of 2011 Mr. McHowell underwent a left shoulder surgery (including a distal clavicle excision, acromioplasty, and the implementation of hardware). Following shoulder surgery he underwent post-surgical physical therapy. In January of 2012 he underwent a left shoulder steroid injection.

On March 6, 2012 Mr. McHowell was involved in a work related motor vehicle accident. Mr. McHowell filed a Form 50 alleging the March 6, 2012 motor vehicle accident aggravated a pre-existing condition in his left shoulder. The defendants filed a Form 51 denying the claim. A hearing on Claimant's Form 50 and Defendants' Form 51 took place on July 9, 2013.

On October 25, 2013 Commissioner Barden issued an order denying the claim and finding, "If Claimant injured/aggravated his left shoulder in the accident, I find that his condition returned to baseline...."

Mr. McHowell continued to work for Star Food Products until August of 2013 when he inherited money and left work in order to undergo left shoulder surgery. On October 31, 2013 Mr. McHowell underwent left shoulder surgery.

On February 27, 2014 Mr. McHowell was diagnosed with a repetitive trauma work-related injury. On March 27, 2014 claimant, through his attorney, filed a Form 50 placing the defendants on notice of the claim. The Claimant filed a Form 50 requesting a hearing on January 9, 2015. Claimant respectfully requested the following benefits pursuant to the Act: a) that the February 27, 2014 work related injury be found compensable; b) a finding of permanent and total disability; c) payment of all causally related medical treatment to date; d) lifetime medical treatment; and e) Utica Mohawk language.

On February 5, 2015 the Employer/Carrier filed a Form 51 denying the claim pending an investigation. The case was heard on April 22, 2015.

The case began with a long list of objections and a Motion in Limine filed by the Claimant in regards to the Defendant/Employer's attempts to include numerous unauthenticated, duplicative and prejudicial exhibits which were not relevant into the case through their Form 58 brief. The Single Commissioner denied the Claimant's Motion in Limine as to these issues. The Defendant/Employer then attempted to exclude the ergonomics report of Glen Adams stating he was not an expert in ergonomics. The Single Commissioner stated that, "I think it's been the Commission's general practice that he is one of the few ergonomics experts in the state for purposes of workers' compensation, and so I'll just limit it to that." Employer/Carrier offered no rebuttal ergonomics expert or medical experts in their Form 58. Counsel for both parties then put their contentions on the records. The Claimant contended that:

1. The injury for which they were in front of the Single Commissioner was a new injury.
2. Two doctors opined the injury was new. No medical evidence was offered by the Employer/Carrier refuting this medical diagnosis.
3. That the Claimant worked following his car wreck and previous workers' compensation claim.
4. That by Order of the Commission, Mr. McHowell was found to be back to baseline following his previous work related car wreck.
5. That the Claimant informed Mr. Laney that he was going out of work due to his shoulder problems and the Employer not being able to modify the job.
6. That Dr. Lehman opined the arm and shoulder were the two affected body parts.

7. That no attempts were made to depose any doctor.
8. No medical evidence was presented by the Employer/Carrier to refute the repetitive trauma injury.
9. Specific restrictions were given by the doctor none of which were refuted by the Employer/Carrier.
10. The ergonomics report corroborates the medical findings of the two orthopedic surgeons.
11. No ergonomic report was offered in opposition to that of the Claimant by the Employer/Carrier.
12. Stephen Laney of Star Foods likewise testified to the repetitive nature of the job stating that 300 cases of product were regularly moved by the Claimant.
13. Stephen Laney, Star Foods employee, stated that the Claimant repetitively lifts boxes up to 300 times a week to load his truck and up to 300 boxes to unload his truck.
14. Stephen Laney, Star Food witness, stated that actually, there are about 1200 repetitive motions required to do the Claimant's job.
15. Stephen Laney, Star Food witness, knew Mr. McHowell went out of work due to his shoulder issues.
16. That the Claimant was entitled to a finding of compensability, payment of all medicals, lifetime medicals, Utica Mohawk language and Dodge medicals.

The Employer/Carrier contended that:

1. That there was no new injury.
2. There was no repetitive trauma.
3. Notice was not timely provided to the Employer.

4. There was only one body part involved, if there was actually an injury.
5. This injury is barred by res judicata and collateral estoppel.

EVIDENCE OF THE CASE

Testimony of Claimant – Mr. Bryan McHowell

Mr. Bryan McHowell resides in Van Wyck, South Carolina with his youngest daughter. He finished high school in 1975. Since then he has been to trade school for C.D.L. training, welding, and horseshoeing. He also received on the job sales training for approximately five years for industrial piping and valves. (HT p. 27, lines 6-19).

Mr. McHowell testified that his work history consists of C.D.L. driving, welding, horseshoeing, and sales of industrial piping and valves. (HT p. 27, lines 6-19).

Mr. McHowell testified that he is a one and a half year employee of Start Food Products. He indicated that he was involved in an on the job motor vehicle accident but returned to work two days after the accident. Following the accident he continued to work until August of 2013 when he went out of work because he could no longer tolerate the pain in his left shoulder, his employer was not reducing his work load, and he wanted to get surgery on his left shoulder. (HT p. 27, lines 20-25; p. 28, lines 1-30).

Mr. McHowell testified that he advised his supervisor, Mr. Laney, that he had inherited some money from his brother and that he was going out of work to have surgery on his shoulder. (HT p. 28, lines 19-25; p. 29, lines 1-4).

On October 31, 2013 Dr. Lehman performed surgery to Mr. Laney's left shoulder. Mr. McHowell also received medical treatment through Dr. Schwartz and a pain management

physician. Mr. McHowell indicated that he continues to treat at the pain management facility. (HT p. 29, lines 6-19).

Mr. McHowell testified that his overhead lifting and amounts that he can lift with the left shoulder are both limited. (HT p. 29, lines 17-23). He indicated that chores, yard work, laundry and cleaning are all affected by his left shoulder and arm injury. Mr. McHowell testified that the injury affects the function of his left arm. (HT p. 30, lines 2-4).

Mr. McHowell testified that he has applied for six other jobs. To date he has not obtained employment. He indicated that he does not believe he can go back to his old job with Star Food Products. He indicated that his job at Star Food Products required him to regularly lift over 35 pounds. (HT p. 30, lines 22-25; p. 31, lines 1-3).

Mr. McHowell testified that he has a check book, that he regularly manages his own funds, and that if he is awarded a lump sum he will be able to manage those funds. Mr. McHowell requested a lump sum payment in order to get caught up on bills and other items since he has been unable to work. (HT p. 26, lines 15-25; p. 27, lines 1-2).

On cross examination Mr. McHowell testified that he last worked for Star Foods in mid August of 2013 and that he has not worked since. (HT p. 32, lines 16-21). Mr. McHowell indicated that in the last year or year and a half he filed articles of incorporation for Big Bubba's. Mr. McHowell explained that he had planned to start a business hauling cars, which he has not been able to do. (HT p. 32, lines 24-25; p. 33, lines 1-16).

Mr. McHowell testified that, since the accident, the only yard work he has been able to do is mow his yard with his riding mower and some mulching. He indicated that he has not delivered any other products for any other companies since he began working at Star Foods.

Specifically, Mr. McHowell denied delivering food to the Dollar General Store in Monroe, North Carolina. (HT p. 33, lines 22-25; p. 34, lines 1-16).

Testimony of Wanda Riggins on behalf of Employer/Carrier

The Defendants called Ms. Wanda Riggins as a rebuttal witness. Claimant objected as the Defendants did not provide any notice that Ms. Riggins was going to be called as a witness. In response, the Defense maintained that Ms. Riggins was a rebuttal witness testifying with regard to whether Mr. McHowell had returned to work and made deliveries to the Dollar General Store in Monroe, North Carolina. Claimant's objection was overruled and Ms. Riggins was permitted to testify.

Ms. Riggins is a five year employee of the Dollar General store located in Monroe, North Carolina. Ms. Riggins testified that Mr. McHowell delivered for Star Foods at the Dollar General. She testified that she has not seen him back at the Dollar General since he delivered for Star Foods and that it has been a while since she saw him deliver. She estimated that she had not seen Mr. Riggins make a deliver at her Dollar General since about 2013. (HT p. 38, lines 1-25).

Ms. Riggins testified that she saw someone that she thought was Mr. McHowell make a delivery for Pepsi. However, after seeing Mr. McHowell, she realized she was mistaken and that it was another gentleman, not Mr. McHowell, who recently made a delivery for Pepsi. Ms. Riggins testified, "To see him now, he does not look like the gentleman that actually showed up at the store." Ms. Riggins went on to testify that the gentleman who showed up at the store was heavier built than Mr. McHowell. (HT p. 39, lines 1-25).

Ms. Riggins stated on the record, unequivocally, that she had not seen Mr. McHowell doing any work since he went out due to his repetitive trauma injury. The attorney for the

Employer/Carrier attempted to get the witness to change her testimony bringing up the Claimant's prior gastric bypass surgery, pulling out a picture of his drivers' license on her cell phone, and leading the witness. However, the witness would not change her testimony that she had not seen the Claimant working at the Dollar General since 2013. (HT p. 42, lines 5-25).

Testimony of Jan Westmoreland on behalf of the Employer/Carrier

The Employer/Carrier then called a vocational expert, Jan Westmoreland. Ms. Westmoreland testified that she has been working for the Directions Group for a little over seven years. Before working for the Directions Group she worked for South Carolina Vocational Rehabilitation in Aiken, South Carolina. Ms. Westmoreland testified that she has a Bachelor's Degree and a Master's Degree in Rehabilitation Counseling. Claimant agreed that Ms. Westmoreland qualifies as an expert. (HT p. 45, lines 10-25; p. 46, lines 1-21).

Ms. Westmoreland testified that she reviewed Mr. McHowell's medical records, and in her opinion, Mr. McHowell is employable. Ms. Westmoreland testified that Mr. McHowell could work as a shuttle operator, seasonal concessions operator, event attendant, parking lot cashier, customer service representative, dispatcher, and logistics. (HT p. 48, lines 10-20).

On cross examination Ms. Westmoreland testified that Mr. McHowell was released to sedentary to medium work. Ms. Westmoreland indicated that medium work goes up to 50 pounds, but Mr. McHowell is limited from lifting over ten pounds and engaging in overhead work. Ms. Westmoreland indicated that Mr. McHowell's restrictions qualified him for sedentary work. (HT p. 49, lines 1-25; p. 50, lines 1-2).

Mr. Westmoreland testified that before she entered the hearing room she was under the impression that Mr. McHowell was working for Pepsi. She testified that before testifying she

was advised that Mr. McHowell was in fact not working for Pepsi. Ms. Westmoreland testified that whether Mr. McHowell was or was not working for Pepsi did not affect her opinion. She went on to state that whether Mr. McHowell was working did not affect her judgment regarding Mr. McHowell's ability to work. (HT p. 52, lines 9-25; p. 53, lines 1-10).

Ms. Westmoreland went on to testify that the labor market survey she completed was tentative in that she did not have the opportunity to contact the potential employers to see if they would be able to accommodate Mr. McHowell's restrictions. (HT p. 53, lines 22-25; p. 54, lines 1-4). Ms. Westmoreland admitted that she had not had a chance to call any of the listed positions to see if Mr. McHowell could actually do the jobs. She did not call on the shuttle operator position, cashier position, customer service representative position, and/or dispatcher position. (HT p. 55, lines 1-22). Ms. Westmoreland indicated that she did not complete her vocational evaluation because she did not have enough time to contact the employers she listed. She did not know whether the jobs she was considering for Mr. McHowell would accommodate his restrictions. (HT p. 56, lines 15-25).

Ms. Westmoreland testified that she never met with, talked to, or sat in on the testimony of Mr. McHowell. (HT p. 59, lines 21-25; p. 60, lines 1-22). Ms. Westmoreland indicated that meeting and talking with a person is very helpful when completing a full vocational report. (HT p. 60, lines 1-25).

Medical Evidence

On June 7, 1993 Mr. McHowell presented to Southern Surgical Associates with pain, tingling and numbness in both hands. The treating physician reviewed a nerve conduction study and diagnosed mild to moderate carpal tunnel syndrome. (Defendants APA p. 90). On January

2, 2002 Mr. McHowell presented to Dr. Scott James, of Carolina Orthopaedic Surgery Associates, for left and right elbow pain. Dr. James diagnosed bilateral lateral epicondylitis. (Defendants APA p. 91). On April 8, 2012 and May 13, 2012 Mr. McHowell engaged in physical therapy for his right upper extremity. (Defendants APA p.140 and p. 141).

On February 27, 2009 Mr. McHowell presented to Dr. James Rentz, also of Carolina Orthopaedic Surgery Associates, after striking his hand on a truck at work. Dr. Rentz diagnosed a strain of dupuytren's cord. He recommended continued full duty work. (Defendants APA p. 98). On December 16, 2009 Dr. Rentz performed surgery in the form of a dupytrens release of the left hand ringer finger. (Defendants APA p.163).

On September 20, 2010 Mr. McHowell presented to Dr. Frank Sharp, of Mackey Family Practice, with diabetic neuropathy with significant nerve impingement syndrome in the left upper extremity. Mr. McHowell was diagnosed with peripheral neuropathy and advised to follow up in one month. The treating physician indicated that Mr. McHowell had full range of motion in his extremities. (Defendants APA pp. 170-171).

On February 2, 2011 Mr. McHowell presented to his family physician with back pain following a motor vehicle accident. (Defendants APA p.173).

On March 23, 2011 Mr. McHowell presented to Metrolina Neurological Associates with possible diabetic neuropathy. Mr. McHowell complained of foot pain and of his hands going to sleep. Dr. Ryder-Cook diagnosed moderate bilateral carpal tunnel syndrome and numbness in the legs. Dr. Ryder Cook recommended splinting and potential surgery for the carpal tunnel syndrome. He recommended, potentially, medication for the numbness in his legs. (Defendants APA pp. 183-184).

On April 25, 2011 Mr. McHowell presented to Dr. Aran O'Malley, of Lancaster Orthopaedics and Sports Medicine, with atraumatic left shoulder pain. Dr. O'Malley diagnosed impingement. He provided a steroid injection and recommended a home rehab program. (Defendants APA pp 189-190). On April 27, 2011 Mr. McHowell returned to Dr. O'Malley with numbness and tingling in both hands. Dr. O'Malley diagnosed carpal tunnel syndrome and recommended surgery. (Defendants APA p.191). On May 13, 2011 Mr. McHowell presented to Dr. O'Malley with left shoulder pain and bilateral carpal tunnel syndrome. Dr. O'Malley recommended a left carpal tunnel release and MRI of the left shoulder. (Defendants APA p.192). On May 3, 2011 Dr. O'Malley performed surgery in the form of a right carpal tunnel release. (Defendants APA p. 208). On May 23, 2011 Dr. O'Malley recommended left shoulder surgery in the form of a arthroscopy with subacromial decompression and possible rotator cuff repair. (Defendants APA p. 194). On June 2, 2011 Dr. O'Malley performed left shoulder surgery that consisted of a left shoulder arthroscopy with rotator cuff repair, arthroscopic subacromial decompression, arthroscopic distal clavicle excision, and arthroscopic labral debridement. (Defendants APA p. 213). Following surgery, Mr. McHowell continued to follow up with Dr. O'Malley. On July 26, 2011 Dr. O'Malley performed a mini open left carpal tunnel release. (Defendants APA p. 217). On September 7, 2011 Dr. O'Malley indicated, "He notes resolution of the numbness and tingling in the left hand. He notes he is making good progress in physical therapy with the shoulder with minor soreness." (Defendants APA p. 200). On January 5, 2012 Dr. O'Malley provided a left shoulder subacromial steroid injection. (Defendants APA p. 201). On February 2, 2012 Mr. McHowell complained of increased left shoulder pain with overhead activities. Dr. O'Malley recommended an injection, home therapy and possible repeat MRI. (Defendants APA p. 204). On April 4, 2012 Dr. O'Malley recommended an MRI to the

left shoulder due to persistent pain. (Defendants APA p. 206). On April 12, 2012 Dr. O'Malley reviewed the MRI and diagnosed a partial full thickness rotator cuff tear with long head biceps tendonitis. Dr. O'Malley discussed treatment options, including surgery, with Mr. McHowell. (Defendants APA p.207).

On August 8, 2011 Mr. McHowell presented to his family physician with hypertension and chest pain after moving furniture. (Defendants APA p.175). On September 13, 2011 Mr. McHowell presented to his family physician with right foot pain and nausea. (Defendants APA p.177). On September 30, 2011 Mr. McHowell was rechecked for hypertension. He was diagnosed with neuropathy. (Defendants APA pp. 179-180). On October 21, 2011 Mr. McHowell presented to his family doctor with hypertension. (Defendants APA pp. 181-182).

On October 10, 2012 Mr. McHowell presented to Springs Emergency Room with nausea and vomiting approximately one week after gastric by-pass surgery. (Defendants APA pp. 222-254).

On March 19, 2013 Mr. McHowell presented to Dr. William Lehman, of Carolina Orthopaedic Surgery Associates, with left shoulder pain following a March 6, 2012 work related injury motor vehicle accident. Dr. Lehman diagnosed persistent left shoulder pain and limited motion, biceps tenosynovitis, full thickness tear of the supraspinatus tendon and partial tear of the infraspinatus tendon with labral abnormality. Dr. Lehman recommended left shoulder surgery. (Defendants APA pp. 115-119).

On October 3, 2013 Mr. McHowell returned to Dr. Lehman with left shoulder pain following a March 5, 2012 work related motor vehicle accident. Dr. Lehman diagnosed left sided rotator cuff syndrome and left side osteoarthritis of the acromioclavicular joint. Following a physical examination and numerous tests, it was recommended that the Claimant undergo

shoulder arthroscopy and rotator cuff repair. The Claimant and his physician, Dr. Lehman, at that time, had an extensive discussion as to the rationale behind the procedure, the potential risks and complications, the intended outcome, and alternatives and risks of the alternatives. (Claimant's APA pp. 1-4).

Mr. McHowell returned to Dr. Lehman on October 23, 2013, for follow up with regard to his left sided shoulder and arm pain. Surgery was scheduled for October 31, 2013. (Claimant's APA pp. 5-7).

On October 31, 2013, the Claimant underwent the following surgical procedures to the left shoulder: a) arthroscopy with major debridement of the labrum and rotator cuff; b) mini open repair of a supraspinatus tendon tear; c) anterior acromioplasty and CA ligament resection; and d) open acromioclavicular joint arthroplasty. Postoperatively, Dr. Lehman diagnosed chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis. (Claimant's APA p. 8).

Mr. McHowell's first postoperative appointment with Dr. Lehman occurred on November 4, 2013. During this medical appointment, Dr. Lehman advised Mr. McHowell to limit his left shoulder activity and use. Physical therapy was ordered at Palmetto Rehab in Indian Land. (Claimant's APA pp. 11-13) On December 3, 2013, Mr. McHowell followed up again with Dr. Lehman. The operative site was slightly swollen and was tender. Active motion was limited. Dr. Lehman recommended ongoing physical therapy. (Claimant's APA pp. 14-16).

On December 4, 2013 Mr. McHowell presented to Palmetto Rehabilitation Specialist with left shoulder pain. Therapy was recommended 2 times a week for the next 10 weeks. (Defendants APA p. 316). On December 23, 2014, the Claimant once again saw Dr. Lehman. During this visit the operative site was essentially healed without evidence of infection or

drainage. Dr. Lehman advised Mr. McHowell to complete physical therapy and return to his office for a final evaluation. (Claimant's APA pp. 17-20).

On February 20, 2014 Mr. McHowell provided a job description to Dr. Lehman. The job description outlines Mr. McHowell's work duties at Star Foods. (Defendants APA p.137).

On February 27, 2014 Dr. Lehman completed a questionnaire in regards to his treatment and surgery of the Claimant. Said questionnaire indicates as follows: (Claimant's APA pp. 21-22).

1. There is a causal connection between Mr. McHowell's repetitive use of his left shoulder on the job and the injury for which he sought treatment.
2. There was a causal connection between the condition under which Mr. McHowell's work is performed and the injuries to his left shoulder.
3. Mr. McHowell's injuries were new.
4. Mr. McHowell's job duties at Star Food Products, Inc. increased his risk for his present injury.
5. All opinions were provided to a reasonable degree of medical certainty.

On July 6, 2014 Dr. Lehman completed another questionnaire which states: (Claimant's APA pp. 23-24).

1. The Claimant was limited in regards to lifting from the waist to above the head, repetitive use of the left shoulder, overhead lifting, and could not lift over 10 pounds.
2. The Claimant may need, in the future, to limited periods of disability surgery, physical therapy, steroid injections, over the counter medications, and prescription medication.

3. The Claimant was given a 3 percent impairment rating to the left upper extremity and a 5 percent impairment rating to the left shoulder.

4. The Claimant was limited to light duty work.

5. All opinions were provided to a reasonable degree of medical certainty.

On August 5, 2014, the Claimant followed up with Dr. Lehman again. The medical records state that it was the repetitive nature of his job that caused the need for shoulder surgery. (Claimant's APA p. 26).

On August 19, 2014 Mr. McHowell underwent a MRI arthrogram of the left shoulder that revealed postsurgical changes, tendinopathy at the supraspinatus and infraspinatus tendons, and blunting of the anterior labrum. (Defendants APA p. 312).

On August 22, 2014, Dr. Lehman opined as follows: (Claimant's APA pp. 30-31).

1. Claimant was unable to go back to normal work activities.

2. Mr. McHowell's job activities at Star Foods placed a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at substantially higher risk of injury, given the preexisting rotator cuff and labral abnormalities at the shoulder, most probably leading to the progression of the partial rotator cuff tear diagnosed in 2011, progressing to a complete tear with intraarticular labral abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on October 31, 2013.

3. He reviewed a job description of the Claimant's job with Star Foods which confirmed the repetitive nature of the job as described to him earlier by the Claimant. (Claimant's APA pp. 30-31).

Mr. McHowell continued to have pain in his left shoulder. On September 30, 2014, Dr. Lehman recommended a rotator cuff strengthening program and second opinion with Dr. Schwartz, another physician in his office. (Claimant's APA pp 32-35). On October 14, 2014 Dr. Schwartz provided a cortisone injection to the left shoulder for ongoing pain. (Claimant's APA pp 40-43). On December 22, 2014, the Mr. McHowell appeared at Dr. Lehman's office for a recheck of the left shoulder. Mr. McHowell requested another steroid injection in his shoulder and it was discussed that shoulder replacement surgery may be an option. Dr. Schwartz, a second orthopedic surgeon, also examined the Claimant at Carolina Orthopedics and opined the following: (Claimant's APA pp. 44-47)/

1. He is an orthopedic surgeon and treated Mr. McHowell for his work related injury.
2. He concurred with the opinions provided by Dr. Lehman in the July 6, 2014 questionnaire and August 22, 2014 report of Dr. Lehman.
3. He stated that his opinions were to a reasonable degree of medical certainty.

On January 10, 2015 Dr. Lehman opined that Mr. McHowell's left shoulder injury of February 27, 2014 affects his left arm. (Claimant's APA p. 48).

On September 17, 2014 Mr. McHowell returned to Dr. Allan S. Ryder Cook, of Metrolina Neurosurgical Associates, with left shoulder pain and left arm pain and numbness. Dr. Mandell reviewed EMG studies and diagnosed bilateral carpal tunnel syndrome and slowing of the left ulnar nerve and slight drop at the elbow. (Claimant's APA pp. 49-51).

On December 18, 2014 Mr. McHowell presented to Dr. Gisele Girault, of the Pain Center, with shoulder pain. The initial notes state that Mr. McHowell's shoulder pain was gradual and has been occurring in a continuous pattern for years since 2013. Physical activity

was noted to increase the pain. Dr. Girault recommended medication management. (Claimant's APA pp. 52-54). Mr. McHowell continued to follow up with Dr. Girault. Dr. Girault's February 6, 2014 note indicates that Mr. McHowell was considering a left shoulder replacement. On March 6, 2015 Dr. Girault recommended continued NSAID and tramadol. She did not recommend injections as Mr. McHowell was continuing to follow up at Carolina Orthopaedic Surgery associates for injections. (Claimant's APA pp 55-58).

Vocational Evidence

Vargas Vocational Consulting did an assessment on August 22, 2014. The report summarized the treatment of the Claimant and included an interview with Mr. McHowell. During the interview, Mr. McHowell advised Ms. Vargas that:

1. He avoids overhead lifting and tries to avoid lifting altogether with the left arm.
2. Driving aggravates his arm and causes his arm to go to sleep.
3. He uses a joystick operated lawn mower, but it still causes soreness in his arm.
4. He is able to carry and push, or pull, approximately 10 to 15 pounds with both hands.
5. He has difficulty with using his hands repetitively and his right arm gets sore from overuse.

Further, during the interview, Mr. McHowell testified that he only sleeps for 3-4 hours per night. He only went to the 12th grade. He has post high school training as a welder and CDL training. The Claimant has no training on a computer and can only type with two fingers. Mr. McHowell has worked as a Delivery Truck Driver with Star Foods. This job required heavy lifting due to having to load the trucks. The Claimant has been a delivery driver since the mid

1990s. He also worked for Bowater Paper Mill moving trailers for a year and hauled wood chips for Walt Timber. His work history can only be described as heavy. It was the opinion of the vocational expert that the Claimant could only perform light level work with overhead lifting of 10 pounds. He would not be able to do any repetitive use of his left arm. The opinion of the vocational expert was that it was highly unlikely that the Claimant would be able to get employment given his past work history and age. Further complicating his ability to work is his ongoing treatment and potential for future surgeries. It was the opinion of the expert that the Claimant was totally and permanently disabled. (Claimant's APA pp. 61-65).

Ergonomics Assessment

Glen K. Adams, MRC, CRC, CEES, of Adams and Wilkinson, performed an ergonomics report in regards to the Claimant's shoulder and arm injury. The evaluation started with a one hour interview with the Claimant. During this interview the Claimant's work history, medical history, and current medical condition were obtained. Mr. Adams also went into a detailed occupational history of the Claimant including details as to his job at Star Foods. Mr. Adams report indicates that Mr. McHowell worked at Star Foods for 8 to 12 hours per day. He reloaded his truck two times a week. Mr. McHowell lifted frozen chicken parts weighing 75 pounds or more. He handled boxes of pizzas weighing at least 50 pounds. He sold 600 dozen eggs stored in cardboard boxes. He delivered two truckloads of goods in a week. Deliveries were usually to between five to ten customers daily. He stocked all items and rotated the stock. Mr. McHowell was required to take damaged, returned, and out of date items back to the truck. He then was tasked with returning these items to the warehouse and unloading these items to the transfer truck. He stacked the heavy items over his head. The heavy items were on the floor and had to be stacked to the ceiling. Mr. Adams opined, "The data provided in the "Ergonomics Research"

section above indicates that Mr. McHowell's work tasks at Star Foods elevated his risks for the development of musculoskeletal disorders (cumulative trauma disorders) to the shoulders. The elevated risks are related to repetition, force and shoulder posture." (Claimant's APA p. 71).

Exhibits

The Defendants submitted Mr. McHowell's personnel file. The personnel file contained documents outlining the terms of Mr. McHowell's employment, health insurance enrollment forms, a background search, a W4 Form, Safety Program forms, employer memos, new hire forms, DOT physical, and wage records (Defendant's APA pp. 318-431). The personnel file also contained a write up for failure to rotate product. (Defendant's APA p. 321). The personnel file contained a job description that indicates, among other things, that Mr. McHowell was responsible for stocking, rotating stock, and merchandising products. (Defendants APA p. 358). The personnel file also included an accident report from the March 6, 2012 work related motor vehicle accident and photographs of that accident. The accident report states, "Employee landed full force on left shoulder into driver's door. Left shoulder was bruised, swollen, stiff, and sore." (Defendants APA (Defendants APA pp 372-378)).

The Defendants submitted the transcript from Mr. McHowell's July 9, 2013 hearing. At that hearing Claimant alleged he sustained a left shoulder injury during his March 6, 2012 motor vehicle accident. Claimant requested a finding of compensability and workers' compensation benefits. The Defendants maintained that Mr. McHowell did not sustain an injury by accident. The Defendants also raised a McDevitt Street defense. (Defendants APA pp 432-486).

On October 25, 2013 Commissioner Barden issued an order finding that Mr. McHowell did not sustain a left shoulder injury/aggravation as a result of his March 6, 2012 work related

motor vehicle accident. Commissioner Barden found that his left shoulder returned to baseline following the accident. (Defendants APA pp. 487-501).

On March 17, 2014 a "Final Lump Sum Agreement and Release" was approved by the Commission. In exchange for nine thousand dollars, Mr. McHowell agreed to discharge Star Foods for any and all causes of action arising out of the March 6, 2012 work related motor vehicle accident. (Defendants APA pp. 502-505).

The Defendants submitted the Form 50(s) and Form 51 filed by Claimant and Defendant with regard to the March 6, 2012 motor vehicle accident. (Claimant's APA pp. 506-514). They also submitted the October 1, 2012 deposition of Bryan McHowell and the December 4, 2012 depositions of Norman Mabry and Steve Tilley. (Defendants APA pp. 506-603).

The Defendants submitted Mr. McHowell's SLED report and his driving record. The SLED report indicates that Mr. McHowell was arrested for breach of trust with fraud. His driving record indicates that he disobeyed a traffic signal on two occasions and sped. (Defendants APA pp. 604-606).

The Defendants submitted the accident report from a July 2005 accident and the March 6, 2015 work related motor vehicle accident. (Defendant's APA pp 607-614).

The Defendants submitted documentation from Mr. McHowell's prior work related injuries. Those records indicate that in 1993 Mr. McHowell treated at the Carolina Hand Center for the right and left hands. He was diagnosed with tendonitis and released with no rating. (Defendants APA pp. 617-633).

The Defendants submitted settlement paperwork, a Form 19, a Form 15, a Form 21, a Form 18, a Form 17, a Form 20, accident report, a medical records, and correspondence from Mr. McHowell's February 12, 2009 work related injury. That settlement paperwork indicates

that Mr. McHowell clinched the February 12, 2009 claim for eight thousand dollars. (Defendants APA pp. 635-668).

The Defendants submitted a property damage estimate from a February 7, 2011 motor vehicle accident. (Defendants APA pp. 660-675). The paperwork indicates that Mr. Howell settled the bodily injury portion of his claim for five hundred dollars. (Defendants APA p. 682).

The Defendants submitted correspondence indicating that Mr. McHowell was not working at Boral Bricks in Van Wyck. (Defendants APA p. 683). They also submitted a prior employment questionnaire completed on November 14, 2012. (Defendants APA p. 684).

Deposition Testimony of Stephen Laney, Star Food's Witness

On April 17, 2015 both parties deposed Stephen Laney. Mr. Laney testified that Mr. McHowell stopped working for Star Foods in mid-August. It was Mr. Laney's understanding that Mr. McHowell inherited money from a brother who passed away and was going to go out of work in order to have surgery. Mr. Laney indicated that Mr. McHowell had been doing his job up to that point. He testified that Mr. McHowell was a dependable and good employee. Mr. Laney stated that Mr. McHowell reported a shoulder issue to him before he left work in August 2013. (Deposition of Mr. Laney p. 4, lines 15-25; p. 5, lines 1-25).

Mr. Laney testified that, before he left work in August, Mr. McHowell was working an extremely physical job. (Deposition of Mr. Laney, line 1). He indicated that Mr. McHowell regularly lifted four to six pallets or three hundred cases. Mr. Laney testified that Mr. McHowell repetitively picked up three hundred cases to load a truck and then repetitively picked up those same three hundred cases to unload a truck. On average, during the course of one week, Mr. McHowell engaged in three hundred repetitive movements to load a truck, three hundred

repetitive movements to unload the truck, three hundred repetitive movements to check in the product, and then three hundred repetitive movements to stack the product in the freezer. Mr. Laney testified that Mr. McHowell was also responsible for repetitively rotating the stock at each store. (Deposition of Mr. Laney, p. 9, lines 1-25; p. 10, lines 1-25; p. 11, lines 1-25).

FINDINGS OF FACT

1. I find that Mr. McHowell was involved in a work related motor vehicle accident on March 6, 2012.
2. I find that Mr. McHowell alleged that he injured his left shoulder in the March 6, 2012 motor vehicle accident. I find that Mr. McHowell has a pre-existing left shoulder condition.
3. I find, in accordance with the prior Decision and Order of Commissioner Barden, Claimant had returned to baseline following his March 6, 2012 motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.
4. I find that the employer's representative, Steve Laney, testified Claimant's job was repetitive.
5. I find that Mr. McHowell's job at Star Food Products was both repetitive and heavy. This finding is based on the deposition testimony of Stephen Laney, a representative of the employer, and the ergonomics report completed by Glenn Adams.
6. I find that on October 3, 2013 Mr. McHowell presented to Dr. Lehman with left shoulder pain following the March 5, 2012 motor vehicle accident.
7. I find that on October 31, 2013, the Claimant underwent the following surgical procedures to the left shoulder: a) arthroscopy with major debridement of the labrum and

rotator cuff; b) mini open repair of a supraspinatus tendon tear; c) anterior acromioplasty and CA ligament resection; and d) open acromioclavicular joint arthroplasty. I find that postoperatively Dr. Lehman diagnosed chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis.

8. I find that on February 27, 2014 Mr. McHowell was diagnosed with a work related repetitive trauma injury.
9. I find that Defendants were provided timely notice of the February 27, 2014 repetitive trauma injury as Claimant has a complex history with regard to the shoulder and he reported the injury within ninety days of the date he discovered, or could have discovered, that his condition was compensable. Additionally, I find that the Defendants have not been prejudiced by any perceived lack of notice.
10. I find that Mr. McHowell provided Dr. Lehman with a job description that outlined the physical requirements of his job at Star Foods.
11. I find that on February 27, 2014 Dr. Lehman stated, to a reasonable degree of medical certainty that: a) There is a causal connection between Mr. McHowell's repetitive use of his left shoulder on the job and the injury that he sought treatment for; b) There is a direct causal relationship between the condition under which Mr. McHowell's work is performed and the injuries to the left shoulder; c) Mr. McHowell's left shoulder injury is new; and d) Mr. McHowell's job duties at Star Food Products increased his risk for the present injury.
12. I find that on August 22, 2014 Dr. Lehman opined, "Mr. McHowell's job activities at Star Foods place a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at a

substantially higher risk of injury, given the pre-existing rotator cuff and labral abnormalities at the shoulder, most probably leading to the progression of the partial rotator cuff tear diagnosed in 2011, progressing to a complete tear with intraarticular abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on 10/31/13.”

13. I find that on November 26, 2014 Dr. Schwartz opined, most probably and to a reasonable degree of medical certainty, “I have had an opportunity to review the July 6, 2015 questionnaire and August 22, 2011 report of Dr. William Lehman. Upon review, I concur with Dr. Lehman’s diagnosis and assessment of Mr. McHowell’s injuries and future medical needs.”
14. I find that Section 42-1-172 of the South Carolina Code defines a repetitive trauma injury.
15. I find, by a preponderance of the evidence, that there is a causal connection established by medical evidence between the repetitive activities that occurred while Mr. McHowell was engaged in the regular duties of his employment at Star Food and his left shoulder and left arm injuries.
16. I find that there is a direct causal relationship, established by medical evidence, between the conditions under which Mr. McHowell worked and his left arm and left shoulder injuries.
17. I find Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.
18. I find that on July 6, 2014 Dr. Lehman restricted Mr. McHowell from engaging in the following activities: a) lifting waist to overhead; b) repetitive use of the left shoulder; c)

over-head lifting; and d) lifting over 10 pounds overhead. Dr. Lehman placed Mr. McHowell in a light to medium work category.

19. I find that on July 6, 2014 Dr. Lehman recommended future medical treatment in the form of surgery, physical therapy, steroid injections, and medications both over the counter and prescription.
20. I find that on July 6, 2014 Dr. Lehman provided a 3% rating to the left upper extremity and a 5% rating to the left shoulder due to the February 27, 2014 work related repetitive trauma injury.
21. I find that the amount Mr. McHowell can lift overhead and the amounts he can lift with the left shoulder are both limited.
22. I find that Mr. McHowell's left shoulder and arm injury affects his ability to complete chores, yard work, laundry, and cleaning.
23. I find that on January 10, 2015 Dr. Lehman opined, "It is my opinion, that Mr. McHowell's repetitive left shoulder injury of February 27th, 2014 affects his left arm."
24. I find that Mr. McHowell's February 27, 2014 injury affects the function of his left arm and left shoulder.
25. I find that the present condition of Mr. McHowell's left shoulder and left arm prevents him from returning to work with Star Foods. Additionally, I find that Mr. McHowell has applied for six other jobs and as of the date of hearing, had been unable to find employment.
26. I find that Mr. McHowell keeps a check book and is able to regularly manage his own funds. I find that Mr. McHowell requested a lump sum payment of benefits in order to catch up on bills and other items since he has been out of work.

27. I find that Mr. McHowell has not worked since August of 2013.
28. I find that Mr. McHowell has sustained permanent impairment to the left shoulder and left arm.
29. I find that Ashley H. Johnson, a vocational expert out of Vargas Vocational Consulting, opined, "It is my opinion that Mr. McHowell is totally disabled from a vocational perspective."
30. I find that the labor market survey completed by Jan Westmoreland was tentative as she did not have the opportunity to contact potential employers and see if they would be able to accommodate Mr. McHowell's work restrictions. Additionally, Ms. Westmoreland did not have the opportunity to interview Mr. McHowell or sit in on his testimony.
31. I find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. I base this finding on the greater weight of the evidence as a whole including, but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Ashley Johnson. I did review and consider the vocational assessment provided by Jan Westmoreland; however, I gave the Vargas Vocational report greater weight.
32. The testimony of Defendants' rebuttal witness, Ms. Riggins, was very damaging to Defendants' case as Defendants could not prove Claimant was currently working in another capacity.
33. I find Claimant is entitled to lifetime causally-related medical treatment for his work injuries at the direction of Defendants pursuant to Section 42-15-60.
34. I find Claimant is entitled to a lump-sum payment subject to the commuted value tables.
35. I find Claimant is entitled to James v. Anne's SSA apportionment language.

36. I find Defendants' are liable for any and all previously incurred causally related medical treatment to be paid pursuant to the SC Fee Schedule.
37. I find Claimant is entitled to reimbursement for all causally-related out-of-pocket expenses including mileage reimbursement, if any.
38. I find that this claim is neither barred by res judicata nor collateral estoppels as a preponderance of the evidence indicates that Mr. McHowell brought two separate and distinct causes of action, the On March 6, 2012 work related motor vehicle accident and the February 27, 2014 work related repetitive trauma injury by accident.
39. I find that no hearing costs are assessed.

CONCLUSIONS OF LAW

It is concluded under the South Carolina Worker's Compensation Act in 42-1-10 S.C. Code of Laws, et. seq., that:

1. Pursuant to South Carolina Code Ann. §42-15-10 and §42-17-20, jurisdiction and venue are proper.
2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.
3. South Carolina Code Ann. § 42-15-20(C) addresses notice in repetitive trauma claims. I find the Claimant provided the Defendants with notice within ninety days of the date he discovered, or could have discovered, that his condition was compensable.

4. South Carolina Code Ann. § 42-1-172 addresses repetitive trauma injuries. I find the Claimant sustained compensable repetitive trauma injuries to his left arm and left shoulder within the course and scope of his employment at Star Foods.
5. In accordance with the prior Decision and Order of Commissioner Barden, the Claimant had returned to baseline following his prior motor vehicle accident and thus, his current medical condition is unrelated to his prior injury.
6. South Carolina Code Ann. § 42-9-10 addresses permanent and total disability. I find Claimant is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10. I base this finding on the greater weight of the evidence as a whole including but not limited to, the medical opinions of the treating physicians and the vocational assessment provided by Glen Adams.
7. I find Claimant entitled to lifetime medicals pursuant to the S.C. Code of Laws, Ann. (1976, as amended).
8. I find that the settlement proceeds of \$299,911.20 shall be allocated as follows:
\$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

ORDER

IT IS HEREBY ORDERED that this claim is found compensable as a repetitive trauma injury both the left arm and left shoulder.

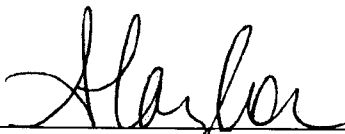
IT IS FURTHER ORDERED that the Claimant is found to be totally and permanently injured.

IT IS FURTHER ORDERED that the Defendants are responsible for payment of all causally related medical treatment received to date;

IT IS FURTHER ORDERED that the Claimant is given lifetime medicals under the SC Code.

IT IS FURTHER ORDERED that the award of \$299,911.20 shall be allocated as follows: \$196,991.64 in compromise settlement of disputed future wage loss at the rate of \$170.11 per week for a period of 1,158.04 weeks, representing the remainder of the Claimant's life, pursuant to South Carolina Code of Laws, Ann. (1976, as amended) §19-1-150 and the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 SE2d 59 and pursuant to the Sciarotta v. Bowen, 837 F2d 135 (3rd Cir. 1988) decision; \$99,870.43 as attorney's fees and \$4,049.13 as expenses incurred in bringing this action, pursuant to a written agreement between the Claimant and his attorney.

AND IT IS SO ORDERED.



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

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

November 10, 2015

By: Renee Smith, Administrative Assistant to Commissioner Taylor



WCC File #: 1402961
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Bryan McHowell SSN: [REDACTED] Employer's Name: Mrs. Stratton's Salads, Inc.
Address: 7822 Van Wyck Road Address: 2050 Willow Spring Lane
City: Lancaster State: SC Zip: 29720 City: Burlington State: NC Zip: 27215
Home Phone: 803-287-4780 Work Phone: _____ Insurance Carrier: Great American Ins
Preparer's Name: Shelby G. Hapeshis, Esquire Law Firm: Huff & Hapeshis, LLC Preparer's Phone #: 803.252.2232

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 2/27/14 (m/d/yyyy)

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

See attached Addendum

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

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Brent P. Stewart, Stewart Law Offices, LLC
address PO Box 670, Rock Hill, SC 29731-6670 on the 20 day of November, 2015, by ☒ first class postage ☐ certified mail
☐ personal service.

Preparer's Signature: [Signature] Attorney Title shapeshis@huffandhapeshis.com Date 11/20/2015

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

Bryan McHowell v. Star Food Products/Mrs. Stratton's Salads, Inc.

WCC File No: 1402961

Form 30 Addendum

- 1) Did the Single Commissioner err in finding and ordering that the claimant is permanently and totally disabled pursuant to 42-9-10, the error being that the claimant sustained an injury to one body part is an error of law and not supported to preponderance of the evidence?
- 2) Did the Single Commissioner err in finding as fact and ordering that the claimant's current medical condition is unrelated to his prior injury, the error being that this is not supported by the preponderance of the evidence and is an error of law?
- 2) Did the Single Commissioner err in finding as fact and concluding as law that this claim was not barred by the doctrines of res judicata and collateral estoppel, the error being that this is not supported by a preponderance of the evidence and is an error of law?
- 3) Did the Single Commissioner err in determining that the claimant gave adequate notice of the injury and the Defendants were not prejudiced by the lack of notice, the error being that this finding is not supported by the preponderance of the evidence and is an error of law?
- 4) Did the Single Commissioner err in finding as fact and concluding as a matter of law that the claimant's injury was causally related to his job duties at star foods, the error being that this finding is not supported by the preponderance of the evidence and is an error of law?
- 5) Did the Single Commissioner err in finding as fact and determining as a matter of law that the claimant sustained a repetitive trauma to his left arm and shoulder the error being that this is not supported by the preponderance of evidence and is an error of law?
- 6) Did the Single Commissioner err in determining that the claimant suffered a 3% rating to his left upper extremity AND a 5% rating to his left shoulder due to this alleged injury, the error being that this finding is not supported by any medical evidence, is a misstatement of fact and is an error of law?
- 7) Did the Single Commissioner err in finding as fact determining as a matter of law and ordering that the claimant's injury prevents him from returning to work, the error being that this is not supported by the preponderance of the evidence and is an error of law?
- 8) Did the Single Commissioner err in determining that the claimant is entitled to a lump sum payment, the error being that this payment is not supported by the preponderance of the evidence and is an error of law?

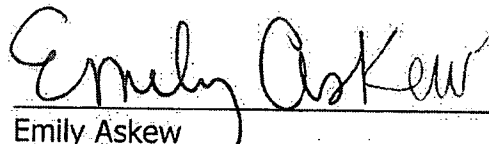
- 9) Did the Single Commissioner err in determining that defendants are liable for all previously incurred causally related medical treatment and expenses, the error being that this is not supported by the evidence and is an error of law?

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 30 (Request for Commission Review) has been served upon the following named individuals indicated below by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on November 20, 2015

Amy Bracy
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, South Carolina 29202

Brent P. Stewart, Esquire
Stewart Law Offices, LLC
PO Box 670
Rock Hill, SC 29731-6670



Emily Askew
Paralegal to Shelby G. Hapeshis
HUFF & HAPESHIS, LLC
Post Office Box 1935
7244 Woodrow Street
Irmo, South Carolina 29063
(803) 252-2232
Attorneys for Defendant(s)

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 #:	TBD
Carrier File #:	
Carrier Code #:	
Employer FEIN #:	-

Claimant's Name: Bryan McHowell SSN [REDACTED]

Address: 7822 Van Wyck Road

City:	<u>Lancaster</u>	State:	<u>SC</u>	Zip:	<u>29720</u>

Employer's Name: Star Food Products Inc.

Address: 2050-A Willow Springs Lane

City:	<u>Burlington</u>	State:	<u>NC</u>	Zip:	<u>27215</u>

Home Phone: (803) 287-4780 Work Phone: _____

Insurance Carrier: Strategic Comp Services

Preparer's Name: Brent P. Stewart

Law Firm: Stewart Law Offices, L.L.C.

Preparer's Phone #: 803-328-5600

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

Date of Injury or Illness: 02/27/2014

☐ Injury ☐ Illness ☒ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to left shoulder (Part(s) of Body Injured) on 02/27/2014 (Month/Day/Year) in Lancaster county, state of SC.

2. Body part(s) affected are: left shoulder.

Briefly describe how the accident occurred: repetitive use to the left shoulder.

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 03/27/2014 (Month/Day/Year) in the following manner: By the filing of this Form 50.

X7. Due to injury, the claimant is in need of (check one):

X(a) medical examination and treatment for: left shoulder.

X(b) additional medical examination and treatment for: left shoulder.

X8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 10/31/2013 to present.

X9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

X(1) General Disability: ☒ Total ☒ Partial ☐ Specific Disability: ☒ Total ☒ Partial ☐ (3) Wage Loss

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

X10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of \$(Form 20 requested within thirty (30) days) and demands accounting of days worked and wage earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim: _____

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: COS, 134 Professional Park Drive, Rock Hill, SC 29732

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.

X13a. **I am filing a claim. I am not requesting a hearing at this time.**

14. Estimated time needed for hearing: N/A

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 Strategic Comp Services

Address P.O. Box 1445 Alpharetta, GA 30009 1445 on the 27th day of March 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] Claimant's Attorney: brent@stewartlawoffices.net

Email: brent@stewartlawoffices.net

Date: 3/27/2014

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

50

Employee's Notice of Claim and/or Request for Hearing

0063

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: TBD

BRYAN MCHOWELL,

Employee/Claimant,

-vs-

STAR FOOD PRODUCTS INC.,

Employer,

and

STRATEGIC COMP SERVICES.

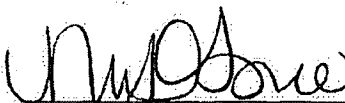
Carrier,

Defendants.

CERTIFICATE OF SERVICE

I, Nina M. Davis Foster, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 50- Claim Only**, has been served upon the following by depositing the same in the U.S. Mail postage pre-paid, certified, return receipt requested this 27th day of March 2014 addressed as follows:

Strategic Comp Services
P. O. Box 1445
Alpharetta, GA 30009-1445



Nina M. Davis Foster
Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
PO Box 670
Rock Hill, SC 29731
803-328-5600

Rock Hill, SC

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 #:	1402961
Carrier File #:	
Carrier Code #:	
Employer FEIN #:	-

Claimant's Name: Bryan McHowell SSN: [REDACTED]

Employer's Name: Star Food Products Inc.

Address: 7822 Van Wyck Road

Address: 2050-A Willow Springs Lane

City:	Lancaster	State:	SC	Zip:	29720

City:	Burlington	State:	NC	Zip:	27215

Home Phone: (803) 287-4780

Work Phone:

Insurance Carrier: Strategic Comp Services

Preparer's Name: Brent P. Stewart

Law Firm: Stewart Law Offices, L.L.C.

Preparer's Phone #: 803-328-5600

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

Date of Injury or Illness: 2/27/2014

☐ Injury ☐ Illness ☒ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to (Part(s) of Body Injured) on 2/27/2014 (Month/Day/Year) in Lancaster county, state of SC.
2. Body part(s) affected are: left shoulder affecting the arm.
Briefly describe how the accident occurred. Repetitive use to the left shoulder.
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 3/27/2014 (Month/Day/Year) in the following manner: By filing Form 50

X7. Due to injury, the claimant is in need of (check one):

X(a) medical examination and treatment for: left shoulder and arm.

X(b) additional medical examination and treatment for: left shoulder and arm.

X8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 10/31/13 to present.

X9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

X(1) General Disability: X Total X Partial

X(2) Specific Disability:

X Total X Partial

X(3) Wage Loss

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

X10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of \$(Form 20 requested within thirty (30) days), and demands accounting of days worked and wage earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim:

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: See Attached.

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: N/A

X13b. I am requesting a hearing. A \$25 fee is required.

☒ Mediation

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

☒ Mediation is required pursuant to Reg. 67-1802.

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

☐ 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 Huff Law Firm LLC, Post Office Box 1935, Irmo, SC 29063 on the 9th day of January, 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.

Preparer's Signature

Claimant's Attorney
Title

brent@stewartlawoffices.net
Email

Date: 1/9/15

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

50

Employee's Notice of Claim and/or
Request for Hearing

0065



File #: 1402961

Carrier File #: 564605282

Carrier Code #:

Employer FEIN #:

Claimant's Name: Bryan McHowell SSN: [REDACTED]

Address: 7822 Van Wyck Roak

City: Lancaster State: SC Zip: 29720

Home Phone: 803-287-4780 Work Phone:

Date of Injury: 2/27/14

Preparer's Name: E. Ros Huff, Jr., Esquire

Law Firm: Huff Law Firm, LLC

Employer's Name: Mrs. Stratton's Salads, Inc.

Address: 2050 Willow Spring Lane

City: Burlington State: NC Zip: 27215

Insurance Carrier: Great American Alliance Insurance Company

Preparer's Phone #: 803.252.2232

Date of Injury or Illness: 2/27/14

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

Estimated time for hearing:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: pending investigation and discovery
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: pending investigation and discovery
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: pending investigation and discovery
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: pending investigation and discovery
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are: pending investigation and discovery
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are: To be determined by SCWCC
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: To be determined by SCWCC
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 959.16 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
This case has already been litigated and adjudicated (see WCC # 1207730) other defenses include *Geathers v. 3V*, election of remedies, last injurious exposure rule, *res judicata* and collateral estoppel. The defendants reserve the right to amend their response to include additional defenses as discovered.

☐ Mediation

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

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

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

Preparer's Signature

Attorney for Carrier/Employer
Title

skellahan@colalaw.com
Email

02/05/14
Date

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1402961

EMPLOYEE/CLAIMANT: BRYAN MCHOWELL
EMPLOYER: STAR FOOD PRODUCTS
INSURER: GREAT AMERICAN ALLIANCE INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE
WITHIN HEARING WAS TAKEN ON THE 22ND DAY OF APRIL, 2015, COMMENCING
AT THE HOUR OF 10:01 A.M., IN ROCK HILL, SOUTH CAROLINA, BEFORE THE
HONORABLE AISHA TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

SALLYE DEANNE NELSON
VERBATIM REPORTER

ORIGINAL

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

BRENT P. STEWART, ESQUIRE, OF THE FIRM
STEWART LAW OFFICES, L.L.C.
1242 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

SHELBY H. KELLAHAN, ESQUIRE, OF THE FIRM
HUFF LAW FIRM, L.L.C.
7244 WOODROW STREET
P.O. BOX 1935
IRMO, SOUTH CAROLINA 29063

ATTORNEY FOR THE EMPLOYER/INSURER,

E. ROS HUFF, JR., ESQUIRE OF THE FIRM
HUFF LAW FIRM, L.L.C.
7244 WOODROW STREET
P.O. BOX 1935
IRMO, SOUTH CAROLINA 29063

ATTORNEY FOR THE EMPLOYER/INSURER.

ATTENDING:

BRYAN MCHOWELL
ASHLEY HOLLIN

I N D E X

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BRYAN MCHOWELL:

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CROSS-EXAMINATION BY MS. KELLAHAN.....	32

WANDA RIGGINS:

DIRECT EXAMINATION BY MS. KELLAHAN.....	37

JANE WESTMORELAND:

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN ROCK HILL,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * *

6 **BY COMMISSIONER TAYLOR:**

7 TODAY IS WEDNESDAY, APRIL 22ND, 2015. WE ARE
8 HERE ON WORKERS' COMP FILE NUMBER 1402961. THIS IS
9 THE CLAIM OF MR. BRYAN MCHOWELL WHO IS PRESENT HERE
10 TODAY REPRESENTED BY MR. BRENT P. STEWART. THE
11 EMPLOYER IS STAR FOOD PRODUCTS, INCORPORATED, AND
12 THE CARRIER IS GREAT AMERICAN ALLIANCE INSURANCE
13 COMPANY. BOTH THE EMPLOYER AND CARRIER ARE
14 REPRESENTED TODAY BY MS. SHELBY H. KELLAHAN. I HAVE
15 A DATE OF ACCIDENT OF, AND THIS IS AN ALLEGED DATE
16 OF ACCIDENT, OF FEBRUARY 27TH, 2014. THE CLAIMANT'S
17 AVERAGE WEEKLY WAGE IS \$959.16, WHICH YIELDS A
18 COMPENSATION RATE OF \$639.47. THE AVERAGE WEEKLY
19 WAGE AND COMPENSATION RATE WERE SET PURSUANT TO A
20 STIPULATION BY THE PARTIES. WE ARE HERE ON THE
21 CLAIMANT'S FORM 50 REQUEST FOR HEARING. I WILL
22 ALLOW THE PARTIES TO PUT DETAILED POSITION
23 STATEMENTS ON THE RECORD. PRIOR TO TODAY'S HEARING,
24 THE COMMISSION DID RECEIVE A MOTION IN LIMINE FILED
25 BY THE CLAIMANT. IT GOES INTO GREAT DETAIL. IT IS

1 PART OF THE COMMISSION'S FILE. FOR PRACTICAL
2 PURPOSES HERE TODAY, THE MOTION IN AND OF ITSELF IS
3 DENIED, AND I WILL ALLOW THE COMPLETE VOLUME OF APAs
4 INTO THE RECORD FOR PURPOSES OF THE PRELIMINARY
5 HEARING. AS EACH DOCUMENT COMES UP TO BE PRESENTED
6 AS EVIDENCE THROUGHOUT THE TESTIMONY, I WILL ALLOW
7 THE CLAIMANT TO RENEW OBJECTIONS AND THEN WILL
8 DECIDE ON THEM ON A CASE-BY-CASE BASIS AT THAT TIME.
9 WITH REGARD TO THE MERITS OF THE HEARING, ARE THERE
10 ANY OTHER OBJECTIONS TO THE APAs, JURISDICTION,
11 VENUE, OR ANY OTHER ITEMS? MR. STEWART?

12 **BY MR. STEWART:**

13 DO YOU WANT ME JUST TO GO THROUGH MY MOTIONS IN
14 LIMINE?

15 **BY COMMISSIONER TAYLOR:**

16 SURE. YES.

17 **BY MR. STEWART:**

18 OKAY. HAVING GONE THROUGH THE APAs SUBMITTED
19 BY THE DEFENDANT ON I BELIEVE THEIR FIRST BRIEF WAS
20 ON MARCH 27TH, 2015, OUR OBJECTIONS START OUT WITH
21 APAs 318 TO 431, EXCEPT FOR THE JOB DESCRIPTIONS
22 THAT ARE ON APA 358. THIS IS AN EMPLOYEE FILE THAT
23 HAS NOT BEEN AUTHENTICATED. IT IS MAINLY CONSISTING
24 OF NON-ADMISSIBLE HEARSAY. THE FILE IS FULL OF
25 MEDICALS, WHICH IT APPEARS HAVE ALREADY BEEN

1 PROVIDED IN OTHER PARTS OF THE BRIEFS. THEY WOULD
2 BE DUPLICATE -- DUPLICATES AND JUST NOT NEEDED.
3 WHILE APA 321 IS HEARSAY, AND IT IS A WRITE UP OF MY
4 CLIENT FOR FAILING TO ROTATE THE PRODUCE, WE WOULD
5 AGREE TO LETTING THAT APA IN AS 321, BECAUSE IT
6 SHOWS THE REPETITIVE NATURE OF THE WORK THAT HE WAS
7 DOING. THE CLAIMANT'S HEALTH INSURANCE BOOK IS NOT
8 RELATIVE TO THE CASE AT BAR AND NEITHER IS HIS
9 APPLICATION FOR EMPLOYMENT. THE BACKGROUND CHECK
10 ISN'T RELATIVE TO THE CASE AT BAR AND NEITHER IS THE
11 CREDIT CHECK. THE FLEET SAFETY PROGRAM PAPERWORK IS
12 NOT RELEVANT. THE PHOTOGRAPHS OF THE WORK RELATED
13 WRECK, THAT IS AN ALREADY SETTLED EVENT, IS NOT
14 RELEVANT. OLD WORKERS' COMPENSATION EMAILS TO THE
15 ADJUSTER ARE ALSO IRRELEVANT. IT IS CLEAR, BASED ON
16 OUR APAs, AND DR. LEHMAN'S SPECIFICALLY, IN OUR
17 BRIEF ON THE QUESTIONNAIRE ON 2/27/14, THAT THIS IS
18 A NEW INJURY. THIS REPETITIVE TRAUMA IS A NEW
19 INJURY. IT'S SET UP BY THE DOCTOR, AND IT'S
20 SECONDED BY DR. SCHWARTZ AT OUR APA 21 AND 47, AND
21 WHAT IS REALLY RELEVANT IS THAT ON PAGE DEFENDANTS'
22 APA 116, DEFENDANTS' APA, FROM THE -- THE DOCTOR
23 THAT DID THE SURGERY, DR. LEHMAN, IT IS CLEARLY SET
24 OUT IN THE INDEPENDENT MEDICAL FROM THE CAR WRECK
25 WORKERS' COMP CASE THAT MR. MCHOWELL WAS ABLE TO GO

1 BACK TO WORK FROM THAT CAR WRECK. SO HE WAS WORKING
2 AT THAT TIME AND WAS ABLE TO GO BACK PER DR.
3 LEHMAN'S RECORDS. WE WOULD STATE THAT THE HEARING
4 TRANSCRIPT DATED JULY 9TH, 2013, STARTING AT APA 501
5 IS IRRELEVANT. WE'VE ATTACHED THE ORDER FROM THAT
6 LAST HEARING SO THAT YOU CAN SEE THAT COMMISSIONER
7 BARDEN IN HER RULING FOUND THAT TWO OR THREE DAYS
8 AFTER THE CAR WRECK THAT MR. MCHOWELL WENT BACK TO
9 BASELINE. WE WOULD ASK YOU TO TAKE JUDICIAL NOTICE
10 OF THAT. SO FROM THAT POINT ON, HE WAS WORKING ON
11 UP. HE WAS ABLE TO DO HIS JOB, AND THEREFORE, THE
12 TESTIMONY FROM THE HEARING IS NOT RELATIVE. WHAT IS
13 RELATIVE IS HER FINDING. THE DEPOSITION FROM THE
14 OLD CASE OF 515 AND 581, IT MAY BE USED AS
15 IMPEACHMENT, BUT NO FOUNDATION HAS BEEN LAID TO
16 DATE, SO IT CURRENTLY IS INADMISSIBLE. WE'D ALSO
17 SAY THE OLD DEPOSITION OF STEVE TILLERY IS
18 INADMISSABLE. THE SLED CHECK IS INADMISSABLE, IN
19 THAT IT INVOLVES NO CRIME ADMISSIBLE BY THE SOUTH
20 CAROLINA RULES OF EVIDENCE, APA 604. APAs 605 TO
21 606 IS INADMISSABLE, IN THAT MR. MCHOWELL'S DRIVING
22 RECORD IS CLEARLY NOT RELEVANT FOR THIS CASE. APAs
23 607 TO 614 ARE ACCIDENT REPORTS FROM 2005 AND 2012,
24 WHICH ARE INADMISSABLE AS BEING IRRELEVANT TO THE
25 REPETITIVE TRAUMA INJURY AS ONCE AGAIN WE ARE

1 REPRESENTING A NEW INJURY, AND THERE IS NOT ONE
2 MEDICAL IN THERE, NOT ONE DEPOSITION OF ANY OF THE
3 DOCTORS THAT SAYS THIS IS NOT A NEW INJURY. APAs
4 615 TO 633 WAS OBTAINED FROM AN IMPROPER SUBPOENA.
5 IT IS CLEAR FROM THE SUBPOENA THAT MY OFFICE WAS NOT
6 COPIED AS REQUIRED BY THE SOUTH CAROLINA RULES OF
7 CIVIL PROCEDURE, AND FURTHER, IN ANY EVENT THE --
8 THE RECORDS ARE IRRELEVANT TO THIS CASE AT BAR.
9 APAs 641 TO 684 ARE RIDDLED WITH HEARSAY AND
10 IRRELEVANT. AND LASTLY, THE TESTIMONY AND A REPORT
11 OF JANE WESTMORELAND, WESTMORELAND WAS LISTED AS A
12 WITNESS ON APRIL 10TH, 2015. CLAIMANT ASKS FOR THE
13 DEPOSITION ON MS. WESTMORELAND ON TWO OCCASIONS,
14 APRIL 13TH AND THURSDAY, APRIL 16TH. OTHER THAN
15 THAT, NO RESPONSE OTHER THAN YOU CAN'T HAVE IT. WE
16 ACTUALLY CALLED MS. WESTMORELAND AND WAS TOLD THAT
17 AT THAT POINT SHE HAD JUST GOT THE FILE AND SAID
18 THAT SHE WAS GOING TO HAVE A LONG WEEKEND TO REVIEW
19 IT. AS OF TODAY, WE ARE AWARE OF NO OPINIONS THAT
20 SHE HAS. IN FACT, MS. WESTMORELAND STATED, "IT
21 LOOKS LIKE I HAVE A LONG WEEKEND OF WORK TO DO" ON
22 THAT FRIDAY. TO DATE, WE STILL DON'T HAVE ANY
23 REPORT, AND EMPLOYER/CARRIER COULD HAVE HAD THESE
24 RECORDS TO MS. WESTMORELAND ON APRIL 10TH WHEN WE
25 KNEW THE THING WAS CONTINUED, BUT IN FACT UPON

1 GETTING OUR BRIEF BACK ON MARCH 23RD, 2015, IT WAS
2 CLEAR THE VOCATIONAL WAS HAD, AND THEY COULD HAVE
3 DEPOSED -- THEY COULD HAVE HIRED HER BACK AS FAR AS
4 MARCH 23RD OF 2015. FOR THOSE REASONS, WE WOULD ASK
5 THAT THESE APAs BE BARRED, AND THAT'S ALL WE'VE GOT.

6 **BY COMMISSIONER TAYLOR:**

7 OKAY. ALL RIGHT. MS. KELLAHAN, I KNOW DUE TO
8 THE TIMING, YOU DIDN'T HAVE TIME TO SUBMIT A WRITTEN
9 RESPONSE TO THE MOTION, AND YOU DID SEND OUR OFFICE
10 CORRESPONDENCE REGARDING THAT. DO YOU HAVE A
11 GENERAL RESPONSE OR?

12 **BY MS. KELLAHAN:**

13 I DO, COMMISSIONER.

14 **BY COMMISSIONER TAYLOR:**

15 OKAY.

16 **BY MS. KELLAHAN:**

17 FIRST OF ALL, OH, WITH REGARD TO THE ACCIDENT
18 REPORT FROM 2012, WE WOULD SUBMIT THIS IS THE SECOND
19 BITE OF THE SAME APPLE. ALL OF THE DOCUMENTS ARE
20 RELEVANT. IT'S THE SAME EMPLOYER, SAME INJURY.
21 HE'S CLAIMING PERMANENT TOTAL. HE'S CLAIMING A LEFT
22 SHOULDER INJURY. IT'S THE SAME CLAIMANT, AND
23 UNDERNEATH THE CASE LAW, IT IS BARRED BY COLLATERAL
24 ESTOPPEL RES JUDICATA. IT VERY MUCH IS AT ISSUE IN
25 THIS CASE. SECONDLY, WE'D SAY THE RECORD FROM THE

1 PRIOR INJURY APPLIED TO THIS CASE BECAUSE OBVIOUSLY
2 IT GOES TO NOTICE. IT -- HE'S BEEN REPRESENTED BY
3 AN ATTORNEY SINCE 2012. HE QUIT WORKING WITH OUR
4 COMPANY BACK IN AUGUST OF 2013, AND NOW HE BRINGS
5 THIS CLAIM AFTER WE SETTLED THE LAST CLAIM, EXACTLY
6 THE NEXT MONTH AFTER WE SETTLED THE NEXT CLAIM,
7 CLAIMING A NEW REPETITIVE INJURY FOR THE SAME
8 PROBLEM. AND WE WOULD SUBMIT THAT ALL OF THOSE ARE
9 RELEVANT, BECAUSE IT WAS A SECOND BITE OF THE APPLE,
10 AS WELL AS THE CLINCHER DOCUMENTS WHERE I
11 SPECIFICALLY WAS REQUESTED TO MARK OUT WHETHER OR
12 NOT THERE WERE ANY KNOWN OR UNKNOWN INJURIES ON THE
13 CLINCHER DOCUMENT SHOULD BE ADMITTED AS WELL, SHOWED
14 THAT HE HAVE KNOWLEDGE THAT HE WAS GOING TO BRING
15 THIS OTHER CLAIM FOR THE SAME EXACT INJURY.
16 FURTHER, WE WOULD SUBMIT THAT THE PERSONNEL FILE IS
17 RELEVANT. IT WAS SOMETHING HE SUBPOENAED FROM US.
18 HE'S GOT IT FROM US BEFORE. HE REQUESTED IT. IN AS
19 IF HE WANTS PART OF THE JOB DUTIES IN, I WOULD
20 SUBMIT THAT THE ENTIRE RECORD SHOULD BE PUT IN. AS
21 FAR AS THE IMPROPER SUBPOENAS, UNDER THE RULES OF
22 CIVIL PROCEDURE, I WOULD SAY THE RULES OF CIVIL
23 PROCEDURE DO NOT APPLY AT A WORKERS' COMP HEARING.
24 MOREOVER, THERE'S NOTHING IN THE WORKERS' COMP
25 REGULATIONS THAT SAY THAT WE HAVE TO COPY HIM ON

1 SUBPOENAS. I KNOW SOME AGENCIES REQUIRE US TO, BUT
2 ON THESE, NO. ALSO, IT GOES TO CREDIBILITY AS FAR
3 AS ALL THE PAST, THE DRIVING RECORDS, THE ACCIDENTS,
4 THE INJURIES. THEY'RE INTERTWINED. THEY WERE
5 INTERTWINED IN THE LAST CASE, AND IT DOES INVOLVE
6 SOME MATTERS THAT DEAL WITH HIS CREDIBILITY. SAME
7 WITH THE AS FAR AS THE TEN YEAR DRIVING RECORD GOES
8 AND THE SLED REPORT GOES. THE SLED REPORT, YES, IT
9 MAY HAVE SOMETHING THAT'S BEEN OLDER THAN TEN YEARS,
10 BUT WE WOULD SUBMIT IT GOES TO CREDIBILITY. LET'S
11 SEE. FINALLY, AS FAR AS THE VOC ASSESSMENT GOES, WE
12 BROUGHT MS. WESTMORELAND HERE TODAY TO TESTIFY.
13 BECAUSE WE WERE UNDER A TIME CONSTRAINT, SHE WAS NOT
14 ABLE TO GET A RECORD DONE IN TIME. WE HAVE OFFERED
15 TO LEAVE THE RECORD OPEN TO HAVE HER DEPOSITION
16 TAKEN AND TO TRY TO ACCOMMODATE THAT, AND THE
17 CLAIMANT'S ATTORNEY DID NOT WANT TO AGREE TO THAT.
18 SO OUR POSITION IS THAT SHE SHOULD BE ALLOWED TO
19 TESTIFY TODAY, AND HER OPINION SHOULD BE GIVEN
20 WHATEVER WEIGHT YOU DEEM IT MERITS.

21 **BY COMMISSIONER TAYLOR:**

22 OKAY.

23 **BY MR. STEWART:**

24 JUST ONE THING.

25 **BY COMMISSIONER TAYLOR:**

1 SURE.

2 **BY MR. STEWART:**

3 AND -- AND WHICH IS TOTALLY IMPROPER THAT SHE
4 BROUGHT IT UP, BUT JUST SO YOU UNDERSTAND, IN THE
5 SETTLEMENT OF THE FIRST CASE, THERE WAS AN INITIAL
6 ATTEMPT TO WAIVE ANY AND ALL CLAIMS OF MR. MCHOWELL,
7 WHO WAS STILL WORKING WITH THAT COMPANY, AND NO
8 CLAIMANT'S ATTORNEY CAN AGREE TO LETTING THOSE OUT -
9 - OUT.

10 **BY MS. KELLAHAN:**

11 AT THE TIME OF SETTLEMENT, HE WAS NOT WORKING
12 WITH OUR EMPLOYER. HE HAD QUIT WITH OUR EMPLOYER
13 FOR SIX MONTHS.

14 **BY COMMISSIONER TAYLOR:**

15 WELL, MS. KELLAHAN, THE DRIVING RECORD, 'CAUSE
16 I ONLY SEE TWO PAGES, AND I DON'T KNOW -- IS IT MORE
17 RELATED TO THE PRIOR CASE?

18 **BY MS. KELLAHAN:**

19 IT IS, BUT I BELIEVE IT'S A DIFFERENT BODY
20 PART, AND IT'S MORE RELATED TO SOME QUESTIONS IN THE
21 DEPOSITION THAT WERE ASKED ABOUT PRIOR ---

22 **BY COMMISSIONER TAYLOR:**

23 _____ OKAY.

24 **BY MS. KELLAHAN:**

25 --- MOTOR VEHICLE ACCIDENTS.

1 **BY COMMISSIONER TAYLOR:**

2 OKAY. ALL RIGHT. AS I THINK I STATED IN THE
3 PREHEARING CONFERENCE, I'M GOING TO DENY THE MOTION
4 IN LIMINE. HOWEVER, I WILL ALLOW THE CLAIMANT TO
5 RENEW OBJECTIONS TO PARTICULAR DOCUMENTS AS THEY
6 COME UP THROUGHOUT THE COURSE OF THE HEARING. I'LL
7 BE HAPPY TO ENTERTAIN SPECIFIC OBJECTIONS. BUT WITH
8 REGARDS TO THE PRETRIAL MOTION, I'M GOING TO DENY IT
9 AND LET ALL THE APAs IN RIGHT NOW, AND THEN WE'LL
10 DEAL WITH ANY SUBSEQUENT OBJECTIONS SEPARATELY.
11 LET'S SEE. ALL RIGHT. MS. KELLAHAN, I BELIEVE YOU
12 HAD TWO OBJECTIONS AS WELL?

13 **BY MS. KELLAHAN:**

14 I DO.

15 **BY COMMISSIONER TAYLOR:**

16 OKAY.

17 **BY MS. KELLAHAN:**

18 FIRST OF ALL, THE DEFENDANTS OBJECT TO THE
19 REPORT OF GLEN ADAMS AS AN ERGONOMICS EXPERT. HE
20 HAS NOT BEEN QUALIFIED AS AN EXPERT IN ERGONOMICS,
21 AND WE DID NOT TAKE HIS DEPOSITION TO QUALIFY HIM AS
22 AN -- HIM AS AN EXPERT IN ERGONOMICS. WE'VE HAD HIM
23 BEFORE AS A VOCATIONAL EXPERT, BUT HE HAS NOT BEEN
24 QUALIFIED AS AN ERGONOMICS EXPERT. WE DIDN'T
25 RECEIVE A C.V., AND A C.V. HAS NOT BEEN SUBMITTED

1 INTO EVIDENCE. SECONDLY, WE WOULD ASK TO EXCLUDE
2 THE VOCATIONAL ASSESSMENT OF ASHLEY JOHNSON ON THE
3 BASIS THAT THIS IS A ONE BODY PART CASE, AND THAT
4 IT'S NOT A PERMANENT TOTAL CASE UNDER WAGE LOSS.

5 **BY COMMISSIONER TAYLOR:**

6 OKAY. WITH REGARD TO THE OBJECTION TO GLEN
7 ADAMS, I'M GOING TO DENY THE REQUEST TO EXCLUDE OR
8 TO QUALIFY HIM AS AN EXPERT. I THINK IT'S BEEN THE
9 COMMISSION'S GENERAL PRACTICE THAT HE IS ONE OF THE
10 FEW ERGONOMICS EXPERTS IN THE STATE FOR PURPOSES OF
11 WORKERS' COMPENSATION, AND SO I'LL JUST LIMIT IT TO
12 THAT. FOR THIS HEARING TODAY, I WILL DEEM MR. ADAMS
13 TO BE AN EXPERT IN ERGONOMICS. WITH REGARD TO THE
14 CLAIMANT'S VOCATIONAL ASSESSMENT, THEY'RE PLEADING
15 THAT IT'S A PERMANENT AND TOTAL DISABILITY CASE. I
16 UNDERSTAND THAT YOUR DEFENSE IS THAT IT IS NOT, BUT
17 BASED ON THEIR FORM 50, WHICH WE'RE SET FOR HERE
18 TODAY, I'LL ALLOW IT TO COME IN AS IS. ALL RIGHT.
19 ANY OTHER OBJECTIONS?

20 **BY MS. KELLAHAN:**

21 NO.

22 **BY COMMISSIONER TAYLOR:**

23 ALL RIGHT. ALL RIGHT. WITHOUT FURTHER
24 OBJECTION, THE COMMISSION FILE BECOMES A PART OF THE
25 RECORD WITH THE EXCEPTION OF SELF SERVING

1 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

2 MR. STEWART, WE'RE HERE ON YOUR FORM 50, I'LL
3 TAKE YOUR POSITION STATEMENT, PLEASE.

4 **BY MR. STEWART:**

5 OKAY. OUR POSITION IS THAT OUR -- MY CLIENT AS
6 OF 2/27/14, AND THAT'S SHOWN ON APA, MY APA 21,
7 SUFFERED A NEW REPETITIVE TRAUMA INJURY AS SET UP BY
8 DR. LEHMAN. SPECIFICALLY ON NUMBER FOUR, IT SAYS,
9 "IF IT IS NOT A NEW INJURY, IS IT AN AGGRAVATION OF
10 PREEXISTING?" HE SAID, "NOT, N.A." "IS MR.
11 MCHOWELL'S LEFT SHOULDER INJURY A NEW INJURY?" HE
12 SAYS, "YES." SO HAVING HAD THAT, WE SENT IT OFF TO
13 DR. SCHWARTZ, WHO LIKewise HAD TREATED MR. MCHOWELL,
14 AND HE SAYS THAT HE IS AN ORTHOPEDIC SURGEON AT
15 CAROLINA ORTHOPEDICS, AND HE TREATED MR. MCHOWELL
16 FOLLOWING HIS FEBRUARY 27TH, 2014, WORK RELATED
17 INJURY, THAT HE CONCURS WITH DR. LEHMAN'S REPORT AS
18 SET OUT, AND THAT IS AT OUR APA 47. I WOULD
19 LIKewise POINT OUT ONCE AGAIN THAT DEFENDANTS' APA
20 116, DR. LEHMAN SPECIFICALLY SAYS IN AN I.M.E. FOR
21 THE CAR WRECK THAT MR. MCHOWELL WAS ABLE TO WORK
22 FOLLOWING THIS CAR WRECK. SO HE WAS WORKING FROM
23 THE DATE OF THAT CAR WRECK BACK IN MARCH UP UNTIL HE
24 WENT OUT TO GET THE SURGERY FOR HIS SHOULDER. THERE
25 WERE SOME ALLEGATIONS THAT THIS IS A SINGLE BODY

1 PART CASE. HOWEVER, DR. LEHMAN -- AND DR. LEHMAN
2 HAS BEEN AND WOULD BE THE DOCTOR ON THIS CASE, AS
3 THEY SAID, THIS IS WHAT THEY'RE CALLING A SECOND
4 BITE OF THE APPLE, BUT DR. LEHMAN'S BEEN INVOLVED
5 FOREVER. NOBODY'S TAKEN DEPOSITIONS OR PRESENTED
6 ANY MEDICAL EVIDENCE OPPOSING WHAT IS SET OUT FROM
7 THIS BRIEF. HE'S AN ORTHOPAEDIC DOCTOR. HE HAS
8 BEEN TREATING MR. MCHOWELL SINCE FEBRUARY 27, 2014.
9 IN HIS OPINION, MR. MCHOWELL'S REPETITIVE LEFT
10 SHOULDER INJURY AFFECTS HIS LEFT ARM. THEREFORE, WE
11 HAVE THE SHOULDER. A SHOULDER IS NOT THE SAME BODY
12 PART AS THE ARM. THE SHOULDER IS AN INDIVIDUAL
13 PART. SO WE HAVE HIS SHOULDER AND AN ARM, BUT WE
14 HAVE THE TWO BODY PARTS NECESSARY TO GO FORTH FOR
15 THE PERM. LIKEWISE, WE HAVE RESTRICTIONS FROM THE
16 DOCTORS SET OUT AT APA 23 AND 24. HE IS AT THIS
17 POINT RESTRICTED FROM LIFTING WAIST TO ABOVE THE
18 HEAD, REPETITIVE USE OF THE SHOULDER, OVERHEAD
19 LIFTING, LIFTING TEN POUNDS OVERHEAD. HE HAS BEEN
20 GIVEN DODGE MEDICALS, SURGERY, PHYSICAL THERAPY,
21 STEROID INJECTIONS, OVER-THE-COUNTER MEDICATIONS,
22 AND PRESCRIPTION MEDICATIONS. HE IS LIMITED TO
23 LIGHT MEDIUM DUTY WORK ACCORDING TO DR. LEHMAN, AND
24 THIS IS SET OUT BY APA 23 AND 24. THE ERGONOMICS
25 EXPERT CLEARLY SETS OUT THAT THIS IS THE JOB THAT

1 WOULD LEAD TO THAT KIND OF INJURY, AND THAT'S AT
2 PAGE 66 TO 71. HE SAID THAT HE WOULD LIKE TO REVIEW
3 THE JOB. WE SENT OUT LETTERS TO THE DEFENSE SAYING,
4 LISTEN, WE'VE RETAINED THIS EXPERT ON FEBRUARY 24,
5 2015L; FEBRUARY 13, 2015; MARCH 6, 2015, ASKING THAT
6 THE JOB BE REVIEWED, HOWEVER, THAT WAS NOT
7 PERMITTED. IN ANY EVENT, WE DID THE DOC -- WE DID
8 THE DEPOSITION OF ONE OF THE EMPLOYER REPS, MR.
9 STEPHEN LANEY, AND THE DEPOSITION IS UP THERE WITH
10 YOU, AND THEN AT PAGE 7 OF HIS DEPOSITION, IT SAYS,
11 "YOU PROBABLY MAKE -- SO WHETHER IT'S MONDAY,
12 TUESDAY, WEDNESDAY, OR THURSDAY, HOW MANY BOXES WILL
13 BE LOADED THEN?" OH, MAN, YOU PROBABLY HAVE MAYBE -
14 - IT DEPENDS ON YOUR ROUTE AND HIGH OF A -- HOW HIGH
15 OR LOW YOUR VOLUME IS. SO YOU COULD DO ANYWHERE
16 FROM FOUR TO SIX PALLETS. SO YOU'RE PROBABLY
17 LOOKING AT 300 CASES. THE CHOICE THAT WE GIVE IS TO
18 PICK UP 300 CASES AND LOAD IT? YES, PICK UP ONE,
19 PICK UP TWO, PICK UP, THAT'S RIGHT. BECAUSE IT'S
20 CONSTANTLY COMING UP AND DOWN THE RAMP. THE RELAY
21 DRIVER CALLS OFF WHAT YOU'VE ORDERED. SOMETIMES
22 THERE'S SHORTAGES OF IT." "SO HE REPETITIVELY PICKS
23 UP 300 TIMES TWICE A WEEK TO LOAD THE TRUCK?"
24 EXPERT? "YES." "NOW, I'D ASSUME IF HE'S
25 REPETITIVELY PICKING UP 300 TIMES TO LOAD THE TRUCK,

1 HE'S ALSO REPETITIVELY TAKING THEM OFF THE TRUCK AS
2 WELL?" ANSWER FROM THE EMPLOYER WITNESS, "THAT IS
3 CORRECT. BASICALLY YOU ONLY GET PAID ONCE, AND
4 NOBODY LIKES TO HEAR THE TRUTH, BUT YOU'RE REALLY
5 PAID ONCE TO TOUCH THE BOX FIVE OR SIX TIMES, BUT
6 THAT'S ALL PART OF THE JOB." "OKAY. SO THERE WAS
7 300 REPETITIVE MOVEMENTS TO LOAD THE TRUCK?" "ON
8 THE AVERAGE, THAT'S RIGHT. I'M JUST GIVING YOU AN
9 AVERAGE." "OKAY. AND THEN THERE ARE 300 TO UNLOAD
10 THE TRUCK?" "WELL, YOU SEE, AFTER YOU'VE LOADED IT,
11 IT'S NOT ONLY THAT YOU HAVE TO GRAB IT. YOU HAVE TO
12 STACK IT ON THE BACK OF THE TRUCK OR STACK IT OFF
13 THE TRUCK AND ONTO THE CART. SO THAT'S THE FIRST.
14 THE FIRST TIME YOU TOUCH IT IS WHEN YOU LOAD IT.
15 THE SECOND IS WHEN YOU UNLOAD IT, AND THE THIRD TIME
16 YOU TOUCH IT IS WHEN YOU'RE CHECKING IT IN, BECAUSE
17 YOU'VE GOT TO OPEN EACH BOX AND LET THE MANAGER SCAN
18 IT, YOU SEE HOW MANY IS IN THERE, DO YOU SEE 12?
19 THEN THAT'S THE FOURTH TIME, THEY WERE PUTTING IT IN
20 THE FREEZER." "SO YOU'RE REALLY -- SO THEN IT'S
21 REALLY ABOUT 1200 REPETITIVE MOVES WITH THE STUFF IN
22 THE SWEETER -- FREEZER SECTION. 300 ON THE ON, 300
23 OFF, 300?" AND HE SAYS, "YES. BUT THAT'S DURING
24 THE WEEK'S SPAN, DURING THE WEEK'S SPAN." THAT'S
25 THE TESTIMONY FROM THE PAGE 3 TO PAGE 9 OF STEVE

1 LANEY THE EMPLOYER, WHICH SETS UP THE EXTREME
2 REPETITIVE NATURE OF THE JOB. SO WE WOULD ASK FOR A
3 FINDING THAT THE WORK RELATED INJURY AND THE SURGERY
4 IS CAUSE TO THE NEW INJURY BY THE REPETITIVE TRAUMA.
5 WE WOULD HOLD OUR CLIENT OUT TO BE TOTALLY AND
6 PERMANENTLY DISABLED BASED ON THE VOCATIONAL REPORT
7 OF ASHLEY JOHNSON. WE WILL REQUEST UTICA MOHAWK
8 LANGUAGE BE ATTACHED TO THE ORDER AND LIFETIME
9 MEDICALS PURSUANT TO THE CODE AS WELL AS DODGE.

10 **BY COMMISSIONER TAYLOR:**

11 OKAY. THANK YOU. MS. KELLAHAN.

12 **BY MS. KELLAHAN:**

13 COMMISSIONER, I BELIEVE THE MOST IMPORTANT PART
14 OF OUR ARGUMENT WOULD BE THAT HE'S CLAIMING AN
15 INJURY ON FEBRUARY THE 27TH OF 2014, WHEN OUR GUY --
16 AND WHEN HE HADN'T EVEN BEEN EMPLOYED WITH OUR
17 EMPLOYER SINCE AUGUST OF 2013. HE'S CLAIMING T.T.D.
18 FROM OCTOBER OF 2013. HE WASN'T AN EMPLOYEE THEN
19 EITHER. WE WOULD SUBMIT THIS IS SIMPLY THE SECOND
20 BITE OF THE FIRST HEARING. AND THAT IF YOU GO TO
21 APA PAGE 504 WHERE I STRUCK THROUGH, THERE WERE NO
22 KNOWN INJURIES AT THE TIME BACK ON MARCH 13TH OF
23 2014. HE ALREADY KNEW THEN HE WAS BRINGING THIS
24 REPETITIVE INJURY CLAIM. WE WOULD SUBMIT THERE IS
25 NO NEW INJURY, AND THERE WAS NO REPETITIVE TRAUMA.

1 AND CERTAINLY THERE WASN'T ADEQUATE NOTICE, BECAUSE
2 HE HAD NOT BEEN WORKING THERE FOR MONTHS, AND HE'S
3 BEEN REPRESENTED BY AN ATTORNEY, SO HE KNEW OR
4 SHOULD HAVE KNOWN THAT HE HAD THESE PROBLEMS DOING
5 HIS JOB. IF YOU LOOK BACK FROM 2010 TO 2011, HE HAS
6 DOCTORS THEN TELLING HIM THAT HE'S NOT SUPPOSED TO
7 DO OVERHEAD LIFTING OR PUSHING OR PULLING, BECAUSE
8 HE WAS HAVING PROBLEMS WITH HIS LEFT SHOULDER AT
9 THAT TIME. HE ALSO HAD SURGERY IN 2011, AND THEN
10 BEGAN WORKING WITH OUR --- OUR EMPLOYER RIGHT
11 AFTERWARDS. FINALLY, WE WOULD SAY THAT -- WELL, NOT
12 FINALLY, BUT I'M GOING TO THE VOC ASSESSMENT, WE
13 WOULD SAY THERE CLEARLY IS ONE BODY PART. HE MIGHT
14 LIST THE ARM AND THE SHOULDER. IN HIS PREHEARING
15 BRIEF, THERE IS NO RATING TO THE ARM. THIS IS
16 CLEARLY A SHOULDER ROTATOR CUFF TEAR. THE MEDICAL
17 RECORDS ARE CLEAR. THAT'S WHAT IT WAS IN THE LAST
18 HEARING. WE WOULD -- WE WOULD ALSO SUBMIT THAT RES
19 JUDICATA, COLLATERAL ESTOPPEL WILL APPLY, AS WELL AS
20 THE *JOHNSON VERSUS GREENWOOD MILLS* CASE, AND THAT IT
21 IS THE SAME PARTY, SAME ISSUES ALREADY BEEN
22 LITIGATED, AND IT SHOULD BE BARRED. AS GOING TO DR.
23 LEHMAN'S REPORT RELATING THIS INJURY, WE WOULD SAY
24 THAT HIS REPORT'S INCONSISTENT. HE SAYS IN HIS
25 I.M.E. JUST A COUPLE OF MONTHS BEFORE TO A

1 REASONABLE DEGREE OF MEDICAL CERTAINTY THAT SHOULDER
2 PROBLEM IS FROM THE MOTOR VEHICLE ACCIDENT. THEN
3 THERE IS NO MENTION OF REPETITIVE INJURIES. THEN
4 SUDDENLY HE SENDS A QUESTIONNAIRE TO HIM AFTER
5 FEBRUARY 2014, AND HE'S SAYING, "OH, IT IS
6 DEFINITELY RELATED TO HIS REPETITIVE JOB." AND HE'S
7 GETTING JOB DUTIES SUBMITTED FROM THE CLAIMANT'S OWN
8 HANDWRITING. SO WE WOULD SAY THAT CERTAINLY THAT
9 DR. LEHMAN'S REPORTS CAN'T BE RELIED ON, BECAUSE
10 THEY ARE INCONSISTENT. HIS REPORT'S INCONSISTENT
11 THROUGHOUT. HE CHANGES HIS COMPLETE TUNE. AS FAR
12 AS THE ERGONOMIC ASSESSMENT GOES, WE WOULD SAY ONCE
13 AGAIN THIS ISN'T A REPETITIVE TRAUMA. HE WASN'T
14 WORKING WITH OUR EMPLOYER AT THE TIME, AND THAT HE'S
15 ALREADY HAD A CHANCE TO LITIGATE THIS CASE. AND AS
16 FAR AS NOTICE GOES, I THINK IT'S VERY CLEAR THAT HE
17 KNEW OR SHOULD HAVE KNOWN THAT HE HAD THIS
18 REPETITIVE TRAUMA. HE'S BEEN REPRESENTED BY AN
19 ATTORNEY NOW FOR YEARS AT -- FOR THE SAME EMPLOYER,
20 THAT HE SHOULD HAVE BROUGHT IT BEFORE NOW, WITHIN
21 THE 90 DAYS OF KNOWING. HIS LAST DATE OF WORK WAS
22 AUGUST THE 15TH OF 2013. SO I MEAN EVEN 90 DAYS
23 FROM THAT, HE'S CLEARLY OUTSIDE OF THAT TIME LINE.
24 THAT'S ALL I HAVE.

25 **BY COMMISSIONER TAYLOR:**

1 OKAY. THANK YOU. MR. STEWART, THE 2/27/14
2 DATE, WHAT IS THAT BASED ON?

3 BY MR. STEWART:

4 THAT IS THE DIAGNOSIS OF DR. LEHMAN AS A
5 REPETITIVE TRAUMA INJURY, NEW INJURY.

6 BY MS. KELLAHAN:

7 HE WAS NOT EMPLOYED WITH US AT THAT TIME.

8 BY MR. STEWART:

9 HE WENT OUT OF WORK. AND IN THE DEPOSITION OF
10 STEPHEN LANEY, ONCE AGAIN, STEPHEN LANEY TESTIFIES
11 THAT HE KNEW HE WENT OUT OF WORK TO GET HIS SHOULDER
12 SURGERY, BECAUSE HE'D GOT SOME MONEY FROM HIS
13 BROTHER, SO HE HAD TO PAY FOR IT BY HIMSELF, AND HE
14 -- HE DID IT BECAUSE HIS CLAIM WAS DENIED. IN ANY
15 EVENT, IN ORDER -- WITH THE 90 DAY NOTICE SERVED,
16 THEY HAVE TO PROVE IN ORDER THAT THE 90 DAYS EVEN
17 MAKES A DIFFERENCE, BUT NOT UNTIL FEBRUARY, WHEN HE
18 WAS DIAGNOSED WITH REPETITIVE TRAUMA DID MY CLIENT
19 KNOW THAT THAT WAS HIS -- THAT WAS WHAT CAUSED HIS
20 NEED FOR SURGERY WAS THE REPETITIVE INJURY. SO AT
21 THAT POINT WAS TWO YEARS FROM THE DIAGNOSIS -- IT
22 WAS 90 DAYS FROM THE DIAGNOSIS OR TWO YEARS FROM THE
23 DIAGNOSIS, WHAT HIS STATUTE IS. SO ALL THESE
24 ARGUMENTS JUST DON'T MAKE ANY SENSE. DR. LEHMAN
25 SAID AT THAT POINT IT WAS A NEW INJURY. THAT'S WHEN

1 HE REALIZED WHAT WAS GOING ON WITH HIM.

2 **BY COMMISSIONER TAYLOR:**

3 AND HE HAD NOT HAD THE SHOULDER SURGERY YET AT
4 THAT TIME?

5 **BY MS. KELLAHAN:**

6 HE, YES, HE'D HAD HIS SHOULDER SURGERY BEFORE
7 WE EVEN SETTLED THE LAST CASE.

8 **BY COMMISSIONER TAYLOR:**

9 OKAY. OKAY.

10 **BY MS. KELLAHAN:**

11 AND I MEAN, COMMISSIONER, WE JUST SAY HOW COULD
12 HE HAVE A NEW INJURY IF HE WASN'T EMPLOYED WITH US
13 AT THE TIME, IF THAT'S WHAT HE'S CONTENDING ON
14 FEBRUARY THE 27TH OF 2014?

15 **BY MR. STEWART:**

16 WELL, IT'S BECAUSE FROM THE DATE OF THE CAR
17 WRECK, THE ORDER SAYS OF WITHIN THREE OR FOUR DAYS,
18 HE WAS BACK AT ---

19 **BY COMMISSIONER TAYLOR:**

20 --- BACK AT ---

21 **BY MR. STEWART:**

22 --- BACK AT HIS JOB, AND HE CONTINUED TO WORK
23 FROM THAT POINT TO WHEN HE WENT OUT TO GET THE
24 SHOULDER SURGERY, AND IT IS AT THAT POINT THAT THE
25 REPETITIVE NATURE OF THE JOB CAUSED HIS INJURY. THE

1 DOCTOR IN FEBRUARY, WHICH WAS SEPTEMBER, OCTOBER --
2 OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY, FOUR
3 MONTHS AFTER HE LEFT THE JOB TO GET THE SURGERY, IS
4 WHEN IT WAS DIAGNOSED AS BEING REPETITIVE NATURE.
5 THAT'S WHEN HE CALLED ME, AND WE FILED THE 50 WITHIN
6 THREE OR FOUR DAYS OF GETTING BACK THE QUESTIONNAIRE
7 SAYING IT WAS A NEW INJURY, NOT EVEN AN AGGRAVATION,
8 BUT A NEW INJURY.

9 **BY MS. KELLAHAN:**

10 AND WE WOULD SUBMIT THAT'S JURISDICTIONAL. IF
11 HE'S GOT A NEW INJURY, AND THEY DIDN'T HAVE AN
12 EMPLOYER EMPLOYEE RELATIONSHIP ON THE 27TH, AND IT'S
13 A NEW INJURY, I DON'T SEE HOW WE COULD BE
14 RESPONSIBLE.

15 **BY COMMISSIONER TAYLOR:**

16 WELL, I THINK THE ARGUMENT IS THAT WHEN IT'S
17 NOT AN ACTUAL INJURY BY ACCIDENT, BUT RATHER
18 REPETITIVE TRAUMA, THAT IT'S FROM THE DATE OF
19 DIAGNOSIS. THAT'S THE DATE, AND SO IT'S NOT YOUR
20 STRICT DATE OF ACCIDENT.

21 **BY MS. KELLAHAN:**

22 AND THAT'S WHERE WE WOULD RAISE THAT CLEARLY HE
23 KNEW OR SHOULD HAVE KNOWN, BEING REPRESENTED BY AN
24 ATTORNEY ALL THIS TIME, AND HAVE THE WARNINGS OF
25 DOING OVERHEAD LIFTING, THAT HIS JOB WAS CAUSING HIS

1 PROBLEMS.

2 BY COMMISSIONER TAYLOR:

3 OKAY. ALL RIGHT.

4 BY MR. STEWART:

5 THAT WOULD BE HEARSAY, AND THERE'S NO EVIDENCE
6 WHATSOEVER, AND THEY COULD HAVE DEPOSED ANY OF THE
7 DOCTORS OR ANYBODY ELSE BUT DIDN'T.

8 BY COMMISSIONER TAYLOR:

9 OKAY. THAT'S FINE. ALL RIGHT. MR. STEWART,
10 YOU MAY CALL THE CLAIMANT.

11 BY MR. STEWART:

12 THANK YOU.

13 BY COMMISSIONER TAYLOR:

14 OKAY. MADAM COURT REPORTER, WILL YOU PLEASE
15 SWEAR MR. MCHOWELL?

16 BY THE COURT REPORTER:

17 MR. MCHOWELL, RAISE YOUR RIGHT HAND, PLEASE.

18 * * * * * * * * *

19 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
20 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
21 MATTER HEREIN:

22 BRYAN MCHOWELL,

23 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
24 FOLLOWS:

25 DIRECT EXAMINATION BY MR. STEWART:

1 Q. MR. MCHOWELL, IF YOU COULD, PLEASE STATE YOUR FULL
2 NAME FOR THE RECORD.

3 A. BRYAN A. MCHOWELL.

4 Q. AND, MR. MCHOWELL, WHERE DO YOU CURRENTLY LIVE?

5 A. IN VAN WYCK, SOUTH CAROLINA.

6 Q. AND WHO DO YOU LIVE WITH?

7 A. MY YOUNGEST DAUGHTER.

8 Q. DOES ANYBODY ELSE LIVE WITH Y'ALL?

9 A. NO.

10 Q. OKAY. IF YOU COULD, PLEASE LET ME KNOW ---

11 **BY MR. STEWART:**

12 AND THIS IS AS TO THE UTICA LANGUAGE, YOUR
13 HONOR.

14 **DIRECT EXAMINATION RESUMED BY MR. STEWART:**

15 Q. DO YOU CURRENTLY HAVE A CHECKBOOK?

16 A. YES.

17 Q. DO YOU REGULARLY MANAGE YOUR OWN FUNDS?

18 A. YES.

19 Q. DO YOU BELIEVE IF YOU ARE GIVEN A LUMP SUM IN THIS
20 CASE THAT YOU WILL BE ABLE TO MANAGE THOSE FUNDS IN
21 A WAY THAT WOULD HELP YOU OUT?

22 A. YES, I DO.

23 Q. OKAY. DO YOU BELIEVE A LUMP SUM PAYMENT OF THIS
24 CLAIM WILL BE BENEFICIAL TO YOU IN ORDER FOR YOU TO
25 GET CAUGHT UP ON BILLS AND OTHER ITEMS YOU'VE MISSED

1 SINCE YOU'VE GONE FROM WORK?

2 A. THAT'S CORRECT.

3 Q. IF YOU COULD, PLEASE, STATE OUT, SIR, AND BY TELLING
4 THE COMMISSIONER WHAT IS YOUR EDUCATIONAL
5 BACKGROUND?

6 A. I FINISHED HIGH SCHOOL IN '75, AND SINCE THEN I'VE
7 BEEN TO TRADE SCHOOLS FOR C.D.L. TRAINING AND
8 WELDING AND HORSESHOING.

9 Q. AND ANY OTHER TYPE OF CERTIFICATES OR TRAINING?

10 A. AT ONE TIME I WORKED IN FLORIDA WITH A SALES
11 COMPANY, AND I HAD TRAINING SPECIFICALLY FOR SELLING
12 THEIR PRODUCT.

13 Q. WHAT KIND OF PRODUCT WAS THAT?

14 A. INDUSTRIAL PIPING AND VALVES.

15 Q. HOW LONG DID YOU DO THAT JOB?

16 A. FROM WHEN I GRADUATED HIGH SCHOOL, ABOUT FIVE YEARS.

17 Q. OTHER THAN THOSE JOBS, HAVE YOU DONE ANY OTHER TYPE
18 OF WORK?

19 A. NO.

20 Q. HOW LONG WERE YOU WITH THE EMPLOYER?

21 A. A-YEAR-AND-A-HALF.

22 Q. OKAY. DO YOU REMEMBER HAVING THE -- DO YOU REMEMBER
23 HAVING A CAR WRECK?

24 A. YES.

25 Q. AND THAT WAS ON THE JOB?

1 A. THAT'S CORRECT.

2 Q. HOW QUICK AFTER THAT DID YOU GO BACK TO WORK?

3 A. TWO DAYS.

4 Q. OKAY. SO TWO DAYS AFTER THAT WRECK YOU WENT BACK TO
5 WORK?

6 A. THAT'S CORRECT.

7 Q. AND YOU CONTINUED TO WORK?

8 A. CORRECT.

9 Q. AND HOW LONG DID YOU CONTINUE TO WORK?

10 A. UNTIL THE MIDDLE OF AUGUST OF 2013.

11 Q. AND THEN IN AUGUST OF 2013, YOU WENT OUT OF WORK; IS
12 THAT CORRECT?

13 A. YES.

14 Q. AND WHY DID YOU GO OUT OF WORK?

15 A. BECAUSE I COULDN'T STAND THE PAIN ANY MORE, AND THEY
16 WOULDN'T LESSEN MY WORK LOAD. THEY GAVE ME MORE
17 WORK, SO I LEFT TO TAKE CARE OF THE SURGERY ON MY
18 OWN.

19 Q. OKAY. AND YOU WERE ABLE TO GET THAT SURGERY,
20 BECAUSE YOU HAD INHERITED SOME MONEY; IS THAT
21 CORRECT?

22 A. THAT'S CORRECT.

23 Q. AND WHEN YOU WENT OUT OF WORK, DID YOU TELL MR.
24 LANEY, YOUR SUPERVISOR, THAT YOU WENT OUT TO GET THE
25 SURGERY ON YOUR SHOULDER?

1 A. YES, I DID.

2 Q. AND YOU TOLD HIM THAT AS WELL IS THAT YOU'D GOT SOME
3 MONEY THAT YOU INHERITED FROM YOUR BROTHER?

4 A. THAT'S CORRECT.

5 Q. WHEN DID YOU HAVE YOUR SURGERY?

6 A. OCTOBER 31ST OF 2013.

7 Q. AND WHO GAVE YOU THAT SURGERY?

8 A. DR. LEHMAN.

9 Q. AND WHO ELSE BESIDES DR. LEHMAN HAS TREATED YOU FOR
10 YOUR SHOULDER SINCE THAT SURGERY?

11 A. DR. SCHWARTZ.

12 Q. AND HAS ANY OTHER DOCTOR IN BETWEEN, BESIDES THE TWO
13 OF THEM, TREATED YOU FOR YOUR SHOULDER?

14 A. THERE IS ONE IN COLUMBIA AT THE PAIN MANAGEMENT
15 CENTER, I DON'T RECALL THE DOCTOR'S NAME, BUT THEY
16 ARE TREATING ME NOW.

17 Q. AND SO YOU'RE NOW TREATING THIS PAIN MANAGEMENT,
18 AND?

19 A. THAT'S CORRECT.

20 Q. TELL ME CURRENTLY WHAT LIMITS ARE ALL PLACED ON YOUR
21 SHOULDER?

22 A. OVERHEAD LIFTING, THE AMOUNT OF WEIGHT THAT I LIFT,
23 AND HOW MUCH I DO WITH THE SHOULDER.

24 Q. SO COULD YOU TELL ME EVERYDAY THINGS THAT YOU DO
25 AROUND YOUR HOUSE THAT AFFECTS -- THAT ARE AFFECTED

1 BY YOUR ARM -- BY YOUR SHOULDER AND ARM?

2 A. DAY TO DAY CHORES, LAUNDRY, CLEANING, YARD WORK.

3 Q. DOES YOUR INJURY AFFECT THE USE OF YOUR ARM?

4 A. YES, IT DOES.

5 Q. HAVE YOU APPLIED FOR ANY OTHER JOBS?

6 A. YES, I HAVE.

7 Q. HAVE YOU BEEN ABLE TO RECEIVE AND GET ANY OF THOSE
8 JOBS?

9 A. NO.

10 Q. WHEN YOU FILL OUT YOUR APPLICATIONS, DO YOU TELL
11 THEM ABOUT YOUR INCIDENT?

12 A. YES, I DO.

13 Q. HOW MANY TIMES HAVE YOU APPLIED FOR WORK?

14 A. AT LEAST SIX.

15 Q. AND YOU'VE NOT OBTAINED EMPLOYMENT?

16 A. THAT'S CORRECT.

17 Q. COULD YOU GO BACK TO YOUR OTHER JOB DOING LIGHT DUTY
18 AND WORK?

19 **BY MS. KELLAHAN:**

20 OBJECTION. LEADING.

21 **DIRECT EXAMINATION RESUMED BY MR. STEWART:**

22 Q. COULD YOU OR COULD YOU NOT GO BACK TO YOUR OLD JOB
23 DOING LIGHT MEDIUM WORK?

24 A. NO.

25 Q. WHEN YOU'RE DOING YOUR JOB, DO YOU REGULARLY HAVE TO

1 LIFT THINGS OVER 35 POUNDS?

2 A. YES, SIR.

3 Q. AND SO YOU AGREE WITH THE TESTIMONY OF YOUR COWORKER
4 STEPHEN LANEY THAT SAYS ---

5 BY MS. KELLAHAN:

6 OBJECTION. LEADING.

7 BY MR. STEWART:

8 --- WHERE ---

9 BY COMMISSIONER TAYLOR:

10 THAT'S SUSTAINED. THAT'S LEADING.

11 DIRECT EXAMINATION RESUMED BY MR. STEWART:

12 Q. IF YOU COULD, PLEASE ANSWER ANY OTHER QUESTIONS THAT
13 DEFENSE WOULD HAVE?

14 BY COMMISSIONER TAYLOR:

15 MS. KELLAHAN.

16 BY MS. KELLAHAN:

17 MAY I ---

18 BY COMMISSIONER TAYLOR:

19 YEAH.

20 BY MS. KELLAHAN:

21 --- BEG THE COURT'S INDULGENCE?

22 BY COMMISSIONER TAYLOR:

23 SURE. SURE.

24 BY MR. HUFF:

25 MAY I SPEAK WITH MS. KELLAHAN THEN, PLEASE?

1 BY COMMISSIONER TAYLOR:

2 SURE.

3 BY MR. HUFF:

4 AND WE'LL STEP OUTSIDE. AND WE'LL BE BACK IN
5 LESS THAN ONE MINUTE.

6 BY COMMISSIONER TAYLOR:

7 OKAY.

8 BY MR. HUFF:

9 THANK YOU, COMMISSIONER. I APPRECIATE IT.

10 (OFF THE RECORD)

11 BY COMMISSIONER TAYLOR:

12 MS. KELLAHAN.

13 CROSS-EXAMINATION BY MS. KELLAHAN:

14 Q. JUST BRIEFLY, MR. MCHOWELL, JUST A FEW FOLLOW-UP
15 QUESTIONS. WHEN WAS THE LAST TIME THAT YOU WORKED?

16 A. THE MIDDLE OF AUGUST OF 2013.

17 Q. AND WHO DID YOU WORK WITH AT THAT TIME -- WORK FOR
18 AT THAT TIME?

19 A. STAR FOODS.

20 Q. AND HAVE YOU NOT WORKED SINCE THEN?

21 A. NO. I HAVE NOT.

22 Q. OKAY. WHAT IS YOUR CURRENT ADDRESS?

23 A. 7822 VAN WYCK ROAD, LANCASTER.

24 Q. ARE YOU AWARE OF ANY CORPORATION CALLED BIG BUBBA'S,
25 L.L.C.?

1 A. YES, I AM.

2 Q. AND WHAT IS THAT CORPORATION?

3 A. IT IS NOTHING RIGHT NOW. I GOT A LEGAL NAME TO TRY
4 TO START A BUSINESS, WHICH I'VE NOT BEEN ABLE TO DO.

5 Q. AND WHEN DID YOU GET THE LEGAL NAME TO START THE
6 BUSINESS?

7 A. WITHIN THE LAST YEAR-AND-A-HALF.

8 Q. OKAY. AND WHAT TYPE OF BUSINESS WAS THAT GOING TO
9 BE?

10 A. IT WAS GOING TO BE FOR HAULING CARS.

11 Q. FOR HAULING CARS AND DRIVING; IS THAT CORRECT?

12 A. PUTTING CARS ON A TRAILER AND HAULING THEM DOWN.

13 Q. AND I CAN REFRESH YOUR MEMORY, BUT DOES OCTOBER
14 15TH, 2013, SOUND LIKE THE DATE THAT YOU COULD HAVE
15 FILED FOR A CORPORATION?

16 A. IT -- IT DOES.

17 Q. OKAY. SECONDLY, I BELIEVE THAT YOUR ATTORNEY HAD
18 STATED THAT -- ASKED YOU WHAT YOU COULD OR COULDN'T
19 DO SINCE THE ACCIDENT, AND I BELIEVE YOU MENTIONED
20 SOMETHING ABOUT YOU COULDN'T DO YARD WORK AND -- AND
21 YOU HAVEN'T BEEN ABLE TO DO THAT SINCE THE ACCIDENT?

22 A. ALL I CAN DO IN THE YARD IS MOW.

23 Q. OKAY.

24 A. AND BUT THAT WOULD BE WITH MY RIDING MOWER.

25 Q. COULD YOU DO MULCHING?

1 A. I CAN PUT SOME OUT, YES.

2 Q. OKAY. SO YOU HAVE DONE MULCHING IN YOUR YARD SINCE
3 THE ACCIDENT?

4 A. YES.

5 Q. OKAY. OTHER THAN THIS BIG BUBBA'S, L.L.C., HAVE YOU
6 DELIVERED TO ANY STORES SINCE WORKING WITH STAR
7 FOODS?

8 A. NO.

9 Q. HAVE YOU DELIVERED ANY OTHER PRODUCTS FOR OTHER
10 COMPANIES SINCE WORKING FOR STAR FOODS?

11 A. NO.

12 Q. THAT'S ALL THAT I HAVE. OH. ONE -- ONE MOMENT.
13 JUST A FOLLOW UP, AFTER AUGUST OF 2013, HAVE YOU
14 MADE ANY DELIVERIES TO THE DOLLAR GENERAL STORE IN
15 MONROE, NORTH CAROLINA?

16 A. NO, I HAVE NOT.

17 **BY MR. KELLAHAN:**

18 OKAY. THAT'S ALL THAT I HAVE.

19 **BY COMMISSIONER TAYLOR:**

20 OKAY. MR. STEWART, ANY REDIRECT?

21 **BY MR. STEWART:**

22 NO.

23 **BY COMMISSIONER TAYLOR:**

24 OKAY. MR. STEWART, YOU MAY CALL YOUR NEXT
25 WITNESS.

1 BY MR. STEWART:

2 IT WOULD -- WE'RE NOT GOING TO CALL ANYBODY.

3 BY COMMISSIONER TAYLOR:

4 OKAY. ALL RIGHT. THAT'S THE CLAIMANT'S CASE.

5 MS. KELLAHAN, YOU MAY CALL YOUR FIRST WITNESS.

6 BY MS. KELLAHAN:

7 YES. I'M GOING TO CALL A REBUTTAL WITNESS AT
8 THIS TIME, MS. WANDA RIGGINS.

9 BY COMMISSIONER TAYLOR:

10 OKAY.

11 BY MR. HUFF:

12 COMMISSIONER, CAN I PUT A CHAIR UP HERE FOR
13 HER?

14 BY COMMISSIONER TAYLOR:

15 SURE. THAT WILL BE FINE.

16 BY MR. HUFF:

17 MS. RIGGINS, WOULD YOU SIT RIGHT HERE, PLEASE?

18 BY COMMISSIONER TAYLOR:

19 ALL RIGHT. AND IT'S MY UNDERSTANDING THAT MS.
20 RIGGINS ---

21 BY MS. RIGGINS:

22 YES, MA'AM.

23 BY COMMISSIONER TAYLOR:

24 --- IS BEING CALLED AS A REBUTTAL WITNESS. CAN
25 YOU SPELL YOUR NAME FOR US, PLEASE?

1 BY MS. RIGGINS:

2 RIGGINS, R-I-G-G-I-N-S.

3 BY COMMISSIONER TAYLOR:

4 OKAY. AND WHAT'S YOUR FIRST NAME, MA'AM?

5 BY MS. RIGGINS:

6 WANDA.

7 BY COMMISSIONER TAYLOR:

8 OKAY.

9 BY MS. RIGGINS:

10 W-A-N-D-A.

11 BY COMMISSIONER TAYLOR:

12 ALL RIGHT.

13 BY MR. STEWART:

14 AND WE'LL JUST OBJECT TO HER, AND THAT WE WERE
15 NOT MADE NOTICE OF A WANDA RIGGINS, AND WE DON'T
16 KNOW WHO WANDA RIGGINS IS.

17 BY COMMISSIONER TAYLOR:

18 OKAY. AND IT'S MY UNDERSTANDING THAT THIS IS A
19 REBUTTAL WITNESS, SO I PRESUME THAT HER TESTIMONY IS
20 GOING TO BE LIMITED TO SOMETHING THAT WAS JUST ---

21 BY MS. KELLAHAN:

22 IT'S GOING TO BE LIMITED TO THE DOLLAR GENERAL
23 STORE ---

24 BY COMMISSIONER TAYLOR:

25 OKAY.

1 **BY MS. KELLAHAN:**

2 --- THAT I JUST ASKED HIM ABOUT.

3 **BY COMMISSIONER TAYLOR:**

4 OKAY. ALL RIGHT. I'LL ALLOW MS. RIGGINS TO
5 TESTIFY.

6 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MS.
7 RIGGINS IN?

8 **BY THE COURT REPORTER:**

9 MS. RIGGINS, RAISE YOUR RIGHT HAND, PLEASE.

10 * * * * *

11 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
12 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
13 MATTER HEREIN:

14 **WANDA RIGGINS,**

15 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
16 FOLLOWS:

17 **BY COMMISSIONER TAYLOR:**

18 OKAY. MS. KELLAHAN.

19 **DIRECT EXAMINATION BY MS. KELLAHAN:**

20 Q. MS. RIGGINS, MY NAME IS SHELBY KELLAHAN, AND I'M
21 HERE TODAY ON BEHALF OF THE EMPLOYER AND CARRIER
22 STAR FOODS IN THIS CASE.

23 A. YES.

24 Q. BRIEFLY, WHERE DO YOU WORK?

25 A. DOLLAR GENERAL IN MONROE, ON OLD CHARLOTTE HIGHWAY.

1 Q. AND HOW LONG HAVE YOU WORKED THERE?

2 A. FIVE YEARS.

3 Q. SINCE YOUR WORKING AT DOLLAR GENERAL, ARE YOU
4 FAMILIAR WITH MR. MCHOWELL, BRYAN MCHOWELL?

5 A. YES, MA'AM.

6 Q. CAN YOU POINT TO WHO MR. MCHOWELL IS RIGHT NOW IN
7 THE COURT ROOM?

8 A. (INDICATING) RIGHT THERE.

9 Q. OKAY. AND HOW ARE YOU FAMILIAR WITH MR. MCHOWELL?

10 A. HE DELIVERED FOR STAR FOODS AT DOLLAR GENERAL.

11 Q. OKAY. AND AFTER HE DELIVERED AT STAR FOODS, HAVE
12 YOU SEEN HIM BACK AT THAT STORE?

13 A. LOOKING AT HIM, NO, MA'AM.

14 Q. YOU HAVEN'T?

15 A. UH-UH.

16 Q. OKAY. WHEN WAS THE LAST TIME YOU SAW HIM DELIVER?

17 A. IT'S BEEN A WHILE.

18 Q. OKAY. NO FURTHER QUESTIONS. OH, WAIT. DO YOU KNOW
19 TIMES, A YEAR OR TWO YEARS?

20 A. NO, MA'AM.

21 Q. AND YOU DON'T KNOW A TIME FRAME. COULD IT BE MORE
22 THAN A YEAR?

23 A. PROBABLY.

24 Q. WAS IT -- WAS IT AT 2014, 2013?

25 A. PROBABLY ABOUT 2013, MAYBE.

1 Q. OKAY.

2 **BY MS. KELLAHAN:**

3 ONE MOMENT, PLEASE? THAT'S ALL THAT I HAVE
4 UNLESS -- JUST A FEW FOLLOW UP QUESTIONS.

5 **DIRECT EXAMINATION RESUMED BY MS. KELLAHAN:**

6 Q. MS. RIGGINS, DID WE TALK BEFORE WE CAME IN HERE
7 TODAY ABOUT MR. MCHOWELL; DID YOU BELIEVE HE'D
8 WORKED FOR PEPSI?

9 A. I THOUGHT THAT WAS HIM, YES.

10 Q. OKAY. AND WHY DID YOU THINK THAT WAS HIM?

11 A. BECAUSE THERE'S A GENTLEMAN THAT CAME INTO THE STORE
12 THAT LOOKED LIKE HIM.

13 Q. OKAY. AND WHEN DID YOU THINK HE DELIVERED FOR
14 PEPSI?

15 A. I THOUGHT THAT WAS HIM ABOUT A MONTH-AND-A-HALF AGO.

16 Q. OKAY.

17 A. BUT TO SEE HIM, IT WASN'T HIM; IT WAS ANOTHER
18 GENTLEMAN.

19 Q. OKAY. AND DID YOU SAY BEFORE WE WALKED IN HERE
20 THOUGH THAT YOU THOUGHT THAT WAS HIM?

21 A. YES, I DID.

22 Q. OKAY. AND WHAT HAS MADE YOU CHANGE YOUR MIND NOW?

23 A. TO SEE HIM NOW, HE DOES NOT LOOK LIKE THE GENTLEMAN
24 THAT ACTUALLY SHOWED UP AT THE STORE.

25 Q. OKAY.

1 A. BECAUSE THE GENTLEMAN THAT SHOWED UP AT THE STORE IS
2 HEAVIER BUILT, MORE LIKE HE WAS BEFORE HIM.

3 Q. OH. OKAY. I HAD SHOWED YOU A DRIVER'S LICENSE
4 PICTURE BEFORE OF MR. MCHOWELL THAT WAS ON YOUR
5 PHONE?

6 A. YES, MA'AM.

7 Q. THAT LOOKS LIKE MR. MCHOWELL?

8 A. YES. THAT LOOKS LIKE THE GENTLEMAN THAT SHOWED UP
9 AT THE STORE.

10 Q. OKAY. ARE YOU AWARE THAT MR. MCHOWELL HAS HAD
11 GASTRIC BYPASS SURGERY?

12 A. NO, MA'AM.

13 Q. OKAY.

14 **BY MR. STEWART:**

15 I'M GOING TO OBJECT. MR. MCHOWELL HAD GASTRIC
16 BYPASS SURGERY THREE YEARS AGO, FOUR YEARS AGO.

17 **BY COMMISSIONER TAYLOR:**

18 AND -- AND OKAY.

19 **DIRECT EXAMINATION RESUMED BY MS. KELLAHAN:**

20 Q. IF -- IF I CAN SHOW YOU THE PHOTOGRAPH FROM MR.
21 MCHOWELL'S DRIVER'S LICENSE THAT I SENT EARLIER ---

22 **BY MR. STEWART:**

23 OBJECTION. SHE'S LEADING THE WITNESS. THIS --
24 SHE HAS STRICTLY SAID, SHE HAS LOOKED OVER AT MY
25 CLIENT AND SAID THAT SHE CAN'T RECOGNIZE THE -- THE

1 CLIENT. SHE'S IMPEACHING HER REBUTTAL WITNESS,
2 WHICH IS TOTALLY IMPROPER.

3 **BY MS. KELLAHAN:**

4 I'M CLARIFYING HER TESTIMONY. SHE SAID THE GUY
5 FROM THE DRIVER'S LICENSE, FROM MR. MCHOWELL'S
6 DRIVER'S LICENSE LOOKS LIKE MR. MCHOWELL, AND HIM
7 SITTING RIGHT HERE DOESN'T LOOK LIKE HIM.

8 **BY COMMISSIONER TAYLOR:**

9 AND I'LL ALLOW A FEW MORE QUESTIONS ON THIS,
10 AND THEN WE'LL LET IT GO.

11 **BY MR. STEWART:**

12 I'M GOING TO OBJECT TO EVIDENCE BEING SUBMITTED
13 FROM MS. SHELBY KELLAHAN'S CELL PHONE.

14 **BY MS. KELLAHAN:**

15 IT'S NOT GOING TO BE SUBMITTED INTO EVIDENCE.
16 IT'S TO REFRESH HER MEMORY OF THE PICTURE THAT I
17 SENT HER.

18 **BY COMMISSIONER TAYLOR:**

19 AND THE -- AND JUST FOR THE RECORD, THE WITNESS
20 DID TESTIFY THAT PRIOR TO COMING TO THE HEARING SHE
21 VIEWED A PICTURE, SO I'M GOING TO ALLOW IT JUST FOR
22 PURPOSES OF THIS REBUTTAL WITNESS.

23 **DIRECT EXAMINATION RESUMED BY MS. KELLAHAN:**

24 Q. MS. RIGGINS?

25 A. YES.

1 Q. IS THIS THE PICTURE THAT YOU VIEWED?

2 **BY MR. HUFF:**

3 SHOWED IT TO HER ATTORNEY FIRST.

4 **DIRECT EXAMINATION RESUMED BY MS. KELLAHAN:**

5 A. (WITNESS VIEWS PHOTOGRAPH) YES, MA'AM.

6 Q. OKAY. AND WHAT IS THIS PICTURE?

7 A. SOUTH CAROLINA DRIVER'S LICENSE.

8 Q. OKAY. AND WHO IS THE PERSON LISTED AS THE DRIVER?

9 A. BRYAN MCCALLISON. I'M SORRY. HOLD ON. NO. BRYAN
10 ALBERT MCCALLISTER.

11 Q. CAN YOU SEE THE WRITING?

12 A. OKAY. YEAH.

13 Q. IS IT BRYAN ALBERT MCHOWELL?

14 A. YEAH.

15 Q. OKAY. AND UPON VIEWING THIS PICTURE, HAVE YOU SEEN
16 THIS GENTLEMAN RECENTLY?

17 A. NOT RECENTLY.

18 Q. OKAY. WHEN WAS THE LAST TIME YOU'D SEEN THE
19 GENTLEMAN IN THE DRIVER'S LICENSE PICTURE?

20 A. WELL, LIKE I SAID, IT'S PROBABLY BEEN ABOUT 2013.

21 Q. OKAY.

22 A. NOW, THERE'S A GUY THAT CAME INTO THE STORE THAT
23 LOOKED LIKE HIM THAT WAS DRIVING FOR PEPSI.

24 Q. OKAY. THAT LOOKS LIKE HIM?

25 A. UH-HUH.

1 Q. OR LOOKS LIKE THE PICTURE?

2 A. LOOKS LIKE THIS PICTURE.

3 Q. THAT PICTURE?

4 A. YES.

5 Q. OKAY.

6 **BY MR. HUFF:**

7 DO YOU WANT TO SHOW IT TO THE COMMISSIONER?

8 **BY COMMISSIONER TAYLOR:**

9 WELL, I DON'T -- NO.

10 **BY MS. KELLAHAN:**

11 _____ OKAY. THAT'S ALL THAT I HAVE, MS. RIGGINS.

12 **BY COMMISSIONER TAYLOR:**

13 OKAY. ALL RIGHT. MR. STEWART, ANY QUESTIONS
14 FOR MS. RIGGINS?

15 **BY MR. STEWART:**

16 NO. BUT I THANK YOU FOR YOUR TIME, MS.
17 RIGGINS.

18 **BY COMMISSIONER TAYLOR:**

19 OKAY. THANK YOU FOR YOUR TIME, MS. RIGGINS.
20 YOU'RE EXCUSED. THANK YOU.

21 **BY THE WITNESS:**

22 OKAY.

23 **BY COMMISSIONER TAYLOR:**

24 ALL RIGHT. MS. KELLAHAN, YOU MAY CALL YOUR
25 NEXT WITNESS.

1 BY MS. KELLAHAN:

2 ALL RIGHT. I'LL CALL IN JANE WESTMORELAND.

3 BY COMMISSIONER TAYLOR:

4 OKAY.

5 BY MS. KELLAHAN:

6 JUST HAVE A CHAIR RIGHT THERE.

7 BY MS. WESTMORELAND:

8 OKAY.

9 BY MS. KELLAHAN:

10 YEAH. THAT'S GOOD. JUST THERE.

11 BY COMMISSIONER TAYLOR:

12 HI, MS. WESTMORELAND.

13 BY MS. WESTMORELAND:

14 HEY.

15 BY COMMISSIONER TAYLOR:

16 THANK YOU FOR BEING HERE TODAY.

17 BY MS. WESTMORELAND:

18 YOU'RE WELCOME.

19 BY COMMISSIONER TAYLOR:

20 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MS.

21 WESTMORELAND IN?

22 BY THE COURT REPORTER:

23 MS. WESTMORELAND, RAISE YOUR RIGHT HAND,

24 PLEASE.

25 * * * *

* * * *

* * * *

1 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
2 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
3 MATTER HEREIN:

4 JANE WESTMORELAND,

5 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
6 FOLLOWS:

7 BY COMMISSIONER TAYLOR:

8 MS. KELLAHAN.

9 DIRECT EXAMINATION BY MS. KELLAHAN:

10 Q. MS. WESTMORELAND, WHAT IS YOUR JOB TITLE?

11 A. I'M A VOCATIONAL CONSULTANT. I'M ALSO THE TEAM
12 LEADER FOR THE VOCATIONAL TEAM.

13 Q. AND WHAT COMPANY DO YOU WORK FOR?

14 A. THE DIRECTIONS GROUP.

15 Q. AND HOW LONG HAVE YOU BEEN WITH THE DIRECTIONS
16 GROUP?

17 A. A LITTLE OVER SEVEN YEARS.

18 Q. AND PRIOR TO THE DIRECTIONS GROUP, WHERE DID YOU
19 WORK?

20 A. I WAS WORKING WITH THE SOUTH CAROLINA VOCATION
21 REHABILITATION IN AIKEN. I WAS THE AREA SUPERVISOR.

22 Q. OKAY. AND PRIOR TO THAT, WHERE DID YOU WORK?

23 A. I'VE HAD SEVERAL POSITIONS WITH VOC REHAB, THE
24 POSITION RIGHT PRIOR TO THAT WAS A VOCATIONAL
25 CONSULTANT IN THE STATE OFFICE, WHERE I WENT AROUND

1 THE STATE TRAINING NEW EMPLOYEES, WORKING WITH
2 EMPLOYEES THAT WERE HAVING PROBLEMS ON THE JOB,
3 TRYING TO GET THEM BACK UP TO A SPEED THEY NEEDED TO
4 BE. I HEADED UP SEVERAL PROGRAMS FOR THE STATE WIDE
5 FOR VOC REHAB, CARDIAC REHAB, DIABETES, MAJOR
6 PROGRAMS LIKE THAT, AND ANY OTHER SPECIAL
7 ASSIGNMENTS.

8 Q. OKAY. WHAT SORT OF EDUCATION HAVE YOU HAD?

9 A. I HAVE A BACHELOR'S DEGREE, AND THEN I HAVE A
10 MASTER'S DEGREE IN REHABILITATION COUNSELING.

11 **BY MS. KELLAHAN:**

12 OKAY. AT THIS TIME, I'D LIKE TO QUALIFY MS.
13 WESTMORELAND AS AN EXPERT IN VOCATIONAL
14 REHABILITATION.

15 **BY COMMISSIONER TAYLOR:**

16 OKAY. ANY OBJECTIONS?

17 **BY MR. STEWART:**

18 NO.

19 **BY COMMISSIONER TAYLOR:**

20 OKAY. MS. WESTMORELAND IS KNOWN AS BEING
21 CALLED -- AS BEING AN EXPERT.

22 **BY MS. WESTMORELAND:**

23 OKAY.

24 **DIRECT EXAMINATION RESUMED BY MS. KELLAHAN:**

25 Q. MS. WESTMORELAND, WERE YOU CONTACTED TO DO AN

1 ASSESSMENT FOR MR. BRYAN MCHOWELL?

2 A. YES.

3 Q. WOULD APRIL 10TH BEEN THE CORRECT DATE?

4 A. YES, IT IS.

5 Q. OKAY. HAVE YOU HAD A CHANCE TO REVIEW MR.
6 MCHOWELL'S RECORDS?

7 A. YES, I HAVE.

8 Q. PLEASE, JUST TELL US BRIEFLY WHAT RECORDS YOU
9 REVIEWED.

10 A. CAROLINA HAND CENTER, NORTH CAROLINA INDUSTRIAL
11 COMMISSION, OMNI REHAB, LANCASTER REHABILITATION
12 CENTER, CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES,
13 MACKEY FAMILY PRACTICE, METROLINA NEUROLOGICAL
14 ASSOCIATES, LANCASTER ORTHOPEDICS AND SPORT --
15 SPORTS MEDICINE, THE CENTER FOR ORTHOPAEDIC SURGERY,
16 SPRINGS MEMORIAL HOSPITAL. THERE WAS A MEDICAL
17 EXAMINATION FOR COMMERCIAL DRIVER'S FITNESS
18 DETERMINATION. PIEDMONT MEDICAL CENTER, PALMETTO
19 REHABILITATION SPECIALISTS, THE PAIN CENTER, WERE
20 ALL THE RECORDS FROM ALLSTATE, STRATEGIC COMP WHICH
21 IS STAR FOOD PRODUCTS, DEPOSITIONS, A STATEMENT OF
22 BY MR. MCHOWELL.

23 Q. AND AFTER REVIEWING THE RECORDS, WHAT -- WHAT DID
24 YOU REVIEW THE RECORDS IN ORDER TO DO?

25 A. I WAS LOOKING TO SEE IF I FELT MR. MCHOWELL WAS

1 EMPLOYABLE, IF HE COULD RETURN TO SOME TYPE OF
2 EMPLOYMENT.

3 Q. AND WHAT WAS YOUR DETERMINATION?

4 A. I FEEL THAT HE IS EMPLOYABLE.

5 Q. AND WHAT IS THAT BASED UPON?

6 A. I LOOKED AS HIS EDUCATION, WORK HISTORY, HIS
7 RESTRICTIONS, LIMITATIONS, THAT INFORMATION.

8 Q. OKAY. AND WHAT TYPE OF AREAS OF EMPLOYMENT DO YOU
9 BELIEVE HE'S CAPABLE OF DOING?

10 A. A SHUTTLE OPERATOR IS A POSITION I FOUND, WHICH IS
11 JUST PICKING UP PEOPLE AND TAKING THEM TO THE NEXT
12 LOCATION. A CONCESSION OPERATOR, THAT WAS ONLY
13 SEASONAL THOUGH. AN EVENT ATTENDANT, WHERE YOU'RE
14 ACCEPTING MONEY FOR PAYMENTS, PARKING ABILITIES. A
15 CASHIER, DOING THE SAME THING, ACCEPTING PAYMENT FOR
16 THE PARKING AREAS. A CUSTOMER SERVICE REP. A
17 DISPATCHER, WHICH IS CONSIDERED TRANSPORTATION AND
18 LOGISTICS. I HAD ONE, TWO, I THINK IT'S THREE
19 POSITIONS FOR LOGISTICS. LET ME TURN TO THE LAST
20 ONE, YEAH. WE HAVE THREE POSITIONS FOR LOGISTICS.

21 Q. OKAY. AND, MS. WESTMORELAND, IS IT YOUR
22 UNDERSTANDING THAT HE SUFFERED INJURY TO THE
23 SHOULDER ONLY?

24 A. YES.

25 Q. AND YOUR DETERMINATION TODAY IS THAT HE IS

1 EMPLOYABLE; IS THAT CORRECT?

2 A. THAT IS CORRECT.

3 Q. AND THESE OPINIONS ARE RENDERED PURSUANT TO YOUR
4 QUALIFICATIONS AS AN EXPERT; IS THAT CORRECT?

5 A. THAT IS CORRECT.

6 **BY MS. KELLAHAN:**

7 NOTHING FURTHER.

8 **BY COMMISSIONER TAYLOR:**

9 OKAY. MR. STEWART.

10 **CROSS-EXAMINATION BY MR. STEWART:**

11 Q. WHAT ARE YOUR UNDERSTANDINGS AS TO MY CLIENT'S
12 RESTRICTIONS CURRENTLY?

13 A. HE IS RELEASED TO WORK SEDENTARY TO MEDIUM DUTY WORK
14 LEVELS, NOT TO DO A LOT OF WORK OVERHEAD WERE HIS
15 BASIC RESTRICTIONS. LET'S SEE WHAT I HAVE.
16 OVERHEAD LIFTING LIMITED OR LIFTING HEAVY OBJECTS OR
17 HEAVY PUSH PULL ACTIVITIES, HE WAS SUPPOSED TO NOT
18 WORK OR DO THOSE.

19 Q. WHAT AMOUNT OF WEIGHT IS HE LIMITED TO LIFTING?

20 A. WELL, MEDIUM GOES UP TO LIKE 50 POUNDS.

21 Q. DID YOU SEE A DOCUMENT IN WHICH MY CLIENT WAS
22 LIMITED TO LIFTING AT CERTAIN LEVELS AT ONLY UP TO
23 TEN POUNDS?

24 A. YES. THAT WAS PRIOR TO THE LAST STATEMENT FOR -- BY
25 THE PHYSICIAN.

1 Q. LIMITED LIFTING ONLY TEN POUNDS IS WHAT TYPE OF
2 DUTY, IF YOU CAN'T LIFT OVER TEN POUNDS WHAT IS IT?

3 A. THAT IS SEDENTARY.

4 Q. OKAY. SO BASED ON THAT RESTRICTION, THE ONLY JOBS
5 HE COULD DO WOULD BE SEDENTARY; WOULD YOU AGREE WITH
6 THAT?

7 A. BASED ON THAT RESTRICTION.

8 Q. OKAY. BASED ON THE RESTRICTION FROM THE DOCTOR, AND
9 YOU DON'T SEE ANY OTHER THING OTHER THAT
10 RESTRICTION, YOU DON'T SEE ANY OTHER THING IN THERE
11 THAT SAYS HE CAN LIFT OVER THAT TEN POUNDS, CORRECT?

12 A. THE LAST MEDICAL NOTE THAT I HAD FROM THE SAME
13 PHYSICIAN WAS, WELL, IT WAS ACTUALLY IN A
14 QUESTIONNAIRE WAS 7/6/14.

15 Q. OKAY. AND ON THAT, IT RESTRICTS HIM TO LIFTING TEN
16 POUNDS, CORRECT?

17 A. LIFTING OVERHEAD, BUT THEN IT GOES IN A LITTLE BIT
18 FURTHER ON TO GET, SAY WHAT HIS BASED ON A
19 PRELIMINARY DIAGNOSIS OF IMPINGEMENT SYNDROME WITH
20 REPETITIVE USE HE GIVES THE IMPAIRMENT, A WHOLE
21 PERSON IMPAIRMENT TO THE SHOULDER, THE TYPE OF WORK
22 HE WOULD BE LIMITED TO DO WOULD BE LIGHT DUTY,
23 MEDIUM DUTY WORK. AVOID SPECIFICALLY UNDO STRESS ON
24 THE SHOULDERS, FOR EXAMPLE, OVERHEAD LIFTING, HEAVY
25 LIFTING, AND HEAVY PUSH PULL ACTIVITIES.

1 Q. THAT'S THE DOCTOR'S OPINION, BUT YOU'RE A VOCATIONAL
2 EXPERT, CORRECT?

3 A. YES.

4 Q. AND IF SOMEONE COULD ONLY LIFT TEN POUNDS, WHAT DUTY
5 DOES THAT LIMITED THEM TO AS A VOCATIONAL PERSON?

6 **BY MS. KELLAHAN:**

7 OBJECTION. ASKED AND ANSWERED. SHE'S ANSWERED
8 SEVERAL TIMES.

9 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

10 Q. WOULD IT BE -- IS THE ANSWER SEDENTARY?

11 A. YES, THE ANSWER'S SEDENTARY FOR THAT RESTRICTION.

12 Q. SO IS YOUR OPINION TO A REASONABLE DEGREE OF MEDICAL
13 -- A REASONABLE DEGREE OF VOCATIONAL CERTAINTY THAT
14 BASED ON THAT RESTRICTION BY DR. LEHMAN, AND YOU SEE
15 NOTHING ELSE IN THE RECORDS THAT SAY ANYTHING
16 DIFFERENT THAN THAT, THAT HE IS LIMITED TO SEDENTARY
17 DUTY?

18 A. NO. IN THE RECORDS, IT'S THE LAST STATEMENT THAT I
19 READ, THAT'S THE QUESTIONNAIRE THAT HE FILLED OUT,
20 DR. LEHMAN FILLED OUT ---

21 Q. YES.

22 A. --- AND COMPLETED.

23 Q. IF SOMEBODY ---

24 **BY MS. KELLAHAN:**

25 PLEASE, ALLOW HER TO FINISH ANSWERING.

CROSS-EXAMINATION RESUMED BY MR. STEWART:

Q. IF SOMEBODY'S LIMITED TO LIFTING TEN POUNDS, WOULD
THAT MEAN THEY'RE LIMITED TO SEDENTARY DUTY?

BY MS. KELLAHAN:

ASKED AND ANSWERED.

BY COMMISSIONER TAYLOR:

SUSTAINED.

CROSS-EXAMINATION RESUMED BY MR. STEWART:

Q. IS IT YOUR OPINION TO A REASONABLE DEGREE OF
VOCATIONAL CERTAINTY THAT SOMEONE WHO IS LIMITED TO
LIFTING TEN POUNDS CAN DO SEDENTARY DUTY?

A. YES.

Q. BEFORE YOU CAME IN HERE, WERE YOU TOLD THAT MY
CLIENT HAD BEEN DOING WORK RECENTLY FOR PEPSI?

A. YES.

Q. OKAY. AND BEFORE YOU CAME INTO THIS ROOM, WERE YOU
GRABBED UPON ENTRY AND TOLD THAT NOW THAT TESTIMONY
WAS FALSE?

A. YES, I WAS TOLD THAT.

Q. OKAY. DID YOU IN FACT PARTIALLY BASE YOUR BELIEF
THAT MR. MCHOWELL WAS WORKING, DID --- DID THAT
AFFECT YOUR JUDGEMENT AS TO WHETHER OR NOT HE WAS
ABLE TO WORK?

A. NO, IT DID NOT.

Q. OKAY. BUT BEFORE YOU -- THEY STOPPED YOU IN HERE

1 AND TOLD YOU THAT HE WAS NOT -- HE WAS NOT WORKING
2 IN A PEPSI RECENTLY, CORRECT?

3 A. YES, RIGHT BEFORE I WALKED IN.

4 Q. OKAY. THAT WAS EVIDENCE THAT THEY PRESENTED TO YOU
5 INITIALLY?

6 A. YES.

7 Q. AND ARE YOU SITTING HERE TESTIFYING TODAY THAT
8 SAYING THAT YOUR BELIEF THAT MR. MCHOWELL HAD BEEN
9 WORKING RECENTLY DID NOT AFFECT YOUR OPINION?

10 A. NO, IT DID NOT.

11 Q. IF I COULD, YOU KEEP LOOKING AT STUFF IN YOUR FILE
12 FROM ---

13 A. THIS IS JUST MY ---

14 Q. --- MAY I LOOK ---

15 A. OH. THIS IS MY MEDS SUMMARY, AND I DID MY LABOR
16 MARKET ---

17 Q. MAY I LOOK AT THOSE?

18 A. --- TENTATIVE. YEAH. UH-HUH. THIS IS ONLY
19 TENTATIVE.

20 Q. SO THIS IS A ---

21 A. I HAVE ---

22 Q. SO YOU'RE SAYING THAT THIS JOB SEARCH -- YOU'RE
23 SAYING THIS IS TENTATIVE. WHAT DOES TENTATIVE MEAN?

24 A. THAT MEANS PRELIMINARY TO ME, BECAUSE I HAVE NOT HAD
25 THE OPPORTUNITY TO CALL THE INDIVIDUALS DIRECTLY.

1 WITH MY COMPANY, WE ACTUALLY CALL EMPLOYERS TO
2 VERIFY INFORMATION AND TO SEE IF THEY WERE ABLE TO
3 DO REASONABLE ACCOMMODATIONS IF IT'S OUT OF THEIR
4 RESTRICTION.

5 Q. OKAY. SO THESE JOBS THAT YOU MENTIONED, SHUTTLE
6 OPERATOR, EVENT ATTENDANT, CASHIER, CUSTOMER SERVICE
7 REPRESENTATIVE, DISPATCHER OF TRANSPORTATION
8 LOGISTICS COORDINATOR, ALL OF THOSE JOBS ARE
9 TENTATIVE?

10 A. THEY'RE JOBS I FOUND THAT I FEEL THAT HE'S ABLE TO
11 DO. I JUST HAVE NOT HAD THE OPPORTUNITY TO CONTACT
12 THEM DIRECTLY. THAT IS A SAMPLING OF JOBS.

13 Q. A SAMPLING OF JOBS. BUT IN ALL FAIRNESS, YOU CALLED
14 THESE TENTATIVE, BECAUSE YOU HADN'T COMPLETED YOUR
15 VOCATIONAL EVALUATION TO SEE WHETHER ---

16 **BY MS. KELLAHAN:**

17 OBJECTION. ASKED AND ANSWERED.

18 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

19 Q. --- THESE JOBS ARE AVAILABLE?

20 **BY COMMISSIONER TAYLOR:**

21 NO. IT'S A DIFFERENT QUESTION. OVERRULED.

22 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

23 A. THAT IF I WAS WRITING A FULL REPORT, I WOULD CALL
24 THE EMPLOYERS, I'VE -- AND THEN, YOU KNOW, CLARIFY
25 ANY QUESTIONS I HAD ABOUT THE POSITION. THIS TIME I

1 WAS ASKED JUST TO DO WHAT I DID.

2 Q. OKAY. SO YOU HAVE NOT CALLED TO CLARIFY THAT THE
3 SHUTTLE OPERATOR JOB ---

4 A. NO.

5 Q. --- TO SEE WHETHER OR NOT MR. MCHOWELL COULD
6 ACTUALLY DO THIS JOB?

7 A. NO, I HAVE NOT.

8 Q. AND YOU HAVE NOT BEEN ABLE TO CALL, YOU'VE NOT
9 CALLED ANYBODY AS TO THE EVENT ATTENDANT TO SEE
10 WHETHER OR NOT MR. MCHOWELL COULD DO THAT JOB?

11 A. NO, I'VE NOT CALLED ANY OF THOSE POSITIONS.

12 Q. LET'S GET -- BUT THE CASHIER, HAVE YOU CALLED ANY
13 PLACE TO SEE WHETHER OR NOT HE COULD DO THIS JOB?

14 A. NO.

15 Q. HAVE YOU CALLED ANYBODY AS TO THE CUSTOMER SERVICE
16 REPRESENTATIVE TO SEE WHETHER HE COULD DO THAT JOB
17 GIVEN HIS RESTRICTIONS?

18 A. NO, I DIDN'T, HAVE NOT.

19 Q. THE DISPATCHER OF TRANSPORTATION LOGISTICS, HAVE YOU
20 CALLED ANYBODY TO SEE WHETHER OR NOT HE COULD DO
21 THAT JOB?

22 A. NO.

23 Q. HAVE YOU DONE ANY RESEARCH TO SEE WHETHER ANY OF
24 THESE JOBS ARE AVAILABLE IN HIS LOCATION?

25 A. YES. ALL -- I LOOKED WHERE HE LIVES, AND OUT OF

1 THOSE JOBS, I PICKED OUT OF THE CHARLOTTE AREA.

2 Q. HE LIVES IN VAN WYCK. CAN YOU TELL ME WHAT KIND OF
3 EVENTS TAKE PLACE IN THE VAN WYCK AREA THAT WOULD BE
4 SOMETHING THAT WOULD ---

5 A. WHEN I SEARCH FOR JOBS, I SEARCH WITHIN A 50 MILE
6 RADIUS OF THE ADDRESS WHERE THEY'RE LIVING, AND
7 THIS, CHARLOTTE IS WELL WITHIN THE 50 MILE RADIUS.

8 Q. BUT YOU ARE NOT ABLE TO SIT HERE TODAY AND SAY THAT
9 MR. MCHOWELL COULD DO ANY OF THESE JOBS, BECAUSE
10 YOU'VE NOT CALLED TO CHECK AND SEE IF THEY'RE WITHIN
11 HIS RESTRICTIONS?

12 A. I BELIEVE THE JOBS ARE WITHIN HIS RESTRICTIONS.
13 I'VE NOT CALLED TO ASK SPECIFIC QUESTIONS, IF I HAD
14 ANY QUESTIONS ABOUT THEM.

15 Q. SO YOU'VE NOT COMPLETED YOUR VOCATIONAL EVALUATION
16 AS YOU NORMALLY WOULD?

17 A. I HAVE NOT DONE A WRITTEN REPORT.

18 Q. LISTEN TO MY QUESTION. HAVE YOU DONE A COMPLETE
19 VOCATIONAL EVALUATION THAT YOU WOULD HAVE DONE IN
20 ANY OTHER CASE?

21 A. IF I WAS DOING A REPORT, I WOULD HAVE ALREADY CALLED
22 THE EMPLOYERS BEFORE THE REPORT WAS FINISHED.

23 Q. OKAY. AND THAT HAS NOT BEEN DONE?

24 A. NO, IT HAS NOT.

25 Q. YOU'RE SAYING THAT YOUR BELIEF IS THAT THIS IS A ONE

1 BODY PART INJURY, CORRECT?

2 A. YES.

3 Q. WHY DOES IT MATTER TO YOU?

4 **BY MS. KELLAHAN:**

5 OBJECTION.. ARGUMENTATIVE. I MEAN ---

6 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

7 Q. I'M JUST ASKING WHY DOES IT MATTER TO YOU?

8 **BY COMMISSIONER TAYLOR:**

9 OVERRULED. YOU CAN ANSWER.

10 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

11 A. OKAY. I'D -- WHAT I DO IS I LOOK FOR THEM, THE BODY
12 PART THAT'S BEEN IDENTIFIED AS THE ISSUE FOR THE
13 CLAIM, AND I MAKE SURE THAT THE RESTRICTIONS AND
14 LIMITATIONS ARE WITHIN THAT AREA.

15 Q. IN WHAT AREA WAS IT THAT YOU CONSIDERED IN THIS
16 CASE?

17 A. HIS SHOULDER.

18 Q. AND JUST HIS SHOULDER?

19 A. YES.

20 Q. IF IN FACT THERE IS MEDICAL EVIDENCE TO SUPPORT THAT
21 THIS SHOULDER AFFECTS HIS ABILITY TO DO -- TO USE
22 HIS LEFT ARM, WOULD THAT CHANGE YOUR OPINION?

23 **BY MS. KELLAHAN:**

24 OBJECTION. SPECULATION.

25 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

1 Q. IF YOU COULD, PLEASE LOOK AT APA 48, NUMBER 2?

2 A. OKAY.

3 Q. OKAY.

4 A. IT SAYS THIS AFFECTS HIS LEFT ARM. WHEN I LOOK AT
5 SHOULDER, I -- I AM CONSIDERING THE WHOLE APPENDAGE
6 FOR ME.

7 Q. SO NOW, YOU'RE CONSIDERING THE SHOULDER AND THE LEFT
8 ARM ONE APPENDAGE?

9 A. WELL, I DO, FOR WHEN I DO MY VOCATIONAL WORK.

10 **BY THE WITNESS:**

11 OOH. BE CAREFUL..

12 **BY MR. STEWART:**

13 I'M GOING TO FALL ON THIS STEP EDGE.

14 **BY COMMISSIONER TAYLOR:**

15 PLEASE, DON'T. THAT'LL BE A WORKERS' COMP
16 CLAIM.

17 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

18 Q. WHAT'S YOUR UNDERSTANDING AS TO HOW FAR MY CLIENT
19 WENT TO -- IN SCHOOL?

20 A. HE WENT TO TRADE SCHOOL.

21 Q. TO DO WHAT?

22 A. I KNOW HE ACTUALLY HAS TRUCK DRIVING, AND I THINK IT
23 WAS WELDING. I'M NOT SURE RIGHT NOW. I DON'T HAVE
24 MY NOTES IN FRONT OF ME.

25 Q. DUE TO HIS LIMITATIONS, COULD HE DO TRUCK DRIVING OR

1 WELDING?

2 A. TRUCK DRIVING'S POSSIBLE IF HE DIDN'T HAVE TO LOAD,
3 UNLOAD CARGO.

4 Q. AND SO HE COULD DRIVE A TRUCK AND BEING ABLE TO LIFT
5 LESS THAN TEN POUNDS?

6 A. IN YOUR DEFINITION, NO. IN THE DEFINITION THAT I
7 HAD FOR LIGHT TO -- AND SEDENTARY TO MEDIUM, YES.

8 Q. DO YOU HAVE ANY REASON TO DOUBT THAT RESTRICTION?
9 IS IT IN ANY OTHER MEDICALS THAT SAYS MY CLIENT IS
10 ABLE TO LIFT AND TO ---

11 A. I HAVE THE RECORD THAT'S DATED AFTER THAT INITIAL
12 RECORD.

13 **BY MS. KELLAHAN:**

14 OBJECTION. ARGUMENTATIVE.

15 **BY COMMISSIONER TAYLOR:**

16 OVERRULED.

17 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

18 Q. WOULD IT HAVE BEEN HELPFUL FOR YOU TO SIT IN HERE
19 AND LISTEN TO MY CLIENT'S TESTIMONY?

20 A. THAT'S QUESTIONABLE. I DON'T KNOW.

21 Q. HAVE YOU EVER TALKED TO MY CLIENT?

22 A. NO, I HAVE NOT.

23 Q. OKAY. UP UNTIL SEEING HIM TODAY, HAVE YOU EVER SEEN
24 HIM?

25 A. NO, I HAVE NOT.

1 Q. AND SO WOULD IT HAVE BEEN HELPFUL TO HEAR HIS
2 TESTIMONY IN REGARDS TO HIS EDUCATION AND TRAINING?

3 A. IT COULD HAVE BEEN.

4 Q. OKAY. WHY WEREN'T YOU IN HERE LISTENING?

5 A. WELL, I WAS NOT ASKED TO COME IN.

6 Q. BUT NOBODY, AND TO THE BEST OF YOUR KNOWLEDGE,
7 NOBODY EXCLUDED YOU FROM COMING IN, DID THEY?

8 A. WELL, I WAS TOLD TO WAIT IN THE CONFERENCE ROOM AND
9 THEY WOULD COME AND GET ME.

10 Q. BUT YOU DON'T KNOW THAT THERE WAS ANY TYPE OF MOTION
11 TO EXCLUDE YOU, WAS THERE?

12 A. NOT THAT I KNOW OF.

13 Q. SO YOU WOULD HAVE BEEN PERMITTED IN ORDER TO DO
14 THAT, AND THEN THAT WOULD'VE HELPED -- THAT MAY HAVE
15 HELPED YOU IN YOUR DECISION AND TO YOUR EVALUATION,
16 CORRECT?

17 **BY MS. KELLAHAN:**

18 OBJECTION. SPECULATION.

19 **BY COMMISSIONER TAYLOR:**

20 SUSTAINED. I'M A ---

21 **CROSS-EXAMINATION RESUMED BY MR. STEWART:**

22 Q. IS ACTUALLY MEETING AND TALKING TO A PERSON, IS THAT
23 NOT DESIRABLE WHEN DOING A VOCATIONAL EVALUATION?

24 A. IT DEPENDS ON WHAT I'M ASKED TO DO, IT CAN BE. IT
25 IS VERY HELPFUL TO ME WHEN I'M DOING A FULL REPORT,

1 A WRITTEN REPORT WITH IT.

2 BY MR. STEWART:

3 THANK YOU. THAT'S ALL I HAVE.

4 BY COMMISSIONER TAYLOR:

5 OKAY. MS. KELLAHAN.

6 REDIRECT EXAMINATION BY MS. KELLAHAN:

7 Q. JUST BRIEFLY, MS. WESTMORELAND.

8 BY MS. KELLAHAN:

9 THAT'S ALL I HAVE.

10 BY COMMISSIONER TAYLOR:

11 OKAY. ALL RIGHT. THANK YOU FOR BEING HERE,

12 MS. WESTMORELAND. YOU ARE EXCUSED.

13 BY THE WITNESS:

14 OKAY.

15 BY COMMISSIONER TAYLOR:

16 THANK YOU SO MUCH.

17 BY THE WITNESS:

18 THAT'S WHAT I WAS GOING TO ASK.

19 BY COMMISSIONER TAYLOR:

20 HAVE A GREAT DAY.

21 BY THE WITNESS:

22 AND Y'ALL TOO.

23 BY COMMISSIONER TAYLOR:

24 MS. KELLAHAN, DO YOU HAVE ANY OTHER WITNESSES

25 ON BEHALF OF THE DEFENDANTS?

1 BY MS. KELLAHAN:

2 NO OTHER WITNESSES.

3 BY COMMISSIONER TAYLOR:

4 OKAY. MR. STEWART, I KNOW THAT, OBVIOUSLY,
5 THIS WAS THE FIRST TIME YOU HEARD MS. WESTMORELAND'S
6 TESTIMONY HERE TODAY SINCE WE DIDN'T HAVE A REPORT
7 IN THE FILE. ARE THERE -- I'LL GIVE YOU THE
8 OPPORTUNITY TO RECALL YOUR CLIENT IF YOU WANTED TO
9 REVIEW ANY OF THAT WITH HIM. IF NOT, THEN THAT'S
10 FINE.

11 BY MR. STEWART:

12 NO, MA'AM.

13 BY COMMISSIONER TAYLOR:

14 OKAY. ALL RIGHT. VERY GOOD. THAT CONCLUDES
15 THIS MATTER.

16 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
17 CONCLUDED AT THE HOUR OF 11:02 A.M.)

18 (COURT REPORTER MARKS ASHLEY JOHNSON DEPOSITION
19 CLAIMANT'S EXHIBIT NUMBER 1, RETAINED IN THE COMMISSION
20 FILE)

21 (COURT REPORTER MARKS STEPHEN LANEY DEPOSITION
22 DEFENDANT'S EXHIBIT NUMBER 1, RETAINED IN THE COMMISSION
23 FILE)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1402961

EMPLOYEE/CLAIMANT: BRYAN MCHOWELL

EMPLOYER: STAR FOOD PRODUCTS, INC.

INSURER: GREAT AMERICAN ALLIANCE INSURANCE
COMPANY

I, SALLYE DEANNE NELSON, A NOTARY PUBLIC FOR THE
STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED
AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 62 PAGES
REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE
FOREGOING HEARING OF **BRYAN MCHOWELL**, TAKEN ON THE 22ND
DAY OF APRIL, 2015.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND
ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL
HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE
QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND
OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY
ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 3RD DAY
OF OCTOBER, 2015.



SALLYE DEANNE NELSON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 5-08-2022

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH
MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

MCHOWELL, BRYAN A (id [REDACTED], dob: [REDACTED]/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (55, M) ID# 171757 Appt. Date/Time 10/03/2013 12:50PM
DOB [REDACTED] Service Dept. RH-RH
Provider WILLIAM L. LEHMAN, JR
Insurance Med Primary: WELLCARE SC (MEDICAID HMO)
Insurance #: [REDACTED]
Referring Provider Name: LEHMAN, WILLIAM
Employer Name: STAR FOOD PRODUCTS
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Patient's Providers

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP: 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

Left Shoulder pain

The patient states he injured his left shoulder in a MVA while at work on March 5 2012. He states his workers comp claim has been denied. He is here for evaluation and no recent x-rays have been taken.

Problems

Reviewed Problems

- Rotator cuff syndrome, Left
- Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History

Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History

Ortho

Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.
Non-smoker.
Tobacco, smokeless, snuff, chewing: N.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

Alcohol intake: None.
Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
FISH OIL 1,000 MG CAPSULE	10/03/13 entered
METFORMIN	10/03/13 entered
MULTI VITAMIN	10/03/13 entered
OMEPRAZOLE	10/03/13 entered
VITAMIN B12 0.5 MG-FOLIC ACID 1 MG TABLET	10/03/13 entered
Take 1 tablet(s) every day by oral route.	
VITAMIN D3	10/03/13 entered

Allergies

Reviewed Allergies
NKDA

Vitals

10/03/2013 01:02 pm

Ht: 6 ft

Wt: 2010 lbs

BMI: 272.6

HPI

Shoulder

Reported by patient.

Location: left

Quality: throbbing; sharp; constant; worsening

Severity: pain level 7/10; worst pain 10/10

Duration: 18 months

Timing: acute

Context: MVA driver/restrained

Alleviating Factors: nothing helps

Aggravating Factors: cannot identify

Associated Symptoms: no weakness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; numbness; tingling; radiation down arm

Previous Surgery: surgical procedure; left RCR 2010

Prior Imaging: no recent studies

Previous Injections: helped a little

Previous PT: helped a little

Work Related: yes

Working: no

This 55 year old male presents today with recurrent left shoulder pain that has been evaluated previously through IME in 3/19/13 pertaining to WC MVA injury on 3/5/12, Employer: Star Foods.

The patient underwent left rotator cuff repair in 2011, MRI's in 2012 showed partial thickness tears of the infraspinatus and supraspinatus, as well as an irregularity of the anterior labrum, and degenerative changes of the glenohumeral joint.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.

ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Psychiatric: Orientation. oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Left: carotid normal, radial normal, and brachial normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no cervical LAD or axillary LAD. Inspection/Palpation Left: no cervical LAD or axillary LAD.

C-Spine/Neck: Active Range of Motion: no crepitus or pain elicited on motion and flexion normal, extension normal, rotation normal, and lateral flexion normal. Passive Range of Motion: flexion normal, extension normal, rotation normal, and lateral flexion normal.

Shoulders: Inspection Right: no misalignment, atrophy, or scapular winging and AC prominence normal. Inspection Left: no misalignment, atrophy, erythema, induration, swelling, warmth, or scapular winging and AC prominence exaggerated. Bony Palpation Left: no tenderness of the suprasternal notch, the sternoclavicular joint, the clavicle, the coracoid process, the acromion, or the scapula and tenderness of the acromioclavicular joint, the greater tuberosity, and the bicipital groove. Soft Tissue Palpation Left: no tenderness of the infraspinatus, the teres minor, the subacromial bursa, the subdeltoid bursa, the axilla, the glenohumeral joint region, the pectoralis major insertion, the sternocleidomastoid, the costochondral junction, the rhomboid, the deltoid, or the levator scapulae and tenderness of the supraspinatus, the trapezius, and the lateral cuff insertion. Active Range of Motion Left: external rotation at 0 deg. of abduction (70 deg.) and 90 deg. of abduction (80 deg.); internal rotation (75 deg.) and at 90 deg. of abduction (70 deg.) (limited by pain, LEFT); forward flexion (120 deg.) and abduction (90 deg.); and normal and extension normal. Passive Range of Motion Right: normal, forward flexion normal, extension normal, external rotation at 90 deg. of abduction normal, internal rotation at 90 deg. of abduction normal, and abduction normal. Passive Range of Motion Left: external rotation at 90 deg. of abduction (75 deg.) and 0 deg. of abduction (75 deg.), internal rotation (80 deg.) and at 90 deg. of abduction (80 deg.) (limited by pain), forward flexion (120 deg.) and abduction (40 deg.), and normal and extension normal. Special Tests Right: Hawkin's test negative, O'Brien's test negative, and subscapularis strength tests normal. Special Tests Left: Hawkin's test positive (LEFT), Neer's test positive, and O'Brien's test positive and subscapularis strength tests normal. Stability Left: no dislocation or laxity and sulcus sign negative, posterior apprehension test negative, and anterior apprehension test negative. Strength Left: external rotation at 0 deg. of abduction 4/5 and 90 deg. of abduction 4/5; abduction 4/5 and flexion 4/5; and adduction 5/5, extension 5/5, internal rotation 5/5, and scapular elevation 5/5.

Skin: Left Upper Extremity: normal (skin lesions, rashes, or ulcers, LEFT).

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Right: C5 normal, C6 normal, C7 normal, and C8 normal. Sensation on the Left: C5 normal, C6 normal, C7 normal, and C8 normal.

Assessment / Plan

Assessment: Status post left rotator cuff repair 2011, WC MVA 3/5/2012, IME 3/15/2013. IME documentation: 98516-BM Rotator cuff syndrome, left shoulder, status post RCR in 2011.
AC arthropathy

Plan:

The patient has elected to proceed with an left shoulder arthroscopy. He will undergo an intra-articular assessment of the joint for debridement of any degenerative changes and assessment of the rotator cuff interval, with re repair as necessary, also mini open a.c. joint arthroplasty.

1. Rotator cuff syndrome - Left

726.10 Disorders of bursae and tendons in shoulder region, unspecified

- SHOULDER ARTHROSCOPY - Note to Provider: LEFT SHOULDER SCOPE/RCR/DCR WITH BEACH CHAIR

Side: LEFT

Admission Status: Outpatient

Duration of Procedure (hours): dr. lehman requests 2 hrs Implants/equipment needed: ultrasling

- DON-JOY ULTRASLING - Qty: 1 Unit Refills: 0 Supplier: N/A

2. Osteoarthritis of acromioclavicular joint - Left

715.91. Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion: Extensive discussion was carried out with the patient in regards to shoulder arthroscopy and rotator cuff repair. I explained the rationale behind the procedure, the potential risks and complications, the intended outcome, and alternatives and risks of alternatives. Complications may include, and are not limited to infection, both acute and chronic, osteomyelitis, chronic drainage, scarring, loss of motion, persistent pain and, rerupture, wound problems and chronic drainage, neurovascular damage, numbness, possibility of future surgery, possible need for later manipulation, and chronic weakness as well as other loss of functional use of the extremity. Unforeseen complications may develop, both medical and orthopaedic. It was also explained that, occasionally, additional and alternative procedures may be required. The need for strict adherence to the postoperative protocol with rehabilitation was discussed. The patient realizes that it may take an extensive time to recover from the procedures. Based on

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

a full understanding of these risks and complications, the patient understands, has no unanswered questions, and desires to proceed with surgery.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 10/05/2013.

QM

Provider: wehman

Programs: Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 10/05/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Identify and provide patient specific education resources	Needs Data
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter documented by Drew Lehman, acting as scribe for William L. Lehman Jr

Encounter reviewed & signed by William L. Lehman Jr on 10/05/2013 at 4:21pm

MCHOWELL, BRYAN A (id #171757, dob: [REDACTED]/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (55, M) ID# [REDACTED] Appt. Date/Time 10/23/2013 09:00AM
DOB [REDACTED] 1957 Service Dept. RH-SG
Provider WILLIAM L. LEHMAN, JR
Insurance Med Primary: WELLCARE SC (MEDICAID HMO)
Insurance # [REDACTED]
Referring Provider Name: LEHMAN, WILLIAM
Employer Name: STAR FOOD PRODUCTS
Prescription: No check performed in the last 72 hrs.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP: 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

History and physical
Followup: Rotator cuff syndrome

The patient is here today for his H&P of his left shoulder.

Problems

Reviewed Problems
• Rotator cuff syndrome, Left
• Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History
• Orthopaedic, hand - bilateral CTR
• Orthopaedic, shoulder - left RCR
• Gastrointestinal Surgery - 2010 - gastric bypass
• Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History
Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History
Ortho
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.
Non-smoker.
Tobacco, smokeless, snuff, chewing: N.
Alcohol intake: None.
Hand Dominance: Right.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule	10/03/13 entered
metformin	10/03/13 entered
Multi Vitamin	10/03/13 entered
omeprazole	10/03/13 entered
vitamin B12 0.5 mg-folic acid 1 mg tablet	10/03/13 entered
Take 1 tablet(s) every day by oral route.	
Vitamin D3	10/03/13 entered

Allergies

Reviewed Allergies
NKDA

Vitals

10/23/2013 09:34 am

Ht: 6 ft 1 in

Wt: 220.4 lbs

BMI: 29.1

HPI

This 55 year old male presents for H&P for a left shoulder arthroscopy to be performed on 10/31/2013 at PMC.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.

ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Psychiatric: Orientation: to time, place, and person.

Eyes: Pupils: PERRLA. EOM: EOML.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal.

Cardiovascular: Heart Auscultation: no murmurs, rubs, or gallops and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no masses, tenderness (no guarding, no rebound), or CVA tenderness and soft and non-distended. Liver: non-tender.

Back: Thoracolumbar Appearance: normal curvature.

Musculoskeletal: Joints, Bones, and Muscles: normal movement of all extremities and no malalignment. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout.

Assessment / Plan

Assessment

Rotator cuff syndrome and AC arthropathy, left shoulder.

Status post left rotator cuff repair 2011, WC MVA 3/5/2012, IME 3/15/2013. IME documentation: 98516-BM
Partial supra/infraspinatus tear, labral abnormality, chondromalacia gleno-humeral left shoulder

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Plan:

Left shoulder arthroscopy, 10/31/13 @ PMC.

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

2. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion

Discussion Notes

Extensive discussion was carried out with the patient in regards to shoulder arthroscopy and rotator cuff repair. I explained the rationale behind the procedure, the potential risks and complications, the intended outcome, and alternatives and risks of alternatives. Complications may include, and are not limited to infection, both acute and chronic, osteomyelitis, chronic drainage, scarring, loss of motion, persistent pain and, rerupture, wound problems and chronic drainage, neurovascular damage, numbness, possibility of future surgery, possible need for later manipulation, and chronic weakness as well as other loss of functional use of the extremity. Unforeseen complications may develop, both medical and orthopaedic. It was also explained that, occasionally, additional and alternative procedures may be required. The need for strict adherence to the postoperative protocol with rehabilitation was discussed. The patient realizes that it may take an extensive time to recover from the procedures. Based on a full understanding of these risks and complications, the patient understands, has no unanswered questions, and desires to proceed with surgery.

Return to Office

- William L. Lehman Jr for SURGERY OUTSIDE-120 at SG-BC on 10/31/2013
- William L. Lehman Jr for IL OFFICE VISIT at IL-IL on 11/04/2013

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 10/27/2013.

QM

Provider: wehman

Programs: MU Stage 2 Prep Program - 2013, Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 10/27/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Needs Data
Secure messaging	Needs Data
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter documented by Drew Lehman, acting as scribe for William L. Lehman Jr

Encounter reviewed & signed by William L. Lehman Jr on 10/27/2013 at 10:00am

Piedmont Medical Center
222 S Herlong Ave
Rock Hill, SC 29732

Procedure Note

Patient Name: MCHOWELL, BRYAN A

MRN: [REDACTED]

DOB: [REDACTED]/1957

ACCT: [REDACTED]

ADM: 10/31/2013

DIS:

DATE OF PROCEDURE: 10/31/13

PREOPERATIVE DIAGNOSES: Chronic complete rotator cuff tear, Labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis, left shoulder.

POSTOPERATIVE DIAGNOSES: Chronic complete rotator cuff tear, Labral degenerative tear, subacromial impingement, and acromioclavicular joint arthritis, left shoulder.

PROCEDURES:

1. Left shoulder arthroscopy with major debridement, labrum and rotator cuff.
2. Mini open repair, supraspinatus tendon tear, left shoulder.
3. Anterior acromioplasty and CA ligament resection, left shoulder.
4. Open acromioclavicular joint arthroplasty, left shoulder.

SURGEON: William Lehman, M.D.

ANESTHESIA: General endotracheal with interscalene Regional, Dr. Viapiano.

COMPLICATIONS: None.

OPERATIVE INDICATION: This 55-year-old man has been involved in a motor vehicle accident in 3/2012, and has had persistent left shoulder pain, weakness, and stiffness since that time. He has undergone extensive conservative treatment program with no benefit. An MRI has shown changes, which can be improved with the above procedure, hoping to improve his overall level of ADLs.

PATIENT: MCHOWELL, BRYAN A **DOB:** [REDACTED] 1957

MR#: [REDACTED]

ROOM#:

PROCEDURE NOTE

ACCT #: [REDACTED]

PHYSICIAN: WILLIAM LEHMAN, MD

Piedmont Medical Center
222 S Herlong Ave
Rock Hill, SC 29732

DESCRIPTION OF PROCEDURE: After satisfactory administration of an interscalene regional anesthetic and 2 g of Ancef intravenously as prophylaxis, the patient was placed on the shoulder board in a beach-chair position, the left shoulder isolated with an impervious U-drape, left shoulder and arm then prepped and draped in the usual fashion. A needle was placed in the posterolateral corner of the left shoulder and directed into the shoulder joint as proven by free backflow flow of normal saline. The shoulder joint was distended, a posterior portal then being made for the scope. _____ was maintained with lactated Ringer solution via the scope using an arthroscopic pump. The shoulder was thoroughly inspected, revealing some irregularity and degenerative tear at the superior portion of the glenoid labrum. The biceps anchor was normal and stable. There was some chondromalacia about the superior glenoid and a small amount at the rotator cuff insertion on the humeral head. There was tenosynovitis and some routine synovitis about the anterior capsule, though no evidence of any true frozen shoulder or severe inflammation as one might expect in a diabetic with chronic pain and stiffness. An anterior portal was made in a similar manner, and I did a limited debridement of the rotator cuff, superior and posterior labrum where there was in fact a degenerative tear as well. I also debrided the rotator cuff to some extent and the chondromalacia. Most of the rotator cuff tear appeared to be on the bursal surface.

The instruments were removed, the portal sites closed, whereupon a sagittal incision was made just lateral to the very degenerative and hypertrophic AC joint. The anterior acromion was exposed. I released the deltoid as minimally as possible from the anterior acromion, and I encountered a fair amount of bleeding, which was controlled. There was severe scar tissue on the deep surface of the acromion, making it difficult to place a periosteal elevator. I performed an acromioplasty using a sagittal saw, removing a wedge of bone based anteriorly, and smoothing it with a rasp as necessary. I also exposed the distal 1 cm of the clavicle, which was very degenerative and the source of impingement, particularly at the medial acromion area. Sagittal saw removed the lateral 8-mm or so of the distal clavicle, I then used the saw once again to smooth and decompress the medial deep surface of the acromion.

I then addressed the rotator cuff. I could not see the rotator cuff because of the extremely thickened and fibrotic subacromial and subdeltoid bursal tissue. This was excised. The rotator cuff beneath actually looked quite healthy. It was only a small, but probably complete _____ in the rotator cuff. I palpated the bicipital groove and the area of palpable weakness was at the supraspinatus insertion. A #2 FiberWire was placed to reinforce this. The wound was irrigated, shoulder brought through range of motion and it was freely mobile. I then placed holes in the acromion anteriorly, and I used a modified Kessler stitch of #2 FiberWire to reapproximate the deltoid anatomically to the acromion. I then pulled in some of soft tissues from the distal clavicle resection area to interpose these soft tissues as a kind of AC joint arthroplasty. A 2-0 Vicryl was used the subQ followed by staples to the skin. Incision was cleansed and dried followed by Adaptic, 4 x 4 and a compressive dressing. The left arm was placed in a sling. The patient was then awakened, extubated, transferred to his hospital bed, then taken to recovery room in good condition.

WILLIAM LEHMAN, MD

WL/FI/4577620

DD: 10/31/2013 09:13 EDT

DT: 10/31/2013 09:57 EDT

DOCUMENT #: 10631314 / JOB#: 4577620

PATIENT: MCHOWELL, BRYAN A

MR#:

ACCT #:

ROOM#:

PHYSICIAN: WILLIAM LEHMAN, MD

PROCEDURE NOTE

Page 2 of 3

Piedmont Medical Center
222 S Herlong Ave
Rock Hill, SC 29732

R:

PATIENT: MCHOWELL, BRYAN A
MR#: [REDACTED]
ACCT #: [REDACTED]

ROOM#: [REDACTED]
PHYSICIAN: WILLIAM LEHMAN, MD

PROCEDURE NOTE

MCHOWELL, BRYAN A (Id # [REDACTED] dob: [REDACTED] 3/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (55, M) ID# [REDACTED] Appt. Date/Time 11/04/2013 11 50AM
DOB [REDACTED] 1957 Service Dept. IL-IL
Provider WILLIAM L. LEHMAN, JR
Insurance Med Primary: WELLCARE SC (MEDICAID HMO)
Insurance # [REDACTED]
Referring Provider Name : LEHMAN, WILLIAM
Employer Name : STAR FOOD PRODUCTS
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP: 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

The patient states he is here for follow up left shoulder surgery 10/31/13

Problems

Reviewed Problems
• Glenoid labrum tear
• Subacromial impingement
• Rotator cuff syndrome, Left
• Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History
• Orthopaedic, hand - bilateral CTR
• Orthopaedic, shoulder - left RCR
• Shoulder arthroscopy - 10/31/2013
• Gastrointestinal Surgery - 2010 - gastric bypass
• Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History
Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History
Ortho
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.
Non-smoker.
Tobacco, smokeless, snuff, chewing: N.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Alcohol intake: None.
Hand Dominance: Right.
Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule	10/03/13 entered
metformin	10/03/13 entered
Multi Vitamin	10/03/13 entered
omeprazole	10/03/13 entered
Percocet 10 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	11/04/13 prescribed
vitamin B12 0.5 mg-folic acid 1 mg tablet Take 1 tablet(s) every day by oral route.	10/03/13 entered
Vitamin D3	10/03/13 entered

Allergies

Reviewed Allergies
NKDA

Vitals

None recorded.

HPI

Fracture/Post-Op F/U

Reported by patient

Patient is currently in a sling

Numbness: none

Weakness: none

Tingling: none

This 55 year old male presents status post left shoulder arthroscopy on 10/31/2013.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

Post Operative Exam: General Appearance: swelling (within expectations given the recent procedure), tenderness (moderate), and active motion limited (as expected, due to residual swelling and pain, due to recent surgery.) and wound clean and dry (no evidence of infection, drainage, dehiscence, or unusual swelling), no warmth, and neurovascular intact.

Assessment / Plan

Assessment:

Chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and Acromioclavicular DJD; left shoulder. S/p arthroscopic major debridement, mini-open RCR, decompression, AC resection arthroplasty 10/31/13
Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied

Plan:

He will limit his activity and use of his left shoulder, as well as begin physical therapy, which will be ordered at Palmetto Rehab in Indian land.

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

- Percocet 10 mg-325 mg tablet - 1-2 tablet(s), every six hours, as needed for pain Qty: 45 tablet(s) Refills: 0
Pharmacy: N/A

2. Glenoid labrum tear

840.8: Sprains and strains of other specified sites of shoulder and upper arm

- PHYSICAL THERAPY SHOULDER REFERRAL - Schedule Within: provider's discretion

Note to Provider: PT TO LEFT

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

SHOULDER S/P RCR (FOLLOW SMALL RCT PROTOCOL) EVAL AND TREAT PALMETTO IN INDIAN LAND

3. Subacromial impingement

726.2: Other affections of shoulder region, not elsewhere classified

4. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion

Discussion Notes

The patient will follow the rehabilitation protocol in order to optimize the results of the surgery in terms of ROM and strength, yet permit the structures to heal properly. Additional analgesics will be required, ideally used to permit more effective rehab. Routine follow-up is provided, but if infective problems or unusual pain develops, I will see the patient right away. Staples/stitches are removed and steri-strips applied

Return to Office

- William L. Lehman Jr for IL OFFICE VISIT at IL-IL on 12/03/2013

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 11/06/2013.

QM

Provider: Wehman

Programs: MU Stage 2 Prep Program - 2013, Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 11/06/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Colorectal Cancer Screening	Needs Data
Electronic progress notes	Satisfied
Influenza immunization	Needs Data
Patients view or download their health info	Needs Data
Provide clinical summaries for office visits	Satisfied
Provide clinical summaries for office visits	Satisfied
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Needs Data
Secure messaging	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage

Periodic-Reading Vitals

None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter documented by Drew Lehman, acting as scribe for William L. Lehman Jr

Encounter reviewed & signed by William L. Lehman Jr on 11/06/2013 at 7:49am

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (55, M) ID# [REDACTED] Appt. Date/Time 12/03/2013 01:50PM

DOB [REDACTED]/1957

Service Dept. IL-IL

Provider WILLIAM L. LEHMAN, JR

Insurance Med Primary: WELLCARE SC (MEDICAID HMO)

Insurance #: [REDACTED]

Referring Provider Name: LEHMAN, WILLIAM

Employer Name: STAR FOOD PRODUCTS

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611

Primary Care Provider: FRANK SHARP: 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

Recheck

The patient his left shoulder is doing ok but still having some pain.

Problems

Reviewed Problems

- Glenoid labrum tear
- Subacromial impingement
- Rotator cuff syndrome, Left
- Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History

Acid Reflux, GERD: Y - acid reflux

Blood Transfusion: Y

Dental, specify Y - caps

Diabetes: Y - type II

Heart Stress Test Y - 2011 normal

Ulcer, Gastric: Y - bleeding ulcers

Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History

Brother - Diabetes mellitus

Mother - Malignant neoplastic disease

Father - Malignant neoplastic disease

Social History

Discussed Social History

Ortho

Smoking Status: Never smoker.

Tobacco-years of use: 0.

Marital status: Divorced.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 957)

Non-smoker.
Tobacco, smokeless, snuff, chewing: N.
Alcohol intake: None.
Hand Dominance: Right
Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule	10/03/13 entered
glipizide	12/03/13 entered
metformin	10/03/13 entered
Multi Vitamin	10/03/13 entered
omeprazole	10/03/13 entered
Percocet 10 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	11/04/13 prescribed
Percocet 5 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	12/03/13 prescribed
vitamin B12 0.5 mg-folic acid 1 mg tablet Take 1 tablet(s) every day by oral route.	10/03/13 entered
Vitamin D3	10/03/13 entered

Allergies

Reviewed Allergies
NKDA

Vitals

None recorded.

HPI

Fracture/Post-Op F/U
Reported by patient.

Swelling: mild
Pain: mild
Wound problems: no
Numbness: none
Weakness: none
Tingling: none

This 55 year old male presents status post left shoulder arthroscopy, 10/31/13, for evaluation of his left shoulder. The patient states that he was ordered PT at Palmetto Rehab on 11/4/13 but never heard back from them.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.

ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

Post Operative Exam: General Appearance: swelling (within expectations given the recent procedure), tenderness (moderate), and active motion limited (as expected, due to residual swelling and pain, due to recent surgery.) and wound clean and dry (no evidence of infection, drainage, dehiscence, or unusual swelling), no warmth, and neurovascular intact.

Assessment / Plan

Assessment:
Chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular DJD; left shoulder. S/P arthroscopic major debridement, mini-open RCR, decompression, AC resection arthroplasty, left shoulder on 10/31/13.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied

Plan:

He will be ordered physical therapy at Palmetto Rehab's Indian land office. He will be seen for follow up in 2-3 weeks, or after rehab.

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

- Percocet 5 mg-325 mg tablet - 1-2 tablet(s), every six hours, as needed for pain Qty: 45 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY# 5479

2. Subacromial Impingement

726.2: Other affections of shoulder region, not elsewhere classified

3. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

4. Glenoid labrum tear

840.8: Sprains and strains of other specified sites of shoulder and upper arm

Discussion

Discussion Notes

The patient will follow the rehabilitation protocol in order to optimize the results of the surgery in terms of ROM and strength, yet permit the structures to heal properly. Additional analgesics will be required, ideally used to permit more effective rehab. Routine followup is provided, but if infective problems or unusual pain develops, I will see the patient right away. Staples/stitches are removed and steristrips applied

Return to Office

- William L. Lehman Jr for IL OFFICE VISIT at IL-IL on 12/23/2013

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 12/03/2013.

QM

Provider: Wehman

Programs: MU Stage 2 Prep Program - 2013, Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 12/03/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Colorectal Cancer Screening	Needs Data
Electronic progress notes	Satisfied
Influenza immunization	Needs Data
Patients view or download their health info	Needs Data
Provide clinical summaries for office visits	Satisfied
Provide clinical summaries for office visits	Satisfied
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Secure messaging	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter documented by Drew Lehman, acting as scribe for William L. Lehman Jr

Encounter reviewed & signed by William L. Lehman Jr on 12/03/2013 at 7:14pm

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (56, M) ID# [REDACTED] Appt. Date/Time 12/23/2013 02:40PM
DOB [REDACTED] 957 Service Dept. IL-IL
Provider WILLIAM L. LEHMAN, JR
Insurance Med Primary: WELLCARE SC (MEDICAID HMO)
Insurance #: [REDACTED]
Referring Provider Name: LEHMAN, WILLIAM
Employer Name: STAR FOOD PRODUCTS
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

Recheck

The patient states his left shoulder is doing better.

Problems

Reviewed Problems

- Glenoid labrum tear
- Subacromial impingement
- Rotator cuff syndrome, Left
- Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History

Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History

Ortho
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Non-smoker.
Tobacco, smokeless, snuff, chewing N.
Alcohol intake: None.
Hand Dominance: Right.
Illicit drugs used: N.

Medications

Reviewed Medications	
Name	Date
Fish Oil 1,000 mg capsule	10/03/13 entered
glipizide	12/03/13 entered
metformin	10/03/13 entered
Multi Vitamin	10/03/13 entered
omeprazole	10/03/13 entered
Percocet 10 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	11/04/13 prescribed
Percocet 5 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	12/03/13 prescribed
vitamin B12 0.5 mg-folic acid 1 mg tablet Take 1 tablet(s) every day by oral route.	10/03/13 entered
Vitamin D3	10/03/13 entered

Allergies

Reviewed Allergies
NKDA

Vitals

None recorded.

HPI

Fracture/Post-Op F/U
Reported by patient.

Numbness: none
Weakness: none
Tingling: none

This 56 year old male presents for subsequent post op evaluation of his left shoulder, status post left shoulder arthroscopy on 10/31/13. The patient has been in physical therapy at Palmetto Rehab-IL office, since his last encounter on 12/3/2013. The patient reports that he has 2 more visits at PT.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.
ROS as noted in the HPI

Physical Exam

Patient is a 56-year-old male.

Post Operative Exam: General Appearance: no swelling, tenderness, or warmth and wound clean and dry (and essentially healed, without evidence of infection or drainage), appropriate range of motion, and neurovascular intact.

Assessment / Plan

Assessment:
Chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and acromioclavicular DJD; left shoulder. S/P arthroscopic major debridement, mini-open RCR, decompression, AC resection arthroplasty, left shoulder on 10/31/13. Excellent recovery in PT.
Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied.

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

Plan:

He will complete his 2 remaining visits at PT for the left shoulder at Palmetto Rehab's Indian Land Office; and be seen back in 2-3 weeks for final evaluation.

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

2. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion

Discussion Notes

The patient will follow the rehabilitation protocol in order to optimize the results of the surgery in terms of ROM and strength, yet permit the structures to heal properly. Additional analgesics will be required, ideally used to permit more effective rehab. Routine followup is provided, but if infective problems or unusual pain develops, I will see the patient right away. Staples/stitches are removed and steristrips applied

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 12/23/2013.

QM

Provider: wehman

Programs: MU Stage 2 Prep Program - 2013, Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 12/23/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Needs Data
Secure messaging	Needs Data
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter documented by Drew Lehman, acting as scribe for William L. Lehman Jr

Encounter reviewed & signed by William L. Lehman Jr on 12/23/2013 at 6:00pm

STATEMENT FROM
Dr. William Lehman
RE: Bryan McHowell

1. Whether there is a causal connection between Mr. McHowell repetitive use of his left shoulder on the job and the injury that he sought treatment for at your office?

☒ YES ☐ NO

2. Is there a direct causal relationship between the condition under which Mr. McHowell work is performed and the injuries to his left shoulder?

☒ YES ☐ NO

3. Are Mr. McHowell left shoulder injuries a new injury?

☒ YES ☐ NO

4. If it is not a new injury, is it an aggravation of a pre-existing injury?

☐ YES ☒ NO

5. Did Mr. McHowell job duties at Star Food Products Inc. increase his risk for his present injury?

☒ YES ☐ NO

6. Has the client reached MMI?

☐ YES ☐ NO

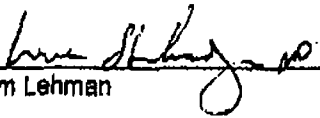
7. If the client has not reached MMI, what work restrictions, if any, would you impose upon Mr. McHowell?

*limited lifting; no overhead reaching
push/pull activities*

B. If the client has not reached MMI, what further treatment would be needed for Mr. McHowell?

continued physical therapy sessions

The above is my opinion to a reasonable degree of medical certainty.


Dr. William Lehman
COSA
134 Professional Drive
Rock Hill, SC 29732

2/23/14
Date: 

1 of 1
RE: BRYAN MCHOWELL
DOI: 02/27/14

- (1) What limitations and/or restrictions would you prescribe as to the 2/27/2014 diagnosed repetitive trauma injury?

☐ Lifting floor to waist
☒ Lifting-waist to above the head
☒ Repetitive use of left shoulder
☒ Over-head lifting
☒ Lifting 10lbs (marked)
☐ Lifting 20lbs
☐ Lifting 30lbs

Other restrictions and/or limitations:

- (2) Mr. McHowell as a direct result of his work related accident will need the following medical treatments and/or medications to lessen his period of disability in the future for his left shoulder as to his 2/27/2014 diagnosed repetitive trauma injury.

☒ Surgery (if conservative measures fail)
☒ Physical Therapy
☒ Steroid Injections
☒ Over the counter medications
☒ Prescription Medication
☐ Pain Management

Other:

- (3) Does Mr. McHowell have a permanent impairment to his left shoulder as a result of his 2/27/2014 diagnosed repetitive trauma injury? And, if so, what is the impairment rating?

based on the preliminary diagnosis of impingement syndrome created by repetitive use, 5% permanent impairment exists, equivalent to 5% impairment of the shoulder

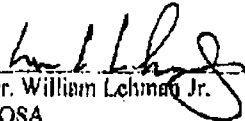
- (4) What type of work will Mr. McHowell be limited to now or in the future due to his 2/27/2014 diagnosed repetitive trauma injury?

☐ Sedentary Work
☒ Light Duty Work
☒ Medium Duty Work
☐ Heavy Duty Work

*> avoiding spinally induce stress on the shoulders
ie limited overhead lifting, heavy lifting and
heavy push-pull activities*

2 of 2

The above is my opinion to a reasonable degree of medical certainty.


Dr. William Lehman Jr.
COSA
134 Professional Park Drive
Rock Hill, SC 29732

Dated: 7/6/2014

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (56, M) ID# [REDACTED] Appt. Date/Time 08/05/2014 10:00AM

DOB [REDACTED] 7

Service Dept. IL-IL

Provider WILLIAM L. LEHMAN, JR

Insurance Med Primary: WELLCARE SC (MEDICAID HMO)

Insurance #: [REDACTED]

Referring Provider Name: LEHMAN, WILLIAM

Employer Name: STAR FOOD PRODUCTS

Med Legal: ATTY STEWART LAW OFFICES LLC

Insurance #: [REDACTED]

Employer Name: STAR FOOD PRODUCTS

Case Injury Date: 03/16/2012

Prescription: CAT - Member is eligible. [details](#)

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP MD: 1025 W MEETING ST STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329 NPI: [REDACTED]

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 388-1525, Fax (803) 396-1530

Chief Complaint

Recheck
Followup: Rotator cuff syndrome
Followup: Osteoarthritis of acromioclavicular joint
Followup: Subacromial impingement

Problems

Reviewed Problems
• Osteoarthritis of acromioclavicular joint, Left
• Rotator cuff syndrome, Left
• Subacromial impingement
• Glenoid labrum tear

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History
• Orthopaedic, hand - bilateral CTR
• Orthopaedic, shoulder - left RCR
• Shoulder arthroscopy - 10/31/2013
• Gastrointestinal Surgery - 2010 - gastric bypass
• Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History
Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History
Ortho
Smoking Status: Never smoker.

MCHOWELL, BRYAN A (id # [REDACTED] dob [REDACTED])

Tobacco-years of use: 0.
 Marital status: Divorced.
 Non-smoker.
 Tobacco, smokeless, snuff, chewing: N.
 Alcohol intake: None.
 Hand Dominance: Right.
 Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule Take 1 capsule(s) every day by oral route in the morning.	10/03/13 entered
glipizide	12/03/13 entered
metformin 1000mg one two times per day	10/03/13 entered
Multi Vitamin one two times per day	10/03/13 entered
omeprazole 20mg one two times per day	10/03/13 entered
Percocet 5 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	08/05/14 prescribed
Vitamin D3 one daily in the morning	10/03/13 entered

Allergies

Allergies not reviewed (last reviewed 12/23/2013)
 NKDA

Vitals

None recorded.

HPI

Patient is here today for follow up left shoulder s/p left shoulder arthroscopy w/ RCR 10/31/13. His attorney Brent Stewart is also with him for appointment. s/p work related MVA 3/5/12, W/C denied. He has been out of work since August of 2013. He reports persistent pain and often wakes up at night with the pain. He pursued PT and HEP but reported little improvement prior to arthroscopy.
 Prior to the MVA Dr. O'Malley was treating him for his left shoulder and preformed an arthroscopy on the left shoulder in 2011. He was temporarily better until the MVA which caused the RTC to rupture again. He went back to work and due to repetitive motion continued to aggravate the shoulder. This resulted in the second shoulder arthroscopy preformed by Dr. Lehman in 2013.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 56-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Left: carotid normal, radial normal, and brachial normal. Edema Right: none. Edema Left: none. Varicosities Right: capillary refill test normal. Varicosities Left: capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no cervical LAD or axillary LAD. Inspection/Palpation Left: no cervical LAD or axillary LAD.

C-Spine/Neck: Active Range of Motion: no crepitus or pain elicited on motion and flexion normal, extension normal, and rotation normal. Passive Range of Motion: flexion normal, extension normal, and rotation normal

Shoulders: Inspection Right: no atrophy and AC prominence normal. Inspection Left: no atrophy, erythema, swelling, warmth, or scapular winging and AC prominence exaggerated. Bony Palpation Left: no tenderness of the sternoclavicular joint, the clavicle, the acromial, or the scapula and tenderness of the acromioclavicular joint, the greater tuberosity, and the bicipital groove. Soft Tissue Palpation Right: no tenderness of the supraspinatus, the infraspinatus, or the trapezius. Soft Tissue Palpation Left: no

MCHOWELL, BRYAN A (id #171757, dob: [REDACTED])

tenderness of the infraspinatus, the subacromial bursa, the pectoralis major insertion, the sternocleidomastoid, the costochondral junction, the rhomboid, or the levator scapulae and tenderness of the supraspinatus, the trapezius, and the deltoid. Active Range of Motion Right: normal. Active Range of Motion Left: forward flexion (120 deg.), external rotation at 90 deg. of abduction (90 deg.), internal rotation at 90 deg. of abduction (70 deg.) (limited by pain, LEFT), and abduction (90 deg.) and normal and extension normal. Passive Range of Motion Right: normal. Passive Range of Motion Left: forward flexion (120 deg.), external rotation at 90 deg. of abduction (55 deg.), internal rotation at 90 deg. of abduction (90 deg.) (limited by pain), and abduction (90 deg.) and extension normal. Special Tests Right: Hawkin's test negative and O'Brien's test negative. Special Tests Left: Hawkin's test positive (LEFT) and O'Brien's test positive and subscapularis strength tests normal. Stability Left: no laxity, sulcus sign negative, and anterior apprehension test negative. Strength Left: abduction 4/5, flexion 4/5, and external rotation at 90 deg. of abduction 4/5 and adduction 5/5, extension 5/5, and internal rotation 5/5.

Skin: Left Upper Extremity: normal (skin lesions, rashes, or ulcers, LEFT).

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Right: C5 normal, C6 normal, C7 normal, and C8 normal. Sensation on the Left: C5 normal, C6 normal, C7 normal, and C8 normal.

Assessment / Plan

Persistent left shoulder pain; suspicious for degenerative arthritis versus failed rotator cuff repair. S/P arthroscopic major debridement, mini-open RCR, decompression, and AC resection arthroplasty; left shoulder on 10/31/13. Excellent recovery in PT. Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied.

1. Glenoid labrum tear

840.8: Sprains and strains of other specified sites of shoulder and upper arm

- Percocet 5 mg-325 mg tablet - 1-2 tablet(s), every six hours, as needed for pain Qty: 45 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY# 5479
- MR ARTHROGRAM, SHOULDER - Note to Imaging Facility: mr arthrogram left shoulder
Metal in body?: N Patient claustrophobic?: N
Possibility of Pregnancy?: N.

2. Subacromial Impingement

726.2: Other affections of shoulder region, not elsewhere classified

3. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

4. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion

Patient Instructions

MR arthrogram left shoulder to determine the extent of the degenerative versus subacute changes being source of his symptoms

Discussion Notes

I recommended a program of rotator cuff strengthening and mobilization of the shoulder, either as a home program of physician directed exercises, possibly a formal program through physical therapy. Anti-inflammatory medication as well as steroid injections to the subacromial space may be quite helpful in relieving the inflammation commonly experienced with recumbency or with reaching activities. If improvement is only transient, further imaging may be required in order to determine the source of the impingement, or whether there are soft tissue conditions such as rotator cuff tear, labral abnormalities, or intra-articular derangement.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 08/06/2014.

QM

Provider: wlehman

Programs: MU Medicare - Year 3 - 2014 (Stage 2), PQRS 2014

Last updated 08/06/2014

Measure

BMI Screening and Follow-Up

Colorectal Cancer Screening

Status

Needs Data

Needs Data

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Documentation of current medications	Satisfied
Electronic progress notes	Satisfied
Influenza immunization (MU)	Needs Data
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Secure messaging	Needs Data
Send reminders for preventive/follow-up care	Needs Data
Tobacco screening and cessation intervention	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter scribed for William L. Lehman Jr by Jenna Bale

Encounter reviewed & signed by William L. Lehman Jr on 08/06/2014 at 12:58pm

MCHOWELL, BRYAN A

M

Lehman, William L. MD

REG SDC RAD

Lehman, William L. MD

957 56

08/19/2014

EXAM#	TYPE/EXAM	RESULT
000872942	MRI/MRI SHOULDER LEFT WITH CONT	

CLINICAL HISTORY: Left shoulder pain with decreased range of motion, previous surgery

EXAMINATION: MRI left shoulder arthrogram

REPORT: Multiplanar, multisequence MR imaging was obtained of the left shoulder after arthrogram.

Surgical anchors present within the humeral head. Postsurgical changes of previous subacromial decompression. No abnormal marrow signal to suggest fracture. Mild tendinopathy of the supraspinatus and infraspinatus tendons. No rotator cuff tear. The biceps tendon is normally positioned within the bicipital groove. There is blunting of the anterior labrum which may be postsurgical, correlation with history recommended. No full-thickness labral tear. Mild degenerative arthrosis of the glenohumeral joint.

IMPRESSION:

1. Postsurgical changes as above with no evidence of rotator cuff tear.
2. Mild tendinopathy of the supraspinatus and infraspinatus tendons.
3. Blunting of the anterior labrum which may be postsurgical, correlation recommended.

Electronically signed by: Fox, Kenneth MD
Signed on 08/19/2014 13:48:45

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/19/2014 **
Reported By: KENNETH FOX, MD

CC: William L. Lehman MD

Technologist: JONATHAN SCOTT, RT(R)
Transcribed Date/Time: 08/19/2014 (1152)
Transcriptionist: IS.PWRSCRB
Printed Date/Time: 08/19/2014 (1534) Batch No: 1982

PAGE 1

Signed Report



William L. Lehman, Jr., MD Dr. Samuel Davis, MD
W. Scott James, III, MD E. Neal Powell, Jr., MD
James N. Kentz, Jr., MD Donald H. McQueen, III, MD

William G. McCarthy, Jr., MD
Michael F. Helwig, MD
Matthew A. Schwartz, MD



134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6237 Carolina Commons Dr, Suite 313
Indian Land, SC 29707
(803) 802-3130

August 22, 2014

Carolyn Adickes, Paralegal
Stewart Law Offices, LLC.
PO Box 670
Rock Hill, SC 29731-6670

RE: Bryan McHowell
DOB: [REDACTED]
ACCT# [REDACTED]
SS# XXX-XX-[REDACTED]
DOI: 02/27/14

Dear Ms. Adickes:

I am in receipt of your letter dated 08/20/14 requesting further information regarding your client, Mr. McHowell.

As you are aware, Mr. McHowell had a preexisting partial rotator cuff tear at the left shoulder, treated by Dr. O'Malley in Lancaster, SC, requiring an arthroscopic procedure in 2011. He recovered uneventfully.

Mr. McHowell was involved in a work related incident dated 03/05/12, while pursuing his normal work activities at Star Foods. He underwent an Independent Medical Evaluation on 03/19/13 recommending further treatment regarding the left shoulder, considering, as most probable and to a reasonable degree of medical certainty, the recurrent left shoulder pain as being related to the injury at Star Foods on 03/05/12. His workers' compensation case was nevertheless denied, but Mr. McHowell presented to this office on 10/03/13 for further evaluation and treatment, identifying a complete rotator cuff tear with impingement, as well as intraarticular derangement felt to be directly related to the incident of 03/05/12. He underwent a second operative procedure at the left shoulder on 10/31/13, and was doing quite well. He, nevertheless, was unable to return back to normal work activities.

As you are aware, Mr. McHowell's job activities at Star Foods placed a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at substantially higher risk of injury, given the preexisting rotator cuff and labral abnormalities at the shoulder, most probably leading to the progression of the partial rotator cuff tear diagnosed in 2011, progressing to a complete tear with intraarticular labral abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on 10/31/13.

Bryan McHowell
Carolyn Adickes, Paralegal
August 22, 2014
Page 2

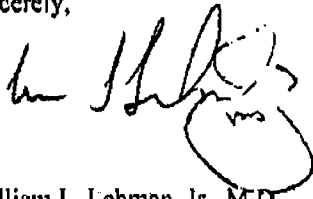
A job description has been made available with respect to Mr. Bryan McHowell's job duties with Star Foods from February 2012 through August 2013, which confirms the substantial repetitive physical demands on both shoulders, and I believe this confirms my impressions of significant repetitive trauma to the compromised left shoulder, creating an aggravation of the preexisting rotator cuff issues, or creating the new injury as diagnosed in October 2013, that of complete rotator cuff tear with labral abnormalities and progression of impingement from the AC joint. I have completed a questionnaire in this regard on 02/28/14, and have provided my impressions of permanent physical demand restrictions with respect to the left shoulder, as well as the most probable need for further treatment of the shoulder because of ongoing symptoms and functional disability precluding Mr. McHowell's return back to this kind of work.

In terms of estimated future medical expenses, this would relate to the recommended MRI/Arthrogram of the left shoulder, prescription medications, steroid injections, physical therapy, as well as potential further surgery. I would estimate the total cost of this further evaluation and treatment to be in the realm of \$12,000-\$15,000, but would have to defer to our practice manager, who could provide more specific information in this regard.

In terms of impairment, I have previously stated in the questionnaire that a 5% impairment would apply simply to the diagnosis of persistent impingement syndrome created by repetitive use, but the impairment would be substantially greater if a recurrent rotator cuff tear or rotator cuff insufficiency, potentially requiring surgery, were discovered as a result of the MRI/Arthrogram of the shoulder.

If you require further clarification, please do not hesitate to contact me.

Sincerely,



William L. Lehman, Jr., M.D.

WLLjr/kd 801-6185

MCHOWELL, BRYAN A (id [REDACTED], dob: [REDACTED] 1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (56, M) ID# [REDACTED] Appt. Date/Time 08/28/2014 03:16PM

DOB [REDACTED] Service Dept. SG-IL

Provider WILLIAM L. LEHMAN, JR

Insurance d Primary: WELLCARE SC (MEDICAID HMO)
Insurance # : [REDACTED]
Referring Provider Name : LEHMAN, WILLIAM
Employer Name : STAR FOOD PRODUCTS
d Legal: ATTY STEWART LAW OFFICES LLC
Insurance # : [REDACTED]
Employer Name : STAR FOOD PRODUCTS
Case Injury Date : 03/16/2012
Description: [check now](#)

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611

Primary Care Provider: FRANK SHARP MD: 1025 W MEETING ST STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329 NPI: 1801880711

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

Test result

Problems

Reviewed Problems

- Osteoarthritis of acromioclavicular joint, Left
- Rotator cuff syndrome, Left
- Supraspinatus tendinitis
- Subacromial impingement
- Numbness
- Glenoid labrum tear

Past Medical History

Discussed Past Medical History

Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

Family History

MCHOWELL, BRYAN A [REDACTED] (1957)

Discussed Family History

Brother - Diabetes mellitus
 Mother - Malignant neoplastic disease
 Father - Malignant neoplastic disease

Social History

Discussed Social History

Ortho

Smoking Status: Never smoker.

Tobacco-years of use: 0.

Marital status: Divorced

Non-smoker.

Tobacco, smokeless, snuff, chewing: N.

Alcohol intake: None.

Hand Dominance: Right.

Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule Take 1 capsule(s) every day by oral route in the morning.	10/03/13 entered
glipizide	12/03/13 entered
metformin 1000mg one two times per day	10/03/13 entered
Multi Vitamin one two times per day	10/03/13 entered
omeprazole 20mg one two times per day	10/03/13 entered
Percocet 5 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	08/05/14 prescribed
Vitamin D3 one daily in the morning	10/03/13 entered

Allergies

Reviewed Allergies

NKDA

Vitals

None recorded

HPI

The patient states he is here for MR arthrogram results of his left shoulder. He reports persistent pain as well as some neurological symptoms.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.

MCHOWELL, BRYAN A (id [REDACTED] /1957)

ROS as noted in the HPI

Physical Exam

Patient is a 56-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Cardiovascular System: Arterial Pulses Right: carotid normal. Arterial Pulses Left: carotid normal.

Lymph Nodes: Inspection/Palpation Right: no cervical LAD. Inspection/Palpation Left: no cervical LAD.

Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the paracervicals. Soft Tissue Palpation on the Left: tenderness of the paracervicals, the sternocleidomastoid, and the trapezius and trapezius trigger point pain. Bony Palpation: no tenderness of the spinous process. Active Range of Motion: rotation to the left (20 deg.) and the right (20 deg.); lateral flexion to the left (5 deg.) and the right (5 deg.); flexion (30 deg.), extension (10 deg.), and pain elicited by motion; and no crepitus. Passive Range of Motion: limited by pain and spasm.

Motor Strength: Neck Strength (Intrinsics): difficult to assess due to pain and spasm. C5 on the Right: abduction deltoid 5/5. C5 on the Left: abduction deltoid 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5. C7 on the Left: extension triceps 5/5.

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Left: normal median nerve distribution and ulnar nerve distribution and distal extremities normal. Special Tests on the Left: Hoffman's reflex absent and Spurling's test positive.

Skin: Head and Neck: normal (no skin lesions, rashes, or ulcers).

Results / Interpretations

MR ARTHROGRAM, SHOULDER

MR arthrogram of the left shoulder demonstrates postsurgical changes with no evidence of rotator cuff tear. Mild tendinopathy of the supraspinatus and infraspinatus tendon with blunting of the anterior labrum which may be postsurgical.

Assessment / Plan

Persistent left shoulder pain; with underlying Mild tendinopathy of the supraspinatus and infraspinatus tendon with blunting of the anterior labrum, postsurgical, relatively normal shoulder arthrogram.

S/P arthroscopic major debridement, mini-open RCR, decompression, and AC resection arthroplasty; left shoulder on 10/31/13.

Excellent recovery in PT.

Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied.

Symptoms at the shoulder now radiating into the left arm, possible cervical radiculitis

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

2. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

3. Glenoid labrum tear

840.8: Sprains and strains of other specified sites of shoulder and upper arm

4. Supraspinatus tendinitis

726.10: Disorders of bursae and tendons in shoulder region, unspecified

5. Numbness

782.0: Disturbance of skin sensation

- ELECTROMYOGRAM/NERVE CONDUCTION REFERRAL - Schedule Within: provider's discretion
EMG/NCS left arm, call at home

Note to Provider:

Discussion

sent Instructions

Possible EMG to determine source of neurological symptoms.

MCHOWELL, BRYAN A (id [REDACTED], dob: [REDACTED]/1957)

ussion Notes

I recommended a program of rotator cuff strengthening and mobilization of the shoulder, either as a home program of physician directed exercises, possibly a formal program through physical therapy. Anti-inflammatory medication as well as steroid injections to the subacromial space may be quite helpful in relieving the inflammation commonly experienced with recumbency or with reaching activities. If improvement is only transient, further imaging may be required in order to determine the source of the impingement, or whether there are soft tissue conditions such as rotator cuff tear, labral abnormalities, or intra-articular derangement.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by William L. Lehman Jr, 09/01/2014.

QM

Provider: wlehman
Programs: MU Medicare - Year 3 - 2014 (Stage 2), PQRS 2014
Last updated 09/01/2014

Measure	Status
BMI Screening and Follow-Up	Needs Data
Colorectal Cancer Screening	Needs Data
Documentation of current medications	Satisfied
Electronic progress notes	Satisfied
Hypertension screening and follow-up	Needs Data
Influenza immunization (MU)	Needs Data
Patients view or download their health info	Satisfied
Provide patient information	Needs Data
Receipt of specialist report	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Secure messaging	Needs Data
Send reminders for preventive/follow-up care	Needs Data
Tobacco screening and cessation intervention	Satisfied

Post-Procedure Vitals

Single-Reading Vitals
Vitals have not been configured for this procedure stage.
Periodic-Reading Vitals
None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr
Encounter scribed for William L. Lehman Jr by Jenna Bale
Encounter reviewed & signed by William L. Lehman Jr on 09/01/2014 at 9:00am

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (56, M) ID# [REDACTED] Appt. Date/Time 09/30/2014 04:05PM
DOB [REDACTED] 957 Service Dept. IL-IL
Provider WILLIAM L. LEHMAN, JR

Insurance d Primary: WELLCARE SC (MEDICAID HMO)
Insurance # : [REDACTED]
Referring Provider Name : LEHMAN, WILLIAM
Employer Name : STAR FOOD PRODUCTS
d Legal: ATTY STEWART LAW OFFICES LLC
Insurance # : [REDACTED]
Employer Name : STAR FOOD PRODUCTS
Case Injury Date : 03/16/2012
Description: CAT - Member is eligible. [details](#)

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP MD. 1025 W MEETING ST STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329 NPI. 1801860711

Patient's Pharmacies

CVS/PHARMACY #5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

Test result
Followup. Numbness

Problems

Reviewed Problems

- Carpal tunnel syndrome, Bilateral
- Ulnar neuropathy, Left
- Osteoarthritis of acromioclavicular joint, Left
- Rotator cuff tear arthropathy
- Rotator cuff syndrome, Left
- Supraspinatus tendinitis
- Subacromial impingement
- Numbness
- Glenoid labrum tear

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Family History

Discussed Family History

Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History

Ortho

Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.
Non-smoker.
Tobacco, smokeless, snuff, chewing: N.
Alcohol intake: None.
Hand Dominance: Right.
Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule Take 1 capsule(s) every day by oral route in the morning.	10/03/13 entered
glipizide	12/03/13 entered
metformin 1000mg one two times per day	10/03/13 entered
Multi Vitamin one two times per day	10/03/13 entered
omeprazole 20mg one two times per day	10/03/13 entered
Percocet 5 mg-325 mg tablet 1-2 tablet(s), every six hours, as needed for pain	09/15/14 prescribed
Vitamin D3 one daily in the morning	10/03/13 entered

Allergies

Reviewed Allergies

NKDA

Vitals

None recorded.

HPI

This 56 y/o patient presents today for review of his EMG results. He is still reporting persistent left shoulder pain.

ROS

ROS as noted in the HPI

Physical Exam

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Patient is a 56-year-old male

Constitutional: General Appearance healthy-appearing, NAD, and normal body habitus.

Cardiovascular System: Arterial Pulses Right: carotid normal. Arterial Pulses Left: carotid normal.

Lymph Nodes: Inspection/Palpation Right: no cervical LAD. Inspection/Palpation Left: no cervical LAD.

Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the paracervicals. Soft Tissue Palpation on the Left: tenderness of the paracervicals, the sternocleidomastoid, and the trapezius and trapezius trigger point pain. Bony Palpation: no tenderness of the spinous process. Active Range of Motion: rotation to the left (20 deg.) and the right (20 deg.); lateral flexion to the left (5 deg.) and the right (5 deg.); flexion (30 deg.), extension (10 deg.), and pain elicited by motion; and no crepitus. Passive Range of Motion: limited by pain and spasm.

Motor Strength: Neck Strength (Intrinsics): difficult to assess due to pain and spasm. C5 on the Right: abduction deltoid 5/5. C5 on the Left: abduction deltoid 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5. C7 on the Left: extension triceps 5/5.

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Left: normal median nerve distribution and ulnar nerve distribution and distal extremities normal. Special Tests on the Left: Hoffman's reflex absent and Spurling's test positive.

Skin: Head and Neck: normal (no skin lesions, rashes, or ulcers).

Results / Interpretations

ELECTROMYOGRAM/NERVE CONDUCTION STUDY

EMG demonstrates bilateral carpal tunnel syndrome of moderate severity. There is also evidence of some slowing of the left ulnar nerve as well as a slight drop at the elbow, which may contribute to some of the symptoms in his hand.

Assessment / Plan

Persistent left shoulder pain; with underlying Mild tendinopathy of the supraspinatus and infraspinatus tendon with blunting of the anterior labrum, postsurgical, relatively normal shoulder arthrogram.

S/P arthroscopic major debridement, mini-open RCR, decompression, and AC resection arthroplasty; left shoulder on 10/31/13.

Excellent recovery in PT.

Prior RCR 2011, reinjured in work related MVA 3/5/12, W/C denied.

Bilateral moderate carpal tunnel syndrome L>R with evidence of slowing of the left ulnar nerve and a slight drop at the elbow; s/p BL CTR 2008/9

1. Numbness

782.0: Disturbance of skin sensation

2. Carpal tunnel syndrome - Bilateral - moderate

354.0: Carpal tunnel syndrome

3. Ulnar neuropathy - Left

354.2: Lesion of ulnar nerve

4. Supraspinatus tendinitis

726.10: Disorders of bursae and tendons in shoulder region, unspecified

5. Subacromial impingement

726.2: Other affections of shoulder region, not elsewhere classified

6. Rotator cuff tear arthropathy

716.11: Traumatic arthropathy, shoulder region

7. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

8. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

9. Glenoid labrum tear

840.8: Sprains and strains of other specified sites of shoulder and upper arm

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/[REDACTED]/1957)

Discussion

Joint Instructions

Referral to Dr. Schwartz, COSA; in regards to the left shoulder, for his opinion/treatment of obscure residual pain at the left shoulder. If his carpal tunnel symptoms are severe enough, consider a left CTR.

Discussion Notes

I recommended a program of rotator cuff strengthening and mobilization of the shoulder, either as a home program of physician directed exercises, possibly a formal program through physical therapy. Anti-inflammatory medication as well as steroid injections to the subacromial space may be quite helpful in relieving the inflammation commonly experienced with recumbency or with reaching activities. If improvement is only transient, further imaging may be required in order to determine the source of the impingement, or whether there are soft tissue conditions such as rotator cuff tear, labral abnormalities, or intra-articular derangement.

Return to Office

- Matthew A. Schwartz for IL OV 20 at IL-IL on 10/14/2014 at 02:55 PM

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 10/01/2014.

Encounter performed by William L. Lehman Jr

Encounter scribed for William L. Lehman Jr by Jenna Bale

Encounter reviewed & signed by William L. Lehman Jr on 10/01/2014 at 10:35pm

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (56, M) ID# 171757 Appt. Date/Time 10/14/2014 02:55PM
DOB [REDACTED]/1957 Service Dept. IL-IL
Provider MATTHEW A. SCHWARTZ

Insurance

d Primary: WELLCARE SC (MEDICAID HMO)
Insurance # : [REDACTED]
Referring Provider Name : LEHMAN, WILLIAM
Employer Name : STAR FOOD PRODUCTS
d Legal: ATTY STEWART LAW OFFICES LLC
Insurance # : [REDACTED]
Employer Name : STAR FOOD PRODUCTS
Case Injury Date : 03/16/2012
scription: CAT - Member is eligible [details](#)

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP MD: 1025 W MEETING ST STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329 NPI: 1801880711

Patient's Pharmacies

CVS/PHARMACY #5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

The patient states he is here for his left shoulder. The patient was referred to Dr Schwartz by Dr Lehman.

Problems

Reviewed Problems

- Carpal tunnel syndrome, Bilateral
- Ulnar neuropathy, Left
- Osteoarthritis of acromioclavicular joint, Left
- Rotator cuff tear arthropathy
- Shoulder joint pain
- Rotator cuff syndrome, Left
- Supraspinatus tendinitis
- Disorder of bursa of shoulder region
- Subacromial impingement
- Numbness
- Glenoid labrum tear

Past Medical History

Reviewed Past Medical History

Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specfy: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 1957)

- Orthopaedic, hand - 2008 - left tendonitis

Family History

Reviewed Family History

Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Reviewed Social History

Ortho

Smoking Status: Never smoker.

Tobacco-years of use: 0.

Marital status: Divorced.

Non-smoker.

Tobacco, smokeless, snuff, chewing: N.

Alcohol intake: None.

Hand Dominance: Right.

Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule Take 1 capsule(s) every day by oral route in the morning.	10/03/13 entered
glipizide	12/03/13 entered
metformin 1000mg one two times per day	10/03/13 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed.	10/14/14 prescribed
Multi Vitamin one two times per day	10/03/13 entered
omeprazole 20mg one two times per day	10/03/13 entered
Percocet 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	10/14/14 prescribed
Vitamin D3 one daily in the morning	10/03/13 entered

Allergies

Reviewed Allergies

NKDA

Vitals

None recorded.

ROS

None recorded.

Physical Exam

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Patient is a 56-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

C-Spine/Neck: Active Range of Motion: flexion normal, extension normal, rotation normal, lateral flexion normal, and no pain elicited on motion.

Shoulders: Inspection Left: no misalignment, erythema, induration, swelling, warmth, or scapular winging and AC prominence normal and deltoid atrophy. Active Range of Motion Left: limited (secondary to pain with forward elevation). Passive Range of Motion Left: external rotation at 0 deg. of abduction normal and 90 deg. of abduction normal; internal rotation normal and at 90 deg. of abduction normal; and normal, forward flexion normal, extension normal, and abduction normal; no limitations that would indicate adhesive capsulitis although the patient exhibited significant discomfort with passive motion in all planes. Special Tests Left: Hawkin's test positive. Strength Left: abduction 4/5, flexion 4/5, and external rotation at 0 deg. of abduction 4/5 and internal rotation 5/5.

Skin: Left Upper Extremity: well healed incision superior left shoulder.

Results / Interpretations

X-RAY, SHOULDER

- Side: LEFT Views (X-RAY, SHOULDER): True AP, ALVIS, Axillary
metallic implant seen within anterior medial humeral head and mild degenerative change otherwise unremarkable

Procedure Documentation

Corticosteroid Injection:

After discussion of the risks and benefits, the patient elected to proceed with a cortisone injection into the left shoulder(s). Confirmed that the patient does not have history of prior adverse reactions, active infections, or relevant allergies. There was no effusion, erythema, or warmth, and the skin was clear.
The skin was sterilized with alcohol. Topical anesthesia was achieved with ethyl chloride. A 22 gauge needle was inserted into the joint via a lateral approach. The site was injected with a mixture of 80 mg Methylprednisolone and 2 cc 1% Xylocaine. The injection was completed without complication, and a bandage was applied.
The patient tolerated the procedure well and was instructed to avoid strenuous activity for the next 24-48 hours and to use ice, NSAIDs, or Tylenol for pain as needed. The patient will call immediately with any signs of infection or allergic reaction.

Assessment / Plan

1. Shoulder joint pain

719.41: Pain in joint, shoulder region

• X-RAY, SHOULDER

Side: LEFT Views (X-RAY, SHOULDER): True AP, ALVIS, Axillary

2. Disorder of bursa of shoulder region

726.10: Disorders of bursae and tendons in shoulder region, unspecified

• CORTISONE INJECTION, SHOULDER (PROC) -

Note to Provider:

2cc LIDOCAINE

2cc STEROID

5cc SYRINGE

22g NEEDLE

4 x 4 BETADINE

4 x 4 1/2 ALCOHOL, 1/2 DRY

FREEZE SPRAY

NON STERILE GLOVES

Side: LEFT

- Mobic 15 mg tablet - Take 1 tablet(s) every day by oral route as directed. Qty: 30 tablet(s) Refills: 2 Pharmacy: CVS/PHARMACY #5479

- Percocet 5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 50 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #5479

Discussion

ussion Notes

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

this patient has had 2 rotator cuff repairs performed by 2 separate physicians in the past. Dr. Lehman ordered an MRI arthrogram which did not show a recurrent tear. he continues to have left shoulder pain. I have reviewed treatment options with him today and recommend trying a cortisone injection. Additionally we have placed him on anti-inflammatory medication. If he fails to improve with these measures he will consider shoulder arthroplasty as I feel this is the only logical next step is for us surgical options are concerned. He will follow up as needed.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Matthew A. Schwartz, 10/14/2014.

Encounter performed and documented by Matthew A. Schwartz
Encounter reviewed & signed by Matthew A. Schwartz on 10/14/2014 at 6:29pm

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (57, M) ID# 171757 Appt. Date/Time 12/22/2014 01:10PM
DOB [REDACTED]/1957 Service Dept. IL-IL
Provider MATTHEW A. SCHWARTZ

Insurance

• Primary: WELLCARE SC (MEDICAID HMO)
Insurance # : [REDACTED]
Referring Provider Name : LEHMAN, WILLIAM
Employer Name : STAR FOOD PRODUCTS
• Legal: ATTY STEWART LAW OFFICES LLC
Insurance # : [REDACTED]
Employer Name : STAR FOOD PRODUCTS
Case Injury Date : 03/16/2012
Description: CAT - Member is eligible.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP MD: 1025 W MEETING ST STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329 NPI: 1801880711

Patient's Pharmacies

CVS/PHARMACY #5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 398-1525, Fax (803) 398-1630

Chief Complaint

Recheck

The patient states he is here for a recheck of his left shoulder. The patient states that he would like a steroid injection in his shoulder and would like to discuss having shoulder replacement surgery

Problems

Reviewed Problems

- Carpal tunnel syndrome, Bilateral
- Ulnar neuropathy, Left
- Localized, primary osteoarthritis of the shoulder region
- Osteoarthritis of acromioclavicular joint, Left
- Rotator cuff tear arthropathy
- Shoulder joint pain
- Rotator cuff syndrome, Left
- Supraspinatus tendinitis
- Disorder of bursa of shoulder region
- Subacromial impingement
- Numbness
- Glenoid labrum tear

Past Medical History

Reviewed Past Medical History

Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

- Orthopaedic, hand - bilateral CTR
- Orthopaedic, shoulder - left RCR
- Shoulder arthroscopy - 10/31/2013
- Gastrointestinal Surgery - 2010 - gastric bypass
- Orthopaedic, hand - 2008 - left tendonitis

Family History

Reviewed Family History

Brother - Diabetes mellitus
 Mother - Malignant neoplastic disease
 Father - Malignant neoplastic disease

Social History

Reviewed Social History

Ortho

Smoking Status: Never smoker.
 Tobacco-years of use: 0.
 Marital status: Divorced.
 Non-smoker.
 Tobacco, smokeless, snuff, chewing: N.
 Alcohol intake: None.
 Hand Dominance: Right.
 Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
diclofenac sodium 75 mg tablet, delayed release Take 1 tablet(s) twice a day by oral route as directed.	12/22/14 entered
Fish Oil 1,000 mg capsule Take 1 capsule(s) every day by oral route in the morning.	10/03/13 entered
glipizide	12/03/13 entered
metformin 1000mg one two times per day.	10/03/13 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed.	10/14/14 prescribed
Multi Vitamin one two times per day	10/03/13 entered
omeprazole 20mg one two times per day	10/03/13 entered
tramadol 50 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	12/22/14 entered
Vitamin D3 one daily in the morning	10/03/13 entered

Allergies

Reviewed Allergies

NKDA

Vitals

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED]/1957)

None recorded.

ROS

None recorded

Physical Exam

None recorded.

Procedure Documentation

Corticosteroid Injection:

After discussion of the risks and benefits, the patient elected to proceed with a cortisone injection into the left shoulder(s). Confirmed that the patient does not have history of prior adverse reactions, active infections, or relevant allergies. There was no effusion, erythema, or warmth, and the skin was clear. The skin was sterilized with alcohol. Topical anesthesia was achieved with ethyl chloride. A 22 gauge needle was inserted into the joint via a lateral approach. The site was injected with a mixture of __80__ mg Methylprednisolone and __2__ cc 1% Xylocaine. The injection was completed without complication, and a bandage was applied. The patient tolerated the procedure well and was instructed to avoid strenuous activity for the next 24-48 hours and to use ice, NSAIDs, or Tylenol for pain as needed. The patient will call immediately with any signs of infection or allergic reaction.

Assessment / Plan

1. Shoulder joint pain

719.41: Pain in joint, shoulder region

2. Localized, primary osteoarthritis of the shoulder region

715.11: Osteoarthritis, localized, primary, shoulder region

• CORTISONE INJECTION, SHOULDER (PROC) -

Note to Provider:

2cc LIDOCAINE

2cc STEROID

5cc SYRINGE

22g NEEDLE

4 x 4 BETADINE

4 x 4 1/2 ALCHOL, 1/2 DRY

FREEZE SPRAY

NON STERILE GLOVES

Side: LEFT

Discussion

ussion Notes

I discussed treatment options with the patient again today. He is a young man at 57 he has had multiple surgeries on his left shoulder and a recent arthrogram did not demonstrate a recurrent rotator cuff tear. He has some mild to moderate degenerative change in the shoulder. I do not think he is an appropriate surgical candidate at the present time for shoulder replacement surgery and I see no evidence that would require shoulder arthroscopy. If he fails to improve I would consider diagnostic arthroscopy and possible debridement do not think he is ready for shoulder replacement. He will like to have the shoulder injected today. He'll follow up as needed.

Return to Office

- as needed

Encounter Sign-Off

Encounter signed-off by Matthew A. Schwartz, 12/23/2014.

Encounter performed and documented by Matthew A. Schwartz

Encounter reviewed & signed by Matthew A. Schwartz on 12/23/2014 at 8:12am

Nov. 24. 2014 8:53AM

No. 9112 P. 3

MEDICAL QUESTIONNAIRE
Bryan McHowell

1) I am an orthopaedic surgeon practicing with Carolina Orthopaedic Surgery Associates. that capacity, I have treated Mr. McHowell following his February 27, 2014 work related injury

☒ Yes ☐ No

Explanation if necessary: _____

2) I have had an opportunity to review the July 6, 2014 questionnaire and August 22, 201 report of Dr. William Lehman. (See attached) Upon review, I concur with Dr. Lehman diagnosis and assessment of Mr. McHowell's injuries and future medical treatment.

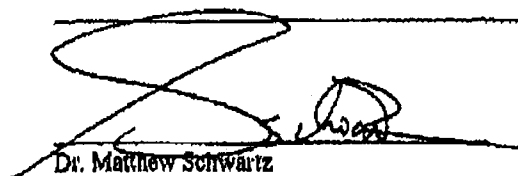
☒ Yes ☐ No

Explanation if necessary: _____

3) All opinions provided in this questionnaire are stated most probably and to a reasonable degree of medical certainty (greater than 50% probability).

☒ Yes ☐ No

Explanation if necessary: _____


 Dr. Matthew Schwartz

11-26-14
 Date

MEDICAL QUESTIONNAIRE

Bryan McHowell

1) I am an orthopaedic surgeon practicing with Carolina Orthopaedic Surgery Associates. In that capacity, I have treated Mr. McHowell following his February 27, 2014 work related injury.

☒ Yes ☐ No

Explanation if necessary: _____

2) It is my opinion that Mr. McHowell's repetitive left shoulder injury of February 27th, 2014 affects his left arm.

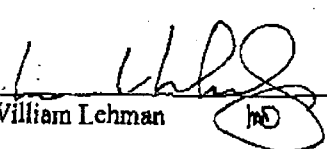
☒ Yes ☐ No

Explanation if necessary: _____

3) All opinions provided in this questionnaire are stated most probably and to a reasonable degree of medical certainty (greater than 50% probability).

☒ Yes ☐ No

Explanation if necessary: _____


Dr. William Lehman

1/10/15
Date

SEP-30-2014 10:19AM From:+

7045420187

To:8033235873

Page:1

Print & Forward

Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
 Mark A. Porter, MD. • Ebinchita Arhebarnen, MD • Dennis M. Gettelfinger, Emeritus
 Michael Leddy, PA-C MMS • Sharon Walter, PA-C
www.metrolinaneurology.com

September 17, 2014

William L. Lehman, MD
 Carolina Orthopedic Surgery Associates
 6237 Carolina Commons Drive, Suite 313
 Indian Land, SC 29707-6015
 Fax: 803-329-2611

RE: Bryan A. McHowell
 DOB: [REDACTED] 1957

Dear Bill:

Thanks very much for referring this 56-year-old, right-handed, Caucasian man for evaluation of his left shoulder pain and arm pain and numbness.

HISTORY OF PRESENT ILLNESS: He tells me that he underwent a left rotator cuff repair a few years ago and then last year, in February 2013, he was involved in a motor vehicle accident in which he reinjured his left shoulder. He was actually on his job doing delivery at the time, and it was a Worker's Comp situation but got set up with a company and had things taken care of outside of Worker's Comp, undergoing a further repair of his shoulder last year. He says he is continuing to experience pain in the left shoulder region. He also has some pain radiating down the arm and he has numbness in the whole arm at times, particularly if he is doing anything repetitive with the arm or if he has it up even watching television sometimes. He does not have any trouble with the right side. He has had prior bilateral carpal tunnel releases. He thinks it was around 2008 or 2009, and see that we did an evaluation of it in 2011, perhaps when he was having a rotator cuff problem. I do not have those records available to me at the moment, as they are in storage.

PAST SURGICAL HISTORY: His past surgical history includes the bilateral carpal tunnel surgeries. He has had the rotator cuff repair and subsequent surgery, shoulder arthroscopy, in October of last year. He has had gastric bypass and he has had some surgery for tendonitis in the left hand.

PAST MEDICAL HISTORY: His medical problems include a history of diabetes, some gastroesophageal reflux disease, and a prior gastric ulcer.

CURRENT MEDICATIONS: His medications include fish oil 1000 mg daily, glipizide 1 tablet daily, metformin 1000 mg twice daily, and he takes a multivitamin. He takes omeprazole 20 mg twice daily, Percocet 5/325 on to two tablets every 6 hours as necessary, and vitamin D3.

DRUG ALLERGIES: He has no allergies to medications.

CMC Pineville :
 10620 Park Rd, Ste 230
 Charlotte, NC 28210
 (704)542-6698

Rock Hill Medical Park:
 200 S. Herlong Ave, Ste H
 Rock Hill, SC 29732
 (803)366-6135

CMC-Carolina Lakes Medical Plaza
 7666 Charlotte Hwy, Suite 220
 Indian Land, SC 29707
 (803) 578-9050

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SEP-30-2014 10:20AM From: +

7045420187

To: 8033235873

Page: 2

11-20-2014 10:20AM

Bryan A. McHowell

Page Two

09/18/2014

FAMILY HISTORY: He has a family history of diabetes in his brother. Both his parents have had cancer. Nobody in the family has problems similar to his. Mother had diabetes, cancer, arthritis, kidney disease, and thyroid disease, and father had cancer and arthritis. Brother has diabetes and kidney disease.

SOCIAL HISTORY: His social history is negative for smoking. He does not drink alcohol. He is retired at the moment. He has been out of work for 13 months. He has worked as a welder and truck driver. He was a former smoker and quit in 2003.

GENERAL REVIEW OF SYSTEMS: His review of systems is as documented in our intake note.

NEUROLOGICAL EXAMINATION:

Mental Status: He has normal speech.

Cranial nerves

CN II: Visual fields were intact to confrontation.

CN III, IV, VI: The pupils were equal, round and reactive to light and accommodation. Extraocular eye movements were full with no nystagmus. No ptosis was noted.

CN V: Shows normal facial sensation and to light touch.

CN VII: Shows normal symmetrical facial movement.

CN VIII: Shows normal hearing to finger rub bilaterally.

CN IX: Shows the palate elevated symmetrically.

CN XI: Shows normal strength in the sternocleidomastoid muscles and symmetrical shoulder shrugging.

CN XII: Shows the tongue protruded in the midline. No fasciculations were noted in it.

Motor examination: The patient had no abnormal spontaneous movements. There was no atrophy. The patient had no arm drift and normal fine finger movement. Tone and muscle strength were normal in the upper and lower extremities.

Sensory examination: It was normal to pin prick in the left upper extremity.

Reflexes: Reflexes were 2+ and symmetric.

NERVE CONDUCTION STUDY: Nerve conduction studies were performed today in the median nerves bilaterally as well as the left ulnar and radial nerves. The median nerve motor distal latencies were mildly prolonged at 4.7 msec on the left and 4.8 on the right. Amplitudes were normal bilaterally and conduction velocities were normal bilaterally. The ulnar motor study showed a normal distal latency on the left. There was slight drop in amplitude from 7.6 to 5.8 from the wrist to the elbow, and conduction velocity was slowed to 37.5 msec. The median palmar studies were moderately slowed with peak latencies of 3.0 on the left, 3.1 on the right. Amplitudes were reduced to 8 and 18 mcV, respectively. The antidromics confirmed this with peak latencies of 4.1 and 4.0. The left ulnar palmar study was within normal limits, as was the left radial palmar study. The left radial antidromic was also normal.

SEP-30-2014 10:20AM From: +

7045420187

To: 8033235873

Page: 3

Medical Record

Bryan A. McHowell

Page Three

09/18/2014

EMG: Monopolar needle studies were performed today in the left 1st dorsal interosseus, flexor carpi radialis, biceps, triceps, deltoid, and abductor pollicis brevis, and in the right abductor pollicis brevis. All muscles showed normal insertional activity and no activity at rest. Motor units had a normal configuration and recruitment.

CONCLUSION: Mr. McHowell has bilateral carpal tunnel syndrome which is moderate in severity. He has, I think, some symptoms in the left hand related to this. It is unclear if this is something that has come back since he had his previous carpal tunnel surgery, or if the findings we have here are residual. He might benefit from treatment of the carpal tunnel. In addition, he does show some slowing of the left ulnar nerve and slight drop at the elbow, so that may be contributing to some of the symptoms in his hand, but I think the majority of his symptoms are related to the shoulder problem.

Thank you for your referral.

Sincerely yours,

Allan S. Ryder-Cook, MD, PhD
ASRC:ap (09/19) 23508307

cc: Frank Sharp, MD
Mackey Family Practice
1025 West Meeting Street, Suite 200
Lancaster, SC 29720
Fax: 803-283-4329

Dictated but not read to expedite mailing.

The Pain Center

History & Physical Report #1

Bryan McHowell

12/18/2014 2:08 PM

Location: The Pain Center North East Columbia

Patient #:

DOB:

Divorced / Language: English / Race: White
Male

History of Present Illness (Gisele Girault, MD; 12/18/2014 4:04 PM)

Patient words: I have shoulder pain

The patient is a 57 year old male who presents with a complaint of shoulder pain. The onset of the shoulder pain has been gradual and has been occurring in a continuous pattern for years (2013). The course has been gradually worsening. The shoulder pain is described as being located in the left shoulder. The shoulder pain is characterized as a aching, burning sensation, shooting and throbbing. The patient describes the pain as 10 out of 10. The shoulder pain is aggravated by physical activity and any movement. There are no relieving factors.

Medication History (Catherine Savage; 12/18/2014 2:12 PM)

No Current Medications.

Allergies (Catherine Savage; 12/18/2014 2:12 PM)

No Known Drug Allergies. 12/18/2014

Problem List/Past Medical (Gisele Girault, MD; 12/18/2014 4:04 PM)

Carpal Tunnel Syndrome

Past Surgical History (Catherine Savage; 12/18/2014 2:16 PM)

Gastric bypass

Rotator Cuff Repair - Left

Family History (Catherine Savage; 12/18/2014 2:17 PM)

The father is deceased

The mother is deceased

Social History (Catherine Savage; 12/18/2014 2:18 PM)

No Drug Use

Non Drinker/ No Alcohol Use

Tobacco Use. Former smoker.

Most Recent Primary Occupation. Lifeguard, Former, Lifeguard, Current. Retired

Review of Systems (Catherine Savage; 12/18/2014 2:12 PM)

General: Not Present- Chills, Fatigue, Fever, Night Sweats and Weight Loss.

Skin: Not Present- Rash.

HEENT: Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.

Neck: Not Present- Neck Pain and Neck Stiffness.

Respiratory: Not Present- Cough, Wheezing and Dyspnea.

Cardiovascular: Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.

Gastrointestinal: Present- Change in Bowel Habits and Constipation. Not Present- Abdominal Pain, Diarrhea, Difficulty Swallowing,

Nausea and Vomiting.

Male Genitourinary: Not Present- Urgency and Painful Urination.

Musculoskeletal: Present- See HPI.

Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.

Psychiatric: Present- Depression. Not Present- Hallucinations, Memory Loss and Panic Attacks.

Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Catherine Savage; 12/18/2014 2:19 PM)

12/18/2014 2:18 PM

Weight: 220 lb Height: 72.5 in

Body Surface Area: 2.26 m² Body Mass Index: 29.43 kg/m²

Pulse: 78 (Regular) Resp: 16 (Unlabored)

BP: 128/76 (Sitting, Left Arm, Standard)

Physical Exam (Gisele Girault, MD; 12/18/2014 2:26 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - no acute distress and Well groomed. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished. **Gait** - Normal.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions. **Color** - normal coloration of skin. **Skin Moisture** - normal skin moisture.

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Cardiovascular

Cardiovascular examination reveals - (see Vital Signs section for blood pressure measurements) and no digital clubbing, cyanosis, edema, increased warmth or tenderness. Note: Upper extremity pulses are 2+ bilaterally symmetrical LE pulses are 2+ and bilaterally symmetrical

Note: RRR no murmurs

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender.

Neurologic

Sensory:

Light Touch: Intact - Globally.

Overall Assessment of Muscle Strength and Tone reveals:

Upper Extremities: Right Deltoid - 5/5. Left Deltoid - 5/5. Right Bicep - 5/5. Left Bicep - 5/5. Right Tricep - 5/5. Left Tricep - 5/5. Right Wrist Extensors - 5/5. Left Wrist Extensors - 5/5. Right Intrinsic - 5/5. Left Intrinsic - 5/5.

Lower Extremities: Right Quadriceps - 5/5. Left Quadriceps - 5/5. Right Tibialis Anterior - 5/5. Left Tibialis Anterior - 5/5. Right Gastroc-Goleus - 5/5. Left Gastroc-Goleus - 5/5. Right EHL - 5/5. Left EHL - 5/5.

Reflexes (Dermatomes): 2/2 Normal - All.

Note: CN II-XII grossly intact

Neuropsychiatric

The patient's mood and affect are described as - normal.

Musculoskeletal

Spinal Exam:

Cervical Spine:

Inspection and Palpation: Tenderness - no tenderness or pain on palpation (flexion and extension FROM).

ROM: Cervical ROM - normal cervical spine movements.

Strength and Tone: Strength & Tone - normal strength and tone, no laxity or crepitus.

Lumbosacral Spine:

Inspection and Palpation: Tenderness - no tenderness or pain on palpation (no scoliosis and Kyphosis).

ROM: ROM - normal lumbar spine movements.

Provocative Testing - Bilateral - Straight Leg Raising Test is negative.

Assessment & Plan (Gisela Girault, MD; 12/18/2014 4:04 PM)

Unspecified Diagnosis

Current Plans

1. Baseline Toxicology Testing is being ordered due to considerations of initiating this patient on opioid and/or sedative hypnotic medications. Drugs included in baseline testing are those found to be prescribed or abused frequently in our population and/or ones that present high risk for additive or synergistic interactions with prescribed medications (e.g., benzodiazepines, opiates/opioids, alcohol, amphetamines, muscle relaxants) or are associated with increased risk for medication-aberrant behavior (illicit, ethanol). LC-MS/MS is being ordered because the lower limits of detection for these prescribed and illicit drugs, minimizing the risk of false negatives and to identify substances that may not have been disclosed by the patient. This highly sensitive methodology provides detection of both recent and more remote use of prescribed and illicit substances often undetected by EIA which is necessary for the protection of the patient's health. (V58.83 Encounter for therapeutic drug monitoring, V58.69 Long-term current use of medication, high risk medications, 304.7 Combinations of opioid type drugs with any other.)

Orders:

1. Enzyme immunoassay urine drug testing to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC
2. Specimen validity testing for creatinine, specific gravity and pH
3. Confirmation testing for pertinent positive EIA findings and pertinent negatives
4. LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate, cyclobenzaprine), Zolpidem, Illicit (methamphetamine, cocaine)
5. LC-MS/MS testing for other medications as listed on the requisition

1. Urine drug testing is medically necessary due to considerations of initiating this patient on opioid or sedative hypnotic medications (V58.69).

Encounter for therapeutic drug monitoring (V58.83)

Rotator cuff dysfunction (726.10)

Left rotator cuff tear (840.4)

Shoulder arthritis (716.91)

Story: Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Impression/PLAN:

1. start Tramadol
2. start Voltaren
3. f/u in 2 weeks

Current Plans

- | Started Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, #60, 30 days starting 12/18/2014, No Refill.
- | Started Ultram 50MG, 1 (one) Tablet four times daily, as needed, #120, 30 days starting 12/18/2014, No Refill.



Signed electronically by Gisele Girault, MD (12/18/2014 4:05 PM)

History & Physical Report #2

Bryan McHowell

1/9/2015 10:44 AM

Location: The Pain Center North East Columbia

Patient #:

DOB:

Divorced / Language: English / Race: White

Male

History of Present Illness (James Goodson, NP; 1/9/2015 11:18 AM)

The patient is a 57 year old male who presents with a complaint of shoulder pain. The shoulder pain has been occurring in a continuous pattern for years (2013). The shoulder pain is described as being located in the left shoulder. The shoulder pain is characterized as aching, burning sensation, shooting and throbbing. The patient describes the pain as 8 out of 10. The shoulder pain is aggravated by physical activity. Relieving factors include rest and medication.

Medication History (Tammy Long; 1/9/2015 10:45 AM)

Diclofenac Sodium (75MG Tablet DR, 1 (one) Tablet DR Oral two times daily, Taken starting 12/18/2014) Active.
Ultram (50MG Tablet, 1 (one) Tablet Oral four times daily, as needed, Taken starting 01/07/2015) Active.

Allergies (Tammy Long; 1/9/2015 10:45 AM)

No Known Drug Allergies. 12/18/2014

Problem List/Past Medical (James Goodson, NP; 1/9/2015 11:17 AM)

Carpal Tunnel Syndrome

Past Surgical History (Tammy Long; 1/9/2015 10:45 AM)

Rotator Cuff Repair - Left
Gastric bypass

Family History (Tammy Long; 1/9/2015 10:45 AM)

The mother is deceased

The father is deceased

Social History (Tammy Long; 1/9/2015 10:45 AM)

Most Recent Primary Occupation. Lifeguard, Former, Lifeguard, Current. Retired
Tobacco Use. Former smoker.
Non Drinker/ No Alcohol Use
No Drug Use

Other Problems (James Goodson, NP; 1/9/2015 11:17 AM)

Shoulder arthritis (718.91). Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Left rotator cuff tear (840.4)

Unspecified Diagnosis

Encounter for therapeutic drug monitoring (V58.83)

Rotator cuff dysfunction (726.10)

Review of Systems (Tammy Long; 1/9/2015 10:45 AM)

Musculoskeletal Present- See HPI

Vitals (Tammy Long; 1/9/2015 10:52 AM)

1/9/2015 10:51 AM

Weight: 210 lb

Pain Level: 8/10

BP: 126/64 (Sitting, Left Arm, Standard)

Physical Exam (James Goodson, NP; 1/9/2015 11:16 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. General Appearance - no acute distress, Well groomed and pleasant. Build & Nutrition - Well nourished. Posture - Normal posture.

Head and Neck

Neck

Global - full range of motion.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and unlabored breathing.

Cardiovascular

Cardiovascular examination reveals - (see Vital Signs section for blood pressure measurements) and regular rate.

Neuropsychiatric

Mental status exam performed with findings of - Oriented X3 with appropriate mood and affect.

Musculoskeletal

Upper Extremity

Shoulder:

Inspection and Palpation: Tenderness - moderate and over the anterolateral border of the acromion, (L).

ROM:

Left: Testing limited - due to pain.

Assessment & Plan (James Goodson, NP; 1/9/2015 11:17 AM)

Rotator cuff dysfunction (726.10)

Shoulder arthritis (716.91)

Story: Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Impressions: PLAN:

1. Increase tramadol to 2 qid
2. cont Voltaren
3. He is scheduled for injection with orthopedist

Current Plans

- | Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, #60, 30 days starting 01/09/2015. No Refill.
- | Changed Ultram 50MG, 1-2 Tablet four times daily, as needed, #240, 30 days starting 01/09/2015. No Refill.
- | Goal: Improve pain control.
- | Goal: Improve functional mobility.
- | Goal: Improve quality of life.
- | Follow up in 1 month or as needed

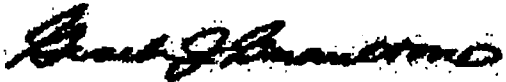
Encounter for therapeutic drug monitoring (V58.83)

Story: UDS negative

SCRIPTS appropriate

Current Plans

- | Goal: Maintain safe/appropriate use of medications



Signed electronically by Gisela Girault, MD (1/9/2015 12:49 PM)

History & Physical Report #3

Bryan McHowell

2/6/2015 9:40 AM

Location: The Pain Center North East Columbia

Patient #:

DOB: 1957

Divorced / Language: English / Race: White

Male

History of Present Illness (James Goodson, NP; 2/6/2015 10:03 AM)

The patient is a 57 year old male who presents with a complaint of shoulder pain. The shoulder pain has been occurring for years (2013). The shoulder pain is described as being located in the left shoulder. The shoulder pain is characterized as a aching, burning sensation, shooting and throbbing. The patient describes the pain as 8 out of 10. The shoulder pain is aggravated by physical activity. Relieving factors include rest, medication and modification of activity.

Medication History (Tammy Long; 2/6/2015 9:40 AM)

Diclofenac Sodium (75MG Tablet DR, 1 (one) Oral two times daily, Taken starting 01/09/2015) Active.
Ultram (50MG Tablet, 1-2 Oral four times daily, as needed, Taken starting 02/03/2015) Active.

Allergies (Tammy Long; 2/6/2015 9:40 AM)

No Known Drug Allergies, 12/18/2014

Problem List/Past Medical (James Goodson, NP; 2/6/2015 10:02 AM)

Carpal Tunnel Syndrome

Past Surgical History (Tammy Long; 2/6/2015 9:40 AM)

Gastric bypass

Rotator Cuff Repair - Left

Family History (Tammy Long; 2/6/2015 9:40 AM)

The father is deceased

The mother is deceased

Social History (Tammy Long; 2/6/2015 9:40 AM)

No Drug Use

Non Drinker/ No Alcohol Use

Tobacco Use. Former smoker.

Most Recent Primary Occupation. Lifeguard, Former, Lifeguard, Current. Retired

Other Problems (James Goodson, NP; 2/6/2015 10:02 AM)

Encounter for therapeutic drug monitoring (V58.83). UDS negative

SCRIPTS appropriate

Shoulder arthritis (716.91). Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Left rotator cuff tear (840.4)

Unspecified Diagnosis

Rotator cuff dysfunction (726.10)

Review of Systems (Tammy Long; 2/6/2015 9:40 AM)

Musculoskeletal: Present- See HPI

Vitals (Tammy Long; 2/6/2015 9:42 AM)

2/6/2015 9:41 AM

Weight: 206 lb

Pain Level: 8/10

Pulse: 81 (Regular) P.OX: 97% (Room air)

Physical Exam (James Goodson, NP; 2/6/2015 10:03 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - no acute distress, Well groomed and pleasant. **Build & Nutrition** - Well nourished. **Posture** - Normal posture.

Head and Neck

Neck

Global - full range of motion.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and unlabored breathing.

Cardiovascular

Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness and regular rate.

Neuropsychiatric

Mental status exam performed with findings of - Oriented X3 with appropriate mood and affect. The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored 9 on the SOAP-R.

Musculoskeletal

Upper Extremity

Shoulder:

Inspection and Palpation: Tenderness - moderate and over the anterolateral border of the acromion, (L).

ROM:

Left: Testing limited - due to pain.

Assessment & Plan (James Goodson, NP; 2/6/2015 10:02 AM)

Rotator cuff dysfunction (726.10)

Shoulder arthritis (716.91)

Story: Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Impression: PLAN:

1. cont tramadol - denies side effects
2. re-start Voltaren - reports he did not get filled last month
3. He is scheduled for injection with orthopedist
4. re-order combo pain cream

Current Plans

- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, #60, 30 days starting 02/06/2015, No Refill.
- Continued Ultram 50MG, 1-2 Tablet four times daily, as needed, #240, 30 days starting 02/06/2015, No Refill.
- Goal: Improve pain control.
- Goal: Improve functional mobility.
- Goal: Improve quality of life.
- Follow up in 1 month or as needed

High risk medication use (V58.69)

Story: UDS negative

SCRIPTS appropriate

Current Plans

- Goal: Maintain safe/appropriate use of medications



Signed electronically by Gisele Grault, MD (2/6/2015 10:11 AM)

History & Physical Report #4

Bryan McHowell

3/6/2015 9:02 AM

Location: The Pain Center North East Columbia

Patient #: [REDACTED]

DOB: [REDACTED] 1957

Divorced / Language: English / Race: White
Male

History of Present Illness (James Goodson, NP; 3/6/2015 9:07 AM)

The patient is a 57 year old male who presents with a complaint of shoulder pain. The shoulder pain has been occurring for years (2013). The shoulder pain is described as being located in the left shoulder. The shoulder pain is characterized as a aching, burning sensation, shooting and throbbing. The patient describes the pain as 8 out of 10. The shoulder pain is aggravated by physical activity. There are no relieving factors.

Medication History (Catherine Savage; 3/6/2015 9:03 AM)

Diclofenac Sodium (75MG Tablet OR, 1 (one) Oral two times daily, Taken starting 02/06/2015) Active.
Ultram (50MG Tablet, 1-2 Oral four times daily, as needed, Taken starting 02/26/2015) Active.

Allergies (Catherine Savage; 3/6/2015 9:03 AM)

No Known Drug Allergies. 12/18/2014

Problem List/Past Medical (James Goodson, NP; 3/6/2015 9:16 AM)

Carpal Tunnel Syndrome

Past Surgical History (Catherine Savage; 3/6/2015 9:03 AM)

Gastric bypass
Rotator Cuff Repair - Left

Family History (Catherine Savage; 3/6/2015 9:03 AM)

The mother is deceased
The father is deceased

Social History (Catherine Savage; 3/6/2015 9:03 AM)

No Drug Use
Non Drinker / No Alcohol Use
Most Recent Primary Occupation. Lifeguard, Former, Lifeguard, Current, Retired
Tobacco Use. Former smoker.

Other Problems (James Goodson, NP; 3/6/2015 9:16 AM)

High risk medication use (V58.69). UDS negative

SCRIPTS appropriate

Shoulder arthritis (716.91). Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but ther is not much I can offer him since he is already getting injections.

Left rotator cuff tear (840.4)

Encounter for therapeutic drug monitoring (V58.83). UDS negative

SCRIPTS appropriate

Rotator cuff dysfunction (726.10)

Unspecified Diagnosis

Review of Systems (Catherine Savage; 3/6/2015 9:03 AM)

Musculoskeletal: Present- See HPI

Vitals (Catherine Savage; 3/6/2015 9:03 AM)

3/6/2015 9:02 AM

Weight: 202 lb

Pain Level: 8/10

Pulse: 79 (Regular) P.Ox: 99% (Room air)

Physical Exam (James Goodson, NP; 3/6/2015 9:17 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. General Appearance - no acute distress, Well groomed and pleasant. Build & Nutrition - Well nourished. Posture - Normal posture. Gait - Normal.

Head and Neck

Neck

Global - full range of motion.

ENT

Ears

Hearing - patient has normal hearing.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and unlabored breathing.

Cardiovascular

Cardiovascular examination reveals - regular rate.

Neuropsychiatric

Mental status exam performed with findings of - Oriented X3 with appropriate mood and affect. The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored 9 on the SOAP-R.

Musculoskeletal

Upper Extremity

Shoulder:

Inspection and Palpation: Tenderness - moderate and over the anterolateral border of the acromion, (L).

ROM:

Left: Testing limited - due to pain.

Assessment & Plan (James Goodson, NP; 3/6/2015 9:16 AM)

Left rotator cuff tear (840.4)

Rotator cuff dysfunction (726.10)

Shoulder arthritis (716.91)

Story: Pleasant WM who has had a left rotator cuff tear and surgery. Per patient is considering having a total shoulder replacement. He is being seen in Rock Hill by Carolina Ortho Surgery Assoc and he is getting injections into the shoulder by his surgeon. I will start an NSAID and Tramadol, but there is not much I can offer him since he is already getting injections.

Impression: PLAN:

1. cont tramadol - denies side effects
2. re-start Voltaren - reports he did not get filled last month
3. He is scheduled for injection with orthopedist 3/22/15
4. re-order combo pain cream - he was unable to fill, will try otc pain creams if he can't get compounded cream

Current Plans

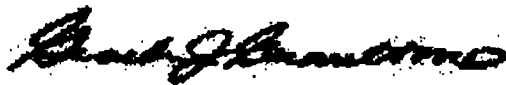
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, #60, 30 days starting 03/05/2015, No Refill.
- Continued Ultram 50MG, 1-2 Tablet four times daily, as needed, #240, 30 days starting 03/06/2015, No Refill.
- Goal: Improve pain control.
- Goal: Improve functional mobility.
- Goal: Improve quality of life.
- Follow up in 1 month or as needed

High risk medication use (V58.69)

Story: SCRIPTS reviewed appropriate

Current Plans

- Goal: Maintain safe/appropriate use of medications



Signed electronically by Gisela Grault, MD (3/6/2015 9:41 AM)



Vargas Vocational Consulting

TO: Brent Stewart, Esq.
Stewart Law Offices
PO Box 670
Rock Hill, SC 29732

FROM: Ashley H. Johnson, MS, CRC, CLCP
Vargas Vocational Consulting
3924 Chesapeake Drive
Charlotte, NC 28216

CLAIMANT: Bryan A. McHowell

DATE OF BIRTH: [REDACTED]
DATE OF INJURY: 3/5/12
DATE OF REPORT: 8/29/14

VOCATIONAL ASSESSMENT

INTRODUCTION:

The above captioned file was referred for a vocational assessment of Mr. McHowell. A meeting was held at his attorney's office on 8/22/14.

MEDICAL STATUS:

According to the medical records reviewed, Mr. McHowell was injured on 3/5/12 when he was involved in a motor vehicle accident.

On 3/19/13, Mr. McHowell had an IME performed by Dr. William L. Lehman of Carolina Orthopaedic Surgery Associates. Dr. Lehman noted that Mr. McHowell had a prior left rotator cuff repair in 2011. The MRI in 2012 showed partial thickness tear of the infraspinatus and supraspinatus, as well as irregularity of the anterior labrum and degenerative changes of the glenohumeral joint.

On 10/3/13, Mr. McHowell returned to Dr. Lehman for left shoulder pain. He was diagnosed with rotator cuff syndrome and osteoarthritis of the acromioclavicular joint. Dr. Lehman

recommended a left shoulder arthroscopy, which was performed on 10/31/13. Mr. McHowell was referred to Palmetto Rehab for physical therapy.

On 1/6/14, Dr. Lehman released Mr. McHowell to regular duty. On 2/24/14, Dr. Lehman completed a questionnaire regarding Mr. McHowell's injuries. He endorsed that there is a causal connection between the repetitive use of his left shoulder and the injury and a direct causal relationship between the conditions under which the work was performed to the injuries. Dr. Lehman opined that the left shoulder injuries were a new injury and that the job duties at Star Foods increased his risk for the injury. Dr. Lehman recommended limited lifting, no overhead reaching or push-pull activities.

On 7/6/14, Dr. Lehman completed a questionnaire regarding Mr. McHowell's diagnosed repetitive trauma injury. He provided the following recommendations regarding work:

- Limitations with lifting waist to above the head, repetitive use of the left shoulder, overhead lifting and overhead lifting of 10 pounds
- Light to medium duty work but avoiding undue stress to the shoulders, including limited overhead lifting, heavy lifting and heavy push and pull activities

In regard to future treatment, Dr. Lehman opined that physical therapy, steroid injections, over the counter medications and prescription medications would be required. He recommended surgery if conservative measures fail.

On 8/5/14, Mr. McHowell returned to Dr. Lehman reporting persistent pain and waking in the night with pain. It was noted that Dr. O'Malley had performed his left shoulder arthroscopy in 2011 prior to the accident and he was temporarily better. However, the accident caused the rotator cuff to rupture again. Dr. Lehman recommended an MR arthrogram of the left shoulder. He further recommended rotator cuff strengthening and mobilization of the shoulder, either as a home program of physician directed exercises or a formal program through physical therapy. Dr. Lehman further recommended medications and steroid injections.

INTERVIEW WITH PLAINTIFF:

According to the interview with Mr. McHowell, he was pinned in the truck after the accident. He cut his seat belt off, resulting in him falling to the other side. He was not approved by workers compensation and had difficulty with medical treatment as a result. Mr. McHowell did not have pain medications and stated that he took over the counter Ibuprofen for the pain, which led to bleeding in his stomach. He was hospitalized for one week as a result. Mr. McHowell stated that he was out of work for 6 weeks but had to return after that period because he had no income.

Mr. McHowell returned to Dr. Lehman on 8/28/14 for review of his MRI. He explained that he has pain with activity and a daily constant pain at a level of 6 to 7 on the pain scale. Mr.

McHowell has pain medications but stated that he does not use them when driving and does not like to take them at night, as they affect his sleep.

In regard to limitations, Mr. McHowell stated the following:

- Avoids any overhead lifting and tries to avoid lifting all together with the left arm
- Driving aggravates his shoulder and causes his arm to go to sleep
- Uses a joystick operated lawn mower, but it still causes soreness in his arm
- Able to carry and push or pull approximately 10 to 15 pounds with both hands.
- Difficulty with using his hands repetitively, right arm gets sore with overuse

Mr. McHowell stated that he is only able to sleep for 3-4 hours per night due to pain and discomfort. Mr. McHowell stated that a typical day involves performing light chores and making small meals. He explained that he eats very small meals six to eight times a day because of gastric bypass surgery.

EDUCATION AND BACKGROUND INFORMATION:

Mr. McHowell completed the twelfth grade in Brandon, Florida. He obtained a Welding Certificate at York Technical College around the late 1980s and then completed his CDL training at Charlotte Truck Driving School in 1993.

Mr. McHowell has 3 daughters, twin girls that are 20 and a younger daughter that is 17. Two of the girls live with him. He indicated that they assist with chores. Mr. McHowell previously enjoyed gardening and working in the yard. He still has a small vegetable garden, but stated that he is very limited compared to what he used to do in his garden. Mr. McHowell has a travel trailer and enjoys going on short trips with his family, although he noted that driving does both him so he has to stop to rest. The trailer is all automatic to attach to his truck.

Mr. McHowell is able to use the internet for paying bills and managing his finances. He stated that he has taught himself how to use Microsoft Office somewhat, but he is not good with typing. Mr. McHowell uses a 2 finger method for keyboarding and does not know the keys. He has had no formal training on a computer.

WORK HISTORY:

Mr. McHowell was employed as a Route Delivery Truck Driver (D.O.T. Code: [REDACTED]) for Star Foods for approximately 1 ½ years. He stated that he earned approximately \$1000 before taxes, which included commission. Mr. McHowell was working sixty hours weekly. He stated that the vehicle was company owned, but he did not get paid for the time he spent loading or having the vehicle serviced. According to the Dictionary of Occupational Titles, the position is medium in physical demand, however; it was heavy as performed due to the loading requirements.

A job description from Star Food Products was reviewed for the position of Route Salesman. The description provides a summary of the job duties, but does not detail the physical demands of the job. Mr. McHowell wrote out a description of his job duties in February 2014 which was also reviewed. According to the summary, he drove a straight truck and delivered food products to several chain stores. Mr. McHowell worked from 10-12 hours, five days a week. He was responsible for loading the truck and a shipment included 200 to 300 cases, ranging from 5 to 75 pounds each, placed from floor level to an overhead shelf. Mr. McHowell would then move the items off the truck and place them on a cart to bring them into the store. He would then unload, check in, reload the cart and take them into the coolers or freezers where the boxes were then unloaded.

Mr. McHowell stated that he was required to load his truck twice per week and had to unload and stock shelves once he arrived at stores. He indicated that even pulling the pin to unload trucks would aggravate his condition. Mr. McHowell was responsible for several tons of freight. He stated that his daughters would ride with him and help him on his route following his accident. Mr. McHowell left the position in August 2013 because he could no longer do the job and was not allowed to take his daughters with him any longer to help.

Mr. McHowell has been working as a truck driver since the mid-1990s. He was a Delivery Driver for GNC for 9 ½ years, delivering product across the United States. Mr. McHowell was only home 2 to 3 days per month. Mr. McHowell was employed as a truck driver for the Brickyard for one year. He worked for Bowater Paper Mill, moving trailers, for approximately one year and hauled wood chips for Walt Timber for less than a year. These positions would fall under the D.O.T. job title of Tractor Trailer Truck Driver or Heavy Truck Driver, both of which are medium in physical demand. They are often heavy as performed, as in the case of Mr. McHowell's position with GNC, if they require unloading and loading.

Mr. McHowell stated that he worked as a Welder (D.O.T. Code: [REDACTED]) for a few years after obtaining his certificate, from the early 1990s through approximately 1995. The position is classified as medium in physical demand. He also worked for 10 to 12 years as a Horseshoer (D.O.T. Code: [REDACTED]) during the 1980s. The position is classified as medium in physical demand.

CONCLUSIONS:

Dr. Lehman provided the following restrictions for Mr. McHowell:

- Limitations with lifting waist to above the head, repetitive use of the left shoulder, overhead lifting and overhead lifting of 10 pounds
- Light to medium duty work but avoiding undue stress to the shoulders, including limited overhead lifting, heavy lifting and heavy push and pull activities

Mr. McHowell is a 56 year old man whose work history includes all medium to heavy occupations. He has no skills that would transfer to lighter work. Mr. McHowell has constant

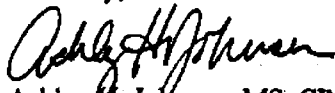
pain at a level of 6 to 7 on the pain scale that increases with activity. He only sleeps 3 to 4 hours per night due to pain and discomfort.

Mr. McHowell's limitations would result in light level work with overhead lifting of 10 pounds and no repetitive use of the left arm. Medium work would be precluded by the limitation to 10 pounds of overhead lifting and avoiding stress on the shoulders, as medium work is physically demanding. Due to Mr. McHowell's age, education and experience, it is my professional opinion that he would be precluded from all gainful employment. It is highly unlikely that Mr. McHowell would be able to obtain employment given his past work history and age. Employers would question Mr. McHowell's reason for leaving his 20 year career, which would result in his having to explain his work injury and resulting limitations. Many employers would be concerned about hiring a candidate of his age and would only be further concerned by the existence of significant physical limitations.

In addition, Mr. McHowell is involved in ongoing treatment and has recently had an MRI. There is a potential for future surgeries and/or other treatment, such as physical therapy. This would further limit any opportunities to obtain and maintain employment. Further surgeries coupled with the aging process and arthritis that he already has, would expect to restrict him further as time goes on.

It is my opinion that Mr. McHowell is totally disabled from a vocational perspective. I reserve the right to modify my opinion should further information become available.

Sincerely,



Ashley H. Johnson, MS, CRC, CLCP
Vocational Consultant

**Ergonomics Assessment - Preliminary**

Report Date November 24, 2014

Customer Brent P. Stewart, Attorney at Law
Stewart Law Offices
P.O. Box 670
Rock Hill, SC 29731

Claimant Bryan McHowell

Employer Star Foods
WCC # 1402961

SSN [REDACTED]
DOB [REDACTED]-57
Age 56

Purpose of referral

This ergonomics assessment was requested by Mr. Stewart's attorney to determine the ergonomics risk factors to which Mr. McHowell may have been exposed while working for Star Foods. This specific request relates to the development of left shoulder symptoms.

Telephone interview of claimant conducted on November 21, 2014

An interview was conducted over the course of approximately one hour to obtain the following information. Prior to beginning the interview, Mr. McHowell was provided with information regarding the purpose of the assessment, plans for report submission to his attorney, and the potential for further investigation, including an on-site assessment. Mr. McHowell was also informed of the possibility of required testimony in depositions and hearings.

Medical history / onset of injury

Mr. McHowell is 6 feet, 1 inch in height. He first developed problems in the left shoulder in 2011. He was seeing Dr. O'Malley for bilateral carpal tunnel syndrome. Dr. O'Malley referred him for an MRI of the shoulder. Dr. O'Malley performed surgery on the left shoulder in 2011. Mr. McHowell underwent the expected course of physical therapy. He remained out of work until beginning employment with Star Foods.

In March of 2013 he was travelling on a two-lane road, operating his loaded delivery truck when he approached a vehicle that was in his lane. He swerved to the right into the shoulder and the truck rolled onto the right side. He and his supervisor attempted to find a location to complete the required drug testing. He saw Dr. O'Malley for shoulder pain and he received another MRI. The shoulder symptoms persisted. His employer started

the workers compensation claim and he continued to perform his regular duties. He continued to experience symptoms in his shoulder and he resigned from employment because he could not continue to work. His last day at work was mid August of 2013.

He went to Dr. Lehman on October 3, 2013 for a second opinion and he underwent left shoulder surgery on October 31, 2013, consisting of an open procedure. He attended PT and began to experience more problems in his shoulder. He continues to experience pain in the shoulder. In July or August of this year he underwent another MRI with contrast. Dr. Lehman identified changes in the shoulder. He was referred to Dr. Alan Ryder-Cook for neurological testing on September 18, 2014. He was diagnosed with nerve damage in the left elbow and bilateral carpal tunnel syndrome. He returned to Dr. Lehman in September and was referred to Dr. Schwartz. Dr. Schwartz recommended injections and medications. Mr. McHowell received an injection in October 2014 that only provided him with short-term relief. His next injection is scheduled for December 22nd. He was also referred for pain management. The next proposed surgery is a total shoulder replacement.

Current medical

His left shoulder is painful. He cannot raise the hand over his head. He develops pain that affects him at night. If he rolls over on his left shoulder he wakes up. He is taking Oxycontin, but cannot take it at night due to the side effects. He is taking Meloxicam 15 mg, once per day. His pain remains around 7-8/10 and will go higher with more use.

Occupational history - current

He started working at Star Foods in February of 2013 as a route sales driver. He operated a 26-foot box truck that was equipped with a bulkhead separating the refrigerated and frozen sections.

Mr. McHowell described his work schedule as follows: He leaves the house at 7 a.m. to arrive at first stop on time. On Tuesday he left the house at 2:30 a.m. to meet the transfer truck to reload his truck. He worked from 8 – 12 hours per day, 5 days per week. Before he resigned, he was making two stops at stores in a week. He reloaded his truck two times a week.

Mr. McHowell met the transfer tractor-trailer and used rollers to move the items from the tractor-trailer to his truck. The heaviest items consisted of frozen chicken parts weighing 75 pounds or more. He handled boxes of pizzas weighing at least 50 pounds. In a single week, he loaded 60 – 80 boxes of pizzas. He sold 600 dozen eggs stored in cardboard boxes. He delivered two truckloads of goods in a week. During the holiday he received an extra delivery of eggs. He usually delivered to Dollar General and Wal-Mart. He delivered to 5 – 10 customers per day. He loaded everything on his truck by hand. When he arrived at his stop, he stacked all items on the bumper. The items were stacked over his head on the bumper (relative to ground level). He used a hand truck that converted to a 4-wheel cart. At times he was able to retrieve a gondola to push the items into the store. Each box was taken off the cart to be scanned to check the items in. He stocked all of the items. He had to rotate stock. He was required to take the damaged, returned, and

out of date items back to the truck. He returned to the warehouse and unloaded these items to the transfer truck. He stacked the heavy items over his head. The heavy boxes started on the floor and were stacked to the ceiling. He handled each item 4 – 6 times. He broke down the boxes after he stocked the merchandise. Mr. McHowell used a box cutter to open the boxes and break them down. He used a handheld computer to enter the item numbers for the order. When he arrived at the stop, he pulled out of date and damaged goods, and entered the information into the computer. He determined what he needed, and then went to the truck to pull the stock. At Wal-Mart he took the boxes to the baler. His pay was based on 100 percent commission.

Occupational history - past

His previous employment was around 2009 and 2010, working for Wall Kimber out of Georgia. He hauled wood chips to paper mills. He has a Class A commercial drivers license. He had to climb on top of the trailer and pull a tarp to cover the load.

He worked as a spotter at Bowater for 2 months. He moved trailers to the docks, and moved them to the yard. He operated a jockey truck.

From 1985 until 95 he shod horses.

Past medical history

He has diabetes that is controlled. He underwent gastric bypass 4 years ago in November. He takes Metformin and his sugar levels are good. His last A1C was down to 5.7. He first developed pain in his left shoulder 6 – 12 months prior to surgery. He also takes Omeprazole for acid reflux.

Medical Records Review

Star Food Products Job Description – Route Salesman

- 10-03-13 William L. Lehman, MD consult
- 10-23-13 William L. Lehman, MD follow-up, H&P; status post left rotator cuff repair 2011
- 10-31-13 William L. Lehman, MD operative report for left shoulder: "... This 55-year-old man has been involved in a motor vehicle accident in 3/2012, and has had persistent left shoulder pain, weakness, and stiffness since that time..."
- 11-04-13 William L. Lehman, MD follow-up:
Assessment:
Chronic complete rotator cuff tear, labral degenerative tear, subacromial impingement, and AC joint DJD, left shoulder; S/P arthroscopic surgery
- 12-03-13 William L. Lehman, MD follow-up: "... The patient states he injured his left shoulder in a MVA while at work on March 5, 2012. He states his workers comp has been denied. He is here for evaluation and no recent x-rays have been taken..." Left shoulder arthroscopy recommended.
- 12-23-13 William L. Lehman, MD follow-up

Bryan McHowell
Ergonomics Assessment

- 02-20-14 Letter from Bryan McHowell to Mr. Stewart; description of job duties
- 02-27-14 William L. Lehman, MD statement:
1. Whether there is a causal connection between Mr. McHowell repetitive use of his left shoulder on the job and the injury that he sought treatment for at your office? **Yes**
 2. Is there a direct causal relationship between the condition under which Mr. McHowell work is performed and the injuries to his left shoulder? **Yes**
 3. Are Mr. McHowell left shoulder injuries a new injury? **Yes**
 4. If it is not a new injury ... **NA**
 5. Did Mr. McDowell job duties at Star Food Products Inc. increase his risk for his present injury? **Yes**
 6. Has the client reached MMI?
 7. If the client has not reached MMI, what work restrictions, if any, would you impose upon Mr. McHowell? **Limited lifting; no overhead ...**
 8. If the client has bot reached MMI ...
- 07-06-14 William L. Lehman, MD questionnaire
- 08-05-14 William L. Lehman, MD follow-up: "... Prior to the MVA Dr. O'Malley was treating him for his left shoulder and performed an arthroscopy on the left shoulder in 2011. He was temporarily better until the MVA which caused the RTC to rupture again. He went back to work and due to repetitive motion continued to aggravate the shoulder. This resulted in the second shoulder arthroscopy performed by Dr. Lehman in 2013..."
- 08-19-14 MRI left shoulder
Impression:
1. Postsurgical changes as above with no evidence of rotator cuff tear.
 2. Mild tendinopathy of the supraspinatus and tinnitus tendons.
 3. Blunting of the anterior labrum which may be postsurgical, correlation recommended.
- 08-22-14 William L. Lehman, MD letter to Stewart Law Offices:
"... As you are aware, Mr. McHowell's job activities at Star Foods placed a substantial physical demand on the left shoulder, which would meet the criteria for repetitive trauma, and such activities would place the left shoulder at substantially higher risk of injury, given the preexisting rotator cuff and labral abnormalities at the shoulder, most probably leading to the progression of the partial rotator cuff tear diagnosed in 2011, progressing to a complete tear with intraarticular labral abnormalities and recurrent impingement, culminating in the need for surgery on the left shoulder on 10/31/13.

A job description has been made available with respect to Mr. Bryan McHowell's job duties at Star Foods from February 2012 through August

2013, which confirms the substantial repetitive physical demands on both shoulders, and I believe this confirms my impressions of significant repetitive trauma to the compromised left shoulder, creating an aggravation of the preexisting rotator cuff issues, or creating the new injury as diagnosed in October 2013, that if complete rotator cuff tear with labral abnormalities and progression of impingement from the AC joint..."

Ergonomics Research

Musculoskeletal Disorders and Workplace Factors (A Critical Review of Epidemiologic Evidence for Work-Related Musculoskeletal Disorders of the Neck, Upper Extremity, and Low Back), Second Printing, NIOSH, July 1997.

There is evidence for a positive association between highly repetitive work and shoulder MSDs. The evidence has important limitations. Only three studies specifically address the health outcome of shoulder tendinitis and these studies involve combined exposure to repetition with awkward shoulder postures or static shoulder loads. The other six studies with significant positive associations dealt primarily with symptoms.

There is evidence for a relationship between repeated or sustained shoulder postures with greater than 60 degrees of flexion or abduction and shoulder MSDs.

Rapid Entire Body Assessment (REBA) (Hignett S., and McAtamney L., 2000, Applied Ergonomics, 31:201-205.

This assessment tool indicates increased risk for development of cumulative trauma disorders to the shoulders when performing the following activities:

- o Shoulder flexion greater than 20 degrees (note that risks increase incrementally up to flexion greater than 90 degrees)
- o Shoulder abduction

"RULA: A Survey Method for the Investigation of Work-Related Upper Limb Disorders," McAtamney, L. and Corlett, E.N., Applied Ergonomics, 1993, 24(2): 91-99

This assessment tool indicates increased risk for development of cumulative trauma disorders to the shoulders when performing the following activities:

- o Shoulder flexion greater than 15 degrees (note that risks increase incrementally up to flexion greater than 90 degrees)
- o Shoulder abduction

Liberty Mutual tables (adapted from S. Snook, V. Ciriello, 1991) – Table D.1 – Maximum acceptable weight of lift for males (pounds-force) – 2-hand symmetrical lift

The following relevant data was extracted from this table:

Shoulder height to arm reach

- o One lift every 5 minutes
- o Horizontal distance of lift - 20 inches
- o Vertical distance of lift – 30 inches

Bryan McHowell
Ergonomics Assessment

- o Maximum acceptable safe lift for 90 percent of industrial population – 15 pounds
- o Maximum acceptable safe lift (same variables described above) performed one time in 8 hours – 35 pounds

Ergonomics Conclusions - Preliminary

1. The data provided in the "Ergonomics Research" section above indicates that Mr. McHowell's work tasks at Star Foods elevated his risks for the development of musculoskeletal disorders (cumulative trauma disorders) to the shoulders. The elevated risks are related to repetition, force and shoulder posture.
2. These preliminary conclusions are based on the information provided by Mr. McHowell. In order to reach a definitive conclusion regarding the ergonomics risks to the left shoulder, an on-site assessment is needed. This assessment typically includes making observations, obtaining video and obtaining weights and measurements relevant to his job.

Report prepared and submitted by



Glen K. Adams, MRC, CRC, CEES

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February 24, 2015

E. Ros Huff, Esquire
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Post Office Box 1935
Irmo, SC 29063

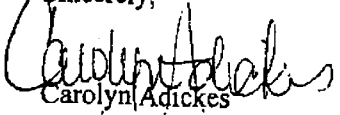
RE:	Our Client:	Bryan McHowell
	Your Client:	Bryan McHowell
	C/A Case No.:	1402961
	DOI:	2/27/2014

Dear Mr. Huff:

Please accept this letter as a follow-up to Mr. Stewart's letter of February 13, 2015, wherein he requested permission to allow our expert to visit Mr. McHowell's employer. If you could please let us know your position to this request, as well as our request for mediation, we would appreciate it.

Thank you for your attention to this matter.

Sincerely,


Carolyn Adickes
Paralegal to Brent Stewart

/cra

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 357-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055
0072
IN NC, DBA STEWART LAW OFFICES, PLLC

0202

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1242 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732

REPLY TO:
P.O. BOX 670 • ROCK HILL, SC 29731-6670
FAX (803) 328-5876

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

February 13, 2015

E. Ros Huff, Esquire
Huff Law Firm LLC
7244 Woodrow Street
Post Office Box 1935
Irmo, SC 29063

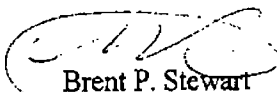
RE: Our Client: Bryan McHowell
 Your Client: Bryan McHowell
 C/A Case No.: 1402961
 DOI: 2/27/2014

Dear Mr. Huff:

Please accept this letter as our formal request to grant our expert, Glen Adams, permission to visit Mr. McHowell's employer and view his job in person. Additionally, please advise whether you would be agreeable to mediation. If so, we would like to suggest Ernie Lawhorne as mediator.

Please let me know about the above requests as soon as possible. Thank you for your attention to this matter.

Sincerely,


Brent P. Stewart
Attorney at Law

BPS/cra

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March 6, 2015

E. Ros Huff, Esquire
Huff Law Firm LLC
7244 Woodrow Street
Post Office Box 1935
Irmo, SC 29063

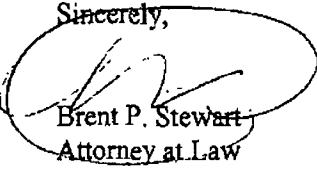
RE:	Our Client:	Bryan McHowell
	Your Client:	Bryan McHowell
	C/A Case No.:	1402961
	DOI:	2/27/2014

Dear Mr. Huff:

Currently, based on the evidence reviewed to date, our expert Glen Adams will testify that the job, on which the Claimant was working, resulted in a compensable work related injury. However, he would like to actually review the job done by the Claimant, as we have stated to you in prior correspondence and telephone calls. Could you please let me know if you are willing to let the Claimant, myself and Glen Adams view the job done by the Claimant.

Thank you for your attention to this matter.

Sincerely,


Brent P. Stewart
Attorney at Law

BPS/cra

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0204

6/18

SOUTHERN SURGICAL ASSOCIATES -
CAROLINA HAND CENTER, P.A.

STEPHEN J. NASO, Jr., M.D., F.A.C.S.
GERALD L. ADAMS, M.D., F.A.C.S.
WARREN B. BURROWS, II, M.D.
D. WILLIAM MOOSE, JR., M.D.

NASO

CHARLOTTE:
PRESBYTERIAN MEDICAL TOWER
1718 E. FOURTH ST., SUITE 707
CHARLOTTE, NC 28204
TEL: (704) 375-3397

PINEVILLE:
MERCY MEDICAL PARK
BLDG. 100, SUITE 102
CHARLOTTE, NC 28210
TEL: (704) 541-1095

NAME McHowell, Bryan Albert

57)

REFERRED BY Dr Bradner

ADDRESS PO Box 1

Van Wyck SC 29744

EMPLOYER
INSURANCE Chubb

TELEPHONE (Hm) 803-285-8518 (Wk)

COMPENSATION XXX

PRIVATE

06-07-93

CC: Tendonitis bilat hands 1992

OVSC- NCS 6-15-93 AUTHORIZED SIGNATURE: Chubb

This gentleman is seen in the office because of pain, tingling and numbness in both hands. He states that his hand and especially his right hand goes to sleep at work. He was working as a welder until about the third of May when he left work and has not worked since. He states that he was working for the same company for about two years.

According to the patient, his symptoms started within the last year or so. He was seen by Doctor Bradner in Rock Hill on the fourth or fifth of May and treatment was initiated. His complaints again are tingling and numbness with his hands "going to sleep", loss of grip, and some pain. He states that the symptoms are getting worse. Again the right hand is worse than the left. He has trouble when he drives. He wakes up at night with pain and tingling. He has had four weeks of physical therapy in Rock Hill and he states that the symptoms are somewhat less but he is still awakening at nighttime.

The question here is the diagnosis. Does this gentleman have a carpal tunnel syndrome or does he strickly have a tendonitis or some neuropraxia which can be treated conservatively. I think Nerve Conduction Studies are going to have to be performed. I will make arrangements for these. As to relationship to his work, I would imagine this has already been checked out by the insurance company and the work site. Mr. McHowell claims that everything started with his work as a welder. I will see him back. SJN, JR/fsp

6-15-93

OV- The Nerve Conduction Studies done today do show evidence of bilateral carpal tunnel to a mild to moderate extent. I think we can treat this conservatively and will go with injection of the right hand and see how this does over the next two weeks and then bring him back and inject the left hand if feasible. In the meantime, he is not working. He is being careful not to use any kind of vibrating tools at home. I will see him in two weeks. SJN/sj

cc: Chubb

Date of Birth: [REDACTED]
Date of Service: 06/24/2002

PATIENT NAME: Edward M. Howell DOB: 57

FAMILY PHYSICIAN: _____ **REFERRED BY:** _____

Current Medication	How taken	Prescribed By

DATE	HEIGHT	WEIGHT	BY

DATE	TIME	DESCRIPTION	INITIALS
1-2-02		Lt & Rt elbow pain - Rt worse then ~~the~~ LEFT	Spencer Wright 12 LA Blomberg Handy (12) Genovese Wright Blomberg
7/5/02		(12) - (12) elbow	

PatientID:
Patient Name: BRYAN A MCHOWELL
MRC Description: BUSINESS - TAB

Date of Birth: 1957
Date of Service: 06/24/2002

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES, P.A. PATIENT REGISTRATION FORM

DATE: 1-2-02

PHYSICIAN YOU ARE SEEING: ☐ Fleischer ☐ Lehmjan ☒ James ☐ McCarthy
☐ McQueen ☐ Heinig ☐ Powell ☐ Rentz

PATIENT INFORMATION			
PATIENT NAME Bryan A. McHowell	AGE 44	DATE OF BIRTH [REDACTED] 57	SSN [REDACTED]
ADDRESS 7822 Van Wyck Rd.	CITY Lancaster	STATE SC	ZIP CODE 29720
☐ MARKED ☒ DIVORCED ☐ SINGLE	SPOUSE'S NAME [REDACTED]		HOME PHONE 286-5030
☐ WIDOWED ☐ SEPARATED			

RESPONSIBLE PARTY INFORMATION			
PERSON RESPONSIBLE FOR MEDICAL EXPENSES General Nutrition Co.	AGE	DATE OF BIRTH	SSN
ADDRESS	CITY	STATE	ZIP CODE
RELATION TO PATIENT	HOME PHONE		

EMPLOYEE INFORMATION			
EMPLOYED ☒ YES ☐ NO	WHO IS YOUR EMPLOYER: (FATHER IF MINOR) General Nutrition Co.		
ADDRESS Pittsboro	CITY PA	STATE	ZIP CODE
POSITION Driver	BUSINESS PHONE		
SPOUSE'S EMPLOYER (OR MOTHER'S)	ADDRESS		
POSITION	BUSINESS PHONE		

EMERGENCY INFORMATION		
PERSON TO CONTACT IN CASE OF EMERGENCY (NOT LIVING WITH YOU) R.H. McHowell	RELATIONSHIP Father	PHONE 285-8533

INSURANCE INFORMATION					
INSURANCE CO NAME AND ADDRESS Kemper	TELEPHONE	POLICY #	GRP	NAME OF INSURED	CO-PAY \$
INSURANCE CO NAME AND ADDRESS	TELEPHONE	POLICY #	GRP	NAME OF INSURED	CO-PAY \$

WORK RELATED INJURY INFORMATION			
JOB RELATED ☒ YES ☐ NO	DATE OF INJURY	DATE LAST WORKED 12-13-01	EMPLOYER AT TIME OF INJURY GAC
WHO MAY WE CONTACT TO VERIFY WORKER'S COMP? Donna Gurns			PHONE

PAYMENT TODAY WILL BE BY: CASH CHECK CREDIT CARD

(PLEASE SEE REVERSE SIDE)

Date of Birth: [REDACTED]
Date of Service: 06/24/2002

Thank you for choosing us as your healthcare provider. To assist you in understanding our billing practices a copy of our financial policy will be provided to you upon your first visit to our practice. You may also request an additional copy at anytime during your visits with us.

FINANCIAL RESPONSIBILITY: The undersigned acknowledges full responsibility for services rendered and agrees to make definite financial arrangements for services rendered. The undersigned understand that the charges made for professional services may not be covered in full by my health insurance and therefore they are solely responsible for payment of all uncovered services. The undersigned understand that payment is expected at the time of service for all office visits, testing and injections. Insurance will be filed for fractures, surgeries and for insurance plans contracted with provider. Co-payments and deductibles are expected at the time of services.

LIABILITY CLAIMS: The undersigned acknowledges that Carolina Orthopaedic Surgery Associates, P.A. does not accept third party liability. Assistance will be given to provide the patient with necessary forms for filing, but payment is expected at the time of service. In the event the patient is covered under medical insurance, all claim and subrogation forms must be completed prior to services being rendered. The undersigned authorizes Carolina Orthopaedic Surgery Associates, P.A. to establish a said lien against any settlement, claim, judgment or verdict as a result of said claim for which services were rendered. The undersigned further authorizes and directs all **ATTORNEY'S and THIRD PARTY PAYOR'S** to pay directly to Carolina Orthopaedic Surgery Associates, P.A. any sums owing, including payments and adjustments from insurance carriers, prior to sums being distributed to the patient and within 15 days of settlement of said liability claim. Carolina Orthopaedic Surgery Associates, P.A. will refund insurance carriers for amounts paid once payment has been received from settlement.

The undersigned further understands that payment for services rendered is not contingent on any settlement, claim, judgment or verdict by which they may eventually recover said fees.

MEDICAL RECORDS RELEASE: The undersigned authorizes Carolina Orthopaedic Surgery Associates, P.A. to release medical records related to the treatment rendered to all insurance carriers for the purpose of payment of claims, including worker's compensation claims to employer, carrier and/or case managers. This may include, but is not limited to medical records, medical opinions and test results.

MEDICARE, MEDICAID AND GOVERNMENT AUTHORIZATIONS: The undersigned certifies that the information given in applying for payment for services under TITLES XVIII AND XIX of the Social Security Act is correct and request payment of authorized benefits be made in my behalf. I authorize release of information about my treatment to the utilization and quality control peer review organization responsible for reviewing the medical care furnished to me. I further state that I do not have any other insurance, group or private, which should be filed primary to Medicare or Medicaid except as listed on my registration form.

ASSIGNMENT OF BENEFITS: The undersigned authorizes payment of medical and surgical benefits directly to Carolina Orthopaedic Surgery Associates, P.A.

**A PHOTOSTATIC COPY OF THIS CONSENT SHALL BE AS VALID AS THE ORIGINAL. I/WE AGREE
THIS AUTHORIZATION SHALL BE VALID FOR TWO YEARS.**

Signature Patient / Primary Insured

Signature Patient / Spouse / Guarantor

Date

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: OFFICE NOTES - OLD

Date of Birth: [REDACTED]
Date of Service: 06/17/2002

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

McHowell, Bryan DOB: [REDACTED] 67

Chart: [REDACTED]

INITIAL OFFICE NOTE

Page: 1

1-2-2002

LANCASTER

HISTORY: The patient is a 44 year old white male referred by his company for evaluation of bilateral elbow pains, right worse than the left. The patient states he injured this at work. He does a lot of lifting of boxes. This has been going on for at least six months. He was seen at Springs Urgent Care. They gave him some anti-inflammatories and referred to our office for further evaluation and treatment.

P. M. H.: As stated in front of the chart. He has no known allergies.

R. O. S., F. H., S. H.: Unremarkable.

PE: Patient is alert, oriented, well-developed, well-nourished white male in no acute distress.
HEENT: Within normal limits. On examination of both elbows, he has tenderness to the lateral epicondyles on force resistance and extension of the wrist. He has no effusion. He has good range of motion. He has no instability.

X-ray: Of his left elbow in our office fails to show any particular abnormalities. X-rays of the right elbow from Springs Urgent Care fails to show any particular abnormalities.

IMPRESSION: Bilateral lateral epicondylitis.

PLAN: The patient had treatment options discussed with him. He elected for injection. We did sterile prep and injection of Lidocaine and Corticosteroid into the origin of the extensor carpiradialis brevis tendon of both elbows. Continue Celebrex 200 mg per day. I wrote him a prescription for this. I will see him back in 4-6 weeks for follow-up.

WORK STATUS: He will continue regular duty work

W. Scott James, III, M.D./ss

Cc: General Nutrition

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: PAST MEDICAL SOCIAL HISTORY

Date of Birth: [REDACTED]
Date of Service: 01/02/2002

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES, P.A.
PATIENT MEDICAL HISTORY FORM

Patient Name: Bryan A. McHewell DOB: 5-11-87 Date Completed: 1-2-02

DRUG ALLERGIES

ARE YOU ALLERGIC TO ANY MEDICATIONS? ☐ YES ☒ NO

If so, please list _____

ABOUT THIS VISIT

Who referred you to our office? Spring Who is your family physician? Maackey

What will we be seeing you for today? E Shaws

Have you had x-rays for this problem? ☒ Yes ☐ No If "YES" did you bring them with you? ☒ Yes ☐ No

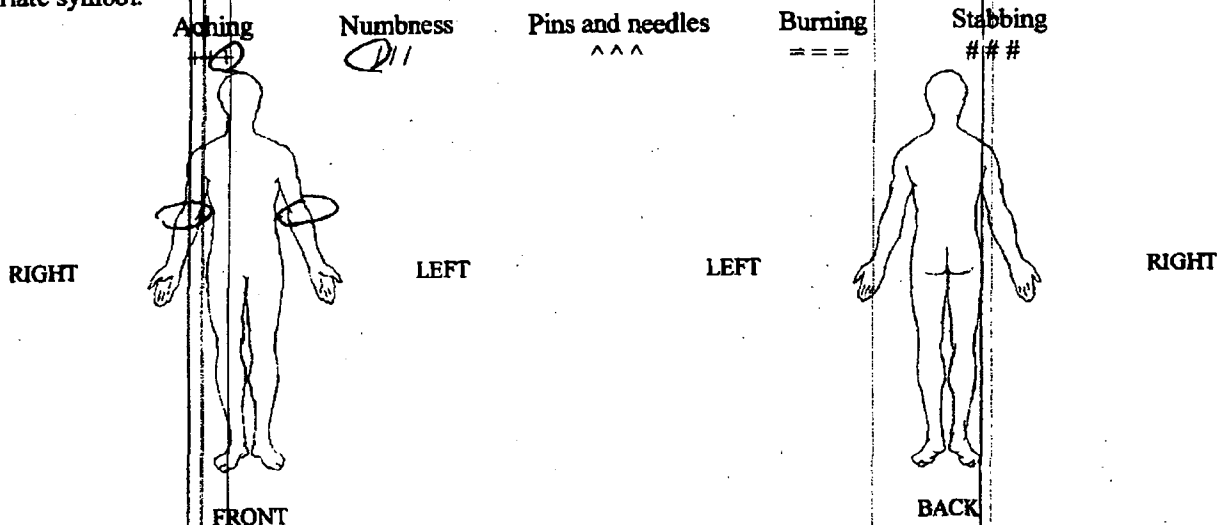
If today's visit is because of an accident, please tell us how, when and where the accident happened.

Accident? ☐ Yes ☒ No Details: _____

If this was not the result of an accident, please tell us when your pain started. If you are unsure, please give an approximate date: About 6-8 months ago

Have you ever been treated for this problem or a similar problem in the past? ☐ Yes ☒ No If "YES" please tell us what you were treated for, when and who treated you? _____

Where is your pain now? Mark the areas on your body where you feel the sensation described below, using the appropriate symbol.



- How bad is your pain now on a scale of 1-10, 10 being severe? 7
- What is the last date you presently worked? 12-13-01
- What activities make the pain worse? ☒ During exercise ☐ After exercise ☐ Sitting ☐ Standing
☐ Walking ☐ Bending forward ☐ Bending backward ☐ Coughing ☐ Sneezing
- What reduces the pain? ☐ Lying down ☐ Sitting ☐ Standing ☐ Walking ☒ Pain medication
☐ Physical therapy ☐ Muscle relaxant pills ☐ Anti-inflammatory pills ☐ Other _____

To be completed by office staff

Height: _____

Weight: _____

Temp: _____

BP: _____

(over please)

(Medical History - Continued)

YOUR MEDICAL HISTORY

Do you have a history of any of the following:

<u>NO</u> AIDS	<u>NO</u> Diabetes	<u>NO</u> High Blood Pressure	<u>NO</u> Rheumatic Fever
<u>✓</u> Anemia	<u>✓</u> Embolism	<u>✓</u> Kidney Disease	<u>✓</u> Sickle Cell
<u>✓</u> Angina	<u>✓</u> Emphysema	<u>✓</u> Liver Disease	<u>✓</u> Stomach Problems
<u>✓</u> Arthritis	<u>✓</u> Free Bleeding	<u>✓</u> Migraines	<u>✓</u> Stroke
<u>✓</u> Blood Clots	<u>✓</u> Glaucoma	<u>✓</u> Neurological probs	<u>✓</u> Tuberculosis
<u>✓</u> Cancer	<u>✓</u> Hepatitis		

Have you ever suffered any injury or have any persistent pain in your:

<u>✓</u> Arms	<u>✓</u> Back Mid	<u>✓</u> Fingers	<u>✓</u> Legs	<u>✓</u> Spine
<u>✓</u> Ankles	<u>✓</u> Back, Upper	<u>✓</u> Hips	<u>✓</u> Neck	<u>✓</u> Toes
<u>✓</u> Back lower	<u>✓</u> Feet	<u>✓</u> Knees	<u>✓</u> Shoulders	<u>✓</u> Wrist

Please list any serious illness or surgeries you have had: N/A

If you are a female:

What is the date of your last menstrual cycle? _____

Is there any chance you could be pregnant now? YES NO

FAMILY MEDICAL HISTORY

Please tell us about any medical problems in your family

Father: By Pass

Mother: Angioplasty

Sister/Brother: Diabetic

Grandparents: _____

HOBBIES/SPORTS

What activities do you enjoy or do on a regular basis:

<u>✓</u> Basketball	<u>✓</u> Needle Point	<u>✓</u> Softball	<u>✓</u> Wrestling
<u>✓</u> Baseball	<u>✓</u> Painting	<u>✓</u> Swimming	<u>✓</u> Weight lifting
<u>✓</u> Bowling	<u>✓</u> Racquetball	<u>✓</u> Tennis	
<u>✓</u> Crocheting	<u>✓</u> Skiing Snow	<u>✓</u> Volleyball	
<u>✓</u> Football	<u>✓</u> Skiing Water	<u>✓</u> Water Aerobics	

(revised 8/98)

Patient ID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: BUSINESS - TAB

Date of Birth: [REDACTED]
Date of Service: 06/24/2002

Kemper
Insurance Companies
5 Lake Point Plaza
2709 Water Ridge Pkwy.
Charlotte NC 28217-4539

704/329-2500
Fax 704/329-2515

CAROLINA ORTHOPAEDIC
DR JAMES
1201 COLONIAL COMMONS
LANCASTER SC 29720

Claim #:	224 CP 212830 M 224
Date of Loss:	October 30, 2001
Insured:	GENERAL NUTRITION CORPORATION
Other:	
Office Use:	813 1

June 11, 2002

Claimant: BRYAN MCHOWELL

Please complete the following and return to our office.

1. Current Diagnosis: SIP medial Epicondylitis **9/85/16**
2. Treatment: None attached
Cause of Condition:

3. Please advise as to the following:

Employee can return to work on regular job ☒ Yes ☐ No On 6-8-02

Employee can return to work with the following restrictions:

no restrictions
on 6-8-02 Please comment if restrictions are temporary:

I expect the employee to be able to return to work in about _____ Days/ _____ Weeks. SS#: 264-06-0770.

4. Has the patient reached maximum medical improvement? ☒ Yes ☐ No
If so, is there any permanent partial disability? ☐ Yes ☐ No
If so, what is the permanent partial disability rating? _____

[Signature]
Doctor's Signature

6-24-02
Date

American Protection Insurance
Evelle A. Wilson
Claim Department
704/329-2522

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL

Date of Birth: [REDACTED] 957, 51 y

Account: [REDACTED]

Date: 02/27/2009

LANCASTER

H: This is a 51-year-old white male who comes for a workers' comp. injury for his left hand from somewhere around 2/12/09 when he was climbing down out of his truck which he drives for work. His hand slipped and it pulled. He had a pain like something popped in the palm of his hand. He noted a cord in the hand along the palmar aspect of the flexor tendon for the ring finger. He was seen elsewhere. He had x-rays which were normal. He comes to us.

PH: Is on the chart and reviewed with him including medications and allergies.

E: Exam shows an overweight white male, pleasant and cooperative. He has Dupuytren's cord in the palm of the left hand. He is mildly tender over this area. The rest of the hand is normal. He has full flexion and extension for the fingers including the ring finger.

X: X-rays reviewed are normal.

IMP: STRAIN OF DUPUYTREN'S CORD FOR THE LEFT HAND.

P: I have discussed this with him and this just needs time. This should settle down. I have discouraged him from doing anything unless he starts to get a contracture for the ring finger. Continue regular duties at work which he has been doing. I will see him back in a few weeks just to get one last evaluation to see if he can be released.

James N. Rentz, Jr., M.D. /jw 20895

WORK STATUS: Continue regular duties.

c: Zurich, P.O. Box 628210, Orlando, FL 32862

Claim #: 2510066232 Attn: Diane Haynes

Electronically signed by: JAMES N RENTZ, JR., M.D. on March 1, 2009

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: PAST MEDICAL SOCIAL HISTORY

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

Did you bring your x-rays? If not let us know now.

DATE COMPLETED: 02/27/09

Patient Name: Bryan A McEwell

Age: 57

Date of Birth: [REDACTED] 57

Who is completing this form? ☒ Patient ☐ Someone else Who?

Relation:

If you work, What type work do you do? Driver

Are you left or right handed? R

HISTORY

Who is your family Physician? Dr. Sharpe

Who referred you to us? Sharpe

Are you allergic to any medication? ☒ No ☐ Yes, what?

Are you taking any medications? ☐ No ☒ Yes, List all, include dosage. Ask for a separate sheet if necessary. (Important)

PROBLEM

Why are we seeing you today? If no injury, when did your problem begin - describe how it bothers you.

Left Hand Injury

DATE OF ACCIDENT OR APPROXIMATE DATE PROBLEM STARTED:

2-12-09

HISTORY

IF THIS WAS AN ACCIDENT YOU MUST COMPLETE EACH SECTION BELOW - IF NOT GO TO NEXT SECTION.

Auto Accident?

☐ No, go to next section ☒ Yes, answer questions below

Were you driving? ☒ No ☐ Yes

Passenger? ☐ No ☐ Yes

Front/Back Seat?

Wearing a seatbelt? ☐ No ☐ Yes

Airbag deploy? ☐ No ☐ Yes

Vehicle totaled? ☐ No ☐ Yes

Have you seen a physician? ☐ No ☒ Yes Who/Where? Dr. Beatty / Murray

X-RAYS: ☐ No ☒ Yes

Was anyone from either car admitted to the hospital? ☐ No ☐ Yes Do you have an attorney? ☐ No ☒ Yes

Tell us in detail about how the accident occurred, who was at fault and list all your injuries.

slipped while
climbing out of truck, felt hand pop

Other Accident?

☐ No, go to next section ☐ Yes, answer questions below

Work Related? ☐ No ☐ Yes Someone else at fault? ☐ No ☐ Yes

Tell us in detail about how this accident happened, who was at fault and list all injuries.

SYMPTOMS/PAIN/OTHER INFORMATION

CIRCLE THOSE THAT APPLY

Quality: What best describes your pain? Throbbing Aching Stinging Burning
Numbness Pins/Needles Stabbing Other:

Severity: On a scale of 1-10 with 1 being the least and 10 being the worst,

How bad is your pain?

What makes pain better? Rest Worse? using hand

Duration: My pain is: Constant Frequent Occasional Seldom Intermittent

Other:

Timing: When does pain bother you the most? While awake Wakes you from sleep
While walking standing sitting getting up/down Other: moving on floor

Signs/Symptoms: Did or do you experience Swelling Bruising Heat around area

Other: Do you smoke? ☒ No ☐ Yes Number packs day _____ Years? _____

Do you drink alcohol? ☐ No ☒ Yes How often? 2x a week

Had recent weight ☐ Gain ☐ Loss How much? 10 lbs

OR 2/27/09

			
FRONT		BACK	
Right	Left	Left	Right
Show us above where your pain is located. Physician Notes: Nurses Use Only Below			
Height	Weight	B/P	Temp
6'1"	275 lbs	10	2/27/09

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: PAST MEDICAL SOCIAL HISTORY

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

MEDICAL HISTORY

Review each area carefully. If you have no problems in the area, circle Normal and continue to the next.

Skin

Circle **NORMAL** if no problems and go to the next section. If problems, circle those that apply.

Chronic Rash Ulcer(s) Chronic Other: _____

Senses / Nervous System

Circle **NORMAL** if no problems and go to the next section. If problems, circle those that apply.

Hearing impairment hard of hearing or deaf
Dizziness or fainting spells
Suffered a stroke or paralysis

Vision problems poor vision or blind
Epilepsy or seizures
Emotional or nervous problems

Heart/Lungs/Vascular

Circle **NORMAL** if no problems and go to the next section. If problems, circle those that apply.

Chest pains
Heart murmur
Emphysema (COPD)
High blood pressure

Heartache
Shortness of breath
Persistent Cough
Controlled by medicine? YES

Skipped heartbeats
Asthma How long? _____
Seasonal allergies

Liver/Kidney/Intestinal

Circle **NORMAL** if no problems and go to the next section. If problems, circle those that apply.

Have you have problems with urination or problems with your bowels? No Yes, describe _____

Hepatitis
Kidney Problems
Kidney Stones
Kidney or bladder infection now

Cirrhosis
Ulcers
Enteritis (diarrhea)
Bleeding problems, describe: _____

Difficult or frequent urination
Hiatal Hernia

Endocrine/Reproductive

Circle **NORMAL** if no problems go to the next section. If problems, circle those that apply.

Could you be pregnant? NO YES Last menstrual period? _____
Prostate Problems NO YES Describe _____
Thyroid Problems NO YES
Diabetes NO YES
Controlled by: Diet Oral Medication Insulin - dose: _____

Bones and Joints

Circle **NORMAL** if no problems go to the next section
If problems, circle those that apply

Arthritis No YES
Broken Bones No Yes
Bone/joint surgery No Yes
Bone/joint infection No Yes

Rheumatoid Other: _____
Bone broke/date: _____
Bone/joint/date: _____
Describe: _____

Have you previously injured or been treated for problems regarding any of the following:

Neck
Back Upper Mid
Ankles (L) (R)
Hips (L) (R)

Shoulders (L) (R)
Back Lower
Feet (L) (R)
Knee (L) (R)

Other Problems

Circle **NORMAL** if no problems go to the next section
If problems, circle those that apply

Anemia
HIV
Blood clotting problems
Tuberculosis
Cancer (type/treatment)

Chronic Cough
Hepatitis
Headaches, frequent
Hernia

Surgeries

Circle **NORMAL** if no problems go to the next section
If problems, circle those that apply

HAVE YOU OR A BLOOD RELATIVE EVER HAD PROBLEM WITH
ANESTHESIA DURING SURGERY? NO YES

If YES, please describe: _____

Please list all previous surgeries and dates of surgery. _____

Physician's Notes, Signature, Date

Physician Signature

Date

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL

Date of Birth: [REDACTED]

Account: [REDACTED]

Date: 02/27/2009

-- WORK NOTE --

RETURN TO WORK RESTRICTIONS: (If unable to accomodate restrictions patient should be out of work until next scheduled appointment)

Return to work with no restrictions.

Electronically signed by: **JAMES N. RENTZ, JR., M.D.** (to verify status call 329-3130)

James N. Rentz, Jr., M.D.

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

Today's date: 2-27-09

Patient Name: Bryan McHovell

DOB: [REDACTED] 57

ALLERGIES: ☐ Yes ☒ No

If, "Yes," please list:

is medication.

Pharmacy list:
Pharmacy 1) C/S
2) _____

STOP HERE

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: HIPAA

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES, P.A. (COSA)
PATIENT AUTHORIZATION TO RELEASE INFORMATION

Under the HIPAA, Health Insurance Portability & Accounting Act of 1996, I understand that I have certain rights to privacy regarding my protected health information. I understand that this information may include individually identifiable health and demographic information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment. This may include sending information to multiple healthcare providers who may be involved in treatment either directly or indirectly
- To obtain payment which includes from third-party payers (insurance carriers, worker's compensation, liability in some instances), and myself
- To conduct normal healthcare operations such as quality assessments and physician certifications

I ELECT TO ALLOW THE FOLLOWING TO RECEIVE INFORMATION REGARDING MY MEDICAL TREATMENT AND CARE INCLUDING:

- Appointment information, date, time and scheduling of appointments
- Medical information discussed with my physician and/or copies of my medical records
- Test results written or verbal

Authorize Person	Relation	DOB	Information to be released
[REDACTED]	Wife	[REDACTED]	All information
WORKERS COMP			

I FURTHER AUTHORIZE COSA TO LEAVE INFORMATION REGARDING APPOINTMENT TIME, DATE, AND LOCATION AS INDICATED BELOW:

HOME ☒ CELL ☒ WORK ☐ VIA EMAIL ☐
email address: _____

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relating to this consent.

Patient Name: Bryan A. McHowell Date of Birth: [REDACTED] Age: 51
(Please print)
Signature of Patient or Guarantor: [Signature] Relation to Patient: Self
Witness: [Signature] Date: 2/27/09
Revised 9-2-08 mfe

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: PATIENT REGISTRATION

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

**Carolina Orthopaedic Surgery Associates, P.A.
Consent and Financial Responsibility**

Thank you for choosing COSA as your healthcare provider.

MEDICAL CONSENT: The undersigned consents for treatment by the physicians and staff of Carolina Orthopaedic Surgery Associates, P.A. This treatment may include office visits, laboratory testing, x-rays, physical therapy, MRI's or other medical treatment directly related to the patient's care.

The undersigned understands that medicine is not an exact science and diagnosis and treatment may involve risk. The undersigned also acknowledges that no guarantees have been made as to the results of examinations and/or treatment.

FINANCIAL RESPONSIBILITY: The undersigned acknowledges full responsibility for services rendered and agrees to make a definite financial arrangement for services rendered and understands that the charges made for professional services and supplies may not be covered by health insurance and therefore they are solely responsible for payment of all uncovered services. The undersigned understands that payment is expected at the time of service for all office visits, testing, supplies and services not covered by insurance including co-pays, deductibles and co-insurance.

Patients who are not covered by insurance are required to pay a minimum deposit established by the practice. This is a deposit and not to be considered as the total for services rendered. Balances are due at the time of treatment unless other arrangements have been made.

LIABILITY CLAIMS: The undersigned acknowledges that COSA does not accept third party liability as the sole means of payment for services. Payment is expected in full at the time of service unless other arrangements have been made.

In the event of other medical insurance, all claim forms and subrogation forms must be completed prior to services being rendered.

The undersigned authorizes COSA to establish a said lien against any settlement, claim, judgment or verdict as a result of said claim for the full amount of services rendered and not previously paid by the patient.

The undersigned further authorizes and directs all Attorney's and Third Party Payors to pay directly to COSA any sums owing, including payments and adjustments from insurance carriers, prior to sums being distributed to the patient and within 15 days of settlement of said liability claim. COSA will, as required by contracts, refund insurance carriers for amounts previously paid on liability claims.

MEDICAL RECORDS: The undersigned authorizes COSA to release medical records, according to HIPAA guidelines, which relate to treatment rendered to insurance carriers, including workers compensation employers and nurse case managers for the purpose of payment of claims. This may include but is not limited to medical records, medical opinions and test results.

MEDICARE, MEDICAID, and GOVERNMENT AUTHORIZATIONS: The undersigned certifies the information given in applying for payment of services provided under TITLES XVIII and XIX of the social Security Act is correct and request payment to be made in their behalf. The undersigned states they do not have:

- Other group/private insurance that should be filed primary and has provided COSA with all insurance information
- Has not been involved in a third party liability claim for which another party is liable and if so, has provided COSA with detailed billing information as required

The undersigned further authorizes COSA to release information about treatment to the utilization and quality control peer review organization responsible for reviewing medical care.

ASSIGNMENT OF BENEFITS: The undersigned authorizes payment of medical, surgical, and all associated charges for services provided directly to Carolina Orthopaedic Surgery Associates, P.A.

A PHOTOSTATIC COPY OF THIS CONSENT SHALL BE AS VALID AS THE ORIGINAL. I/WE AGREE THIS AUTHORIZATION SHALL BE VALID FOR TWO YEARS.


Signature Patient/Primary Insured

Signature Patient/Spouse/Guarantor

2-27-09
Date

Patient ID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: PATIENT REGISTRATION

Date of Birth: [REDACTED]
Date of Service: 02/27/2009

PATIENT REGISTRATION

Please complete all areas, read and sign consent on back before returning

PATIENT INFORMATION

Patient Name: <u>Bryan A. McHowell</u>		Date of Birth: [REDACTED]	Social Security: [REDACTED]		
Address	Street	P.O. Box	City	State	Zip
	<u>7822 Van Wyck Rd</u>		<u>LANCASTER</u>	<u>SC</u>	<u>29720</u>
Telephone Home: <u>253 9797</u>		Cell: <u>251 4780</u>		Marital Status: <u>S M D W</u>	Gender: <u>M F</u>
Employer/School Name: <u>WALSH TRIMMER prod.</u>		Address: <u>CHEROKEE ST</u>		Insurance: <u>Y N</u>	

RESPONSIBLE PARTY

Patient Name: <u>Walsh Trimmer Workers Comp</u>		Date of Birth: [REDACTED]	Social Security: [REDACTED]		
Address	Street	P.O. Box	City	State	Zip
Telephone Home:		Work:	Cell:	Marital Status: <u>S M D W</u>	Gender: <u>M F</u>
Employer/School Name:		Address:		Insurance: <u>Y N</u>	

INSURANCE

Insured Name:		Date of Birth: [REDACTED]	Social Security: [REDACTED]	
Relation to Patient:	Name of Insurance:		Policy #:	
Employer Name:		Address:		Telephone:
Secondary Insured Name:		Date of Birth: [REDACTED]	Social Security: [REDACTED]	
Relation to Patient:	Name of Insurance:		Policy #:	
Employer Name:		Address:		Telephone:

EMERGENCY CONTACT OTHER THAN PARENT/SPOUSE

Name:		Relation to Patient:
Telephone Home:	Work:	Cell:

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL

Date of Birth: [REDACTED]

Account: [REDACTED]

Date: 03/19/2009

-- WORK NOTE --

Bryan Mchowell was treated in our office today. He was discharged at 02:54 pm. Please excuse him for this appointment. Patient may return back to work regular duty.

Electronically signed by: **JAMES N. RENTZ, JR., M.D.** (to verify status call 329-3130)

James N. Rentz, Jr., M.D.

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: [REDACTED]
Account: [REDACTED]

Date: 03/19/2009

LANCASTER

H: He returns for the strain of the Dupuytren's cord of his left hand. He says it is still a little sore.

E: Everything looks fine. No swelling.

P: Overall everything looks good. I think nothing else is needed for this. I have discouraged him from doing anything surgical even though he claims it is still sore. He has full extension of the ring finger and that is where the Dupuytren's cord attached. I do not think anything needs to be done. If he decides he wants this out, it can be resected but for now we are going to leave it alone. There will be no impairment for the hand. He can continue regular duties at work. I have released him to regular duties as of now. I have released him from my care. I will see him back p.r.n.
James N. Rentz, Jr., M.D. /jw 21390/91

WORK STATUS: Released to regular duties as of now.

c: Zurich, P.O. Box 628210, Orlando, FL 32862
Claim #: 2510066232 Attn: Diane Haynes

Electronically signed by: JAMES N RENTZ, JR., M.D. on March 19, 2009

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: [REDACTED]
Account: [REDACTED]

Date: 11/25/2009

LANCASTER

H: He returns for the Dupuytren's cord to the ring finger for his left hand. Still no contracture but he is just having pain over the cord whenever he uses the hand and if he pushes down on it.

P: He wishes to go ahead and get this cord out. We had talked about this briefly before. I went into more discussion with him and explained that it can recur and that he will have a scar in the palm. He understands all of this. He wants to go ahead and get this done to get this resolved. After further discussions of the peri- and post-operative course and the potential risks and benefits, we will go ahead and set this up once we get workers' comp. approval. Until then he can continue regular duties at work. We will see him back sometime prior to surgery.
James N. Rentz, Jr., M.D. /jw 23049

WORK STATUS: Continue regular duties.

c: Zurich, P.O. Box 628210, Orlando, FL 32862
Claim #: 2510066232 Attn: Diane Haynes

Electronically signed by: JAMES N RENTZ, JR., M.D. on November 30, 2009

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: [REDACTED]
Account: [REDACTED]

Date: 11/25/2009

-- WORK NOTE --

Bryan Mchowell was treated in our office today. He was discharged at 11:37 am. Please excuse him for this appointment.

RETURN TO WORK RESTRICTIONS: (If unable to accomodate restrictions patient should be out of work until next scheduled appointment)

Return to work with no restrictions.

Electronically signed by: *JAMES N. RENTZ, JR., M.D.* (to verify status call 329-3130)

James N. Rentz, Jr., M.D.

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL

Date of Birth: [REDACTED]

Account: [REDACTED]

Date: 11/25/2009

SURGERY AUTHORIZATION

PHYSICIAN: JAMES N. RENTZ, JR., M.D.

DIAGNOSIS: dupytrens cord wth pain left hand ring finger

PROCEDURE: dupytrens release left hand ring finger

TIME REQUIRED: 45 min

LOCATION: Center for Orthopaedic Surgery.

PATIENT PREFERENCE + DAY TIME CONTACT #: patient contact number is 287-4780--wants asap
after approved by worker's comp--lc 11-25-09

WORKERS COMP: YES.

SURGERY CLEARANCE

***** SURGERY INFORMATION *****

PLACE OF SERVICE: CENTER FOR ORTHOPAEDIC SURGERY.

ADMIT: OUTPATIENT SURGERY.

DATE OF SURGERY: 12/16/2009 (@ 3:00)

OFFICE H&P DATE: 12/15/2009 (@ 8:00 RH)

FACILITY H&P DATE: 12/15/2009 (@ 9:00)

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: 
Account: 

Date: 11/25/2009

1ST POST OP: 12/28/2009 (@ 8:31 RH)

POSTED WITH:
DATE: 12/10/2009

PATIENT NOTIFIED: YES.
DATE: 12/10/2009

NOTIFICATION:.
PHYSICIAN TECH NOTIFIED.12-10-09

COMPLETED BY: Sherry Walden, RT(R), 12/10/2009, 11:09 am

***** VERIFICATION - AUTHORIZATION *****

PRIMARY COVERAGE

***** ESTIMATE *****

11-30-09 FAX SURGERY REQUEST AND MEDICAL NOTES TO DIANE HAYNES @ ZURICH.BV
12-4-09 left message with diane haynes @ zurich regarding status of approval for surgery.bv

12-9-09 pat chambers @ zurich ins auth surgery 404-851-3204.bv

12-10-09 NOTIFIED PAT CHAMBERS @ ZURICH OF SURGERY DATE.BV

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: [REDACTED]
Account: [REDACTED]

Date: 12/15/2009

ROCK HILL

H: He returns for pre-op History and Physical for his Dupuytren's cord in the left palm going into the base of the ring finger.

PE: There is still no contracture. Full motion. He is neurovascularly intact.

P: History and Physical was discussed with him including the potential risks and benefits and the surgery itself. He understands. He still wishes to proceed. We marked him. We will see him back post-op. As far as work, continue with regular duties until surgery and then will be out until I will see him back in follow-up.

James N. Rentz, Jr., M.D. /jw 231624

WORK STATUS: Continue with regular duties until surgery and then will be out until follow-up.

c: Zurich, P.O. Box 628210, Orlando, FL 32862
Claim #: 2510066232 Attn: Diane Haynes

Electronically signed by: JAMES N RENTZ, JR., M.D. on December 16, 2009

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL
Date of Birth: [REDACTED]
Account: [REDACTED]

Date: 12/28/2009

ROCK HILL

H: He returns for his excision of Dupuytren's nodule and cord from his left palm.

PE: Everything looks great. Minimal pain. He is neurovascularly intact for the finger. The wound looks good.

P: He just needs to work on stretching. We removed his sutures. New dressings were placed. He will continue with his work restrictions. Nothing over 5 pounds with the left hand and must keep it clean and dry until I see him back in a few weeks.

James N. Rentz, Jr., M.D. /jw 231842

WORK STATUS: Continue with his work restrictions. Nothing over 5 pounds with the left hand and must keep it clean and dry until I see him back in a few weeks.

c: Zurich, P.O. Box 628210, Orlando, FL 32862
Claim #: 2510066232 Attn: Diane Haynes

Electronically signed by: JAMES N RENTZ, JR., M.D. on December 29, 2009

Carolina Orthopaedic Surgery Associates, P.A.
1201 Colonial Commons
Lancaster, SC 29720
(803) 286-8443

Patient Name: BRYAN MCHOWELL

Date of Birth: [REDACTED]

Account: [REDACTED]

Date: 03/19/2010

-- WORK NOTE --

Bryan Mchowell was treated in our office today. He was discharged at 01:01 pm. Please excuse him for this appointment.

RETURN TO WORK RESTRICTIONS: (If unable to accomodate restrictions patient should be out of work until next scheduled appointment)

Return to work with no restrictions. on 3-22-10

Electronically signed by: **JAMES N. RENTZ, JR., M.D.** (to verify status call 329-3130)

James N. Rentz, Jr., M.D.

BRYAN A MCHOWELL

03/19/2013

Patient #: [REDACTED]

DOB: [REDACTED]

INDEPENDENT MEDICAL EVALUATION

NAME: Bryan Elbert McHowell

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

DATE OF INJURY: 03/06/2012

DATE OF SERVICE: 03/19/2013

This 55-year-old man presents for an independent medical evaluation regarding a work related injury which occurred to the left shoulder on 03/06/2012. The following comments are stated as most probable and are true to a reasonable degree of medical certainty. They are based on standard tenets of orthopaedic disability evaluation, personal examination of the patient on today's date, as well as review of records pertinent to his care thus far.

Records available for review include a radiology report, Springs Memorial Hospital, MRI of the left shoulder, 05/18/2011, operative report, Springs Memorial Hospital, left shoulder arthroscopy 06/02/2011, Aran O'Malley, M.D., Lancaster, SC; Lancaster Orthopaedics and Sports Medicine, Aran O'Malley, M.D., Lancaster, SC; MRI left shoulder, 04/10/2012, Springs Memorial Hospital, Lancaster, SC.

Mr. McHowell has been a truck driver for a number of years, having been employed by Star Food Products beginning in approximately February 2012. He provided local route sales of perishable food for such stores as Walmart, Piggly Wiggly, as well as Dollar General, operating a 26 foot truck. On the date of accident, he was in the process of delivering the perishable goods when he noticed an oncoming car which was directly in his lane, the driver of the vehicle inattentive apparently texting or on a cell phone. He was going about 35 miles per hour and was fully loaded, and was forced partly off of the roadway in order to avoid a collision. There was a deficient shoulder of the road with red mud, causing his truck to overturn. He sustained impact upon the left shoulder predominantly, denying any other specific injuries. The EMT people arrived at the scene and examined Mr. McHowell, and did not think that he needed to go to the emergency department. He continued to have shoulder pain, and therefore sought evaluation by Dr. O'Malley at Lancaster Orthopaedics and Sports Medicine, date of initial visit being 04/04/2012. Dr. O'Malley had previously performed carpal tunnel release at both wrists, and thus he was an established patient with Dr. O'Malley.

Mr. McHowell states that he had previously been treated by Dr. O'Malley for left shoulder problems, having experienced some shoulder pain with reaching and lifting activities beginning approximately in March 2011. There was no history of any injury at that time. Dr. O'Malley obtained an MRI of the left shoulder on 05/18/2011, which demonstrated some AC joint arthrosis, tendinopathy at the supra and infraspinatus rotator cuff tendons without evidence of tear. There were also some bone marrow changes at the proximal humerus which were felt to be indicative of possible degenerative cystic changes, though other etiologies were offered. Because of persistent symptoms at the left shoulder, Dr. O'Malley performed an arthroscopy on 06/02/2011, which included repair of what was felt to be a partial thickness rotator cuff tear, and subscapularis tear, with a subacromial decompression and distal clavicle excision also performed to deal with the AC joint arthrosis. Mr. McHowell responded quite well to the arthroscopic procedure at the left shoulder, and after an appropriate period of rehabilitation, he returned back to his normal work activities with no symptoms whatsoever, no pain at the shoulder

and normal range of motion.

Subsequent to the work injury of 03/06/2012, Dr. O'Malley evaluated Mr. McHowell for left shoulder pain on 04/04/2012. Mr. McHowell apparently complained of pain at the left shoulder with overhead activity, as well as at nighttime. A home exercise program had not helped, and various antiinflammatory agents had not been useful. There was no specific mention of the work injury of 03/06/2012 at that time. Dr. O'Malley recommended an MRI of the left shoulder, which was performed on 04/10/2012. This was compared with the previous MRI of 05/18/2011. Postsurgical changes were seen at the subscapularis with no definite tear identified. Degenerative changes were seen at the humeral head and at the previously resected AC joint. There was tenosynovitis involving the biceps tendon, a small full thickness tear at the posterior aspect of the supraspinatus, as well as a possible partial tear of the infraspinatus, with some irregularity of the anterior labrum, but without evidence of tear. Upon followup with Dr. O'Malley, the MRI of 04/10/2012 was reviewed, and conservative versus surgical options were discussed.

Mr. McHowell presented for followup with Dr. O'Malley on 07/25/2012, at which time Dr. O'Malley mentions that he was made aware of "some type of work injury or issue" that aggravated the shoulder, but he had no records of that injury, and thus did not specifically comment further. Examination demonstrated some weakness, as well as limited active range of motion, as well as tenderness at the greater tuberosity with impingement signs. Dr. O'Malley recommended another shoulder arthroscopy, though Mr. McHowell apparently preferred to continue his conservative treatment. A subacromial steroid injection was provided with at least partial relief. The final documented visit with Dr. O'Malley was on 08/22/2012, with the history and examination essentially unchanged. A home exercise program apparently had not relieved symptoms, nor had antiinflammatory medications. Two subacromial injections had given only transient relief. Pain was noted throughout the day, as well as at night. Examination of the left shoulder was essentially unchanged. Dr. O'Malley again recommended shoulder arthroscopy.

Dr. O'Malley responded to a questionnaire regarding the persistent and aggravated left shoulder condition, on 01/04/2013. Dr. O'Malley stated that it was possible and likely that a motor vehicle accident as described on 03/06/2012 would have aggravated Mr. McHowell's preexisting left shoulder condition. Dr. O'Malley stated that it was not possible to determine with any degree of medical certainty whether the motor vehicle accident on 03/06/2012 caused a new injury to the left shoulder. It appears that Dr. O'Malley was of the opinion that the proposed left shoulder arthroscopy would be related to the aggravation of the left shoulder condition caused by the car wreck of 03/06/2012.

Currently, Mr. McHowell has been able to return back to his previous job with Star Foods, driving the 26 foot truck, though he has considerable ongoing pain about the left shoulder requiring him to "favor" the left arm. He is, fortunately, right hand dominant. He has difficulty with any reaching activities, and any bimanual lifting over 30 pounds does aggravate his symptoms. He has difficulty sleeping through the night because of shoulder pain, particularly when he rolls over on to the left side.

FAMILY HISTORY: Mother deceased of lung cancer. Father deceased of rectal cancer. One brother has diabetes and is on renal dialysis, and has had both legs amputated. He has a sister whose medical condition is unknown. Three daughters are well.

SOCIAL HISTORY: He is a high school graduate. He has certifications in welding, truck driving, as well as working as a ferrier.

PAST SURGERY: Dupuytren's release left hand.

Allergies (Jennifer Conti; 03/19/2013 04:46 PM)
NKDA 12/15/2009
No Known Drug Allergies 03/19/2013

Past Medical History (Jennifer Conti; 03/19/2013 04:46 PM)
Cardiovascular Stress Test (2011): Normal
Patient Denies History of Cardiac Problems
Patient Denies History of Breathing Problems
Acid Reflux
Ulcers; 10/12 caused by medications
Diabetes Mellitus, Type II
Steroid Use: injection
Patient Denies any History of Liver / Kidney Problems
Patient Denies any History of Neurologic problems
Transfusion history
Caps
Vision Problems; contact left eye
General Anesthesia

Family History (Jennifer Conti; 03/19/2013 04:46 PM)
Cancer: Mother, Father
Diabetes Mellitus Type II: Brother

Social History (Jennifer Conti; 03/19/2013 04:46 PM)
Alcohol use: Does not drink alcohol
Tobacco use: Never smoker
Marital status: Divorced
Illicit drug use: Does not use illicit drugs
Living situation: Lives with relatives; daughters
Most recent primary occupation: Other; full time

Travel (Jennifer Conti; 03/19/2013 04:46 PM)
None (03/19/2013)

Medication History (Jennifer Conti; 03/19/2013 04:46 PM)
MetFORMIN HCl ER (MOD) (1000MG (MOD) Tablet ER 24HR bid, Taken starting 12/15/2009) Active.
Multivitamins (1 qd, Taken starting 12/15/2009) Active.
Omeprazole (20MG Tablet DR 1 Oral daily) Active.

Past Surgical (Jennifer Conti; 03/19/2013 04:46 PM)
Gastric Bypass; 10/10
Carpal Tunnel Surgery - Both
Rotator Cuff Repair - Left; 2011
Hand tendonitis (727.05): Left; 2008

Review of Systems (Jennifer Conti; 03/19/2013 04:39 PM)
General: Not Present- Fever, Weight Gain and Weight Loss.
Skin: Not Present- New Lesions and Ulcer.
HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.
Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.
Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.
Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.
Neurological: Not Present- Difficulty Speaking and Visual Changes.
Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.
Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Jennifer Conti; 03/19/2013 04:49 PM)

03/19/2013 04:47 PM

Weight: 198 lb Height: 73 in

Body Surface Area: 2.15 m² Body Mass Index: 26.12 kg/m²

Pulse: 94 (Regular)

BP: 153/93 Electronic (Sitting, Left Arm, Standard)

Objective Transcription (Lehman, William; 3/21/2013 9:42:48 AM)

GENERAL: Mr. McHowell is alert and conversant, oriented x3. He is well-dressed and cooperative with the examination. He has excellent judgment and insight into his current left shoulder problem, treatment, as well as prognosis. There is no evidence of any embellishment or secondary gain.

VITAL SIGNS: Noted above.

HEENT: PERRL. EOMs full. TMs intact. Pharynx clear. No oral masses.

NECK: Supple. Thyroid not enlarged. No adenopathy or bruits.

LUNGS: Clear.

HEART: Regular rhythm. No murmurs, bruits or extra sounds.

ABDOMEN: Soft, nontender, no masses or organomegaly.

SPINE: The cervical and lumbar spines have satisfactory range of motion and stability with normal lordosis. There is no specific radicular pain or neurologic deficit.

EXTREMITIES: The lower extremities have normal range of motion and function, and gait is reciprocal heel to toe. Peripheral pulses are normal. At the upper extremities the right shoulder and arm appear to have normal motion, muscle development and normal neurologic function. At the left shoulder there are well-healed arthroscopic scars. There is positive impingement with Speed test, O'Brien's test and Hawkins sign. There is considerable tenderness at the AC joint. This limits shoulder adduction. Active range of motion of the shoulder is flexion/extension 120/40 degrees, abduction/adduction 90/20 degrees, internal/external rotation 70/70 degrees. There is no evidence of any instability or subluxation. Tenderness extends into the lateral deltoid and upper arm consistent with bursal inflammation.

X-RAY: Personal review of the MRI of the left shoulder on both 04/10/2012 and 05/18/2011 does document the postsurgical changes. There is some evidence of degenerative change at the humeral head, which has not substantially changed. There is the new development of biceps tenosynovitis, full thickness tear at the supraspinatus with probable partial tear of the infraspinatus tendon, as well as definite abnormality about the anterior labrum. These findings are not seen on the prior MRI.

Assessments Transcription (Lehman, William; 3/21/2013 9:42:48 AM)

PERSISTENT LEFT SHOULDER PAIN AND LIMITED MOTION, WITH DOCUMENTED BICEPS TENOSYNOVITIS, FULL THICKNESS TEAR SUPRASPINATUS TENDON AND PARTIAL TEAR INFRASPINATUS TENDON, WITH LABRAL ABNORMALITY LEFT SHOULDER.

Plan Transcription (Lehman, William; 3/21/2013 9:42:48 AM)

Mr. McHowell has been involved in a work related accident dated 03/06/2012, predominantly affecting the left shoulder. The nature of the incident does appear to be consistent with the renewed development of left shoulder pain. Mr. McHowell did have a preexisting problem with the left shoulder, requiring arthroscopic surgery, but had recovered completely from the left shoulder problem after appropriate rehabilitation, and he returned back to work without restriction and without symptoms for at least six months prior to the accident. An MRI of the left shoulder following the accident has demonstrated definite new findings, which are consistent with the injury, specifically bicipital tenosynovitis, full thickness tear of the supraspinatus tendon and at least a partial tear of the infraspinatus tendon, as well as irregularity of the intraarticular labrum. The motor vehicle accident

MCHOWELL, BRYAN

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would be considered the most proximate cause for the development of the additional shoulder difficulties, particularly the full thickness rotator cuff tear, as there is no history of any alternative injury of sufficient magnitude to create the rotator cuff tear. As the arthroscopic procedure in 2011 was so successful, with complete relief of any symptoms, and as the initial rotator cuff abnormality was so minimal that it was not even identified on the initial MRI, I consider it unlikely that normal use of the shoulder over a period of several months would be sufficient to explain the extent of abnormality seen on the second MRI of 04/10/2012. It is clear that the motor vehicle accident is responsible for the rotator cuff tear at the left shoulder as being the most proximate cause of this finding, most probably and to a reasonable degree of medical certainty, causally related or most probably representing at least an aggravation of an underlying rotator cuff condition. I submit that Dr. O'Malley appears to agree with this assessment, having stated in the questionnaire that it was not only possible, but likely, that the motor vehicle accident of 03/06/2012 aggravated Mr. McHowell's preexisting left shoulder condition. This appears to meet the legal standard of causation, which is "more likely than not" having aggravated the left shoulder condition. We were actually fortunate, in this case, to have a historical MRI, which helps document the substantial change in the condition of the rotator cuff, bicipital tendon and labrum of the left shoulder, most probably caused by the accident of 03/06/2012.

Mr. McHowell continues to have significant functional difficulties with respect to the left shoulder, and is still considering surgical repair of the shoulder in order to lessen his level of disability. As such, he may not be at maximum medical improvement. Nevertheless, one could consider at least a preliminary assessment of impairment, based on the range of motion of the shoulder, as well as the extensive MRI findings from 04/10/2012. Assessment of impairment can be based on the documented rotator cuff and labral abnormalities, AC resection arthroplasty, as well as limited active motion. Pain, specifically, cannot be rated. Function seems to be limited predominantly by limited motion, although the AC joint has previously been resected, it is now inflamed and symptomatic. The most pertinent assessment of disability relates to loss of active motion as a standalone approach. Referring to the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition, Mr. McHowell does qualify for 10% impairment of the left upper extremity, which is equivalent to a 17% impairment of the left shoulder.

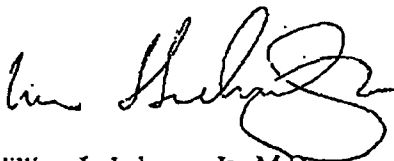
The opinions rendered herein are the opinions of William L. Lehman, Jr., M.D. This examination has been conducted on the basis of the medical examination and the documentation as provided, with the assumption that the material is true and correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this examination.

This opinion is based on the clinical assessment, clinical examination and documentation as provided. The opinion does not constitute, per se, recommendation for specific claims or administrative functions to be made or enforced. Occult illnesses not detectable on physical examination or imaging studies provided could exist in this examinee.

Comments are based on specifics provided with this case and should not be generalized to other cases, nor should they be interpreted as criticizing or supporting the provider.

I appreciate the opportunity to provide orthopaedic evaluation on behalf of Mr. McHowell. I will be available for any further input or clarification as the need arises.

Sincerely,



William L. Lehman, Jr., M.D.
Fellow, American Academy of Orthopaedic Surgeons

VF8014847, 8014848/sah

c: Brent P. Stewart, Stewart Law Offices, LLC, P.O. Box 670, Rock Hill, SC 29731-6670

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06/09/2014 03:35 pm

BRYAN A MCHOWELL DOB [REDACTED]

6/6

BRYAN A MCHOWELL

03/19/2013

Patient #: [REDACTED]

DOB: [REDACTED]

History of Present Illness

The patient is a 55 year old male who is in today for INDEPENDENT MEDICAL EXAM. The onset of the pain has been acute and has been occurring in a persistent pattern for 1 year. The course has been constant. The pain is described as severe (8). Note for "IME":

CHIEF COMPLAINT: ***IME****

REFERRED BY: Brent Stewart

ACCOMPANIED BY: Alone

PCP:

SEND COPY TO PCP?

Patient states he is here for IME. He was involved in a MVA while at work on 03/06/12 causing injury to his left shoulder.

Allergies

NKDA 12/15/2009

No Known Drug Allergies 03/19/2013

Past Medical History

Cardiovascular Stress Test (2011): Normal

Patient Denies History of Cardiac Problems

Patient Denies History of Breathing Problems

Acid Reflux

Ulcers; 10/12 caused by medications

Diabetes Mellitus, Type II

Steroid Use; injection

Patient Denies any History of Liver / Kidney Problems

Patient Denies any History of Neurologic problems

Transfusion history

Caps

Vision Problems; contact left eye

General Anesthesia

Family History

Cancer: Mother, Father

Diabetes Mellitus Type II: Brother

(M) + Ca lung

(P) + metast Ca

1 Bro. D.M.
ESRF

1 sis ?

3 daughters (M)

MCHOWELL, BRYAN

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Social History

Alcohol use: Does not drink alcohol
Tobacco use: Never smoker
Marital status: Divorced
Illicit drug use: Does not use illicit drugs
Living situation: Lives with relatives; daughters
Most recent primary occupation: Other; full time

entire
1st grad. welding
ferris (x13 yrs)
fulltime x 20 yrs

Travel

None (03/19/2013)

Medication History

MetFORMIN HCl ER (MOD) (1000MG (MOD) Tablet ER 24HR bid, Taken starting 12/15/2009) Active.
Multivitamins (1 qd, Taken starting 12/15/2009) Active.
Omeprazole (20MG Tablet DR 1 Oral daily) Active.

Past Surgical

Gastric Bypass; 10/10
Carpal Tunnel Surgery - Both
Rotator Cuff Repair - Left; 2011
Hand tendonitis (727.05): Left; 2008

Dupuytren's.

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

03/19/2013 04:47 PM

Weight: 198 lb **Height:** 73 in

Body Surface Area: 2.15 m² **Body Mass Index:** 26.12 kg/m²

Pulse: 94 (Regular)

BP: 153/93 Electronic (Sitting, Left Arm, Standard)

Electronically signed by Jennifer Conti

MCHOWELL, BRYAN

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BRYAN A MCHOWELL

03/19/2013

Patient #: [REDACTED]

DOB: [REDACTED]

History of Present Illness

The patient is a 55 year old male who is in today for INDEPENDENT MEDICAL EXAM. The onset of the pain has been acute and has been occurring in a persistent pattern for 1 year. The course has been constant. The pain is described as severe (8). Note for "IME": .

CHIEF COMPLAINT: ***IME***

REFERRED BY: Brent Stewart

ACCOMPANIED BY: Alone

PCP:

SEND COPY TO PCP?

Patient states he is here for IME. He was involved in a MVA while at work on 03/06/12 causing injury to his left shoulder.

Subjective Transcription

INDEPENDENT MEDICAL EVALUATION

NAME: Bryan Elbert McHowell

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

DATE OF INJURY: 03/06/2012

DATE OF SERVICE: 03/19/2013

This 55-year-old man presents for an independent medical evaluation regarding a work related injury which occurred to the left shoulder on 03/06/2012. The following comments are stated as most probable and are true to a reasonable degree of medical certainty. They are based on standard tenets of orthopaedic disability evaluation, personal examination of the patient on today's date, as well as review of records pertinent to his care thus far.

Records available for review include a radiology report, Springs Memorial Hospital, MRI of the left shoulder, 05/18/2011, operative report, Springs Memorial Hospital, left shoulder arthroscopy 06/02/2011, Aran O'Malley, M.D., Lancaster, SC; Lancaster Orthopaedics and Sports Medicine, Aran O'Malley, M.D., Lancaster, SC; MRI left shoulder, 04/10/2012, Springs Memorial Hospital, Lancaster, SC.

Mr. McHowell has been a truck driver for a number of years, having been employed by Star Food Products beginning in approximately February 2012. He provided local route sales of perishable food for such stores as Walmart, Piggly Wiggly, as well as Dollar General, operating a 26 foot truck. On the date of accident, he was in the process of delivering the perishable goods when he noticed an oncoming car which was directly in his lane, the driver of the vehicle inattentive apparently texting or

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on a cell phone. He was going about 35 miles per hour and was fully loaded, and was forced partly off of the roadway in order to avoid a collision. There was a deficient shoulder of the road with red mud, causing his truck to overturn. He sustained impact upon the left shoulder predominantly, denying any other specific injuries. The EMT people arrived at the scene and examined Mr. McHowell, and did not think that he needed to go to the emergency department. He continued to have shoulder pain, and therefore sought evaluation by Dr. O'Malley at Lancaster Orthopaedics and Sports Medicine, date of initial visit being 04/04/2012. Dr. O'Malley had previously performed carpal tunnel release at both wrists, and thus he was an established patient with Dr. O'Malley.

Mr. McHowell states that he had previously been treated by Dr. O'Malley for left shoulder problems, having experienced some shoulder pain with reaching and lifting activities beginning approximately in March 2011. There was no history of any injury at that time. Dr. O'Malley obtained an MRI of the left shoulder on 05/18/2011, which demonstrated some AC joint arthrosis, tendinopathy at the supra and infraspinatus rotator cuff tendons without evidence of tear. There were also some bone marrow changes at the proximal humerus which were felt to be indicative of possible degenerative cystic changes, though other etiologies were offered. Because of persistent symptoms at the left shoulder, Dr. O'Malley performed an arthroscopy on 06/02/2011, which included repair of what was felt to be a partial thickness rotator cuff tear, and subscapularis tear, with a subacromial decompression and distal clavicle excision also performed to deal with the AC joint arthrosis. Mr. McHowell responded quite well to the arthroscopic procedure at the left shoulder, and after an appropriate period of rehabilitation, he returned back to his normal work activities with no symptoms whatsoever, no pain at the shoulder and normal range of motion.

Subsequent to the work injury of 03/06/2012, Dr. O'Malley evaluated Mr. McHowell for left shoulder pain on 04/04/2012. Mr. McHowell apparently complained of pain at the left shoulder with overhead activity, as well as at nighttime. A home exercise program had not helped, and various antiinflammatory agents had not been useful. There was no specific mention of the work injury of 03/06/2012 at that time. Dr. O'Malley recommended an MRI of the left shoulder, which was performed on 04/10/2012. This was compared with the previous MRI of 05/18/2011. Postsurgical changes were seen at the subscapularis with no definite tear identified. Degenerative changes were seen at the humeral head and at the previously resected AC joint. There was tenosynovitis involving the biceps tendon, a small full thickness tear at the posterior aspect of the supraspinatus, as well as a possible partial tear of the infraspinatus, with some irregularity of the anterior labrum, but without evidence of tear. Upon followup with Dr. O'Malley, the MRI of 04/10/2012 was reviewed, and conservative versus surgical options were discussed.

Mr. McHowell presented for followup with Dr. O'Malley on 07/25/2012, at which time Dr. O'Malley mentions that he was made aware of "some type of work injury or issue" that aggravated the shoulder, but he had no records of that injury, and thus did not specifically comment further. Examination demonstrated some weakness, as well as limited active range of motion, as well as tenderness at the greater tuberosity with impingement signs. Dr. O'Malley recommended another shoulder arthroscopy, though Mr. McHowell apparently preferred to continue his conservative treatment. A subacromial steroid injection was provided with at least partial relief. The final documented visit with Dr. O'Malley was on 08/22/2012, with the history and examination essentially unchanged. A home exercise program apparently had not relieved symptoms, nor had antiinflammatory medications. Two subacromial injections had given only transient relief. Pain was noted throughout the day, as well as at night. Examination of the left shoulder was essentially unchanged. Dr. O'Malley again recommended shoulder arthroscopy.

Dr. O'Malley responded to a questionnaire regarding the persistent and aggravated left shoulder condition, on 01/04/2013. Dr. O'Malley stated that it was possible and likely that a motor vehicle accident as described on 03/06/2012 would have aggravated Mr. McHowell's preexisting left shoulder condition. Dr. O'Malley stated that it was not possible to determine with any degree of medical certainty whether the motor vehicle accident on 03/06/2012 caused a new injury to the left shoulder. It appears that Dr. O'Malley was of the opinion that the proposed left shoulder arthroscopy would be related to the aggravation of the left shoulder condition caused by the car wreck of 03/06/2012.

Currently, Mr. McHowell has been able to return back to his previous job with Star Foods, driving the 26 foot truck, though he has considerable ongoing pain about the left shoulder requiring him to

MCHOWELL, BRYAN

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"favor" the left arm. He is, fortunately, right hand dominant. He has difficulty with any reaching activities, and any bimanual lifting over 30 pounds does aggravate his symptoms. He has difficulty sleeping through the night because of shoulder pain, particularly when he rolls over on to the left side.

FAMILY HISTORY: Mother deceased of lung cancer. Father deceased of rectal cancer. One brother has diabetes and is on renal dialysis, and has had both legs amputated. He has a sister whose medical condition is unknown. Three daughters are well.

SOCIAL HISTORY: He is a high school graduate. He has certifications in welding, truck driving, as well as working as a ferrier.

PAST SURGERY: Dupuytren's release left hand.

Allergies

NKDA 12/15/2009

No Known Drug Allergies 03/19/2013

Past Medical History

Cardiovascular Stress Test (2011): Normal

Patient Denies History of Cardiac Problems

Patient Denies History of Breathing Problems

Acid Reflux

Ulcers; 10/12 caused by medications

Diabetes Mellitus, Type II

Steroid Use; injection

Patient Denies any History of Liver / Kidney Problems

Patient Denies any History of Neurologic problems

Transfusion history

Caps

Vision Problems; contact left eye

General Anesthesia

Family History

Cancer: Mother, Father

Diabetes Mellitus Type II: Brother

Social History

Alcohol use: Does not drink alcohol

Tobacco use: Never smoker

Marital status: Divorced

Illicit drug use: Does not use illicit drugs

Living situation: Lives with relatives; daughters

Most recent primary occupation: Other; full time

Travel

None (03/19/2013)

Medication History

MetFORMIN HCl ER (MOD) (1000MG (MOD) Tablet ER 24HR bid, Taken starting 12/15/2009) Active.

Multivitamins (1 qd, Taken starting 12/15/2009) Active.

Omeprazole (20MG Tablet DR 1 Oral daily) Active.

Past Surgical

Gastric Bypass; 10/10

Carpal Tunnel Surgery - Both

Rotator Cuff Repair - Left; 2011

Hand tendonitis (727.05): Left; 2008

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

03/19/2013 04:47 PM

Weight: 198 lb **Height:** 73 in

Body Surface Area: 2.15 m² **Body Mass Index:** 26.12 kg/m²

Pulse: 94 (Regular)

BP: 153/93 Electronic (Sitting, Left Arm, Standard)

Objective Transcription

GENERAL: Mr. McHowell is alert and conversant, oriented x3. He is well-dressed and cooperative with the examination. He has excellent judgment and insight into his current left shoulder problem, treatment, as well as prognosis. There is no evidence of any embellishment or secondary gain.

VITAL SIGNS: Noted above.

HEENT: PERRL. EOMs full. TMs intact. Pharynx clear. No oral masses.

NECK: Supple. Thyroid not enlarged. No adenopathy or bruits.

LUNGS: Clear.

HEART: Regular rhythm. No murmurs, bruits or extra sounds.

ABDOMEN: Soft, nontender, no masses or organomegaly.

SPINE: The cervical and lumbar spines have satisfactory range of motion and stability with normal lordosis. There is no specific radicular pain or neurologic deficit.

EXTREMITIES: The lower extremities have normal range of motion and function, and gait is reciprocal heel to toe. Peripheral pulses are normal. At the upper extremities the right shoulder and arm appear to have normal motion, muscle development and normal neurologic function. At the left shoulder there are well-healed arthroscopic scars. There is positive impingement with Speed test, O'Brien's test and Hawkins sign. There is considerable tenderness at the AC joint. This limits shoulder adduction. Active range of motion of the shoulder is flexion/extension 120/40 degrees, abduction/adduction 90/20 degrees, internal/external rotation 70/70 degrees. There is no evidence of any instability or subluxation. Tenderness extends into the lateral deltoid and upper arm consistent with bursal inflammation.

X-RAY: Personal review of the MRI of the left shoulder on both 04/10/2012 and 05/18/2011 does document the postsurgical changes. There is some evidence of degenerative change at the humeral head, which has not substantially changed. There is the new development of biceps tenosynovitis, full thickness tear at the supraspinatus with probable partial tear of the infraspinatus tendon, as well as definite abnormality about the anterior labrum. These findings are not seen on the prior MRI.

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Assessments Transcription

PERSISTENT LEFT SHOULDER PAIN AND LIMITED MOTION, WITH DOCUMENTED BICEPS TENOSYNOVITIS, FULL THICKNESS TEAR SUPRASPINATUS TENDON AND PARTIAL TEAR INFRASPINATUS TENDON, WITH LABRAL ABNORMALITY LEFT SHOULDER.

Plan Transcription

Mr. McHowell has been involved in a work related accident dated 03/06/2012, predominantly affecting the left shoulder. The nature of the incident does appear to be consistent with the renewed development of left shoulder pain. Mr. McHowell did have a preexisting problem with the left shoulder, requiring arthroscopic surgery, but had recovered completely from the left shoulder problem after appropriate rehabilitation, and he returned back to work without restriction and without symptoms for at least six months prior to the accident. An MRI of the left shoulder following the accident has demonstrated definite new findings, which are consistent with the injury, specifically bicipital tenosynovitis, full thickness tear of the supraspinatus tendon and at least a partial tear of the infraspinatus tendon, as well as irregularity of the intraarticular labrum. The motor vehicle accident would be considered the most proximate cause for the development of the additional shoulder difficulties, particularly the full thickness rotator cuff tear, as there is no history of any alternative injury of sufficient magnitude to create the rotator cuff tear. As the arthroscopic procedure in 2011 was so successful, with complete relief of any symptoms, and as the initial rotator cuff abnormality was so minimal that it was not even identified on the initial MRI, I consider it unlikely that normal use of the shoulder over a period of several months would be sufficient to explain the extent of abnormality seen on the second MRI of 04/10/2012. It is clear that the motor vehicle accident is responsible for the rotator cuff tear at the left shoulder as being the most proximate cause of this finding, most probably and to a reasonable degree of medical certainty, causally related or most probably representing at least an aggravation of an underlying rotator cuff condition. I submit that Dr. O'Malley appears to agree with this assessment, having stated in the questionnaire that it was not only possible, but likely, that the motor vehicle accident of 03/06/2012 aggravated Mr. McHowell's preexisting left shoulder condition. This appears to meet the legal standard of causation, which is "more likely than not" having aggravated the left shoulder condition. We were actually fortunate, in this case, to have a historical MRI, which helps document the substantial change in the condition of the rotator cuff, bicipital tendon and labrum of the left shoulder, most probably caused by the accident of 03/06/2012.

Mr. McHowell continues to have significant functional difficulties with respect to the left shoulder, and is still considering surgical repair of the shoulder in order to lessen his level of disability. As such, he may not be at maximum medical improvement. Nevertheless, one could consider at least a preliminary assessment of impairment, based on the range of motion of the shoulder, as well as the extensive MRI findings from 04/10/2012. Assessment of impairment can be based on the documented rotator cuff and labral abnormalities, AC resection arthroplasty, as well as limited active motion. Pain, specifically, cannot be rated. Function seems to be limited predominantly by limited motion, although the AC joint has previously been resected, it is now inflamed and symptomatic. The most pertinent assessment of disability relates to loss of active motion as a standalone approach. Referring to the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition, Mr. McHowell does qualify for 10% impairment of the left upper extremity, which is equivalent to a 17% impairment of the left shoulder.

The opinions rendered herein are the opinions of William L. Lehman, Jr., M.D. This examination has been conducted on the basis of the medical examination and the documentation as provided, with the assumption that the material is true and correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this examination.

This opinion is based on the clinical assessment, clinical examination and documentation as provided. The opinion does not constitute, per se, recommendation for specific claims or administrative functions to be made or enforced. Occult illnesses not detectable on physical examination or imaging studies provided could exist in this examinee.

Comments are based on specifics provided with this case and should not be generalized to other cases, nor should they be interpreted as criticizing or supporting the provider.

I appreciate the opportunity to provide orthopaedic evaluation on behalf of Mr. McHowell. I will be available for any further input or clarification as the need arises.

Sincerely,

William L. Lehman, Jr., M.D.
Fellow, American Academy of Orthopaedic Surgeons

VF8014847, 8014848/sah

c: Brent P. Stewart, Stewart Law Offices, LLC, P.O. Box 670, Rock Hill, SC 29731-6670



Electronically signed by WILLIAM L LEHMAN, JR.

MCHOWELL, BRYAN

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CAROLINA ORTHOPAEDIC SURGERY ASSOCIATE, P.A. (COSA)
PATIENT AUTHORIZATION TO RELEASE INFORMATION

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all health care providers to protect medical records and other individually identifiable information used or disclosed by us in any manner, whether electronically, on paper, or orally for all patients. This Act gives you, the patient, new rights to understand and control how your health information is used and disclosed. Your information may be released without your consent to obtain payment, referral for treatment, support the operation of the physician's practice and other instances as allowed by law. A complete copy of this notice is available in all offices upon request and on our website: www.c-csa.com.

FAMILY AND OTHERS TO RECEIVE INFORMATION (Please read carefully)

You must decide whom you want to be able to obtain information about you and what information they may receive. This includes your spouse and/or children. Unless they are listed below information cannot be provided to them. This includes:

Information about your appointments or to schedule appointments for you. To arrange or obtain information about scheduled testing or procedures. To obtain information about your treatment or surgical procedures. They are not allowed to pick up medications, disability forms or any other forms that contain medical treatment or information. We are not allowed to discuss any financial information with them except as allowed by law. If you do not want anyone to have access please write "NONE" in the space below.

YOU MUST INITIAL appropriate items you would like each person to have access to:

1) Name: [REDACTED] Relation: <u>daughter</u> DOB: [REDACTED] Is allowed the following information (INITIAL all you would like them to have access to): ☒ All Info ☐ Appointment Information ☐ Office Records (notes) ☐ Prescriptions ☐ Surgery or Procedures ☐ Other: _____
2) Name: _____ Relation: _____ DOB: _____ Is allowed the following information (INITIAL all you would like them to have access to): ☐ All Info ☐ Appointment Information ☐ Office Records (notes) ☐ Prescriptions ☐ Surgery or Procedures ☐ Other: _____
3) Name: _____ Relation: _____ DOB: _____ Is allowed the following information (INITIAL all you would like them to have access to): ☐ All Info ☐ Appointment Information ☐ Office Records (notes) ☐ Prescriptions ☐ Surgery or Procedures ☐ Other: _____

This authorization shall remain in effect for "ONE" year from the date of signature indicated below unless revoked in writing or as indicated below:

This HIPAA form shall be effective from _____ to _____

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken previous action regarding requests that were received.

Patient Name: BRYAN MCHOWELL Date of Birth: [REDACTED] 57 Age: 55 years

Signature of Patient or Guardian: [Signature] Date: 3-19-13

Witness: [Signature] Date: 3-19-13

BRYAN MCHOWELL Patient #: [REDACTED] DOB: [REDACTED] (55 years)

NOTICE OF OWNERSHIP and ADVANCED DIRECTIVES

The physicians of Carolina Orthopaedic Surgery Associates, P.A. own and manage THE CENTER FOR ORTHOPAEDIC SURGERY, LLC and the MRI located at our facility. This enables them to have a voice in the operation, medical policies and administration of the facility and services provided. Their involvement helps ensure our patients are provided quality services in a timely, efficient and cost effective manner.

YOU HAVE A CHOICE

The Federal Government's Patient Protection and Affordable Healthcare Act, Sections 6409 and 6003 dated March 23, 2010 mandates we provide information regarding your choice to select facilities for services and testing ordered by your physician when they have ownership in the facility. You have the right to choose your facility.

SURGERY SERVICES: Our physicians are also on staff at other surgical facilities in the area including Piedmont Medical Center, Carolina Surgical Center and Springs Memorial. This provides a choice on where your diagnostic or surgical procedures are performed.

MRI SERVICES: There are several MRI facilities located in the areas we serve. These include but are not limited to: Metrolina Diagnostic, Baxter Imaging, Piedmont Medical Center, Springs Memorial Hospital, and Carolinas Diagnostic Imaging.

Please let your physician know if you have a preference. The physicians and staff place special emphasis on our patients ensuring each receives the very best care. We also strive to treat each patient in a professional and courteous manner at all times.

ADVANCED DIRECTIVES

Many patients have an advanced directive or living will. You have a right to request we place a copy of these in your Medical Records. COSA and the Center for Orthopaedic Surgery will transfer you to the nearest hospital which will make decisions regarding any advanced directive or living will.

COMMENTS

We appreciate your comments through telephone calls, patient surveys or letters. Our Administrative staff is available for any questions or concerns you may have. If you wish to speak to someone, just let us know.

OWNERS

William L. Lehman, Jr., M.D.
E. Neal Powell, Jr., M.D.

W. Scott James, III, M.D.
Michael F. Heinig, M.D.
Matthew A. Schwartz, M.D.

William G. McCarthy, Jr., M.D.
James N. Rentz, Jr., M.D.

ADMINISTRATIVE CONTACT

Mary F. Elkins, Administrator
PO Box 37655
Rock Hill, SC 29732
(803) 329-3134

Renee M. Biggerstaff, RN, Clinical Director
PO Box 37655
Rock Hill, SC 29732
(803) 329-3134

Consumer Complaints can be made at: South Carolina Dept of Health, 2600 Bull St., Columbia, SC 29201
www.scdhec.gov/health/licen/complaint.htm

I acknowledge I have received the above notice. I further understand if such ownership interest is of concern to me, I may discuss it with my physician or the Administrator, and they will address any questions or concerns I may have including my right to choose another facility.

Patient/Guardian Signature: [Signature]

Date: 3-19-13

Patient Name: BRYAN MCHOWELL

BRYAN MCHOWELL

Patient #:

DOB: (55 years)

HIPAA - Disclosure

stewart law offices

MCHOWELL, BRYAN A

Caregiver: Byrd, Ruth

Date: 3/22/2013

*****ACCOUNTING OF DISCLOSURES*****

DATE REQUEST RECIEVED: 03/18/13

PERSON/ENTITY REQUESTING INFO: nina davis-foster

METHOD REQUEST RECEIVED: mail

PURPOSE OF DISCLOSURE:

INFORMATION RELEASED: ime report

AUTHORIZATION STATUS: scanned into ehr

NOTES: faxed/mailed to 803 328 5876/pob 670 rock hill sc 29731-6670
tel 803 328 5600

MCHOWELL, BRYAN

Page 1 / 1

Laurie Barringer

From: kristal whitmire

Sent: Thursday, September 19, 2013 4:38 PM

To: Laurie Barringer

Subject: pt req to see Dr Lehman

Laurie,

Have a pt that Dr Lehman did an IME on in March. The patient has UHC Medicaid. He wants to start seeing Dr Lehman for his left shoulder. Please let me know if Dr Lehman will agree to be the treating physician for this patient.

pt: Bryan McHowell

athena acct# [REDACTED]

Thank you,

Kristal

Carolina Orthopaedic Surg, Assoc., PA
803-329-3130 ext. 202

OK

WLL

MCHOWELL, BRYAN A (id # [REDACTED] dob: [REDACTED] 57)

Encounter Summary

Patient

Name MCHOWELL, BRYAN (55, M) ID# [REDACTED] Appt. Date/Time 10/23/2013 09:00AM
DOB [REDACTED] 57 Service Dept. RH-SG
Provider WILLIAM L. LEHMAN, JR
Insurance Med Primary: WELLCARE SC (MEDICAID HMO)
Insurance #: [REDACTED]
Referring Provider Name: LEHMAN, WILLIAM
Employer Name: STAR FOOD PRODUCTS
Prescription: No check performed in the last 72 hrs.

Patient's Care Team

Referring Provider (Primary Insurance): LEHMAN, WILLIAM: 134 PROFESSIONAL PARK DR, ROCK HILL, SC 29732, Ph (803) 329-3130, Fax (803) 329-2611
Primary Care Provider: FRANK SHARP: 1025 W MEETING ST STE 200 STE 200, LANCASTER, SC 29720, Ph (803) 285-7414, Fax (803) 283-4329

Patient's Pharmacies

CVS/PHARMACY# 5479 (ERX): 7697 CHARLOTTE WAY, INDIAN LAND SC 29707, Ph (803) 396-1525, Fax (803) 396-1530

Chief Complaint

History and physical
Followup: Rotator cuff syndrome

The patient is here today for his H&P of his left shoulder.

Problems

Reviewed Problems
• Rotator cuff syndrome, Left
• Osteoarthritis of acromioclavicular joint, Left

Past Medical History

Discussed Past Medical History
Acid Reflux, GERD: Y - acid reflux
Blood Transfusion: Y
Dental, specify: Y - caps
Diabetes: Y - type II
Heart Stress Test: Y - 2011 normal
Ulcer, Gastric: Y - bleeding ulcers
Vision, glasses, contacts: Y - contact left eye

Surgical History

Reviewed Surgical History
• Orthopaedic, hand - bilateral CTR
• Orthopaedic, shoulder - left RCR
• Gastrointestinal Surgery - 2010 - gastric bypass
• Orthopaedic, hand - 2008 - left tendonitis

Family History

Discussed Family History
Brother - Diabetes mellitus
Mother - Malignant neoplastic disease
Father - Malignant neoplastic disease

Social History

Discussed Social History
Ortho
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Marital status: Divorced.
Non-smoker.
Tobacco, smokeless, snuff, chewing: N.
Alcohol intake: None.
Hand Dominance: Right.

MCHOWELL, BRYAN A

Illicit drugs used: N.

Medications

Reviewed Medications

Name	Date
Fish Oil 1,000 mg capsule	10/03/13 entered
metformin	10/03/13 entered
Multi Vitamin	10/03/13 entered
omeprazole	10/03/13 entered
vitamin B12 0.5 mg-folic acid 1 mg tablet	10/03/13 entered
Take 1 tablet(s) every day by oral route.	
Vitamin D3	10/03/13 entered

Allergies

Reviewed Allergies

NKDA

Vitals

10/23/2013 09:34 am

Ht: 6 ft 1 in

Wt: 220.4 lbs

BMI: 29.1

HPI

This 55 year old male presents for H&P for a left shoulder arthroscopy to be performed on 10/31/2013 at PMC.

ROS

Patient reports no fever, no significant weight gain, and no significant weight loss. He reports no vision change. He reports no difficulty hearing. He reports no oral abnormalities and no teeth problems. He reports no chest pain, no palpitations, and no known heart murmur. He reports no wheezing and no shortness of breath. He reports normal appetite and no diarrhea. He reports no incontinence and no difficulty urinating. He reports no rashes. He reports no seizures, no dizziness, and no headaches. He reports no depression and no sleep disturbances. He reports no fatigue. He reports no bruising. He reports no itching and no hives.
ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Psychiatric: Orientation: to time, place, and person.

Eyes: Pupils: PERRLA. EOM: EOMI.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal.

Cardiovascular: Heart Auscultation: no murmurs, rubs, or gallops and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no masses, tenderness (no guarding, no rebound), or CVA tenderness and soft and non-distended. Liver: non-tender.

Back: Thoracolumbar Appearance: normal curvature.

Musculoskeletal: Joints, Bones, and Muscles: normal movement of all extremities and no malalignment. Extremities: no edema.

Neurologic: Gait and Station: normal gait and station. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout.

Assessment / Plan

Assessment:

Rotator cuff syndrome and AC arthropathy, left shoulder.

Status post left rotator cuff repair 2011, WC MVA 3/5/2012, IME 3/15/2013. IME documentation: 98516-BM
Partial supra/infraspinatus tear, labral abnormality, chondromalacia gleno-humeral left shoulder

MCHOWELL, BRYAN A

Plan:

Left shoulder arthroscopy, 10/31/13 @ PMC.

1. Rotator cuff syndrome - Left

726.10: Disorders of bursae and tendons in shoulder region, unspecified

2. Osteoarthritis of acromioclavicular joint - Left

715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region

Discussion

Discussion Notes

Extensive discussion was carried out with the patient in regards to shoulder arthroscopy and rotator cuff repair. I explained the rationale behind the procedure, the potential risks and complications, the intended outcome, and alternatives and risks of alternatives. Complications may include, and are not limited to infection, both acute and chronic, osteomyelitis, chronic drainage, scarring, loss of motion, persistent pain and, rerupture, wound problems and chronic drainage, neurovascular damage, numbness, possibility of future surgery, possible need for later manipulation, and chronic weakness as well as other loss of functional use of the extremity. Unforeseen complications may develop, both medical and orthopaedic. It was also explained that, occasionally, additional and alternative procedures may be required. The need for strict adherence to the postoperative protocol with rehabilitation was discussed. The patient realizes that it may take an extensive time to recover from the procedures. Based on a full understanding of these risks and complications, the patient understands, has no unanswered questions, and desires to proceed with surgery.

Return to Office

- William L. Lehman Jr for SURGERY OUTSIDE-120 at SG-BC on 10/31/2013
- William L. Lehman Jr for IL OFFICE VISIT at IL-IL on 11/04/2013

Encounter Sign-Off

Encounter signed-off by William L. Lehman Jr, 10/27/2013.

QM

Provider: wlehman

Programs: MU Stage 2 Prep Program - 2013, Meaningful Use Medicare - Year 2 - 2013, PQRS 2013

Last updated 10/27/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Needs Data
Secure messaging	Needs Data
Up-to-date problem list	Satisfied

Post-Procedure Vitals

Single-Reading Vitals

Vitals have not been configured for this procedure stage.

Periodic-Reading Vitals

None recorded.

Intra-Procedure Vitals

Vitals have not been configured for this procedure stage.

Encounter performed by William L. Lehman Jr

Encounter scribed for William L. Lehman Jr by Drew Lehman

Encounter reviewed & signed by William L. Lehman Jr on 10/27/2013 at 10:00am

STEWART LAW OFFICES, L.L.C.

JENNA W. GARRAUX
Licensed in SC
jenna@stewartlawoffices.net

TYLER A. BATHRICK
Licensed in SC
tyler@stewartlawoffices.net

1242 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732

REPLY TO:
P.O. BOX 670 • ROCK HILL, SC 29731-6670
FAX (803) 328-5876

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

February 20, 2014

VIA FACSIMILE AND US MAIL

Dr. William Lehman
COSA
134 Professional Drive
Rock Hill, SC 29732

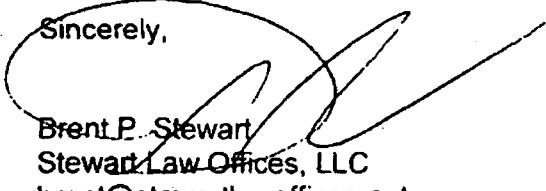
RE: Client: Bryan McHowell
DOB: [REDACTED] 57
SSN: [REDACTED]
DOI: 03/16/2012

Dear Dr. Lehman:

Please be advised that this office represents Bryan McHowell for injuries he sustained as a result of the repetitive nature of his job at Mrs. Stratton's Salads, Inc. We have attached his job descriptions for your convenience and I would greatly appreciate you offering your opinion, more probable than not and to a reasonable degree of medical certainty, as to the following questions attached.

Should there be any cost associated with this request, please remit the bill to our office. In the meanwhile, if you have any questions, please do not hesitate to contact our office,

Sincerely,


Brent P. Stewart
Stewart Law Offices, LLC
brent@stewartlawoffices.net

Ruth
fee

cc: Bryan McHowell

Enclosures: Mr. McHowell's Job Description

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 337-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

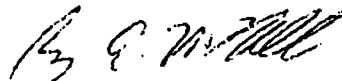
Bryan A. McHowell
7822 Van Wyck Rd
Lancaster, SC 29720

Feb 20, 2014

Mr. Stewart,

Per your request, I will try and describe my job duties with Star Foods, from Feb 2012 thru Aug 2013. I drove a 26ft straight truck and delivered food products to several chain stores. I worked from 10-12 hours a day five days a week. I re-loaded the truck twice a week with new stock. A shipment consisted of approx 200-300 cases, ranging from 5 thru 75 pounds each. These case were placed on the truck from floor level to shelf level above my head. (I am 6' 1"). At the point of sale, (store), I would have to bring items to the back of the truck, placing them on the bumper, then getting off truck, and taking them from shoulder high or higher, and place them on a cart or carts, to bring them into the store.

Inside the store, the cart would be unloaded, checked in, then reloaded on the cart and taken to the coolers or freezers. Then they were taken out of the boxes, and put into the cooler or freezer. They ranged from 24" to over 60" high. While doing this, having to keep opening the doors. Then cardboard would have to be flattened, and disposed of, usually in the back of the store on carts, sometimes 5-6foot high. This procedure would happen from six to 10 times per day, five days per week. At each store a folding hand truck or cart, was unloaded and set up, and reloaded when complete. At the end of the day, a padlock was put on the rear door, about 5 1/2 ft high. (taken off each morning). The approx weight of these boxes varied, but averaged 1600-2000 lbs per day.


Bryan A. McHowell

171757
51

STEWART LAW OFFICES, L.L.C.

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jenna@stewartlawoffices.net

TYLER A. BATHRICK
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ROCK HILL, SOUTH CAROLINA 29732
REPLY TO:
P.O. BOX 670 • ROCK HILL, SC 29731-6670

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BRENT P. STEWART
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brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

June 16, 2014

VIA FACSIMILE AND US MAIL

Attn: Dr. William Lehman Jr.
COSA
134 Professional Park Drive
Rock Hill, SC 29732

scan for fax back questionnaire

RE: Our Client: Bryan McHowell
D/loss: 02/27/2014
DOB: [REDACTED]

- work for Stratton's

Dear Dr. Lehman:

repetitive motion

Please be advised that the above-mentioned client was treating in your office for injuries he sustained as a result of the repetitive nature of his job at Mrs. Stratton's Salads, Inc. Please address the attached questionnaire regarding restrictions and impairment rating.

MVA work related 5/2012
Called, up 10/31/13
RCR
DCR

Please feel free to remit a bill to me for the above-requested information either before sending the same or along with the requested materials. If you have any questions concerning this matter, please feel free to contact me at the above-address.

Sincerely,

completed 7/6/14

BPS

Brent P. Stewart
Attorney At Law

Enclosure(s)

BPS/ndf

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
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RIDGEWAY (803) 337-1600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

MCHOWELL, BRYAN A [REDACTED]

Referral Order

11/20/2014

To Provider	From Provider
Phone: Fax:	MATTHEW A. SCHWARTZ RH 134 Professional Park Dr ROCK HILL, SC 29732-1178 Phone: (803) 329-3130 Fax: (803) 329-2611

Referral Order Information

Diagnosis	Osteoarthritis of acromioclavicular joint ICD-9: 715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region
Order Name	Orders included: 1 Osteoarthritis of acromioclavicular joint ICD-9: 715.91: Osteoarthritis, unspecified whether generalized or localized, shoulder region • PAIN MANAGEMENT REFERRAL Schedule Within: provider's discretion Note to Provider: Refer to Pain management for shoulder pain
Notes	Refer to Pain management for shoulder pain

Patient Information

Patient Name	MCHOWELL, BRYAN A
Sex - DOB - Age	M [REDACTED] 57 YR
Address	7822 VAN WYCK ROAD LANCASTER, SC 29720-1698
Phone	H: (803) 287-4780
Primary Insurance	WELLCARE SC (MEDICAID HMO) ID: [REDACTED] Policy Holder: MCHOWELL, BRYAN A
Secondary Insurance	None recorded.

Electronically Signed by: MATTHEW A. SCHWARTZ, MD



MATTHEW A. SCHWARTZ

Patient ID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: EMG/NCV/P.T. RECORDS - TAB

Date of Birth: [REDACTED]
Date of Service: 05/13/2002

M. James
Lancaster Rehabilitation Center
1203 Colonial Commons
Lancaster, South Carolina 29720
803-286-1576 Fax 803-286-1353

Rock Hill Rehabilitation Center
370 S. Herlong Avenue
Rock Hill, South Carolina 29732
803-325-1141 Fax 803-325-7705

Therapy Progress Note and Physician Recertification

Name: McA Howell, Bryan Therapy Chart # Blue Date: 4802
Diagnosis: B. lat. alep. cond. Surgical History: —

SUBJECTIVE: Pain in (L) up to 8/10 today, 5/10 in (R).
"Therapy has helped my (L) arm a lot. Still wearing
band at work."

OBJECTIVE: Patient seen in therapy 6 treatments. Treatment plan has consisted
of: MHP, Ionto, u.s., ext. stretches

ROM Measurements:

	4802		22702	
	(R)	(L)	(R)	(L)
ARM full.				
Elbow V:	135°	120°	135°	135°
	1: 120°	120°	1: 85°	102°
MMS				
Elbow W:				
Wrist:				
4th/5				

Treatment Goals:

Date Accomplished

Needs Continue

↓ pn to 1-2
I & R P
R hand grip 7 than L
complaint (L) & ergonomic

NO
YES
YES
YES

ASSESSMENT:

RUE pain decreased LUE pain inconsistent. Grip strength
improved in "stress position".

PLAN:

Cont. per M.D. Thank you.

Jenny Hane ORN

Frequency: ☐ daily ☐ 3xweek ☐ 2xweek ☐ 1xweek ☐ Therapist Discretion

Duration: ☐ 2 week ☐ 4 weeks ☐ 6 weeks ☐ 12 weeks

☐ Home Program Only ☒ Continue Therapy ☐ Discontinue Therapy

I certify that the above therapy treatment plan is medically necessary and is approved by me.

Date

Signature

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: EMG/NCV/P.T. RECORDS - TAB

Date of Birth: [REDACTED] 67
Date of Service: 05/13/2002

Dr. James

Lancaster Rehabilitation Center
1203 Colonial Commons
Lancaster, South Carolina 29720
803-286-1576 Fax 803-286-1353

Rock Hill Rehabilitation Center
370 S. Herlong Avenue
Rock Hill, South Carolina 29732
803-325-1141 Fax 803-325-7705

Therapy Progress Note and Physician Recertification

Name: Mitchell, Bryan Therapy Chart # Date: 5/13/02
Diagnosis: (R) L4/L5 disc protrusion Surgical History:

SUBJECTIVE: Pain 2/10. Pain down leg, but not bothering me the way they use to.

OBJECTIVE: Patient seen in therapy 4 treatments. Treatment plan has consisted of: MIT, US, MNT, 1/2 hr

ROM Measurements:

*MMJ:
LWL*

5/13/02
E/LD ✓ (R) (L)
135* 140*
125* 125*

5/13/02
CL (R) (L)
135* 140*
125* 125*

Treatment Goals:

Date Accomplished

Needs Continue

↓ pain to 3/10 @ waist
↑ MMJ Eng 5* @ 10°
↑ MMJ to 55 BUE

✓
✓
✓

ASSESSMENT: But strength improved. Pain 2/10.
Pl. @ 1/2 hr @ 15°

PLAN: N/C to HEP. Change up.

Frequency: ☐ daily ☐ 3xweek ☐ 2xweek ☐ 1xweek ☐ Therapist Discretion

Duration: ☐ 2 week ☐ 4 weeks ☐ 6 weeks ☐ 12 weeks

☐ Home Program Only ☐ Continue Therapy ☒ Discontinue Therapy

I certify that the above therapy treatment plan is medically necessary and is approved by me.

Date

Signature

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: NOTICE OF OWNERSHIP

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL [REDACTED] OPERATING ROOM;5;NOTICE OF;12/14/2009;1/1



NOTICE OF OWNERSHIP

The physicians listed below are limited partners in *The Center for Orthopaedic Surgery*

This enables them to have a voice in the operation, medical policies and administration of the facility. Their involvement helps ensure our patients are provided quality surgical care in a timely, efficient and cost effective manner.

The physicians are also on staff at other surgical facilities in the area including Piedmont Medical Center, Carolina Surgical Center and Springs Memorial. This provides a choice on where your surgical procedures are performed. Please let your physician know your preference.

The physicians and staff place special emphasis on our patients ensuring each receives the very best care. We also strive to treat each patient in a professional and courteous manner at all times.

We appreciate your comments through telephone calls, patient surveys or letters. Our Administrative staff is available for any questions or concerns you may have. If you wish to speak to someone, just let us know.

Owners

Thomas G. Fleischer, M.D.
W. Scott James, III, M.D.
E. Neal Powell, Jr., M.D.
James N. Rentz, Jr., M.D.

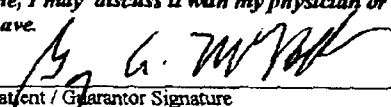
William L. Lehman, Jr., M.D.
William G. McCarthy, Jr., M.D.
Michael F. Heinig, M.D.
Matthew A. Schwartz, M.D.

Administrative Contact:

Mary F. Elkins, Administrator
P.O. Box 37655
Rock Hill, SC 29732
(803) 329-3134

Rence M. Biggerstaff, RN, Clinical Director
P.O. Box 37655
Rock Hill, SC 29732
(803) 329-3134

I acknowledge I have received the above notice. I further understand if such their ownership interest is of concern to me, I may discuss it with my physician or the Administrator, and they will address any questions or concerns I may have.


Patient / Guarantor Signature

12-15-09
Date

Patient Name: _____

Account Number: _____

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: IMMEDIATE POST OP NOTE

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL [REDACTED] OPERATING ROOM;5; IMM POSTOP;12/14/2009;1/1

[REDACTED]

The Center for Orthopaedic Surgery

DATE 12/16/09 TIME _____

PRE-OP DIAGNOSIS (ES): Dupuytren's cord @ hand & ring finger

POST-OP DIAGNOSIS (ES) Same

TECHNICAL PROCEDURE (S) USED: Excision

SIGNIFICANT FINDINGS: _____

SPECIMEN (S) REMOVED: NONE

SURGEON: [Signature] ESTIMATED BLOOD LOSS: MINIMAL

ASSISTANT(S): _____

ANESTHESIA USED: WILL BEH (2)

COMPLICATIONS: [Signature]

ADVISED TREATMENT AND FOLLOW UP: ☐ Follow pre-printed instructions given in office

Follow up appointment as sched

Special limitations and/or instructions _____

DICTATION #: 12/16/09

Date: [Signature] Time: _____ Signature: [Signature] M.D.

Immediate Post-Operative Note/
Outpatient Surgery Discharge Summary

PATIENT LABEL (If not barcoded)

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: EKG - COS STRIP

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL [REDACTED] OPERATING ROOM;5;EKG - COS;12/14/2009;1/1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Pre-Op EKG

5 mm s

CGI: II M NOTCH 50HZ

5 mm/mV

12TH

Indra Co., Ltd.

Post Op EKG

M NOTCH 50HZ

Ltd.

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

DATE	TIME	(check all that apply)	PRE-OP ORDERS
12-15-09			Urine pregnancy test Initiate Diabetic orders For All Diabetics, Including Oral and Diet Controlled Start IV with RL on admission to pre-op area HTN treatment with Albuterol 0.083% 2.5mg/3ml Scopolamine Transdermal patch 1.5mg for PONV (for 24hrs)
			POST-OP ORDERS Admit to PACU -Phase 1 / Phase 2 Recovery Vital signs every 10 minutes x 3, then as needed in Phase 1 Recovery Vital Signs on admission and at discharge with admission to phase 2 Recovery O2 via NC/3L for O2 Sat less than 93% IV fluids LR at KVO Morphine IV titrated or IM for pain scale 8-10 (severe) Morphine IV titrated or IM for pain scale 5-7 (moderate) Morphine IV titrated or IM for pain scale 1-4 (mild) Demerol IV titrated or IM for pain scale 8-10 (severe) Demerol IV titrated or IM for pain scale 5-7 (moderate) Demerol IV titrated or IM for pain scale 1-4 (mild) Oxycodone/APAP (5/325mg) PO for pain (mild to moderate score 1-7) Ketorolac IV or IM for pain (mild-moderate score 1-7) Ondansetron mg IV for PONV Phenergan mg IV or IM for PONV HTN treatment with Albuterol 0.083% 2.5mg/3ml Hydroxyzine 50mg IM for PONV Metoprolol mg IV x for HTN Benadryl mg IV for itching Obstructive Sleep Apnea patients to have continuous pulse oximetry until discharge Discharge per protocol
			Signature: <i>Kevin Wagh</i>

0260

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: ANESTHESIA PRE-OPERATIVE ASSES

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL [REDACTED] OPERATING ROOM;5;ANEST PREO;12/14/2009;1/1

1. PATIENT CHECKED IN BY: [REDACTED] 2. PATIENT CHECKED OUT BY: [REDACTED] 3. PATIENT CHECKED IN BY: [REDACTED] 4. PATIENT CHECKED OUT BY: [REDACTED] 5. PATIENT CHECKED IN BY: [REDACTED] 6. PATIENT CHECKED OUT BY: [REDACTED] 7. PATIENT CHECKED IN BY: [REDACTED] 8. PATIENT CHECKED OUT BY: [REDACTED] 9. PATIENT CHECKED IN BY: [REDACTED] 10. PATIENT CHECKED OUT BY: [REDACTED] 11. PATIENT CHECKED IN BY: [REDACTED] 12. PATIENT CHECKED OUT BY: [REDACTED] 13. PATIENT CHECKED IN BY: [REDACTED] 14. PATIENT CHECKED OUT BY: [REDACTED] 15. PATIENT CHECKED IN BY: [REDACTED] 16. PATIENT CHECKED OUT BY: [REDACTED] 17. PATIENT CHECKED IN BY: [REDACTED] 18. PATIENT CHECKED OUT BY: [REDACTED] 19. PATIENT CHECKED IN BY: [REDACTED] 20. PATIENT CHECKED OUT BY: [REDACTED] 21. PATIENT CHECKED IN BY: [REDACTED] 22. PATIENT CHECKED OUT BY: [REDACTED] 23. PATIENT CHECKED IN BY: [REDACTED] 24. PATIENT CHECKED OUT BY: [REDACTED] 25. PATIENT CHECKED IN BY: [REDACTED] 26. PATIENT CHECKED OUT BY: [REDACTED] 27. PATIENT CHECKED IN BY: [REDACTED] 28. PATIENT CHECKED OUT BY: [REDACTED] 29. PATIENT CHECKED IN BY: [REDACTED] 30. PATIENT CHECKED OUT BY: [REDACTED] 31. PATIENT CHECKED IN BY: [REDACTED] 32. PATIENT CHECKED OUT BY: [REDACTED] 33. PATIENT CHECKED IN BY: [REDACTED] 34. PATIENT CHECKED OUT BY: [REDACTED] 35. PATIENT CHECKED IN BY: [REDACTED] 36. PATIENT CHECKED OUT BY: [REDACTED] 37. PATIENT CHECKED IN BY: [REDACTED] 38. PATIENT CHECKED OUT BY: [REDACTED] 39. PATIENT CHECKED IN BY: [REDACTED] 40. PATIENT CHECKED OUT BY: [REDACTED] 41. PATIENT CHECKED IN BY: [REDACTED] 42. PATIENT CHECKED OUT BY: [REDACTED] 43. PATIENT CHECKED IN BY: [REDACTED] 44. PATIENT CHECKED OUT BY: [REDACTED] 45. PATIENT CHECKED IN BY: [REDACTED] 46. PATIENT CHECKED OUT BY: [REDACTED] 47. PATIENT CHECKED IN BY: [REDACTED] 48. PATIENT CHECKED OUT BY: [REDACTED] 49. PATIENT CHECKED IN BY: [REDACTED] 50. PATIENT CHECKED OUT BY: [REDACTED] 51. PATIENT CHECKED IN BY: [REDACTED] 52. PATIENT CHECKED OUT BY: [REDACTED] 53. PATIENT CHECKED IN BY: [REDACTED] 54. PATIENT CHECKED OUT BY: [REDACTED] 55. PATIENT CHECKED IN BY: [REDACTED] 56. PATIENT CHECKED OUT BY: [REDACTED] 57. PATIENT CHECKED IN BY: [REDACTED] 58. PATIENT CHECKED OUT BY: [REDACTED] 59. PATIENT CHECKED IN BY: [REDACTED] 60. PATIENT CHECKED OUT BY: [REDACTED] 61. PATIENT CHECKED IN BY: [REDACTED] 62. PATIENT CHECKED OUT BY: [REDACTED] 63. PATIENT CHECKED IN BY: [REDACTED] 64. PATIENT CHECKED OUT BY: [REDACTED] 65. PATIENT CHECKED IN BY: [REDACTED] 66. PATIENT CHECKED OUT BY: [REDACTED] 67. PATIENT CHECKED IN BY: [REDACTED] 68. PATIENT CHECKED OUT BY: [REDACTED] 69. PATIENT CHECKED IN BY: [REDACTED] 70. PATIENT CHECKED OUT BY: [REDACTED] 71. PATIENT CHECKED IN BY: [REDACTED] 72. PATIENT CHECKED OUT BY: [REDACTED] 73. PATIENT CHECKED IN BY: [REDACTED] 74. PATIENT CHECKED OUT BY: [REDACTED] 75. PATIENT CHECKED IN BY: [REDACTED] 76. PATIENT CHECKED OUT BY: [REDACTED] 77. PATIENT CHECKED IN BY: [REDACTED] 78. PATIENT CHECKED OUT BY: [REDACTED] 79. PATIENT CHECKED IN BY: [REDACTED] 80. PATIENT CHECKED OUT BY: [REDACTED] 81. PATIENT CHECKED IN BY: [REDACTED] 82. PATIENT CHECKED OUT BY: [REDACTED] 83. PATIENT CHECKED IN BY: [REDACTED] 84. PATIENT CHECKED OUT BY: [REDACTED] 85. PATIENT CHECKED IN BY: [REDACTED] 86. PATIENT CHECKED OUT BY: [REDACTED] 87. PATIENT CHECKED IN BY: [REDACTED] 88. PATIENT CHECKED OUT BY: [REDACTED] 89. PATIENT CHECKED IN BY: [REDACTED] 90. PATIENT CHECKED OUT BY: [REDACTED] 91. PATIENT CHECKED IN BY: [REDACTED] 92. PATIENT CHECKED OUT BY: [REDACTED] 93. PATIENT CHECKED IN BY: [REDACTED] 94. PATIENT CHECKED OUT BY: [REDACTED] 95. PATIENT CHECKED IN BY: [REDACTED] 96. PATIENT CHECKED OUT BY: [REDACTED] 97. PATIENT CHECKED IN BY: [REDACTED] 98. PATIENT CHECKED OUT BY: [REDACTED] 99. PATIENT CHECKED IN BY: [REDACTED] 100. PATIENT CHECKED OUT BY: [REDACTED]

ANESTHESIA PRE-OPERATIVE ASSESSMENT

Dupuytren's rel

12/16

Dr Renty

Patient Questionnaire: Circle or check where appropriate.

1. Major Surgeries:	
☒ None	
2. Previous Anesthetics: ☐ General ☐ Spinal ☐ Epidural ☐ Sedation	
Have you ever had a complication from anesthesia?	
☐ Yes ☐ No Describe:	
Nausea? ☐ Yes ☐ No	
Under anesthesia, has a blood relative of yours had either of the following:	
Prolonged muscle paralysis (pseudocholinesterase deficiency)? ☐ Yes ☒ No	
Highly elevated temperature (malignant hyperthermia)? ☐ Yes ☒ No	
Other: ☐ Yes ☐ No	
3. Circulation:	
☒ Stress Test, Echo or Catheterization ☐ None	
☒ High Blood Pressure ☐ Mitral Valve Prolapse	
☐ Poor Circulation ☐ Pacemaker or Defibrillator	
☐ Chest Pain ☐ Heart Murmur	
☐ Heart Attack/Failure ☐ Irregular Heart Beat	
4. Breathing:	
☒ Recent Cough, Cold or Bronchitis ☐ None	
☐ Asthma ☐ Chronic Bronchitis/Emphysema	
☐ Shortness of Breath ☐ Sleep Apnea/CPAP/Snoring	
5. Digestive/Metabolic:	
☐ Ulcers ☐ None	
☒ Acid Reflux (GERD) ☐ Hiatal Hernia	
☐ Thyroid Problem ☐ Arthritis/Gout ☒ Diabetes (+/- insulin) <i>oral</i>	
☐ Adrenal Problem ☐ Steroid Use ☐ Cancer/Chemo	
6. Liver/Kidney:	
☐ Kidney Infection ☐ None	
☐ Hepatitis ☐ Kidney Stones	
☐ Cirrhosis ☐ Kidney Failure/Dialysis	
7. Neurologic:	
☐ Dementia ☐ Back Pain ☐ None	
☐ TIA/Stroke ☐ Paralysis/Nerve Palsy ☐ Scoliosis	
☐ Anxiety/Depression ☐ Cerebral Palsy/Seizures	
☐ Multiple Sclerosis ☐ Arm or Leg Pain, Weakness or Numbness	
8. Blood:	
☐ Blood Clots/DVT ☒ HIV+	
☐ Abnormal Bleeding ☐ Anemia/Sickle Cell/Trait	
☐ Previous Transfusion ☐ Do you refuse blood products? ☐ Yes ☐ No	
9. Obstetric:	
☐ Currently Pregnant - Due Date:	
☐ Gestational Diabetes ☐ Twins/More ☐ Breech ☐ None	
☐ Abnormal Bleeding ☐ High Blood Pressure of Pregnancy	
10. Female Patients:	
☐ Could you possibly be pregnant? ☐ Yes ☐ No	
☐ Are you breast feeding? ☐ Yes ☐ No	
☐ Last menstrual period:	
11. Dental:	
☐ TMJ ☐ Loose Tooth ☐ None	
☐ Bridges/Crowns/Caps ☐ Dentures/Partial ☐ Limited Mouth Opening	
12. Other Medical Problems:	
☐ None	
13. Habits:	
☐ Tobacco? ☐ Yes How much? <i>PRV</i> ☒ None	
☐ Alcohol? ☐ Yes How much? <i>PRV</i> ☒ None	
☐ Drugs? ☐ Yes How much? <i>PRV</i> ☒ None	
14. Current Medications: (include patches/herbal)	
<i>see list</i>	
15. Drug Allergies:	
Reaction - <i>NKDA</i> ☐ None	
Reaction - <i>NKDA</i>	
Reaction - <i>NKDA</i>	
Latex Allergy? ☐ Yes ☒ No	
Tape Allergy? ☐ Yes ☒ No	
16. Height: <i>6-1</i> Weight: <i>210</i>	

Anesthesiologist's Comments:	
<i>HTN (Benicar HCT)</i>	
<i>PCHD</i>	
<i>GERD asymptomatic w/ meds</i>	
<i>Obesity</i>	
Consider Following:	
☐ PONV Prophylaxis	
☐ B Blockers	
☒ Insulin Orders	
☐ CPAP Orders	
☐ Stress Steroids	
☐ GERD Precaution	
Cardiac Tests:	<i>Benicar cp/100</i>
Exercise Tolerance:	
Date: K: <i>FAST</i> Hgb: <i>13</i> Other: <i>FAST</i>	
EKG:	
Physical Exam: BP <i>112/72</i> Sat <i>96</i> HR <i>89</i> T <i>98</i>	
Airway MP <i>I II III IV</i> Limited Oral Opening <i>+</i> Limited Neck Extension <i>+</i>	
Dentition: ☐ WNL ☐ Poor ☐ Loose ☒ Chipped ☐ Dentures/Partials ☐ None	
Heart ☐ WNL Lungs ☐ WNL	
Mental Status ☒ WNL	
Preliminary Anesthesia Plans ASA <i>I II III IV V VI E</i>	
☐ General ☒ MAC ☐ Spin ☐ Epid ☐ CSE ☐ Bier ☐ Ankle ☐ Ax ☐ Cerv	
Consider the following:	
☐ Airway cart available ☐ Awake/FOI ☐ A-line ☐ CVP ☐ PA ☐ TEE	
Post Op Analgesia ☐ Epidural ☐ FNB ☐ ISB ☐ Pop ☐ Caudal	
Comments:	
I have reviewed the patient questionnaire and have discussed the preliminary anesthesia plans, alternatives where appropriate, and the significant risks involved with the patient or legal guardian, up to and including recall and death. I have provided an opportunity for questions and feel the patient accepts the plans as listed on this form. I have instructed the patient to be NPO per department guidelines and to take the circled medications on the morning of surgery.	
Signature: <i>Dr Renty</i> M.D. Date/Time: <i>12/15/09/0830</i>	
Immediate Pre-Op Assessment/Final Anesthesia Plan	
ASA <i>II</i> Confirmed NPO After <i>W</i>	
Chart reviewed, questions answered, anesthesia consent confirmed.	
☐ General ☐ RSI ☐ LMA Okay ☐ Awake/FOI	
☐ MAC ☐ Spin ☐ Epid ☐ CSE ☐ Bier ☐ Ankle ☐ Ax ☐ Cerv	
Advanced Monitors ☐ A-line ☐ CVP ☐ PA ☐ TEE	
Post Op Analgesia ☐ Epidural ☐ FNB ☐ ISB ☐ Pop ☐ Caudal	
Comments:	
Signature: <i>Dr Renty</i> M.D. Date/Time: <i>12/16/09</i>	
Patient Identifier	

Doctor Signature: *Dr Renty* Date/Time: *12/14/09*
Nurse Signature: *Dr Renty* Date/Time: *12/14/09*

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ANESTHESIOLOGY CONSULTANTS
OF SOUTH CAROLINA

Patient ID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: ANESTHESIA GRAPH RECORD

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL [REDACTED] OPERATING ROOM: 5; ANEST 1; 12/14/2009; 1/1

CHART COPY

PRE-PROCEDURE		PATIENT SAFETY		VITALS / MONITORS / EQUIPMENT		ANESTHETIC TECHNIQUE	
☐ Identified ☐ Chart Reviewed ☐ Operative Site Verified ☐ NPO Status ☐ Permit Signed ☐ Awake ☐ Pre-anesthetic Status: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive ☐ Sedated ☐ Immediate Assessment Prior to Induction Including Vital Signs		Allergy: <u>DKDA</u> Med: _____ Hgb: _____ K: _____ G: _____ Other: _____ Blood # _____ Comments: _____		☐ Stable Preced / Etc ☐ EXG BLM ☐ PMS ☐ BP/HR Arm ☐ Temp/Gal/Bao/B/Nas ☐ Pulse Oximetry ☐ O2 Analyzers ☐ Fluid Warmer ☐ Gas Analyzer ET/CO2 ☐ Audible Alarms On ☐ Airway HME/Humidifier ☐ Suction Tube Oral / Nasal ☐ Airway Pressure Alarm ☐ Body Temperature ☐ Sterile / Lamp / Water ☐ Urinary Cath ☐ Spinal Doppler / TEE / SVOC ☐ Anesthesia Machine ☐ Checklist completed by: <u>1015</u>		☐ General ☐ MAC ☐ Pre-Oxygenation ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Mask Case ☐ Regional: ☐ Spinal ☐ Epidural ☐ Nerve Block ☐ Other: ☐ Block ☐ Arterial Block ☐ Lateral ☐ Other: ☐ Block ☐ Arterial Block ☐ Lateral ☐ Local: ☐ Topical ☐ Infiltration ☐ Dose: ☐ Amount ☐ Site ☐ Depth ☐ Onset ☐ Cochrane ☐ Sedation ☐ Emergence ☐ Post-Op Pain Block, oral Block Form ☐ Deduction Time, non-GA then/Block in Off: _____ min	
☐ Bedside Bath ☐ Adhesive Roll ☐ L/R Arms Tucked ☐ L/R Armboard Restraints ☐ Support pads/Frame locked/Line pads ☐ Pressure points checked and padded ☐ Frame View ☐ Eye care: ☐ Ocular ☐ Saline ☐ Tape ☐ Pads ☐ Goggles				☐ IV ☐ GA ☐ R/L ☐ Arm ☐ XYLO ☐ IV ☐ GA ☐ R/L ☐ Arm ☐ XYLO ☐ CVP ☐ PA ☐ Other		☐ Inhalation: ☐ Oral ☐ Tube size _____ ☐ Stylet used ☐ Nasal ☐ Regular ☐ RAE ☐ Suction ☐ Direct ☐ RAE ☐ Fiberoptic ☐ Blind ☐ Amiod ☐ Equal ☐ Blade ☐ Laser ☐ Secured at _____ cm ☐ Endobronch ☐ Attempts: ☐ CO2 present ☐ Breath sounds ☐ Bilateral ☐ Equal ☐ Uninflated, leaks at _____ on H2O ☐ Cuffed ☐ Min, max, pres. ☐ Air ☐ NS Airway: ☐ Oral ☐ Nasal / LMA / Trach / _____	
D/LM _____ N/O L/M _____ Iso/Des/Ser _____ H/P/Pro/Con _____ Verbal _____ mg Fentanyl _____ mg Succinylcholine _____ mg Chloro/Neo/Pur _____ mg Ketamine _____ mg Propofol _____ mg Zofran _____ mg TOF _____ ECG _____ Temperature _____ ETCO2 _____ FIO2 _____ O2 Sat _____ TIME _____						POSITION ☐ Supine ☐ Sitting ☐ Anesth Frame ☐ Prone ☐ Lateral L/R ☐ Head Frame ☐ Lithotomy ☐ Acetab ☐ Pressure Table ☐ Chest Rest ☐ Trolley / Stages	
BP <u>107/63</u> HR <u>75</u> HT _____ WT _____ lbs _____ kg V A BP _____ PULSE _____ X MAP _____ O SPON _____ Q ASSIST _____ B CONTROL _____ SZ SUCTION _____ T TOURN _____						REMARKS I (we) certify that: Present for induction Monitoring at frequency intervals Immediately available Present for emergency BCP Initiative Antibiotics: Surgeon's Written Orders ☐ Yes ☐ No Drug <u>Roach</u> Dose <u>1gm</u> Time <u>14:47</u> Drug _____ Dose _____ Time <u>14:47</u> ☐ Base Blockade ☐ Sleep Apnea ☐ Stable MOD 30	
TV _____ SV/CO/PO/SIMV/PSV RATE _____ PAP/PEEP _____ M/ONS _____ EBL _____ URINE _____ LR: <u>950</u> ml _____ ml ml _____ ml ml _____ ml Urine _____ ml ml _____ ml EBL _____ ml Total _____ ml						No antibiotics per surgeon request <u>1440</u> Verbal 2mg and Fentanyl 100mcg IV for axillary block by Dr. Merkleman 1453 TO Rm 1 Monitors applied C2 NO applied PT sedated 1512 Tourniquet upper arm padded w/ EBRIL up to 35mm Hg 1525 Tourniquet Patient Identifier <u>1331</u> TO PACU	
ANES START <u>1450</u> IN ROOM <u>1453</u> PROCEED _____ INDUCTION _____ TOTS _____ INCISION <u>1503</u> DSG ON <u>1529</u> CARE TSP <u>1531</u>		MD <u>Dr. [Signature]</u> CRNA <u>[Signature]</u> CRNA # <u>045104</u>		TO PACU: <u>Q2 @ 14:59</u> <u>91</u> RT <u>14:59</u> <u>98</u> % Other: <u>Exsufflation Time: _____</u> ☐ Report given to _____ RN PRE-OP DX: <u>Ring finger Dupuytren's</u> SURGERY: <u>Ring finger Dupuytren's</u> POST-OP DX: _____ SURGEON <u>Reutz</u> CPT _____ UNITS _____		☐ Awake ☐ Drugged ☐ Responsive ☐ Unresponsive ☐ Stable ☐ Unstable	

1103 (6/05)

ANESTHESIA RECORD

ALL DRUGS GIVEN IV UNLESS STATED OTHERWISE

CHART COPY

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: ANESTHESIA CONSNET

Date of Birth: [REDACTED]
Date of Service: 12/14/2009

BRYAN MCHOWELL(985168M);1 OPERATING ROOM;5;ANEST CONS;12/14/2009;1/1



[REDACTED] ACCT #]
Mr. Bryan McHowell
[REDACTED] (DOB)
12/16/09 (SURGERY DATE)

1. I, Patient Bryan McHowell, for [REDACTED] As ☐ Parent ☐ Representative ☐ Guardian
2. I understand that regardless of the type of anesthesia used there are a number of common foreseeable risks and consequences, which may occur. The following are some but not all of the common foreseeable risks and consequences, which I have been told, can occur: sore throat and hoarseness, nausea and vomiting, muscle soreness, injury to the eyes. Further, I understand instrumentation in the mouth to maintain an open airway during anesthesia might unavoidably result in dental damage including fracture or loss of teeth, bridgework, dentures, crowns and fillings, laceration of the gums or lips.
3. I understand that medications that I am taking may cause complications with anesthesia or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications I am taking including but not limited to aspirin, cold remedy, narcotics, PCP, marijuana, and cocaine.
4. I understand the more serious potential risks and consequences of anesthesia include but are not limited to changes in blood pressure, drug reactions, cardiac arrest, brain damage, paralysis or death.
5. I acknowledge that Dr. [REDACTED] Menckhaus - Jacobs - Andey - Gillespie has told me that in his/her medical judgment the type(s) of anesthesia I could receive is/are (check all which apply) Weyl
- ☐ General Anesthesia ☐ Spinal Anesthesia ☒ MAC (Monitored Anesthesia Care) ☐ Ankle Block ☐ Interscalene Block
☒ Bier Block ☐ Infraclavicular Block ☐ Digital Block ☐ Popliteal Block ☐ Axillary Block ☐ Femoral Block
6. I understand that during my procedure/operation/treatment invasive monitoring may be necessary. I understand the risks and benefits associated with this type of monitoring which have been fully explained to me.
7. I understand that while I am receiving anesthesia, conditions may develop which require modifying or extending this consent. I therefore authorize modifications or extension of this consent that professional judgment indicates to be necessary under the circumstances.
8. Should the need arise during my operation or immediate post operative period, I also consent to the administration of blood and/or blood products. Further, I understand that despite careful testing and screening of blood and blood products by collecting agencies, I may still be subject to ill effects as a result of receiving blood transfusion and/or blood products. The following are some, but not all, of the potential risks that I am told can occur: fever and allergic reactions, hemolytic reactions, transmission of diseases such as hepatitis, AIDS, and cytomegalovirus (CMV), and fluid overload.
9. I understand that I must not eat or drink anything, not even water, after 12 midnight the day prior to surgery unless directly permitted by the anesthesia staff.
10. I consent to appropriate tests and treatments, which may better evaluate my risk and prepare me for surgery as part of my medical care associated with this procedure/operation/treatment.
11. I understand that my anesthesia care will be given to me by or under the supervision of an attending anesthesiologist. I understand that along with my attending anesthesiologist and his/her assistants and designees, or other anesthesia personnel such as certified registered nurse anesthetists, technicians, and trainees may be involved in my anesthesia care.

PATIENT AFFIRMATION	By signing this request form, I am indicating that I understand the contents of this document, agree to its provisions and consent to the administration of anesthesia during my procedure/operation/treatment. I know that if I have concerns or would like more detailed information, I can ask more questions and get more information from my attending physician. I am also acknowledging that I know that the practice of anesthesiology, medicine and surgery is not an exact science and that no one has given me any promises or guarantees about the administration of anesthesia or its results.		
	I fully understand what I am now signing of my own free will.		
Patient Signature (Parent, Guardian, or Representative)	<u>[Signature]</u>	Date	12-15-09
WITNESS TO AFFIRMATION AND SIGNATURE	<u>[Signature]</u>	Date	12-15-09
		Time	8:13 Am
PHYSICIAN ATTESTATION	Dr. [REDACTED] attest that this patient or the representative named above has been informed about the common foreseeable risks and benefits of undergoing the procedure/operation/treatment as well as its reasonable alternative(s), if any. Further, questions with regard to this procedure have been answered to his/her apparent satisfaction.		
	Physician Signature	<u>[Signature]</u>	Date

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

PATIENT: Bryan Mchowell
DATE OF BIRTH: [REDACTED]
ACCOUNT #: [REDACTED]
DATE: Dec 15, 2009

HEIGHT/WEIGHT:

VS-PULSE: 89 via VS machine. Regular
VS-BLOOD PRESSURE: 112/72 Left Arm Sitting
VS-HEIGHT: 6ft 1 in
VS-PULSE OXIMETRY: 96%
VS-WEIGHT: 295 lbs
BMI: 38.92

CURRENT ALLERGY LIST:
NKDA

CURRENT MEDICATION LIST:

METFORMIN HCL ORAL TABLET 24 HR 1000 MG (MOD), bid
GLIPIZIDE ORAL TABLET 24 HR 10 MG, bid
RANITIDINE HCL ORAL TABLET EFFERVESCENT 150 MG, bid
PRAVASTATIN SODIUM ORAL TABLET 40 MG, 1 qd
CYMBALTA ORAL CAPSULE ENTERIC COATED 60 MG, 1 qd
BENICAR HCT ORAL TABLET 40-12.5 MG, 1 qd
GABAPENTIN ORAL CAPSULE CONVENTIONAL 300 MG, bid
PHENTERMINE HCL ORAL CAPSULE CONVENTIONAL 37.5 MG, 1 qd
CELEBREX ORAL CAPSULE CONVENTIONAL 200 MG, 1 qd
MULTIVITAMINS ORAL TABLET, 1 qd

PAST MEDICAL HISTORY:

Circulation: **HIGH BLOOD PRESSURE** (under the care of Primary care physician).
Breathing: **SNORING**.
Digestive/Metabolic: **ACID REFLUX, DIABETES** (controlled by oral medication).
Liver/Kidney: Within normal limits.
Neurologic: **DEPRESSION**.
Blood: Within normal limits.
Dental: **CAPS**.
Skin: Within normal limits.

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: [REDACTED] 2009

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Senses: **POOR VISION** (corrected with glasses).
Musculoskeletal: Within normal limits.
Previous anesthesia: No previous anesthesia.
Pseudocholinesterase Deficiency? No.
Malignant Hyperthermia? No.

PAST SURGICAL HISTORY: No previous surgery.

SOCIAL HISTORY:

TOBACCO USE: Previously smoked cigars occasionally, stopped several years ago.
ALCOHOL: Minimal alcohol consumption.
ILLICIT DRUG USE: No history of illicit drug use or prescription misuse. The patient has had no substance abuse treatment.
MARITAL STATUS: Divorced.
PERSONS IN HOME: The patient lives with their children.
LIVING WILL/POA: The patient does not have a living will or a Power of Attorney for health care.
OCCUPATION: Unemployed.
CAFFEINE: Consumes a minimal amount of caffeinated beverages daily.
EDUCATION: The patient has completed 2 years of college.

FAMILY HISTORY: POSITIVE HISTORY OF INSULIN DEPENDENT DIABETES. POSITIVE FOR NON-INSULIN DEPENDENT DIABETES.

REVIEW OF SYSTEMS:

Electronically Signed by: Carol Ann Welborn, RT on Tuesday, December 15, 2009 8:39 am

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/15/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

PATIENT: Bryan Mchowell (DOB: [REDACTED] 1957, ACCOUNT #: [REDACTED])

DATE OF SURGERY: 12/16/2009.

ARRIVAL TIME: 1:30

THE CENTER FOR ORTHOPAEDIC SURGERY PRE-OP INSTRUCTION SHEET

The physicians and staff want to ensure you feel as comfortable and relaxed as possible before, during, and after your surgery. The information below is a short overview and should answer most of your questions. If you have additional questions please let us know.

Do not eat or drink anything after midnight.

Do not wear any jewelry, perfume, or makeup on the day of surgery (bathing/showering is recommended prior to surgery as you will not be permitted to shower for at least 48 hours after surgery).

Remove any piercing(s) at home.

Wear comfortable clothing - something easy to get on and off. Sweat pants or pajama's work great.

Make sure a responsible adult will be with you 24 hours after surgery - Your surgery will be canceled if you have not made appropriate arrangements. You must have someone to drive you home.

We ask that your family remain at the facility during your surgery. (For your comfort and the comfort of other patients we ask that you limit the number of family members or friends with you the day of surgery).

Take only the medications the anesthesiologist tells you to take the morning of surgery with just a sip of water.

THE FOLLOWING MEDICATIONS SHOULD BE TAKEN THE MORNING OF SURGERY.

MEDICATIONS:

PRAVASTATIN SODIUM ORAL TABLET 40 MG, 1 qd, status: NEW HISTORY, 12/15/2009.

BENICAR HCT ORAL TABLET 40-12.5 MG, 1 qd, status: NEW HISTORY, 12/15/2009.

The Center for Orthopaedic Surgery

Surgeon: JAMES RENTZ, JR.

Account: [REDACTED] (MCHOWELL, BRYAN)

Date: 12/15/2009

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118 Professional Park Drive
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RANITIDINE HCL ORAL TABLET EFFERVESCENT 150 MG, bid, status: NEW HISTORY,
12/15/2009.

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/15/2009

Date of Birth: [REDACTED]
Date of Service: 12/15/2009

12/15/09

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Met Formin	1000	2x
Glipizide	10	2x
Ravati Diine	150	2x
Pravastatin	40	
Cymbalta	60	
Benicar HCT	40	
Triplix	135	
Gabapentin	200	2x
Phentermine	225	
Celebrax	200	
Centrum Silver	Optimum	2x

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: ROUTINE ORTHOPAEDIC ORDERS

Date of Birth: [REDACTED]
Date of Service: 12/16/2009

BRYAN MCHOWELL [REDACTED] JAMES N RENTZ, JR.;2;ROUT ORDER;12/16/2009;1/1



THE CENTER FOR ORTHOPAEDIC SURGERY, LLC
Routine Orthopaedic Orders

Patient Name: Bryan McHowell Date of Birth: [REDACTED] 57

PROCEDURE: 1. Dupuytren's release left ring finger
2. _____

DIAGNOSIS: 1. Dupuytren's cord / pain left ring finger
2. _____

Date	Time	Physician's Orders	Initials
		ADMIT DATE: <u>12-16-09</u>	
		PRE-OP ORDERS	
		1. NPO after midnight	
		2. Anesthesia interview	
		3. Labs per anesthesia	
		4. Physical Therapy Consult	
		5. IV of LR at 75ml/hr on admission to pre-op holding may use Lidocaine wheal	
		PRE-OP ANTIBIOTIC	
		1. Ancef - 1Gm IV push in OR	
		2. Vancomycin - 1Gm in 250ml of Normal Saline over 1 hour	
		3. Levaquin - 500mg IV in 250ml of Normal Saline over 1 hour	
		Physician Signature: <u>[Signature]</u>	
		POST-OP ORDERS	
		1. Admit to PACU post operatively	
		2. Discharge per Anesthesia	
		3. Elevate involved extremity	
		4. Call if problems arise 329-3130	
		Prescription on chart	
		Weight bear status	
		☒ N/A ☐ NWB ☐ WBAT ☐ Crutches ☐ PWB ☐ TDWB	
		7. Sling	
		☐ N/A ☒ No ☐ Yes	
		8. Ice to affected area	
		☐ N/A ☒ No ☐ Yes	
		9. See routine post-op instructions	
		10. <u>May remove splint 2 days after surgery, then place new splint</u>	
		PHYSICAL THERAPY CONSULT PER CLINICAL PATHS PROTOCOL FOR:	
		1. Knee Arthroscopy	
		2. ACL Reconstruction	
		3. Rotator Cuff Repair (Open - Arthroscopic)	
		4. Shoulder Arthroscopy	
		5. Manipulations (Knee - Shoulder)	
		FOLLOW UP APPOINTMENT IN OFFICE ON/DAYS: <u>12/28 @ 8:30 am</u>	
		Physician Signature: <u>[Signature]</u> RH office	

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: INFORMED CONSENT FOR SURGERY

Date of Birth: [REDACTED]
Date of Service: 12/16/2009

BRYAN MCHOWELL [REDACTED]; JAMES N RENTZ, JR.; 2; INF CONSEN; 12/16/2009; 1/2

I HAVE READ AND UNDERSTAND THE ABOVE AND I HAVE BEEN INFORMED OF THE NATURE AND PURPOSE OF THE OPERATION/PROCEDURE AND THE RISKS INVOLVED AND I HAVE BEEN INFORMED OF THE CHANCE OF COMPLICATION IN THE TREATMENT OF MY CONDITION AND I HAVE BEEN INFORMED OF THE CHANCE OF COMPLICATION IN THE TREATMENT OF MY CONDITION AND I HAVE BEEN INFORMED OF THE CHANCE OF COMPLICATION IN THE TREATMENT OF MY CONDITION

- 1) My physician has informed me of the planned operation/procedure for medical treatment. The nature and purpose of the operative procedure or medical treatment, the most common side effects, the treatment benefits and alternatives, the risks involved, and the chance of complication in the treatment of my condition have been explained to me by my physician.

- 2) I authorize the performance upon (Patient Name) Bryan McHowell the following operation/procedure (Description of Operation/Procedure in Layman's terms)

Superficial release left ring finger

To be performed under the direction of Dr. James N. Rentz, Jr. and/or such assistants as the physician may select to perform such operation/procedure.

- 3) I understand that during the course of the above-described operation/procedure, unforeseen conditions may require procedures or services in addition to and/or different from those directed above. I further request that the above named physician and/or designated associates, partners, or assistants perform such procedures as are, in their professional judgment, necessary and desirable.
- 4) I consent to the administration of such anesthetics, conscious sedation, and/or analgesia as is considered necessary or advisable by the person responsible for such service, except for the following: none
- 5) I understand if I need an emergency blood transfusion or blood products I will be admitted to the nearest hospital.
- 6) ☒ DO / ☐ DO NOT / NA (please circle one) authorize the presence of any representative of an equipment company whose presence during my surgery is deemed necessary for consultation by my physician.
- 7) ☒ DO / ☐ DO NOT / NA (please circle one) authorize a student to be present in the room during my surgery as long as it is consistent under the guidelines of education.
- 8) I consent to the disposal by facility authorities of any tissue that may be removed during the course of the operation/procedure.

THE CENTER FOR ORTHOPAEDIC SURGERY

Consent to medical services, including but not limited to
Operation/Procedure, Anesthesia, Sedation, and
Analgesia

Patient Label

CONTINUED ON NEXT PAGE

Date of Birth: [REDACTED]
Date of Service: 12/16/2009

BRYAN MCHOWELL, [REDACTED] JAMES N RENTZ, JR.; 2; INF CONSEN; 12/16/2009; 2/2

Signature (Patient or Guardian)

Date/Time

12/15/09 8:05
P.M.

The patient receiving the above-described operation/procedure is a minor or is unable to consent to this procedure for the following reasons:

This request for operation/procedure is thus made on the patient's behalf by
as his/her

Witness:

Date/Time

12/15/09 8:05
a.m.

I have counseled this patient as to the nature of the proposed operation/procedure(s), the risks involved, and the expected results.

Physician obtaining consent

Date/Time

12/15/09 B.U.C
a.m.

PatientID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
MRC Description: HISTORY AND PHYSICAL - COS

Date of Birth: [REDACTED]
Date of Service: 12/16/2009

BRYAN MCHOWELL [REDACTED]; JAMES N RENTZ, JR.; 2; H&P - COS; 12/16/2009; 1/1

 THE CENTER FOR ORTHOPAEDIC SURGERY	Patient Label (if not barcoded)

SURGERY DATE: 12-16-09 PATIENT'S NAME: Bryan Mc Howell
VITAL SIGNS: Blood Pressure: Pulse: Respirations: Temperature:
CHIEF COMPLAINT: Left ring finger
INDICATIONS FOR SURGERY:

Dupuytren's Contracture

REVIEW OF SYSTEMS: INCLUDING HISTORY (past and present) & PHYSICAL EXAMINATION				
CHECK APPROPRIATE COLUMN	POSITIVE FINDINGS	NEGATIVE FINDINGS	NOT APPLICABLE	EXPLAIN POSITIVE FINDINGS
Nervous System	neuropathy	✓		Dupuytren's Contracture palm to ring finger. From N.I. No contracture. widespread b2 b2 b2 b2
Eyes, Ears, Nose, & Throat		✓		
Cardiovascular	HTN	✓		
Pulmonary		✓		
Gastrointestinal	GERD	✓		
Hepatic		✓		
Reproductive		✓		
Urinary Tract		✓		
Musculoskeletal	✓	✓		
Endocrine	med DM	✓		
Skin		✓		
Psychosocial		✓		
Familial Disease		✓		
Recent Illness		✓		

ALLERGIES AND DRUG TOLERANCES:

None

MEDICATIONS (including past history of steroids):

- See list attached

IMPRESSION:

Dupuytren's cord/pain left ring finger

PLAN:

Dupuytren's Release left ring finger

Date: 12-15-09

Physician signature: [Signature]

Time: 8:00 a.m.

Physician Name (printed) James N. Rentz, M.D.

The Center for Orthopaedic Surgery
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Phone (803) 329-3134 Fax (803) 325-6862

PREOPERATIVE ASSESSMENT

PATIENT: Bryan Mchowell
DATE OF BIRTH: [REDACTED] 957
ACCOUNT #: [REDACTED]
DATE: Dec 16, 2009

RECIEVED TO PREOP: 01:48:09 PM
CAREGIVER AND CONTACT NUMBER: pastor Dan Weaver discharge instructions reviewed with pt
and he verbalized understanding copy of instructions left in chart
ARRIVED: Ambulatory.
HEIGHT/WEIGHT:
VS-TEMPERATURE: 98°F Oral
VS-PULSE: 80 via VS machine, Regular
VS-BLOOD PRESSURE: 97/60 Left Arm Sitting
VS-RESPIRATION: 16
VS-HEIGHT: 6ft 1in
VS-PULSE OXIMETRY: 98%
VS-WEIGHT: 295lbs
BMI: 38.92

PRE-PROCEDURAL TIME-OUT CHECK LIST:

Patient was involved in the identification process.
Patient identified by: Name, Date of Birth.
Information for identification provided by: Patient.
James N. Rentz, Jr., M.D.
Procedure side/site confirmed.
Surgical site marked 'YES' by physician.
CONFIRMED BY: Biggerstaff, Renee 13:51

NPO STATUS: midnight.
BELONGING INVENTORY: Glasses/contacts.
GIVEN TO: Belongings placed under stretcher.
CLOTHES: Clothes are placed under stretcher
MEDICATIONS TAKEN THIS AM:

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

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Phone (803) 329-3134 Fax (803) 325-6862

BENICAR HCT ORAL TABLET 40-12.5 MG, 1 qd. status: NEW HISTORY,
12/15/2009.

RANITIDINE HCL ORAL TABLET EFFERVESCENT 150 MG. bid, status: NEW
HISTORY. 12/15/2009.

PRAVASTATIN SODIUM ORAL TABLET 40 MG, 1 qd. status: NEW HISTORY,
12/15/2009.

PREOP: FINGER STICK BLOOD SUGAR: 73

ABUSE SCREEN: Patient reports abuse, advised to seek appropriate help.

IV: IV started with: 20 gauge, right hand.

IV STARTED BY: Renee Biggerstaff, RN, Venipuncture X 1. Pete Menkhaus. M.D..
Venipuncture X 1.

IV FLUIDS: Lactated ringers infusing at KVO.

CURRENT ALLERGY LIST:
NKDA

LATEX ALLERGY: No.

CURRENT MEDICATION LIST:

METFORMIN HCL ORAL TABLET 24 HR 1000 MG (MOD), bid

GLIPIZIDE ORAL TABLET 24 HR 10 MG, bid

RANITIDINE HCL ORAL TABLET EFFERVESCENT 150 MG, bid

PRAVASTATIN SODIUM ORAL TABLET 40 MG, 1 qd

CYMBALTA ORAL CAPSULE ENTERIC COATED 60 MG, 1 qd

BENICAR HCT ORAL TABLET 40-12.5 MG, 1 qd

GABAPENTIN ORAL CAPSULE CONVENTIONAL 300 MG, bid

PHENTERMINE HCL ORAL CAPSULE CONVENTIONAL 37.5 MG, 1 qd

CELEBREX ORAL CAPSULE CONVENTIONAL 200 MG, 1 qd

MULTIVITAMINS ORAL TABLET, 1 qd

Past medical history:

Circulation: **HIGH BLOOD PRESSURE** (under the care of Primary care physician).

Breathing: **SNORING**.

Digestive/Metabolic: **ACID REFLUX, DIABETES** (controlled by oral medication).

Liver/Kidney: Within normal limits.

Neurologic: **DEPRESSION**.

The Center for Orthopaedic Surgery

Surgeon: JAMES RENTZ, JR.

Account: [REDACTED] (MCHOWELL, BRYAN)

Date: 12/16/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

Blood: Within normal limits.
Dental: **CAPS.**
Skin: Within normal limits.
Senses: **POOR VISION (corrected with glasses).**
Musculoskeletal: Within normal limits.
Previous anesthesia: No previous anesthesia.
Pseudocholinesterase Deficiency? No.
Malignant Hyperthermia? No.

PAST SURGICAL HISTORY: No previous surgery.

SOCIAL HISTORY:

TOBACCO USE: Previously smoked cigars occasionally, stopped several years ago.
ALCOHOL: Minimal alcohol consumption.
ILLCIT DRUG USE: No history of illicit drug use or prescription misuse. The patient has had no substance abuse treatment.
MARITAL STATUS: Divorced.
PERSONS IN HOME: The patient lives with their children.
LIVING WILL/POA: The patient does not have a living will or a Power of Attorney for health care.
OCCUPATION: Unemployed.
CAFFEINE: Consumes a minimal amount of caffeinated beverages daily.
EDUCATION: The patient has completed 2 years of college.

FAMILY HISTORY: POSITIVE HISTORY OF INSULIN DEPENDENT DIABETES, POSITIVE FOR NON-INSULIN DEPENDENT DIABETES.

Review of Systems:

GENERAL: No major weight gain, loss or fever.
EYES: No loss or change in vision.
EARS/NOSE/MOUTH/ THROAT: No hearing changes, hoarseness, or swallowing difficulties.
RESPIRATORY: No shortness of breath, cough, hemoptysis or wheezing.
CARDIAC: No chest pain, no edema, no palpitations, no tachyarrhythmia.
GI: No abdominal pain, change in bowel habits or heartburn.
GU: No difficulty urinating.
MUSCULOSKELETAL: Denies all symptoms except for HPI.
SKIN/CHEST WALL: No open sores, wounds or infections present.

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

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PSYCHIATRIC: No mood swings, no unusual behavior.

HEMATOLOGIC/LYMPHATIC: No easy bruising, bleeding, or clotting disorders.

ALLERGIC/IMMUNOLOGIC: No work-related/latex allergies, denies serious, persistent, unusual or recurrent infections.

PAIN ASSESSMENT (1-10): Pain assessment (Scale of 1 - 10): 0.

Electronically Signed by: Renee Biggerstaff, RN on Wednesday, December 16, 2009 2:25 pm

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

**The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862**

PATIENT: Bryan Mchowell
DATE OF BIRTH: [REDACTED] 57
ACCOUNT #: [REDACTED]
DATE: Dec 17, 2009

DATE OF PROCEDURE: 12/16/2009.
PATIENT'S HOME PHONE: (803) 287-4780

CALL ATTEMPT 1: 12/17/2009 02:20 Pm (date/time)
Called By: Charlene Waters

1) HOW ARE YOU FEELING? Doing good, block still working.

2) ARE YOU HAVING ANY PROBLEMS: No.

COMMENTS: Very pleased with care.

ADVICE TO PATIENT: Patient instructed to call MD office with any problems. Patient instructed to ice and elevate the extremity.

Electronically Signed by: Charlene Waters on Thursday, December 17, 2009

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL,BRYAN)
Date: 12/16/2009

**The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862**

OPERATIVE REPORT

PATIENT NAME: Bryan Mchowell
ACCOUNT #: [REDACTED]
DATE OF BIRTH: [REDACTED] 957

DATE: 12/16/2009

PRIMARY SURGEON: JAMES N RENTZ, JR. , M.D.

ASSISTANT SURGEON: N/A

PREOPERATIVE DIAGNOSIS: Dupuytren's cord left palm into the base of the ring finger.

POSTOPERATIVE DIAGNOSIS: Dupuytren's cord left palm into the base of the ring finger.

OPERATION PERFORMED: 1) Excision of dupuytren's cord left palm into the base of the ring finger.

ANESTHESIA: Axillary block left arm/Dr. Menkhaus.

BLOOD LOSS: Minimal.

TOURNIQUET TIME: 23 minutes at 250 mmHg.

COMPLICATIONS: None.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed in the supine position after an axillary block was administered for the left arm by Dr. Menkhaus. A gram of Ancef was given. Tourniquet was placed around the left proximal arm and the left arm was prepped and draped in sterile fashion. Timeout was done. The tourniquet was inflated to 250 mmHg. I made a zig-zag type incision in the palm over the dupuytren's cord to the base of the ring finger. The soft tissues were bluntly dissected carefully to expose the cord. We identified the neurovascular bundles on the radial and ulnar aspects of the cord. These were protected and then the cord was excised without complication. The finger extended fully with no problems and no palpable evidence of remaining cord. We cleaned the area and then closed with interrupted Prolene sutures for the incision. A dressing was placed along with a volar splint. He was taken to the recovery room in stable condition. No immediate complications. A sling

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL,BRYAN)
Date: 12/16/2009

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was placed due to his axillary block prior to discharge.

230763

Electronically Signed by: James N. Rentz, Jr., M.D. on Thursday, March 11, 2010 12:53 pm

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

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Electronically Signed by: Ann Holcomb, RN on Wednesday, December 16, 2009

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

PATIENT: Bryan Mchowell
DATE OF BIRTH: [REDACTED]
ACCOUNT #: [REDACTED]
DATE: Dec 16, 2009

RECIEVED TO PACU:03:31:00 PM

RECIEVED VIA: Stretcher.

STRETCHER POSITION: Stretcher in low position: Yes.

WHEELS LOCKED? Wheels locked: Yes.

SIDE RAILS UP? Siderails up X 2: Yes.

ID BAND: ID Band: Yes.

AIRWAY: Natural.

LOCATION OF DRESSING: Dressing is dry and intact. Location: Right hand.

EXTREMITY POSITIONING: Elevated left arm, ice applied.

Neuro Check: Unable to asses radial pulse due to dressing. Capillary refill less than 3 seconds.

POST PROCEDURE: FINGER STICK BLOOD SUGAR: 81

Post Procedure Vitals:

Time:03:31:00 PM

VS-TEMPERATURE: 97.8°F Oral
VS-PULSE: 96 via VS machine. Regular
VS-BLOOD PRESSURE: 100/59 Left Arm Sitting
VS-RESPIRATION: 12
VS-PULSE OXIMETRY: 98%

Time:03:41:40 PM

VS-PULSE: 101 via VS machine. Regular
VS-BLOOD PRESSURE: 105/55 Left Arm Sitting
VS-RESPIRATION: 14
VS-PULSE OXIMETRY: 95%

Time:03:51:00 PM

The Center for Orthopaedic Surgery

Surgeon: JAMES RENTZ, JR.

Account: [REDACTED] (MCHOWELL, BRYAN)

Date: 12/16/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

VS-TEMPERATURE: 97.8°F Oral
VS-PULSE: 102 via VS machine, Regular
VS-BLOOD PRESSURE: 97/69 Left Arm Sitting
VS-RESPIRATION: 16
VS-PULSE OXIMETRY: 98%

Post anesthesia aldrete (IN): Activity: 2 = Moves 4 Extremities. Circulation: 2 = BP +/- 20% of preop.
Consciousness: 2 = Awake. Oxygen Saturation: 2 = o2 SAT > 90 without O2. Color: 2 = Pink.
TOTAL (Must score 8 or > for D/C): 10.

I.V. Therapy.

Condition of site: w/o redness / swelling.

I.V. Patent: Yes.

IV FLUIDS INFUSED IN OR: 950 mL Lactated ringers

P.O. Status:

Tolerated fluids well: Yes.

PAIN ASSESSMENT (1-10): Pain assessment (Scale of 1 - 10): 0.

MEDICATIONS: 0

POSITION: Patient dressed and moved to chair.

I.V. D/C'd @03:55:00 PM

Catheter Intact: YES.

IV FLUIDS INFUSED IN PACU: 100 mL Lactated ringers

DISCHARGE INSTRUCTIONS: Discharge instructions were reviewed with the caregiver. The caregiver verbalized understanding of discharge instructions. Written instructions were given to the caregiver. Prescription given.

CAREGIVER AND CONTACT NUMBER: pastor Dan Weaver discharge instructions reviewed with pt and he verbalized understanding copy of instructions left in chart

PAIN LEVEL AT DISCHARGE: Pain assessment (Scale of 1 - 10): 0.

Discharge aldrete (out): Vital Signs: 2 = Vital signs are within 20% of Pre-Op baseline. Activity: 2 = Steady gait, no dizziness, consistent with preop level. Pain: 2 = VAS = 0-3, patient has minimal to no pain prior to discharge. Surgical Bleeding: 2 = Minimal, Does not require a dressing change. TOTAL (Must score 9 or > for D/C): 10.

Time: 04:15:00 PM

DISCHARGED TO CAR VIA: Recliner.

The Center for Orthopaedic Surgery

Surgeon: JAMES RENTZ, JR.

Account: [REDACTED] (MCHOWELL, BRYAN)

Date: 12/16/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

Electronically Signed by: Ann Holcomb, RN on Wednesday, December 16, 2009

The Center for Orthopaedic Surgery
Surgeon: JAMES RENTZ, JR.
Account: [REDACTED] (MCHOWELL, BRYAN)
Date: 12/16/2009

The Center for Orthopaedic Surgery
118 Professional Park Drive
Rock Hill, SC 29732
Phone (803) 329-3134 Fax (803) 325-6862

PATIENT: Bryan Mchowell
DATE OF BIRTH: [REDACTED] 1957
ACCOUNT #: [REDACTED]
DATE: Dec 18, 2009

CALL ATTEMPT 1: 12/18/2009 09:31 Am (date/time)
Called By: Jackie Kersey, RN

COMMENTS: answering machine, no message left.

Electronically Signed by: Jackie Kersey, RN on Friday, December 18, 2009

The Center for Orthopaedic Surgery
Surgeon: . PAIN PROCEDURES
Account: [REDACTED] (MCHOWELL,BRYAN)
Date: 12/18/2009

History & Physical Report #52

BRYAN A. MCHOWELL

9/20/2010 11:10 AM

Location: Mackey Family Practice

Patient #:

DOB:

Single / Language: Undefined / Race: Undefined

Male

The patient is a 52 year old Male.

Follow up (FRANK SHARP; 9/20/2010)

Mackey Family Practice, P.A.

Toll-Free

1-877-837-6507

KEITH D. SHEALY, M.D.

LINDA DAILY, D.O.

STEVEN CULP, M.D.

FRANK SHARP, M.D.

DIANE R. HARRELL, F.N.P.

JOHN WILLIS, M.D.

1025 WEST MEETING
ST. SUITE 200
HWY., SUITE 200

8351 CHARLOTTE

LANCASTER, SOUTH CAROLINA 29720
INDIAN LAND, SOUTH CAROLINA 29715

TELEPHONE (803)285-7414
TELEPHONE (803)396-5333

FAX (803)283-4329
FAX (803)396-5350

PatientID:

Patient Name: BRYAN A MCHOWELL

Date of Birth:

Date of Service: 09/20/2010

***CHIEF COMPLAINT WITH SYMPTOMS** Here for follow up evaluation. labs, liver functions
la

VITALS SIGNS:

VS-TEMPERATURE: 98.3°F Tympanic

VS-BLOOD

PRESSURE: 102/70 Right Arm Sitting

VS-HEIGHT: 6ft1in

VS-WEIGHT: 290lbs

BMI: 38.26

HISTORY OF PRESENT ILLNESS: patient

is here for followup recently diagnosed with a sinus infection he is successfully completed a course of antibiotics he denies any significant nasal sinus congestion no fevers chills diaphoresis he has a history of diabetes mellitus type 2 poorly controlled diabetic neuropathy with significant nerve impingement syndrome in the left upper extremity he is also had significant generalized weakness and he is currently on Medicare of a nephrologist for diabetic nephropathy and renal failure currently he denies chest pain shortness of breath or abdominal discomfort no fevers chills diaphoresis no history of tobacco or alcohol use

SOCIAL

HISTORY:

TOBACCO USE:

Has no smoking history.

ALCOHOL:

Does not give any significant history of alcohol usage.

PHYSICAL EXAM:

currently he is normotensive afebrile a weight of 290 pounds
body mass index noted lungs are clear with equal air entry no rales rhonchi
crackles or wheezing cardiovascular regular rate and rhythm no discernible murmurs
no venous distention abdomen is soft and nontender nondistended positive bowel
sounds no rebound or guarding obese extremities nonedematous and nontender to
palpation full range of motion

ASSESSMENT:

250.00-DIABETES-TYPE 2-CONTROLLED

272.1-HYPERTRIGLYCERIDEMIA

278.02-OBESITY; OVERWEIGHT

296.30-MAJOR DEPRESSION, RECURRENT UNSPEC.

401.1-HYPERTENSION (ESS BENIGN)

**585.9-CHRONIC RENAL FAILURE,
UNSPECIFIED**

337.1-PERIPHERAL NEUROPATHY IN DISORDERS CLASSIF

PLAN:

MEDICATIONS: Medication list reviewed with patient on today's visit.

INSTRUCTIONS: Patient is encouraged to be more compliant
with medications in order to prevent poor outcomes in the future. Recommended
cardiogenic exercise at least 30 min per day at least 5 days per week. Follow
ADA diet, low cholesterol diet, low sodium diet, low calorie diet. Work on weight
reduction.

DIAGNOSTIC LABS/TESTS

Hepatic function, urine microalbumin. Normal

RETURN VISIT: Patient instructed to return
in 1 month.

**PREVENTIVE
HEALTH MAINTENANCE:**

EYE EXAM Due on 11/21/2009 Completed. Last action on 9/20/2010. Date performed
10/01/2009

FOOT EXAM Due on 11/21/2009 Ordered. Last action on 9/20/2010
MICROALBUMIN/CREATININE
R (82043) Due on 11/21/2009 Completed. Last action on 9/20/2010. Date performed
09/20/2010 Comments: normal

TIME PHYSICIAN WITH PATIENT:

15 minutes.

TOTAL:

Electronically Signed by: Frank Sharp, M.D. on Wednesday, September 22, 2010
5:18 am

Signed electronically by FRANK SHARP (9/20/2010 11:10 AM)

History & Physical Report #83

BRYAN A. MCHOWELL

2/2/2011 3:47 PM

Location: MAIN OFFICE

Patient #: [REDACTED]

DOB: [REDACTED]

Single / Language: Undefined / Race: Undefined

Male

History of Present Illness (Rhonda Adams; 2/2/2011 3:50 PM)

The patient is a 53 year old male who presents with a complaint of Back pain. Note for "Back pain": Pt was in a MVA this AM. RA

Allergies (Rhonda Adams; 2/2/2011 3:50 PM)

NKDA. 02/24/2009

Vitals (Rhonda Adams; 2/2/2011 3:49 PM)

2/2/2011 3:48 PM

Weight 242 lb Height 73 in

Body Surface Area: 2.38 m² Body Mass Index: 31.93 kg/m²

Temp.: 98.6° F (Tympanic)

BP: 120/78 (Sitting, Left Arm, Standard)

Assessment & Plan (FRANK SHARP; 11/23/2011 6:34 AM)

Unspecified Diagnosis

Current Plans

- | Colace 100MG, 2 (two) Capsule daily, #60, 02/02/2011, Ref. x3. Active.
- | Cyclobenzaprine HCl 10MG, 1 Three Times Daily As Needed, 30.00, 02/02/2011, No Refill. Active.
- | Naprosyn 500MG. Active.
- | Tramadol HCl 50MG. Active.
- | Fluticasone Propionate 50MCG/ACT, 1 Suspension 2 SPRAYS EACH NOSTRIL QD, 1 Suspension, 11/23/2011, Ref. x2. Active.

Signed electronically by FRANK SHARP (11/23/2011 6:34 AM)

April**Mackey Family Practice**www.MackeyFamilyPractice.com

Keith D. Shealy, M.D.
Steven Culp, M.D.
Diane R. Harrell, F.N.P. - C.S.
Linda Daily, D.O.

Frank Sharp, M.D.
Lynne Greene, M.D.
David Robison, F.N.P. - B.C.

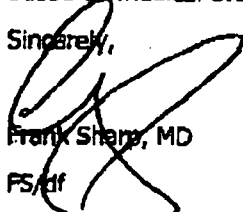
1025 WEST MEETING STREET
LANCASTER, SC 29720
TELEPHONE (803) 285-7414
FAX (803) 283-4329

8351 CHARLOTTE HIGHWAY
INDIAN LAKE, SC 29715
TELEPHONE (803) 295-6333
FAX (803) 295-8250

Patient ID: [REDACTED]
Patient Name: BRYAN A MCHOWELL
Date of Birth: [REDACTED] 1957

Based on medical evaluation Mr. McHowell is medically optimized for general surgery requiring general anesthesia.

Sincerely,


Frank Sharp, MD

FS/df

History & Physical Report #89

BRYAN A. MCHOWELL

8/8/2011 9:38 AM

Location: MAIN OFFICE

Patient #: [REDACTED]

DOB: [REDACTED]

Single / Language: Undefined / Race: Undefined

Male

History of Present Illness (FRANK SHARP; 8/9/2011 6:03 AM)

Patient words: pulled muscle in chest friday pushing a car. cymbalta refill. Dr Shah D/c metoprolol

The patient is a 53 year old male who presents for a recheck of hypotension.

Additional complaints:

Chest pain is described as the following :

Note for "Chest pain": c/o pain below left breast of 1 week duration following moving furniture, describes localized point of pain exacerbated with movement and deep respirations, denies SOB

Depression

Allergies (Laura Adkins; 8/8/2011 9:40 AM)

NKDA. 02/24/2009

Social History (Laura Adkins; 8/8/2011 9:41 AM)

Aspirin Daily. Yes, 81 mg.

TOBACCO USE: Has no smoking history. 12/02/2010

ALCOHOL: Does not give any significant history of alcohol usage. 12/02/2010

Vitals (Laura Adkins; 8/8/2011 9:41 AM)

8/8/2011 9:41 AM

Weight: 212 lb Height: 73 in

Body Surface Area: 2.23 m² Body Mass Index: 27.97 kg/m²

Temp.: 98.2° F (Tympanic)

BP: 90/60 (Sitting, Right Arm, Standard)

Physical Exam (FRANK SHARP; 8/9/2011 6:03 AM)

The physical exam findings are as follows:

General

General - Alert and oriented x3, in no acute distress. Mental Status - Alert. General Appearance - Cooperative, Well groomed and Consistent with stated age. Build & Nutrition - Well nourished and Well developed. Hydration - Well hydrated.

HEENT

Head - Normocephalic, no masses, no lesions.

Ear

Tympanic Membrane - Bilateral - Clear.

Eye

Fundi - Bilateral - No papilledema, discs sharp, no cotton wool patches. No obvious masses. Sclera/Conjunctiva - Bilateral - Clear. Pupil -

Bilateral - Normal, Accommodating, Direct reaction to light normal, Equal, Regular and Round.

Nose & Sinuses - Nose intact with normal shape.

Chest and Lung Exam

Chest and lung exam reveals - clear to auscultation and percussion in all lobes. No wheezing, rales or rhonchi noted. Inspiration and expiration ratio is equal, normal excursion with symmetric chest walls, normal resonance, no flatness or dullness and non-tender and normal tactile fremitus.

Cardiovascular

Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, (see Vital Signs section for blood pressure measurements), carotid auscultation reveals no bruits and normal pedal pulses bilaterally.

Abdomen

Palpation/ Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No Rigidity (guarding), No

Abnormal dullness to percussion, No hepatosplenomegaly and Soft.

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Male Genitourinary

Evaluation of genitourinary system reveals - scrotum non-tender, no masses, normal testes, no palpable masses and no tenderness or enlargement of prostate.

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Assessment & Plan (FRANK SHARP; 8/9/2011 6:04 AM)

Unspecified Diagnosis

Current Plans

- | Ibuprofen 600MG, 1 Tablet three times daily, as needed, #30, 08/08/2011, No Refill. Active
- | Skelaxin 800MG, 1 Tablet three times daily, as needed, #30, 08/08/2011, No Refill. Active.

CHEST WALL CONTUSION

Current Plans

- | Patient is to return as needed.

Signed electronically by FRANK SHARP (8/9/2011 6:04 AM)

History & Physical Report #90

BRYAN A. MCHOWELL

9/13/2011 8:02 AM

Location: MAIN OFFICE

Patient #: [REDACTED]

DOB: [REDACTED] 1957

Single / Language: Undefined / Race: Undefined

Male

History of Present Illness (FRANK SHARP; 9/13/2011 8:20 AM)

Patient words: rtfoot pain, nausea after eating, la

The patient is a 53 year old male who presents with a complaint of Nausea.

Additional complaints:

Dizziness

FOOT PAIN

Allergies (Laura Adkins; 9/13/2011 8:09 AM)

NKDA. 02/24/2009

Social History (Laura Adkins; 9/13/2011 8:10 AM)

Aspirin Daily. Yes, 81 mg.

ALCOHOL: Does not give any significant history of alcohol usage. 12/02/2010

TOBACCO USE: Has no smoking history. 12/02/2010

Vitals (Laura Adkins; 9/13/2011 8:11 AM)

9/13/2011 8:10 AM

Weight: 207 lb Height: 73 in

Body Surface Area: 2.2 m² Body Mass Index: 27.31 kg/m²

Temp.: 97.4° F (Tympanic)

BP: 118/60 (Sitting, Right Arm, Standard)

Physical Exam (FRANK SHARP; 9/13/2011 8:20 AM)

The physical exam findings are as follows:

General

General - Alert and oriented x3, in no acute distress. Mental Status - Alert. General Appearance - Cooperative, Well groomed and Consistent with stated age. Build & Nutrition - Well nourished and Well developed. Hydration - Well hydrated.

HEENT

Head - Normocephalic, no masses, no lesions.

Ear

Tympanic Membrane - Bilateral - Clear.

Eye

Fundus - Bilateral - No papilledema, discs sharp, no cotton wool patches. No obvious masses. Sclera/Conjunctiva - Bilateral - Clear. Pupil - Bilateral - Normal, Accommodating, Direct reaction to light normal, Equal, Regular and Round.

Nose & Sinuses - Nose intact with normal shape.

Chest and Lung Exam

Chest and lung exam reveals - clear to auscultation and percussion in all lobes. No wheezing, rales or rhonchi noted. Inspiration and expiration ratio is equal, normal excursion with symmetric chest walls, normal resonance, no flatness or dullness and non-tender and normal tactile fremitus.

Cardiovascular

Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude; no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, (see Vital Signs section for blood pressure measurements), carotid auscultation reveals no bruits and normal pedal pulses bilaterally.

Abdomen

Palpation/Perussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No Rigidity (guarding), No Abnormal dullness to percussion, No hepatosplenomegaly and Soft.

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Male Genitourinary

Evaluation of genitourinary system reveals - scrotum non-tender, no masses, normal testes, no palpable masses and no tenderness or enlargement of prostate.

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Assessment & Plan (FRANK SHARP; 9/13/2011 8:26 AM)

IRRITABLE BOWEL SYNDROME (564.1)

Current Plans

- | Patient is encouraged to be more compliant with medications in order to prevent poor outcomes in the future.
- | Patient was reminded to follow up with Ophthalmology for a dilated retinal exam.
- | Patient was reminded to follow up with our Diabetic Foot Care nurse or a Podiatrist for a foot exam every four months.
- | Distributed a diabetic log and discussed how to track day-to-day blood sugars with the patient.
- | Patient instructed to follow ADA diet.
- | Patient instructed to follow a low cholesterol diet.
- | Patient is instructed to follow a low sodium diet.
- | The patient was counseled regarding regular sustained activity.
- | Patient is instructed to check FSBS once a day.
- | Avoid caffeine, alcohol, tobacco and peppermint.
- | Medications reviewed with patient.
- | Patient instructed to return for a recheck in one month or sooner if things worsen.

HYPOTENSION, ORTHOSTATIC (458.0)

DM, uncomplicated, type II (250.00)

Story: tradienta 5 mg po ad-SE discussed

Hypertension, benign essential (401.1)

Current Plans

- | Cymbalta 60MG, 1 Capsule DR Part 1 Every Morning, #35, 30 days starting 09/13/2011, No Refill. Active.
- | Metoprolol HCl 10MG, 1 Tablet 1 tab po qac, #90, 09/13/2011, No Refill. Active.
- | Bystolic 5MG, 1 Tablet daily, #30, 09/13/2011, No Refill. Active.
- | Test Strips For Glucometer-3, 1 Strip daily, 100 Strip, 09/13/2011, Ref. x3. Active

Medical Decision Making (FRANK SHARP; 9/13/2011 8:26 AM)

Amount/complexity of data to be reviewed:

- Review and summarization of old records

Signed electronically by FRANK SHARP (9/13/2011 8:26 AM)

History & Physical Report #91

BRYAN A. MCHOWELL

9/30/2011 10:36 AM

Location: MAIN OFFICE

Patient #: [REDACTED]

DOB: [REDACTED]

Single / Language: Undefined / Race: Undefined

Male

History of Present Illness (FRANK SHARP; 10/3/2011 5:14 AM)

Patient words: needs labs, dx with celiac and diverticulitis, internal hemorrhoids at GI Dr Amato

The patient is a 53 year old male who presents for a recheck of hypotension.

Additional complaints:

Recheck of Diabetes Type II - Follow Up.

Recheck of Hyperlipidemia.

Recheck of Tachycardia.

Allergies (Laura Adkins; 9/30/2011 10:45 AM)

NKDA. 02/24/2009

Social History (Laura Adkins; 9/30/2011 10:45 AM)

Aspirin Daily. Yes, 81 mg.

TOBACCO USE: Has no smoking history. 12/02/2010

ALCOHOL: Does not give any significant history of alcohol usage. 12/02/2010

Health Maintenance History (Laura Adkins; 9/30/2011 10:50 AM)

Colonoscopy, Screening. Date: 8/2011. diverticulitis

Vitals (Laura Adkins; 9/30/2011 10:45 AM)

9/30/2011 10:44 AM

Weight: 208 lb Height: 73 in

Body Surface Area: 2.2 m² Body Mass Index: 27.44 kg/m²

Temp.: 97.4° F (Tympanic) Pulse: 81 (Regular) P.OX: 98% (Room air)

BP: 120/74 (Sitting, Right Arm, Standard)

Physical Exam (FRANK SHARP; 10/3/2011 5:14 AM)

The physical exam findings are as follows:

General

General - Alert and oriented x3, in no acute distress. Mental Status - Alert. General Appearance - Cooperative, Well groomed and Consistent with stated age. Build & Nutrition - Well nourished and Well developed. Hydration - Well hydrated.

HEENT

Head - Normocephalic, no masses, no lesions.

Ear

Tympanic Membrane - Bilateral - Clear.

Eye

Fundi - Bilateral - No papilledema, discs sharp, no cotton wool patches. No obvious masses. Sclera/Conjunctiva - Bilateral - Clear. Pupil -

Bilateral - Normal, Accommodating, Direct reaction to light normal, Equal, Regular and Round.

Nose & Sinuses - Nose intact with normal shape.

Chest and Lung Exam

Chest and lung exam reveals - clear to auscultation and percussion in all lobes. No wheezing, rales or rhonchi noted., inspiration and expiration ratio is equal, normal excursion with symmetric chest walls, normal resonance, no flatness or dullness and non-tender and normal tactile fremitus.

Cardiovascular

Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, (see Vital Signs section for blood pressure measurements), carotid auscultation reveals no bruits and normal pedal pulses bilaterally.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No Rigidity (guarding), No

Abnormal dullness to percussion, No hepatosplenomegaly and Soft

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Male Genitourinary

Evaluation of genitourinary system reveals - scrotum non-tender, no masses, normal testes, no palpable masses and no tenderness or enlargement of prostate.

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Assessment & Plan (FRANK SHARP; 10/3/2011 5:15 AM)

Anemia NOS (285.9)

Neuropathy, peripheral autonomic in disord CE (337.1)

Hypertension, benign essential (401.1)

DM, uncomplicated, type II (250.00)

Story: triagenta 5 mg po qd-SE discussed

HYPOTENSION, ORTHOSTATIC (458.0)

IRRITABLE BOWEL SYNDROME (564.1)

cellac panel

Current Plans

- | Patient is encouraged to be more compliant with medications in order to prevent poor outcomes in the future.
- | Patient was reminded to follow up with Ophthalmology for a dilated retinal exam.
- | Patient was reminded to follow up with our Diabetic Foot Care nurse or a Podiatrist for a foot exam every four months.
- | The patient was counseled regarding regular sustained activity.
- | Patient instructed to follow ADA diet.
- | Patient instructed to follow a low cholesterol diet.
- | Patient is instructed to follow a low sodium diet.
- | Drink plenty of fluids.
- | Patient is instructed to check FSBS twice a day.
- | Avoid caffeine, alcohol, tobacco and peppermint.
- | Medications reviewed with patient.
- | Patient instructed to return for a recheck in one month or sooner if things worsen.

Signed electronically by FRANK SHARP (10/3/2011 5:15 AM)

History & Physical Report #92

BRYAN A. MCHOWELL

10/21/2011 9:51 AM

Location: MAIN OFFICE

Patient #:

DOB:

Single / Language: Undefined / Race: Undefined
Male

History of Present Illness (FRANK SHARP; 10/21/2011 10:27 AM)

The patient is a 53 year old male who presents for a recheck of HYPERTENSION.

Additional complaints

Recheck of Diabetes Type II - Follow Up.

Recheck of Hyperlipidemia.

Allergies (Laura Adkins; 10/21/2011 9:52 AM)

NKDA. 02/24/2009

Social History (Laura Adkins; 10/21/2011 9:53 AM)

Aspirin Daily. Yes, 81 mg.

ALCOHOL: Does not give any significant history of alcohol usage. 12/02/2010

TOBACCO USE: Has no smoking history. 12/02/2010

Marital status. Divorced.

GAD 2. 2.

PHQ 2. 2.

Substance Abuse. 0.

Medication History (Laura Adkins; 10/21/2011 9:57 AM)

Metoprolol Tartrate (25MG Tablet 1 Oral two times daily) Active. (V. Shah)

Multiple Vitamin (1 Oral daily) Active.

Vitamin B Complex (1 Oral daily) Active.

Cinnamon (500MG Capsule 1 Oral daily) Active.

Review of Systems (FRANK SHARP; 10/21/2011 10:27 AM)

General: Not Present- Appetite Loss, Chills, Dietary Changes, Fatigue, Fever, Medication Changes, Night Sweats, Obesity and Weight Gain.

Skin: Not Present- Rash.

HEENT: Not Present- Blurred Vision, Visual Disturbances, Visual Loss and Hearing Loss.

Neck: Not Present- Swollen Glands.

Respiratory: Not Present- Chronic Cough, Difficulty Breathing and Wheezing.

Cardiovascular: Not Present- Chest Pain, Edema, Palpitations and Shortness of Breath.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Nausea and Vomiting.

Male Genitourinary: Not Present- Change in Bladder Habits, Change in Urinary Stream, Frequency, Hematuria, Testicular Mass and Urgency.

Endocrine: Not Present- Cold Intolerance and Hair Changes.

Physical Exam (FRANK SHARP; 10/21/2011 10:27 AM)

The physical exam findings are as follows:

General

General - Alert and oriented x3, in no acute distress. Mental Status - Alert. General Appearance - Cooperative, Well groomed and Consistent with stated age. Build & Nutrition - Well nourished and Well developed. Hydration - Well hydrated.

HEENT

Head - Normocephalic, no masses, no lesions.

Ear

Tympanic Membrane - Bilateral - Clear.

Eye

Fundi - Bilateral - No papilledema, discs sharp, no cotton wool patches. No obvious masses. Sclera/Conjunctiva - Bilateral - Clear. Pupil -

Bilateral - Normal, Accommodating, Direct reaction to light normal, Equal, Regular and Round.

Nose & Sinuses - Nose intact with normal shape.

Chest and Lung Exam

Chest and lung exam reveals - clear to auscultation and percussion in all lobes. No wheezing, rales or rhonchi noted., inspiration and expiration ratio is equal, normal excursion with symmetric chest walls, normal resonance, no flatness or dullness and non-tender and normal tactile fremitus.

Cardiovascular

Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, (see Vital Signs section for blood pressure measurements), carotid auscultation reveals no bruits and normal pedal pulses bilaterally.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No Rigidity (guarding), No Abnormal dullness to percussion, No hepatosplenomegaly and Soft

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Male Genitourinary

Evaluation of genitourinary system reveals - scrotum non-tender, no masses, normal testes, no palpable masses and no tenderness or enlargement of prostate.

Peripheral Vascular**Lower Extremity:**

Palpation: Edema - Bilateral - No edema.

Assessment & Plan (FRANK SHARP; 10/21/2011 10:29 AM)

DM, uncomplicated, type II (250.00)

Story: trandienta 5 mg po qd-SE discussed

Current Plans

I BUN (BLOOD UREA NITROGEN) (84520)

I CREATININE BLOOD (82565)

I HEMOGLOBIN GLYCLATED (HGB A1C) (83036)

I HEPATIC FUNCTION PANEL (80076)

I LIPID PANEL (80061)

I PSA (PROSTATE SPECIFIC ANTIGEN) (84153)

I URINE MICROALBUMIN (82044)

I Cymbalta 60MG, 1 Capsule DR Part 1 Every Morning, #35, 30 days starting 10/21/2011, Ref. x3. Active.

I MetFORMIN HCl 1000MG, 1 Tablet two times daily, #60, 10/21/2011, Ref. x3. Active.

I Metoclopramide HCl 10MG, 1 Tablet 1 tab po qac, #90, 10/21/2011, No Refill. Active.

Hypertension, benign essential (401.1)

Depressive disorder, major rcr, unspecified (296.30)

IRRITABLE BOWEL SYNDROME (564.1)

Medical Decision Making (FRANK SHARP; 10/21/2011 10:30 AM)

Amount/complexity of data to be reviewed:

- Order and/or review of lab test(s)
- Independent visualization of lab test
- Review and summarization of old records

Signed electronically by FRANK SHARP (10/21/2011 10:30 AM)

Laboratories

BUN (BLOOD UREA NITROGEN) (84520) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

CREATININE BLOOD (82565) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

HEMOGLOBIN GLYCLATED (HGB A1C) (83036) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

HEPATIC FUNCTION PANEL (80076) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

LIPID PANEL (80061) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

PSA (PROSTATE SPECIFIC ANTIGEN) (84153) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

URINE MICROALBUMIN (82044) Ordered

Diagnosis: DM, uncomplicated, type II (250.00)

APR-27-2011 13:30 From:METRO N ASDC 8033663439

032853715

P.2/7



Howard Mandell, MD, FRCPC. • Allan S. Ryder-Cook, MD, PhD.
Mark A. Porter, MD. • Dennis M. Gettelfinger, Emeritus
Quanwei Zhang, MD. • Michael Laddy, PA-C MMS
www.metrolinaneurology.com

March 23, 2011

RE: MCHOWELL, BRYAN

DOB: [REDACTED] 1957

Dr. Frank Sharp
Mackey Family Practice
1025 W. Meeting St., Ste. 200
Lancaster, SC 29720

Dear Frank:

Thank you very much for referring this 53-year-old gentleman for evaluation of possible diabetic neuropathy. The patient claims of his feet hurting if he walks too much and says if he sits too long, his feet will go to sleep on him, and it also happens when he is lying down in bed. The right foot bothers him more than the left. Because of the difficulties with sensation, he walks differently. He says it causes his hip and lower back to hurt. He also complains of his hands going to sleep on him, waking him up at night and sometimes when he is driving. He tried gabapentin for the feet at a dose of 800 mg 3 times a day, and it did not make much difference.

PAST SURGICAL HISTORY: He has had gastric bypass surgery. He has also had surgery for a tendon in the left wrist.

PAST MEDICAL HISTORY: His medical problems include his diabetes, which has been present since 2004. He has also had some chronic kidney disease, some coronary artery disease, hypertension, elevated cholesterol, gastroesophageal reflux disease.

SOCIAL HISTORY: Negative for smoking or alcohol use. He quit drinking 19 months ago. He is out of work at present. He has worked as a welder and trucker in the past.

FAMILY HISTORY: Positive for diabetes, end-stage renal disease, and Charcot joints, as well as peripheral vascular disease in a brother.

CURRENT MEDICATIONS: Lantus insulin 60 units daily, Pilsen 20 mg daily. He is on metoprolol, Cymbalta 60 mg daily, iron, and aspirin 81 mg daily.

NEUROLOGICAL EXAMINATION: There is no weakness in his hands and no numbness in his feet. In

CMC Pineville:
10620 Park Rd. Ste 230
Charlotte, NC 28210
(704) 542-6698

Rock Hill Medical Park:
200 S. Heeling Ave, Ste 11
Rock Hill, SC 29732
(803) 366-6135

CMC-Carolina Lakes Medical Plaza:
7666 Charlotte Hwy
Indian Land, SC 29707
(803) 578-9050

0298
PAGE 1 of 2

APR-27-2011 13:30 From: METRO.NE

ASDC

8033663439

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P.3/7

March 23, 2011

RE: MCHOWELL, BRYAN

his feet, his vibration sense is 8 to 9 seconds. It is otherwise normal. Motor examination is normal in the legs, and reflexes are 2+ and symmetric reflexes and plantar responses.

NERVE CONDUCTION STUDIES: Performed today in the median and ulnar nerves bilaterally as well as in the tibial, peroneal and sural nerves of both legs. The median nerve motor latencies were mildly prolonged at 4.5 milliseconds on both sides. The amplitudes and conduction velocities were normal. The median palmar studies showed moderate slowing with a peak latency of 3 on the left and 3.3 on the right. The antidromics confirmed this with a peak latency of 4.1 on the left and 4 on the right. Amplitudes were reduced for the palmar studies to 33 microvolts on the left and 17 on the right. The ulnar and palmar were normal bilaterally.

In the legs, the peroneal nerve motor latencies, amplitudes, and conduction velocities were normal, as were the tibial nerve motor latencies, amplitudes and conduction velocities. F-waves through the tibial nerves were within normal limits. The peroneal and sural sensory nerve action potentials were also normal bilaterally.

MONOPOLAR NEEDLE STUDIES: Were performed today in the right tibialis anterior, vastus medialis, medial gastrocnemius, extensor hallucis longus, and abductor hallucis muscles. The same muscles were studied on the left side. All muscles were normal.

CONCLUSION: This patient has evidence of bilateral carpal tunnel syndrome, which is of moderate severity. He has normal nerve conduction in his legs but still may have some degree of small fiber polyneuropathy based on his history. His main complaint in his legs is of numbness, and this does not usually respond too well to medications such as gabapentin, but if he develops burning pain, then it would certainly be worthwhile trying him on gabapentin, Lyrica, or one of the tricyclic antidepressants. For his carpal tunnel syndrome, he could be tried with splints, and if it gets worse, he could be considered for surgery.

Thank you very much for having referred him to me.

Sincerely,


Allen S. Ryder-Cook, MD, PhD

D: 03/23/11 04:01 PM T: 03/24/11 11:33 AM/UTR

Dictated but not read to expedite mailing

APR-27-2011 13:30 From: METRO N

ASDC

8033663439

332853715

P.4/7

Metrolina Neurological Associates
200 South Herlong Avenue
Rock Hill, SC 29732
803-366-6135

Patient: McHowell, Bryan

Physician: Allan Ryder-Cook, M.D.

Sex: Male

Test Date: 03/23/11

Age: 53

Height: inches

Weight: lbs

I.D.#:

Ref. M.D.: Sharp

0323-059

History/Comments:

R/O diabetic neuropathy.

Motor Nerve StudyMedian Nerve

Rec Site: APB

Stim Site

Wrist

Elbow

Lat (ms)

Norm Lat

Amp (mV)

Norm Amp

C.V. (m/s)

Norm C.V.

L R

L R

L R

4.5 4.3

9.0 7.5

56.6 52.0

8.9 9.5

9.2 6.8

<4.2

>6

50

Peroneal Nerve

Rec Site: EDB

Stim Site

Ankle

Fib. Head

Pop. For

Lat (ms)

Norm Lat

Amp (mV)

Norm Amp

C.V. (m/s)

Norm C.V.

L R

L R

L R

5.2 4.4

3.5 4.5

41.3 40.8

13.2 12.8

3.2 4.0

44.4 44.4

15.4 15.0

3.2 4.0

6.0

2/4

40

Tibial Nerve

Rec Site: AH

Stim Site

Ankle

Pop. For

Lat (ms)

Norm Lat

Amp (mV)

Norm Amp

C.V. (m/s)

Norm C.V.

L R

L R

L R

5.7 4.5

9.4 7.6

40.8 40.8

14.5 13.3

7.2 6.5

3.6ms

>4mV

40

Sensory Nerve StudyPeroneal Nerve

Rec Site: dors.ft

Stim Site

Lower leg

Lat (ms)

Norm Lat

Amp (uV)

Norm Amp

C.V. (m/s)

Norm C.V.

L R

L R

L R

3.5 3.8

12.0 7.0

39.8 36.5

4.0

5uV

35ms

Sural Nerve

Rec Site: Ankle

Stim Site

mid calf

Lat (ms)

Norm Lat

Amp (uV)

Norm Amp

C.V. (m/s)

Norm C.V.

L R

L R

L R

3.0 3.2

13.0 10.3

38.9 44.0

4.0

5uV

35ms

APR-27-2011 13:30 From: METRO N

ASOC

8033663439

032853715

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page 2

Patient: McHowell, Bryan

Test Date: 03/23/11

Sensory Nerve Study**INDEX/RING Nerve**

Rec Site: Index

Stim Site

Wrist

Lat (ms)

L

R

Norm Lat

4.1

4.0

<3.5

Amp (uV)

L

R

Norm Amp

26.7

15.7

>10

C.V. (m/s)

L

R

Norm C.V.

34.4

34.9

38ms

MEDIAL PALM Nerve

Rec Site: Mid Palm

Stim Site

Wrist

Lat (ms)

L

R

Norm Lat

3.0

3.3

<2.2

Amp (uV)

L

R

Norm Amp

33.3

16.7

40uV

C.V. (m/s)

L

R

Norm C.V.

26.7

24.0

36ms

ULNAR/PALM Nerve

Rec Site: Mid Palm

Stim Site

U Wrist

Lat (ms)

L

R

Norm Lat

2.2

2.2

2.2

Amp (uV)

L

R

Norm Amp

7.7

8.0

>15

C.V. (m/s)

L

R

Norm C.V.

36.1

37.2

36ms

R-Wave Study**Tibial Nerve**

Rec Site: AH

Stim Site: Ankle

Latency
ms

L

R

Normal
LatencyAmplitude
mV

L

R

M wave

5.33

4.83

F wave

58.67

58.67

F-M

53.33

53.83

EMG Study

Name

Ins Act

Fibs

PSW

Pascies

Polyph

MU Amp

MU Dur

Config

Patent

Recruit

R. Tibialis Ant.

Normal

R. Vastus Med.

Normal

R. Gastroc. Med. H.

Normal

R. Ext. Hal. Lo.

Normal

R. Abd. Hallus

Normal

L. Tibialis Ant.

Normal

L. Gastroc. Med. H.

Normal

L. Vastus Med.

Normal

L. Ext. Hal. Lo.

Normal

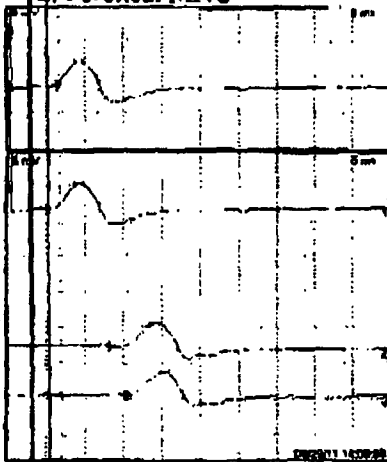
L. Abd. Hallus

Normal

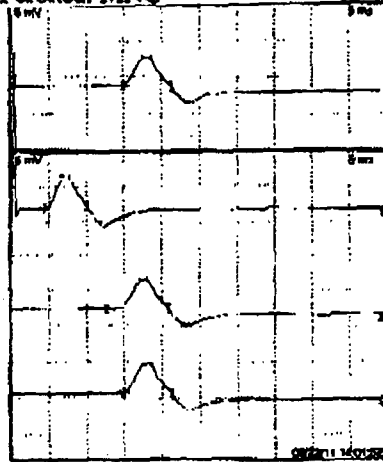
Patient: McHowell, Bryan

Test Date: 03/23/11

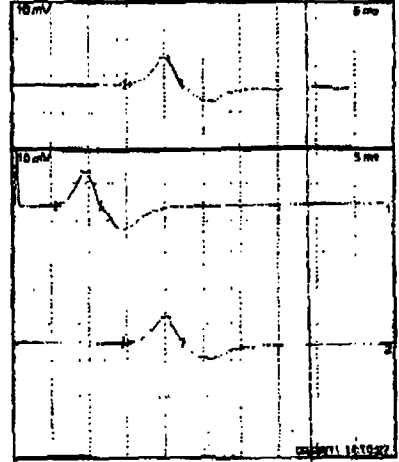
L. Peroneal MNC



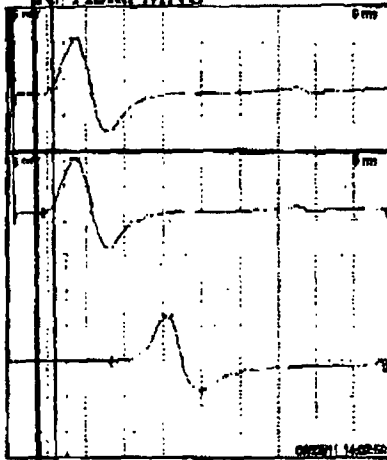
R. Peroneal MNC



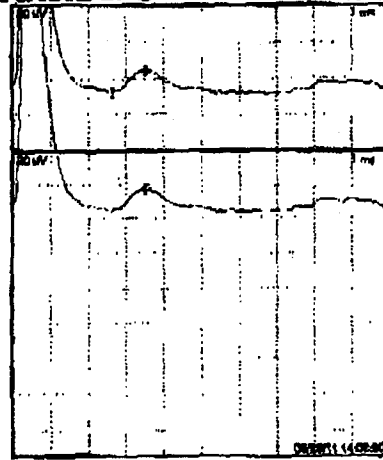
L. Tibial MNC



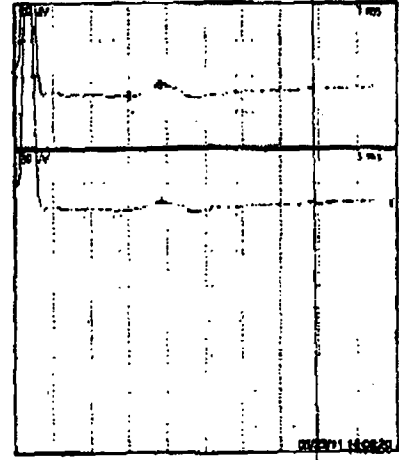
R. Tibial MNC



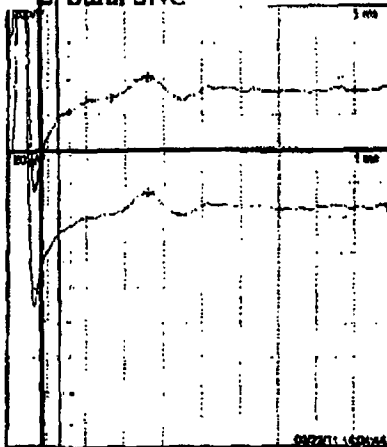
L. Peroneal SNC



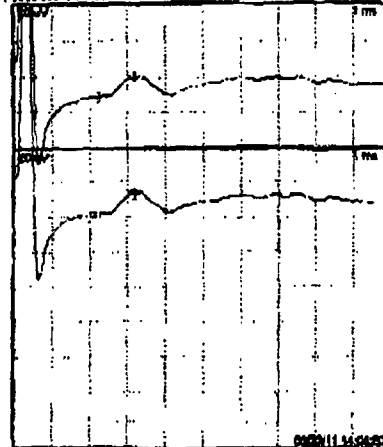
R. Peroneal SNC



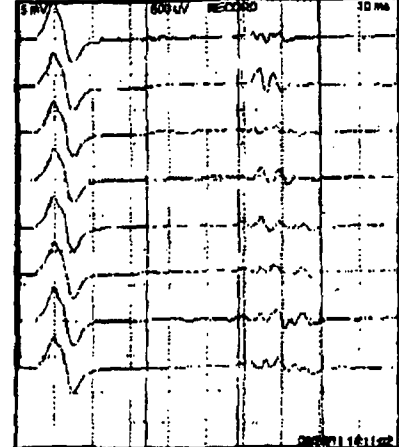
Sural SNC



R Sural SNC



L. Tibial F wave



APR-27-2011 13:31 From:METRO N ASDC

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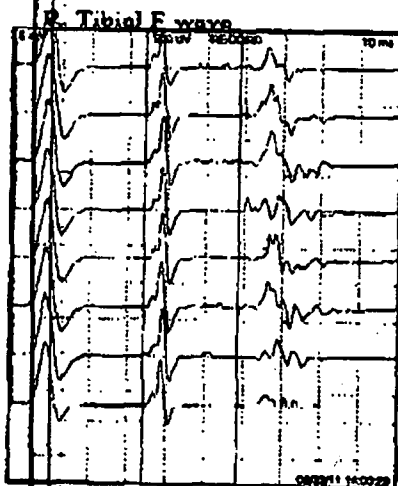
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P.7/7

page 2

Patient: McHowell, Bryan

Test Date: 03/23/11





701 W. Meeting Street
Suite 104
Lancaster, SC 29720
803-285-3700 Phone
803-285-3715 Fax

April 25, 2011

Frank Sharp MD
Mackey Family Practice
Plantation Pointe
1025 W. Meeting Street - Suite 200
Lancaster, SC 29720

RE: Bryan McHowell

Dear Dr. Sharp:

I had the pleasure of seeing your patient, Bryan McHowell, in the office today for a consultation regarding left shoulder pain. I will follow the patient's progress closely and keep you up to date. Thank you for allowing me to participate in the care of this patient.

Chief Complaint: left shoulder pain

History of Present Illness: The patient is a 53 year-old white male sent for a consultation by Dr. Sharp for 6 months of atraumatic, sharp left shoulder pain. When asked about the area of worst pain, the patient points to the anterior-superior aspect of the shoulder. The patient has not used any assistive devices or braces, and denies any history of steroid injections. OTC NSAIDS have not helped to ease the pain. The patient indicated that they had shoulder pain while reaching into the backseat of a car, with overhead activity, pain at night interfering with sleep, putting on a shirt or sweater, pushing or pulling, reaching overhead, reaching out to side and carrying heavy objects. The patient denies numbness, tingling or neck pain.

Past Medical History: The patient's past medical history, past surgical history, medications, drug allergies, family history, social history and review of systems was reviewed with the patient on the health history intake form which is signed in the chart. He is a non-insulin dependent diabetic. He has a history of a gastric bypass surgery in the last year and states he lost over 75 lbs.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Neck: Nontender, no masses. ROM - full and painless. -Spurling's.

Left shoulder exam: No effusion, swelling, ecchymosis, or atrophy is noted. No skin lesions are noted. +Tenderness at the greater tuberosity and AC joint. +Impingement sign, Speed's test, cross arm test Active ROM: Forward Flexion 170° / External rotation with the arm at the side 60°/ Internal rotation touches T12 spinous process. Passive ROM equals active ROM. 4+/5 Scaption and external rotation strength. 2+ radial pulse. Intact sensation to light touch.

Right shoulder exam: No tenderness, effusion, swelling, ecchymosis, or atrophy is noted. No skin lesions are noted. Active ROM: Forward Flexion 170°/ External rotation with the arm at the side 60°/ Internal rotation touches T12 spinous process. Passive ROM equals active ROM. 5/5 Scaption and external rotation strength. 2+ radial pulse. Intact sensation to light touch

Radiographs: 04-25-2011 including Grashey, Outlet, axillary lateral views: type 2 acromion. The joint spaces are well maintained. No acute bony abnormality is noted.

Impression: 1) IMPINGEMENT SYNDROME

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

April 25, 2011

Bryan McHowell 14233

DOB: [REDACTED] 1957

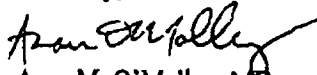
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Plan: I discussed the diagnosis and treatment options in detail with the patient. I recommended a steroid injection followed by a home should rehab program. We discussed risks of injection which include but are not limited to infection, flare reaction, non-resolution of symptoms, skin hypo-pigmentation, increased blood glucose. We discussed that he should monitor his blood glucose carefully after the injection and contact his PCP for any issues with it. The patient will follow-up in 3 weeks for re-check. The patient was instructed to return or call prior the FU appointment for any problems.

PROCEDURE NOTE: LEFT SHOULDER SUBACROMIAL STEROID INJECTION

After sterile prep and informed consent, the left shoulder subacromial space was injected from a postero-lateral approach with 40mg Depo-Medrol and 6 cc 0.25% Marcaine. He tolerated the procedure well without complications.

Sincerely,


Aran M. O'Malley, MD

cc: Frank Sharp MD

Lancaster Orthopaedics and Sports Medicine

901 West Meeting Street - Suite 104

Lancaster, South Carolina 29720

(803) 285-3700 Phone / (803) 285-3715 Fax

April 27, 2011

Bryan McHowell [REDACTED]

DOB: [REDACTED] 1957

Chief Complaint: BILATERAL HAND NUMBNESS AND TINGLING

History of Present Illness: The patient is a 53 year-old white male who complains of 12 months of atraumatic numbness and tingling in both hands which is worst at night. When asked about the area of worst pain, the patient points to all fingers of both hands. The patient has used wrist braces and had steroid injections several years ago. OTC NSAIDS and neurontin which he tried previously did not help. The tingling is nearly constant and interfering with his daily activities and sleep at night.

Past Medical History: The patient's past medical history, past surgical history, medications, drug allergies, family history, social history and review of systems was reviewed with the patient on the health history intake form which is signed in the chart. He is a non-insulin dependent diabetic. He has a history of a gastric bypass surgery in the last year and states he lost over 75 lbs.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Neck: Nontender, no masses. ROM - full and painless. -Spurling's.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted. +Tinel's, Phalen's, Durkan's test at the wrist flexion creases bilaterally. Decreased sensation to light touch and pinprick at fingers 1-3 bilaterally. 5/5 strength. 2+ radial pulse. No thenar atrophy is noted.

Radiographs: AP, Lateral, Oblique bilateral hands. The joint spaces are well maintained. No acute bony abnormality is noted.

EMG/NCV Metrolina Neurology - 05-23-2011 - show evidence of moderate bilateral carpal tunnel syndrome and

Impression: CARPAL TUNNEL SYNDROME

Plan: I discussed the diagnosis and treatment options in detail with the patient and spent >25 minutes with > 50% counseling the patient. We discussed non-operative options including bracing and medication. The patient would like to proceed with carpal tunnel release. We discussed that carpal tunnel surgery can usually be performed under a block with sedation on an outpatient basis and recovery typically takes 6 weeks although some incisional pain can be present for several months. We discussed risks, benefits and treatment alternatives of surgical treatment in detail. Risks include but are not limited to infection, neurovascular injury particularly to the median nerve motor branch or palmar cutaneous branch injury, bleeding, stiffness, incomplete pain relief, numbness, weakness, pillar pain, recurrent carpal tunnel syndrome as well as anesthesia and postoperative risks. Anesthesia and postoperative risks include but are not limited to reaction to nerve blocks or medications given, stroke, blood clots, PE, MI and even death. Despite all risks the patient agrees to proceed with surgery. All the patient's questions were answered and no guarantees of success were made. Follow-up is at the scheduled time of surgery. The patient was instructed to return or call prior the FU appointment for any problems.

Aran M. O'Malley
Aran M. O'Malley, MD

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

May 13, 2011

Bryan McHowell [REDACTED]

DOB: [REDACTED]

Chief Complaint:

- 1) LEFT SHOULDER PAIN
- 2) BILATERAL HAND NUMBNESS AND TINGLING

History of Present Illness: The patient is a 53 year-old white male sent who returns for treatment of more than 6 months of atraumatic, sharp left shoulder pain. When asked about the area of worst pain, the patient points to the anterior-superior aspect of the shoulder. The patient has not used any assistive devices or braces. A previous steroid injection gave him about 1 week of relief and then the pain returned. OTC NSAIDS have not helped to ease the pain. The patient indicated that they had shoulder pain while reaching into the backseat of a car, with overhead activity, pain at night interfering with sleep, putting on a shirt or sweater, pushing or pulling, reaching overhead, reaching out to side and carrying heavy objects.

He is S/P right carpal tunnel release and notes complete resolution of the numbness and tingling symptoms in the right hand. He continues to notes numbness and tingling in the left hand.

Past Medical History/ROS: Reviewed per the form in the chart.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Neck: Nontender, no masses. ROM – full and painless. –Spurling's.

Right wrist/hand exam: the wound is clean and dry. Intact light touch and pinprick sensation.

Left wrist/hand exam: +Tinel's, Durkan's, Phalen's at the wrist flexion creased. 5/5 strength. No thenar atrophy is noted. Decreased sensation to light touch and pinprick fingers 1-3. Brisk cap refill in all fingers.

Right shoulder exam: No tenderness, effusion, swelling, ecchymosis, or atrophy is noted. No skin lesions are noted. Active ROM: Forward Flexion 170°/ External rotation with the arm at the side 60°/ Internal rotation touches T12 spinous process. Passive ROM equals active ROM. 5/5 Scaption and external rotation strength. 2+ radial pulse. Intact sensation to light touch.

Impression:

- 1) IMPINGEMENT SYNDROME LEFT SHOULDER
- 2) S/P RIGHT CARPAL TUNNEL RELEASE
- 3) LEFT CARPAL TUNNEL SYNDROME

Plan: I discussed the diagnosis and treatment options in detail with the patient and spent > 25 minutes with > 50% counseling the patient. I recommended an MRI of the right shoulder. The patient will follow-up after the right shoulder MRI is complete. We are also going to set him up for a left carpal tunnel release. We discussed non-operative options including bracing and medication. The patient would like to proceed with carpal tunnel release. We discussed that carpal tunnel surgery can usually be performed under a block with sedation on an outpatient basis and recovery typically takes 6 weeks although some incisional pain can be present for several months. We discussed risks, benefits and treatment alternatives of surgical treatment in detail. Risks include but are not limited to infection, neurovascular injury particularly to the median nerve motor branch or palmar cutaneous branch injury, bleeding, stiffness, incomplete pain relief, numbness, weakness, pillar pain, recurrent carpal tunnel syndrome as well as anesthesia and postoperative risks. Anesthesia and postoperative risks include but are not limited to reaction to nerve blocks or medications given, stroke, blood clots, PE, MI and even death. Despite all risks the patient agrees to proceed with surgery. All the patient's questions were answered and no guarantees of success were made. The patient was instructed to return or call prior the FU appointment for any problems.

Aran M. O'Malley

Aran M. O'Malley, MD

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

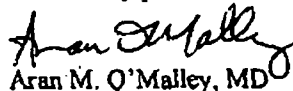
May 13, 2011

Bryan McHowell [REDACTED]

DOB: [REDACTED]

Continued

necessary to obtain a good repair of the rotator cuff tear. If any nerve blocks are used, occasionally this can result in a brachial neuritis, hoarseness of the voice or incomplete pain relief. I also plan to do a distal clavicle excision which we discussed with the patient. This would be a resection of the lateral end of the clavicle, preserving the superior capsular fibers. With this procedure there is a slight risk of spur reformation, residual shoulder pain and/or instability of the AC joint. We also discussed biceps tenodesis or tenotomy if there is evidence of long head of biceps pathology. The patient understands that with a tenotomy there will be a cosmetic deformity of the biceps and there is a risk of chronic spasm in about 15% of patients. With tenodesis, there is no cosmetic deformity unless the tenodesis fails, but a small number of patients have chronic anterior shoulder pain after a biceps tenodesis. I answered all of the patient's questions and no guarantees of success were made. Follow-up is at the scheduled time of surgery. The patient was instructed to return or call prior the FU appointment for any problems. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

May 23, 2011

Bryan McHowell

DOB: 1957

Chief Complaint:

- 1) LEFT SHOULDER PAIN
- 2) BILATERAL HAND NUMBNESS AND TINGLING

History of Present Illness: The patient is a 53 year-old white male sent who returns for treatment of more than 7 months of atraumatic, sharp left shoulder pain. When asked about the area of worst pain, the patient points to the anterior-superior aspect of the shoulder. The patient has not used any assistive devices or braces. A previous steroid injection gave him about 1 week of near complete relief and then the pain returned. OTC NSAIDS have not helped to ease the pain. The patient indicated that they had shoulder pain while reaching into the backseat of a car, with overhead activity, pain at night interfering with sleep, putting on a shirt or sweater, pushing or pulling, reaching overhead, reaching out to side and carrying heavy objects.

He is S/P right carpal tunnel release and notes complete resolution of the numbness and tingling symptoms in the right hand. He continues to notes numbness and tingling in the left hand.

Past Medical History/ROS: Reviewed per the form in the chart.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Neck: Nontender, no masses. ROM - full and painless. -Spurling's.

Right wrist/hand exam: the wound is clean, dry, and healed. Intact light touch and pinprick sensation.

Left wrist/hand exam: +Tinel's, Durkan's, Phalen's at the wrist flexion creased. 5/5 strength. No thenar atrophy is noted. Decreased sensation to light touch and pinprick fingers 1-3. Brisk cap refill in all fingers.

Left shoulder exam: +tenderness at the greater tuberosity. No skin lesions are noted. +Impingement and Speed's tests. Active ROM: Forward Flexion 170°/ External rotation with the arm at the side 60°/ Internal rotation touches T12 spinous process. Passive ROM equals active ROM. 4/5 Scaption and external rotation strength. 2+ radial pulse. Intact sensation to light touch.

Impression:

- 1) IMPINGEMENT SYNDROME LEFT SHOULDER
- 2) S/P RIGHT CARPAL TUNNEL RELEASE
- 3) LEFT CARPAL TUNNEL SYNDROME

Plan: I discussed the diagnosis and treatment options in detail with the patient and spent > 25 minutes with > 50% counseling the patient. He states that the shoulder is more symptomatic than the left wrist at this point, and he would like to proceed with left shoulder surgery first. The patient would like to proceed with shoulder arthroscopy with subacromial decompression, distal clavicle excision and evaluation of the rotator cuff with possible rotator cuff repair. We discussed the risks, benefits and alternatives to subacromial decompression and possible surgical repair of the rotator cuff versus non-operative treatment. These risks include but are not limited to infection, neurovascular injury, stiffness, residual shoulder pain, and medically related complications from anesthesia such as stroke, blood clots, heart or lung trouble, allergic reactions to the anesthetic agents and even death. We discussed that failure of the rotator cuff repair to heal may occur in up to 10% to 15% of cases which may occasionally require revision surgery. We discussed that with any shoulder arthroscopic procedure there is a slight risk of synovitis, chondrolysis, iatrogenic damage to the shoulder or breakage of instruments/implants. I mentioned that these types of complications may require further treatment and possibly even further surgery. The need for activity restriction postoperatively and the 6 to 12 month recovery process for a rotator cuff repair was described. I discussed the fact that sometimes the surgery can be accomplished arthroscopically, but occasionally a small mini-open or open incision splitting the deltoid fibers may be

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

June 13, 2011

Bryan McHowell [REDACTED]

DOB: [REDACTED]

Chief Complaint: LEFT SHOULDER PAIN
Surgery Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who returns after left shoulder arthroscopy. He has been in a sling.

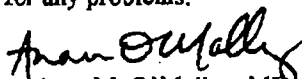
Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: The wounds are clean and dry. Good passive ROM.

Radiographs: Grashey and outlet views of the left shoulder demonstrate flattening of the acromion and absence of the distal clavicle consistent with post-surgical changes. A single anchor is noted in the upper portion of the lesser tuberosity.

Impression: S/P LEFT SHOULDER ARTHROSCOPY

Plan: I went over the arthroscopic pictures and postop course with the patient. I went over passive ROM exercises and recommended continued use of the sling. He should return in 2 weeks for re-check. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

Telephone: (803) 285-3700
Fax: (803) 285-3715

DEA # B08605923
SC # MD 2030115

Lancaster Orthopedics and Sports Medicine

Aran M. O'Malley, MD

901 W. Meeting Street, Ste. 104 - Lancaster, SC 29720

Name Bryan McHowell Date 06/13/2012

Address _____

A generically equivalent drug product may be dispensed unless
the practitioner handwrites the words "Brand Necessary" or
"Brand Medically Necessary" on the face of the prescription.

PERCOCET 5/325

T-II PO q6hrs

PRN pain

#45 (forty-five)

Refill 0 - 2 - 3 - 4 - PRN
(NONE)

M.D.

M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

138-2108OMalley 4/09

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

June 30, 2011

Bryan McHowell [REDACTED]

DOB: [REDACTED] 1957

Chief Complaint: LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who returns after left shoulder arthroscopy. He has been in a sling. He continues to note some numbness and tingling in the left hand.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: The wounds are clean and dry. Active ROM is excellent FF 160, ER 60.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) LEFT CARPAL TUNNEL SYNDROME

Plan: I went over the arthroscopic pictures and postop course with the patient. I went over passive ROM exercises and recommended weaning out of the sling over the next 2 weeks. He should start physical therapy in 10 days and return in 3 weeks for re-check. We discussed considering left carpal tunnel release possible after his next visit. The patient was instructed to return or call prior the FU appointment for any problems.

Aran M. O'Malley
Aran M. O'Malley, MD

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July 21, 2011

Bryan McHowell

DOB: [REDACTED]

Chief Complaint: 1) NUMBNESS AND TINGLING LEFT HAND
2) LEFT SHOULDER PAIN

Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who returns after left shoulder arthroscopy. He has been in a sling. He continues to note some numbness and tingling in the left hand that wakes him up at night. He has had good relief of his right hand symptoms after a carpal tunnel release about 8-10 weeks ago. He has tried wrist splints, NSAIDs and rest for the left wrist, but his symptoms seem to be getting worse. He notes the tingling and numbness is worst in fingers 1-3 at the left hand.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

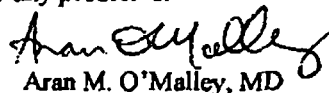
Left shoulder exam: The wounds are clean and dry. Active ROM is excellent FF 160, ER 60.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted. A scar from surgery at the right wrist is well healed. +Tinel's, Phalen's, Durkan's test at the left wrist flexion crease, negative at the right. Decreased sensation to light touch and pinprick at fingers 1-3 bilaterally. 5/5 strength. 2+ radial pulse. No thenar atrophy is noted.

EMG/NCV Metrolina Neurology - 05-23-2011 - show evidence of moderate bilateral carpal tunnel syndrome and

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) LEFT CARPAL TUNNEL SYNDROME

Plan: I discussed the diagnosis and treatment options in detail with patient and spent > 25 minutes with >50% counseling the patient. The patient would like to proceed with left carpal tunnel release. We discussed that carpal tunnel surgery can usually be performed under a block with sedation on an outpatient basis and recovery typically takes 6-8 weeks although some incisional pain can be present for several months. We discussed risks, benefits and treatment alternatives of surgical treatment in detail. Risks include but are not limited to infection, neurovascular injury particularly to the median nerve motor branch or palmar cutaneous branch injury, bleeding, stiffness, incomplete pain relief, numbness, weakness, pillar pain, recurrent carpal tunnel syndrome as well as anesthesia and postoperative risks. Anesthesia and postoperative risks include but are not limited to reaction to nerve blocks or medications given, stroke, blood clots, PE, MI and even death. Despite all risks the patient agrees to proceed with surgery. All the patient's questions were answered and no guarantees of success were made. Follow-up is at the scheduled time of surgery. He should continue with PT for the left shoulder. The patient was instructed to return or call prior the FU appointment for any problems.


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August 10, 2011

Bryan McHowell

DOB: [REDACTED]

Chief Complaint: 1) NUMBNESS AND TINGLING LEFT HAND
2) LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE
Surgery 07-26-2011 Left Carpal tunnel release

History of Present Illness: The patient is a 53 year-old white male who returns after left shoulder arthroscopy and more recently left carpal tunnel release. He notes resolution of the numbness and tingling in the left hand. He notes he is making good progress in physical therapy.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: The wounds are clean and dry. Active ROM is excellent FF 160, ER 60.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) S/P BILATERAL CARPAL TUNNEL RELEASE

Plan: I discussed the postop course in detail with the patient. We removed the stitches and placed an IMAK postop carpal tunnel glove. He should return in 4 weeks for re-check and continue PT for the shoulder. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

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Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

September 7, 2011

Bryan McHowell

DOB: [REDACTED]

Chief Complaint: 1) NUMBNESS AND TINGLING LEFT HAND
2) LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE
Surgery 07-26-2011 Left Carpal tunnel release

History of Present Illness: The patient is a 53 year-old white male who returns after left shoulder arthroscopy and more recently left carpal tunnel release. He notes resolution of the numbness and tingling in the left hand. He notes he is making good progress in physical therapy with the shoulder with minor soreness at times.

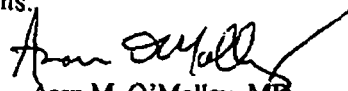
Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: The wounds are clean and dry. Active ROM is excellent FF 160, ER 60.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) S/P BILATERAL CARPAL TUNNEL RELEASE

Plan: I discussed the postop course in detail with the patient. We removed the stitches and placed an IMAK postop carpal tunnel glove. He should return in 8 weeks for re-check with Grashey and outlet views of the left shoulder, and progress to a home program for his shoulder. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
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(803) 285-3700 Phone / (803) 285-3715 Fax

January 5, 2012

Bryan McHowell

DOB: [REDACTED]

Chief Complaint: 1) NUMBNESS AND TINGLING LEFT HAND
2) LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE
Surgery 07-26-2011 Left Carpal tunnel release

History of Present Illness: The patient is a 53 year-old white male who complains of increasing shoulder pain after a shoulder arthroscopy last June 2011. He notes resolution of the numbness and tingling in both hands. He notes some increasing pain in the left shoulder with overhead activity, and he has had some pain at night as well. Rest and ice help to ease the pain. A home therapy program helps somewhat. He denies any recent injuries or injections in the shoulder. He does not use any assistive devices or braces.

Past Medical History/ROS/Family Hx/Allergies/Meds/Social Hx: Reviewed per the signed form in the chart dated 01-05-2012.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: +Tenderness at the greater tuberosity and +impingement. Nearly 5/5 strength. Active ROM FF 160, ER 60, IR touches L2 spinous process. 2+ radial pulses. Intact light touch sensation.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry. Intact light touch sensation. 2+ radial pulses.

01-05-2011 Amo

Radiographs: AP, outlet views left shoulder Lancaster Ortho 11-07-2011 - changes consistent with a distal clavicle excision and acromioplasty are noted. No acute bony abnormality is noted.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) LEFT SHOULDER SUBACROMIAL BURSITIS

Plan: I spent 25 minutes with 15 minutes counseling the patient about the diagnosis and treatment options. I recommended a steroid injection and continued home exercise program. He should return in 4 week for re-check. The patient was instructed to return or call prior the FU appointment for any problems.

PROCEDURE NOTE: LEFT SHOULDER SUBACROMIAL STEROID INJECTION

After sterile prep and informed consent, the left shoulder subacromial space was injected with 40mg Depo-Medrol and 6 cc 0.25% Marcaine. The patient tolerated the procedure well without complications. The patient noted decreased pain and had improved strength 5 minutes after the injection.

Aran O'Malley
Aran M. O'Malley, MD

Lancaster Orthopaedic & Sports Medicine Patient Medical History

Patient Name: Bryan Mc Howell DOB: 57 Age: 54 Sex: M F

Dominant Hand R L Height 6'1" Weight 210 Who referred you to our office? Dr. Sharp

What is the main reason for today's visit? Pain Numbness Weakness Swelling Stiffness Other

Problem Site lt Shoulder

When did it begin (date)? 6-2010 Is this a work-related injury Y N Have you ever had a problem like this before? Y N

If you are disabled, please list disabling problem:

Who is your primary care physician? Dr. Sharp

Do you have children? Y N Are you pregnant or nursing? Y N

PAST MEDICAL / SURGICAL HISTORY Do you presently have or have you ever been diagnosed with any of these illnesses? ☐ None

☒ High Blood Pressure ☒ Diabetes ☐ Stomach Ulcers ☐ Cancer ☐ Depression ☐ Stroke
☐ Heart Disease ☒ Arthritis ☐ Asthma ☐ Problems with/Reaction to Anesthesia for surgery
☒ Blood Clots in legs ☐ Kidney Disease ☐ Liver disease List Others: _____

SURGERIES/HOSPITALIZATIONS: List each type of surgery or reason for hospitalization and indicate the approximate year:

June 2010 Lt Shoulder

B/L Cerebral Thrombosis

2009 2010 Oct gastric bypass

SOCIAL HISTORY:

Do you smoke? Y N Cigarettes 1 Pipe/ # Years _____ How much do you smoke? _____ (packs per day)

Do you drink alcohol? Y N How many ounces / beers / drinks per day / week? _____

Have you ever used drugs or substances not prescribed by a healthcare provider? Y N If Yes which drugs/substances? _____

Job/Occupation: Not at the time Have you ever had possible exposure to the AIDS virus? Y N

MEDICATIONS: Please list any medications you are currently taking, including over the counter, vitamins and herbal medications. Please bring these medications with you to each appointment. If you need extra space, you may attach a separate page. ☐ See attached list

Medication	Dosage	How often	Medication	Dosage	How often
metformin	1000mg	BID	Cymbalta	60mg	1 daily
metoprolol	20mg	BID	ASA	81mg	1 daily
metoprolol	10mg	BID			

ALLERGIES: ☐ Penicillin ☐ Aspirin ☐ Sulfa ☐ Codeine ☐ Novocain ☐ Iodine ☐ Latex ☒ No Known Allergies

List Other Allergies: _____

PREFERRED PHARMACY: CVS Indian Land

REVIEW OF SYSTEMS: Do you presently have any of the following conditions?

Y/N Headaches Y/N Chest Pain Y/N Numbness Y/N Seizures Y/N Problems Sleeping Y/N Constipation
Y/N Watery Eyes Y/N Indigestion Y/N Weakness Y/N Skin Ulcers Y/N Joint Swelling Y/N Fainting Spells
Y/N Blurry Vision Y/N Joint Pain Y/N Anxiety Y/N Rashes Y/N Cough Y/N Burning with urination
Y/N Double Vision Y/N Diarrhea Y/N Wheezing Y/N Incontinence Y/N Shortness of Breath Y/N Leg Swelling

FAMILY HISTORY: Check if any blood relatives have had any of the following: ☐ None

☐ Stroke ☒ Diabetes ☐ Heart Attack ☐ Rheumatic Heart Disease ☐ Leukemia
☐ Bleeding Tendency ☒ Cancer ☒ Kidney Disease ☐ Congenital Heart Disease ☐ Heart Failure
☒ High Blood Pressure ☐ Epilepsy ☐ Arthritis ☐ Emphysema ☐ Tuberculosis
☐ Blood Clots ☐ Sudden Death ☐ Colitis ☐ Problems with/Reaction to Anesthesia for surgery

*Please sign below stating the above information is accurate to the best of your knowledge.

Patient Signature: [Signature] Date: 1-5-12 Physician Signature: [Signature] Date: 01/05/20

Date Reviewed	Change Y/N	Clinical Staff	Provider	Date Reviewed	Change Y/N	Clinical Staff	Provider
02/02/2012	N						
04/04/2012	N	KA					
07/25/12	N	KA					
07/22/2012	N						

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

February 2, 2012

Bryan McHowell

DOB: [REDACTED]

Chief Complaint: LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who complains of left shoulder pain after a shoulder arthroscopy last June 2011. He notes some increasing pain in the left shoulder with overhead activity, and he has had some pain at night as well. Rest and ice help to ease the pain. A home therapy program helps somewhat. A subacromial injection at the left shoulder at his last visit gave him several days of good relief, but he notes some continued pain with overhead activities. He does not use any assistive devices or braces.

Past Medical History/ROS/Family Hx/Allergies/Meds/Social Hx: Reviewed per the signed form in the chart dated 01-05-2012. No changes are noted.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

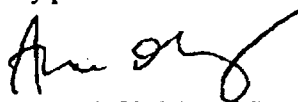
Left shoulder exam: +Tenderness at the greater tuberosity and +impingement. Nearly 5/5 strength. Active ROM FF 160, ER 60, IR touches L2 spinous process. 2+ radial pulses. Intact light touch sensation.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry. Intact light touch sensation. 2+ radial pulses.

Radiographs: AP, outlet views left shoulder Lancaster Ortho ~~11-07-2011~~ ⁰¹⁻⁰⁵⁻²⁰¹² Amo - changes consistent with a distal clavicle excision and acromioplasty are noted. No acute bony abnormality is noted.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY
2) LEFT SHOULDER SUBACROMIAL BURSITIS

Plan: I spent 25 minutes with 15 minutes counseling the patient about the diagnosis and treatment options. I recommended a steroid injection and continued home exercise program. He should return in 8 weeks for re-check. We discussed obtaining a repeat MRI at that point if he is no better. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

**Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

649-F (8045)

1. DRIVER'S INFORMATION

Driver completes this section

Driver's Name (Last, First, Middle) McHouff Bryan A	Social Security No. [REDACTED]	Birthdate [REDACTED] M/D/Y	Age 44	Sex ☒ M ☐ F	New Certification ☒ Recertification ☐ Follow-up ☐	Date of Exam 2-7-12
Address 7822 VAN DYKE RD	City, State, Zip Code LAURENS, SC 29550	Work Tel: () 336-222-6885 Home Tel: 853-257-4768	Driver License No. [REDACTED]	License Class ☒ A ☐ C ☐ B ☐ D ☐ Other	State of Issue SC	

2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	Yes	No	Yes	No
☒	☐	☐	☒	☐	☒
Any illness or injury in the last 5 years?		Lung disease, emphysema, asthma, chronic bronchitis		Fainting, dizziness	
☒ Head/Brain injuries, disorders or illnesses		☒ Kidney disease, dialysis		☒ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	
☒ Seizures, epilepsy ☐ medication		☒ Liver disease		☐ Stroke or paralysis	
☐ Eye disorders or impaired vision (except corrective lenses)		☒ Digestive problems		☐ Missing or impaired hand, arm, foot, leg, finger, toe	
☐ Ear disorders, loss of hearing or balance		☒ Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin		☐ Spinal injury or disease	
☒ Heart disease or heart attack/other cardiovascular condition ☐ medication		☐ Nervous or psychiatric disorders, e.g., severe depression, medication		☒ Chronic low back pain	
☐ Heart surgery (valve replacement/bypass, angioplasty, pacemaker)		☒ Loss of, or altered consciousness		☒ Regular, frequent alcohol use	
☒ High blood pressure ☐ medication				☒ Narcotic or habit forming drug use	
☒ Muscular disease					
☒ Shortness of breath					

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

gastroc by gest 10/2010	carpal tunnel 2011	Dr. Frank R. Shaffer
		Indian Land, SC

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature

Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

off all medicines, doing well -

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

April 4, 2012

Bryan McHowell

DOB: 1957

Chief Complaint: LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who complains of left shoulder pain after a shoulder arthroscopy last June 2011. He notes some increasing pain in the left shoulder with overhead activity, and he has had some pain at night as well. Rest and ice help to ease the pain. A subacromial injection at the left shoulder gave him some transient relief, but he notes some continued pain with overhead activities. He has therapy and has tried a home exercise program, but these have not helped. Multiple NSAIDs have not helped. He notes pain throughout the day with use of the shoulder, and pain at night as well.

Past Medical History/ROS/Family Hx/Allergies/Meds/Social Hx: Reviewed per the signed form in the chart dated 01-05-2012. No changes are noted.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

Left shoulder exam: +Tenderness at the greater tuberosity and +impingement. +Speed's sign. 4/5 Scaption and external rotation strength. Active ROM FF 160, ER 60, IR touches L2 spinous process. 2+ radial pulses. Intact light touch sensation.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry. Intact light touch sensation. 2+ radial pulses.

Impression: 1) S/P LEFT SHOULDER ARTHROSCOPY WITH CONTINUED PAIN

Plan: I recommended an MRI of the left shoulder as he has persistent pain that has not resolved despite multiple conservative measures. He should return after the MRI is complete. The patient was instructed to return or call prior the FU appointment for any problems.

Aran M. O'Malley

Aran M. O'Malley, MD

push up @ shld

Healed; rehab. now.

no sc

no pain at motion

3/6/2012

so. into

*on common car ? twisting in his lane, he driving 26 ft/hour
full by loaded; forced partly off road to avoid
collision; red mud on side of road - truck involved*

shld @ ER. GNT said no need

! waited, pain didn't go away

Lancaster Orthopaedics and Sports Medicine
901 West Meeting Street - Suite 104
Lancaster, South Carolina 29720
(803) 285-3700 Phone / (803) 285-3715 Fax

April 12, 2012

Bryan McHowell [REDACTED]

DOB: [REDACTED]

Chief Complaint: LEFT SHOULDER PAIN
Surgery 06-02-2011 Left shoulder arthroscopy, subscap repair, SAD, DCE

History of Present Illness: The patient is a 53 year-old white male who complains of left shoulder pain after a shoulder arthroscopy last June 2011. He notes some increasing pain in the left shoulder with overhead activity, and he has had some pain at night as well. Rest and ice help to ease the pain. A subacromial injection at the left gave him some transient relief, but he notes some continued pain with overhead activities. He has therapy and has tried a home exercise program, but these have not helped. Multiple NSAIDs have not helped. He notes pain throughout the day with use of the shoulder, and pain at night as well. He has had an MRI and is here to review the results.

Past Medical History/ROS/Family Hx/Allergies/Meds/Social Hx: Reviewed per the signed form in the chart dated 01-05-2012. No changes are noted.

Physical Examination: The patient well developed/nourished, in no acute distress, and is alert and oriented times three. Gait: No antalgia.

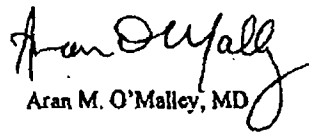
Left shoulder exam: +Tenderness at the greater tuberosity and +impingement. +Speed's sign. 4/5 Scaption and external rotation strength. Active ROM FF 160, ER 60, IR touches L2 spinous process. 2+ radial pulses. Intact light touch sensation.

Bilateral hand exam: No effusion, swelling, ecchymosis, or atrophy is noted. Well healed distal palmar scars are noted bilateral. A scar from surgery at the right wrist is well healed and the left wrist surgical wound is clean and dry. Intact light touch sensation. 2+ radial pulses.

Imaging: MRI left shoulder Springs Hospital dated 04-10-2012 - bicipital tenosynovitis and a partial to focal full thickness supraspinatus tear is noted at the posterior aspect. Artifact from an anchor at the upper subscap is noted. Post-surgical changes are noted at the subscap insertion.

Impression: 1) PARTIAL TO FOCAL FULL THICKNESS ROTATOR CUFF TEAR
2) LONG HEAD BICEPS TENDONITIS

Plan: I discussed the options including continued conservative measures such as an exercise program and medications versus consideration of shoulder arthroscopy. He would like to hold off on surgery for now and will return in 2 months for re-check. The patient was instructed to return or call prior the FU appointment for any problems.


Aran M. O'Malley, MD

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME:	MCQUEEN, BRUCE A	AGE:	53
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	REG SDC	RM NUMBER:	
UNIT NUMBER:	M000532122	ADM DATE:	05/03/11
ACCT NUMBER:	[REDACTED]	D/C DATE:	
PROCEDURE DATE:	05/03/11		

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

PREOPERATIVE DIAGNOSES:

1. Carpal tunnel syndrome right wrist.
2. Diabetes.

POSTOPERATIVE DIAGNOSES:

1. Carpal tunnel, syndrome right wrist.
2. Diabetes.

PROCEDURE PERFORMED: Right carpal tunnel release.

SURGEON: Aran O'Malley, MD

ANESTHESIA:

1. Wrist block.
2. Monitored anesthesia care with sedation

TOURNIQUET TIME: 10 minutes at 250 mmHg.

ESTIMATED BLOOD LOSS: Minimal.

OPERATIVE TECHNIQUE: The patient was evaluated in the preop holding area. Right wrist identified as correct operative site and initialed. The patient was taken to the operating room and placed in the supine position on operating table. After adequate administration of a median and ulnar nerve blocks adequate anesthesia was obtained, and IV antibiotics were administered and IV sedation was also administered. The tourniquet was placed on right proximal arm and the right arm was prepped and draped in usual sterile manner and surgical timeout called. Arm was exsanguinated and tourniquet inflated. An incision was made over the transverse carpal ligament at the volar aspect of the wrist in line with the 4th finger. The incision was carried through skin and subcutaneous tissue until transverse carpal ligament was identified and incised until the median nerve was visualized. The median nerve was protected with a Freer elevator while accomplishing this. The release was

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	53
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	REG SDC	RM NUMBER:	
UNIT NUMBER:	M000532122	ADM DATE:	05/03/11
ACCT NUMBE:	[REDACTED]	D/C DATE:	
PROCEDURE DATE:	05/03/11		

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

then carried proximally to the distal forearm fascia and distally into the proximal palmar fascia. The nerve was then noted to be free throughout its course. There were no lesions in the nerve noted. The wound was thoroughly irrigated and all bleeding controlled after tourniquet had been deflated. Wound was closed with simple interrupted 4-0 nylon stitches. Sterile dressing and a splint were applied. The patient was awakened and transferred to the recovery room in stable condition without complications. At the end of the case, all lap, sponge, and needle counts were correct.

Print CC:

Fax CC:

S Job #: SMH45297721
D Job #: 6027884
MT: 921843

PHYSICIAN: Aran M O Malley, MD
ELECTRONICALLY SIGNED

OMAA :
REPORT #: 0503-0106
DATE/TIME DICTATED: 05/03/11 - 1342
DATE/TIME TRANSCRIBED: 05/03/11 - 1942
DATE/TIME ELECTRONICALLY SIGNED: 06/04/11 - 0921

CC:

OPERATIVE REPORT - Dictating physician's copy Page 2 of 2

Springs Memorial Hospital

Lancaster, SC 29720

RADIOLOGY REPORT

MR		SEX		ACCOUNT NUMBER
HOWELL, BRYAN A		M		
REFERRING PHYSICIAN		PT. STATUS	LOCATION	MEDICAL RECORD NO.
O Malley, Aran M MD		REG CLI	RAD	
REFERRING PHYSICIAN		DATE OF BIRTH	AGE	DATE OF EXAM
O Malley, Aran M MD		1957	53	05/18/2011
				RADIOLOGY NO.

KAM# TYPE/EXAM RESULT

00664765 MRI/SHOULDER LEFT

CLINICAL HISTORY: Left shoulder pain

EXAMINATION: MRI of the left shoulder.

REPORT:

AC joint arthrosis to include spurring and capsular hypertrophy in this patient with slightly curved acromion are seen to be contiguous with and create minimal mass effect on the supraspinatus musculotendinous junction and lead to mild outlet impingement. No findings of full-thickness rotator cuff tear. Some supraspinatus and infraspinatus tendinopathy changes noted. The subscapularis tendon and teres minor tendon are unremarkable. Preservation of the perideltoid-subdeltoid fat plane with no fluid in the subacromial or subdeltoid bursa. Minimal fluid in the subcoracoid bursa. No fluid in the glenohumeral joint space or axillary recess. No definite labral tear. The biceps tendon is of normal signal, caliber, and position. Some mild cystic changes seen in the tuberosity region. Some more heterogeneous marrow signal involving the proximal femur is felt related to differences in fatty marrow versus hematopoietic marrow.

There may well be loculated right upper pleural effusion. Further evaluation with PA and lateral views of the chest recommended.

IMPRESSION:

AC joint arthrosis with Type II acromion create mild outlet impingement as described

No full-thickness rotator cuff tear, supraspinatus and infraspinatus tendinopathy changes

Minimal fluid in the subcoracoid bursal region, no fluid in the subdeltoid subacromial bursal region.

No fluid in the glenohumeral joint space and no definite labral pathology

Marrow signal changes about the proximal humerus felt related to some degenerative cystic changes about the tuberosity as well as heterogeneous marrow signal changes felt indicative of fatty marrow versus hematopoietic marrow

PAGE 1

Signed Report

(CONTINUED)

Springs Memorial Hospital

Springs Memorial Hospital

Lancaster, SC 29720

RADIOLOGY REPORT

HOWELL, DRYAN A		SEX M	ACCOUNT NUMBER
DERIVING PHYSICIAN O Malley, Aran M MD		PT. STATUS REG CLI	LOCATION RAD
TENDING PHYSICIAN O Malley, Aran M MD		DATE OF BIRTH [REDACTED]	AGE 53
		DATE OF EXAM 05/18/2011	MEDICAL RECORD NO. [REDACTED]
			RADIOLOGY NO.

XAM# TYPE/EXAM RESULT
00664765 MRI/SHOULDER LEFT
<Continued>

Probable loculated right pleural effusion. Further evaluation with it least PA and lateral views of the chest is recommended.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 05/19/2011 **
Reported By: TOMMY L. WEAVER, MD

alley MD

NATHAN SCOTT, RT(R)
Time: 05/19/2011 (0933)
UD.HAYVI
05/19/2011 (1116) Batch No: 2019

Signed Report

Lancaster Imaging Center
 Lancaster, SC 29720
RADIOLOGY REPORT

PATIENT NAME HOWELL, BRYAN A		SEX M	ACCOUNT NUMBER [REDACTED]
REFERRING PHYSICIAN O Malley, Aran M MD	PT. STATUS REG CLI	LOCATION IMC	MEDICAL RECORD NO. [REDACTED]
ORDERING PHYSICIAN O Malley, Aran M MD	DATE OF BIRTH [REDACTED]	AGE 53	DATE OF EXAM 05/23/2011
		RADIOLOGY NO.	

KAM# TYPE/EXAM RESULT
 00665579 IMC RAD/CHEST (TWO VIEWS) IMC

CLINICAL HISTORY: Pleural effusion

EXAMINATION: Chest 2 views

REPORT: Compare with 12/2/2010.

There is a persistent left pleural effusion. Heart size is within normal limits. The lung fields are clear. The overall appearance is unchanged.

IMPRESSION: No interval change in the left pleural effusion.

**** REPORT SIGNED IN OTHER VENDOR SYSTEM 05/23/2011 ****
 Reported By: JULIE S. WEBSTER, MD

CC: Aran M O Malley MD

Technologist: KAREN FAILE, RT(R)
 Transcribed Date/Time: 05/23/2011 (1512)
 Transcriptionist: IS.PWRSCRB
 Printed Date/Time: 05/23/2011 (1626) Batch No: 2053

PAGE 1 Signed Report

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME: MCHOWELL, BRYAN A AGE: 53
DATE OF BIRTH: [REDACTED] 57 SEX: M
PT STATUS: REG SDC RM NUMBER:
UNIT NUMBER: [REDACTED] ADM DATE: 06/02/11
ACCT NUMBE: [REDACTED] D/C DATE:
PROCEDURE DATE: 06/02/11

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

PREOPERATIVE DIAGNOSES:

1. Left shoulder impingement.
2. Left shoulder acromioclavicular joint arthritis.
3. Partial thickness rotator cuff tear.

POSTOPERATIVE DIAGNOSES:

1. Left shoulder impingement syndrome.
2. Left shoulder AC joint arthrosis.
3. Partial thickness rotator cuff tear.
4. Subscapularis tear.
5. Degenerative tears of the anterior posterior superior labrum.

PROCEDURES PERFORMED:

1. Left shoulder arthroscopy with arthroscopic rotator cuff repair of the subscapularis.
2. Arthroscopic subacromial decompression.
3. Arthroscopic distal clavicle excision.
4. Arthroscopic labral debridement.

SURGEON: Aran O'Malley, MD

ANESTHESIA:

1. General endotracheal.
2. Interscalenè bloc left shoulder.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

IMPLANTS: A single Smith and Nephew 4.5 mm metal anchor was used for the subscapularis repair.

OPERATIVE TECHNIQUE: The patient was identified in the preop holding area. Left shoulder identified as correct operative site and initialed. The patient was taken to the operative room and placed in the supine position on operating table. After

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME: MCHOWELL, BRYAN A AGE: 53
DATE OF BIRTH: [REDACTED] SEX: M
PT STATUS: [REDACTED] RM NUMBER:
UNIT NUMBER: [REDACTED] ADM DATE: 06/02/11
PROCEDURE DATE: 06/02/11 D/C DATE:

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

adequate administration of general endotracheal anesthesia. IV antibiotics were given. The patient was then placed supine on the operating table and exam under anesthesia of the left shoulder revealed symmetric range of motion of the right shoulder with 107 degrees forward elevation, external rotation on this side was approximately 70 degrees. The patient was then placed in a modified beach-chair position. SCDs were placed on both calves for DVT prophylaxis. Left shoulder was prepped and draped in usual sterile manner. Arm was placed in the epidural arm holder. Surgical timeout was called. A standard posterior portal was then established. Scope was inserted. Anterior superior portal was established with an outside in technique. There were degenerative tears of the anterior posterior superior labrum were debrided with a full-radius shaver. The articular surfaces were intact. There was a partial thickness tear of the anterior portion of the supraspinatus, which extended 3 mm into the footprint. This was tagged with a Prolene for later examination on the bursal side of the cuff. A tear of the upper border of the subscapularis tendon was noted. The biceps tendon was intact and stable. The footprint of the subscapularis was then burred with a Helicut burr and a single 4.5 mm anchor was inserted. Sutures were then passed with a Accu Pass shuttling device and arthroscopic knots were tied down giving excellent repair with 2 sutures for the repair. The inferior glenohumeral ligament complex was intact. The scope was then placed in subacromial space. Lateral subacromial portal was established. There was abundant thickened bursa in the subacromial space and this was resected with a full radius shaver. A Helicut burr was then used to perform a subacromial decompression using a cutting block technique. Approximately 8 mm of distal clavicle and 2 mm of the acromial facet of the AC joint were resected with the Helicut burr to accomplish the distal clavicle excision. Care was taken to preserve the posterior and superior capsular fibers. The rotator cuff was examined in the area marked by the Prolene suture. There were some partial-thickness abrasions, but no full-thickness tear of

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-296-1658

OPERATIVE REPORT

PATIENT NAME: MCHOWELL, BRYAN A AGE: 53
DATE OF BIRTH: [REDACTED] SEX: M
PT STATUS: [REDACTED] RM NUMBER:
UNIT NUMBER: [REDACTED] ADM DATE: 06/02/11
ACCT NUMBE: [REDACTED] D/C DATE:
PROCEDURE DATE: 06/02/11

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

the rotator cuff was noted in this area. The scope was then withdrawn. All instruments were withdrawn and the portals were closed with 3-0 Prolene. Portal sites were injected with 10 cc of 0.25% Marcaine with epinephrine. A suprascapular nerve block was then performed by injecting posterior to the distal clavicle in the area of the suprascapular nerve with 10 cc of 0.25% Marcaine with epinephrine. Sterile dressing was applied followed by a simple sling. The patient was awakened, transferred to recovery in stable condition without complications. At the end of the case, all lap, instruments, sponge, needle counts were correct.

Print CC:

Fax CC:

S Job #: SMH46228563

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	53
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	[REDACTED]	RM NUMBER:	
UNIT NUMBER:	[REDACTED]	ADM DATE:	06/02/11
ACCT NUMBE:	[REDACTED]	D/C DATE:	
PROCEDURE DATE:	06/02/11		

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

D Job #: 6033015
MT. 061043

PHYSICIAN: Aran M O Malley, MD
ELECTRONICALLY SIGNED

OMAA :
REPORT #: 0602-0079
DATE/TIME DICTATED: 06/02/11 - 1443
DATE/TIME TRANSCRIBED: 06/02/11 - 2204
DATE/TIME ELECTRONICALLY SIGNED: 06/04/11 - 1000

CC:

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	53
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	[REDACTED]	RM NUMBER:	
UNIT NUMBER:	[REDACTED]	ADM DATE:	07/26/11
ACCT NUMBE:	[REDACTED]	D/C DATE:	
PROCEDURE DATE:	07/26/11		

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

PROCEDURE: Mini open left carpal tunnel release.

ANESTHESIA:

1. Median nerve block with local anesthesia.
2. IV sedation.

TOURNIQUET TIME: 5 minutes at 250 mmHg.

ESTIMATED BLOOD LOSS: Minimal.

OPERATIVE TECHNIQUE: The patient was brought to preop holding area. Left wrist identified as correct operative site and initialed. A median/ulnar nerve block was administered by administering about 5 to 6 cc of a mixture of 1% lidocaine and 0.25% Marcaine proximal to the wrist flexion crease. Additional infiltration of skin at the planned incision site distal to wrist flexion crease was also accomplished. The patient was then taken to the operating room and placed in supine position on operating table. After administration of IV sedation, IV antibiotics were administered. Adequate anesthesia was confirmed. Left hand was prepped and draped in usual sterile manner. Tourniquet placed on left proximal arm. Surgical time-out called. Arm was exsanguinated. Tourniquet inflated. Incision was made over the transverse carpal ligament. The fascia was divided until the transverse carpal ligament was visualized and the ligament was then divided. Incision was carried proximally to the distal forearm fascia and distally to the proximal palmar fascia until the median nerve was free throughout its course. There were no lesions of the nerve noted. Tourniquet was deflated. The bleeding was controlled. Wound was closed with multiple 4-0 nylon simple interrupted stitches. Sterile dressing was placed followed by a

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

OPERATIVE REPORT

PATIENT NAME: MCHOWELL, BRYAN A
DATE OF BIRTH: [REDACTED]
SEX: M
UNIT NUMBER: [REDACTED]
ACCT NUMBE: [REDACTED]
PROCEDURE DATE: 07/26/11
AGE: 53
SEX: M
RM NUMBER:
ADM DATE: 07/26/11
D/C DATE:

Dictated Report By: Aran M O Malley, MD
Attending Physician: O Malley, Aran M MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

short-arm splint. The patient was awakened, transferred to
Recovery in stable condition without complications.

Print CC:

Fax CC:

S Job #: SMH47836679
D Job #: 6041657
MT: 85119

PHYSICIAN: Aran M O Malley, MD
ELECTRONICALLY SIGNED

OMAA :
REPORT #: 0727-0014
DATE/TIME DICTATED: 07/26/11 - 1701
DATE/TIME TRANSCRIBED: 07/27/11 - 0109
DATE/TIME ELECTRONICALLY SIGNED: 07/30/11 - 1107

CC:

Springs Memorial Hospital

Lancaster, SC 29720

RADIOLOGY REPORT

NAME MCHOWELL, BRYAN A		SEX M	ACCOUNT NUMBER [REDACTED]
ORDERING PHYSICIAN O Malley, Aran M MD		PT. STATUS REG CLI	LOCATION RAD
ATTENDING PHYSICIAN O Malley, Aran M MD		DATE OF BIRTH [REDACTED]	AGE 54
		DATE OF EXAM 04/10/2012	RADIOLOGY NO. [REDACTED]

EXAM# TYPE/EXAM RESULT

00721917 MRI/MRI SHOULDER LEFT W/O CONTR

CLINICAL HISTORY: Previous rotator cuff surgery with pain

EXAMINATION: Left shoulder MRI without

REPORT: Images were obtained through the shoulder without contrast. Compared with 5/18/2011.

Artifact is identified within the medial aspect of the humeral head from previous surgery. No significant joint effusion is identified. Fluid signal is identified around the biceps tendon with mild intrasubstance signal within the proximal aspect of the tendon suggesting tenosynovitis. Degenerative changes are seen within the humeral head. Degenerative changes are seen within the AC joint with spurting and synovitis. There appears to be intrasubstance signal within the insertion of the subscapularis tendon adjacent to the artifact. No definite tear is identified although this area is not well visualized. There is some fluid signal along the distal articular surface of the infraspinatus tendon suggesting possible small partial tear along the anterior aspect of the tendon. Intrasubstance signal is identified within the distal supraspinatus tendon with a focal area of fluid signal along the posterior aspect of the tendon suggesting possible full-thickness tear. There do appear to be some intact fibers to the insertion anteriorly. The teres tendon is unremarkable. There is some irregularity within the anterior aspect of the glenoid labrum with no definite tear identified.

IMPRESSION:

1. Postsurgical changes in the region of the insertion of the subscapularis tendon. Insertion is not well visualized and there does appear to be some internal signal in this region. No definite tear is identified. These changes may relate to previous surgery.
2. Degenerative changes in the humeral head and AC joint.
3. Fairly prominent fluid signal around the biceps tendon with intrasubstance signal proximally suggesting tenosynovitis.
4. Findings suggesting a possible small area full-thickness tear within the distal posterior aspect of the supraspinatus tendon. There is also some fluid signal within the anterior aspect of the distal infraspinatus tendon suggesting possible partial tear. No complete tear or retraction is identified.
5. Irregularity in the anterior labrum with no definite tear

PAGE 1

Signed Report

(CONTINUED)

Springs Memorial Hospital

Lancaster, SC 29720

RADIOLOGY REPORT

CHOWELL, BRYAN A		SEX M	ACCOUNT NUMBER [REDACTED]
O Malley, Aran M MD		PT. STATUS REG CLI	LOCATION RAD
O Malley, Aran M MD		AGE 54	DATE OF EXAM 04/10/2012

CAM# TYPE/EXAM RESULT

00721917 MRI/MRI SHOULDER LEFT W/O CONTR
<Continued>

identified. Part of this may reflect artifact from the adjacent surgery.

**** REPORT SIGNED IN OTHER VENDOR SYSTEM 04/10/2012 ****
Reported By: JULIE S. WEBSTER, MD

CC: Aran M O Malley MD

Technologist: JONATHAN SCOTT, RT(R)

Transcribed Date/Time: 04/10/2012 (1701)

Transcriptionist: RAD.HAYVI

Printed Date/Time: 04/11/2012 (0908) Batch No: 334

PAGE 2

Signed Report

608

Springs Memorial Hospital
Patient Transfer
Communication Tool

MCHOWELL, BRYAN A
SPRINGS MEMORIAL Patel, Narendra C. MD
54Y MDW

ER 10/10/12

Admission Diagnosis Abdominal Gt L. v.d. Admitting MD Shahaly

Allergies: ☐ NKA d Code Status: ☒ Full ☐ DNR

Pertinent History gastric bypass, DM II

Fall Risk: ☐ Y ☒ N

Hx of fall this admission: ☐ Y ☒ N
(If yes to either is red bracelet on)

Home Med Sheet Completed: ☒ Y ☐ N

Doc. Date/time last antibiotic/beta blocker taken

Core Measures Addressed: ☒ Y ☐ N (See below)

Pneumonia - Blood culture ordered in computer
Antibiotic given

Suicide Risk: ☐ Y ☒ N

Chest Pain - ASA given

Isolation Status: ☒ Universal ☐ Contact ☐ Contact Airborne
☐ Enteric Contact ☐ Droplet ☐ Airborne ☐ Modified Protective

Meds Given 30 Minutes Prior To Transfer

Medications	Dose	Route	Time	Effect
<u>ASA</u>	<u>725</u>	<u>PO</u>	<u>6:02</u>	
<u>ASA</u>	<u>725</u>	<u>PO</u>	<u>6:02</u>	

Please see attached record of care for additional medications

CURRENT SIGNIFICANT LAB VALUES: ☐ N/A (See attached labs)

WBC 12.1 HGB 12.1 HCT 30.5 PTT 15.9 PT/INR 1.0 CPK 332
TROPONIN 0.01 CKMB 0.01 GLUCOSE 159
K+ 4.1 Na+ 140 BUN 4.1 CREATININE 1.0 Other 1.0

CURRENT SIGNIFICANT RADIOLOGICAL STUDIES: ☐ N/A

CXR 06/15 CT SCANS 06/15

Assessment within 15 min of transfer: Time 06:15 BP 118/71 P 93 R 18
Temp 97.8 Pain: 0 / 10 Location 0 Mental Status AT 0x7 Pulse Ox 99
O2 administered: ☒ Yes ☐ No Type 2 L NC Cardiac Monitor Rhythm: SR
IV Site: Gauge 20 Location PPA ☐ N/A IV Fluids Infusing: 0 ☐ N/A
(Fluids/rate)

Other pertinent information:

Specimens to be collected: ☐ Urine ☐ Stool ☐ Blood ☐ Sputum

Is Telemetry monitor ordered? ☒ Yes ☐ No Is Telemetry monitor on patient? ☒ Yes ☐ No

Form Completed By [Signature] Report Called to: n. ward RN Time 06:10

Transporting Staff [Signature] Unit ED Date 10/11/12 Time 06:18

Mode of transport: ☒ W/C ☐ Stretcher ☐ ID Band on pt: ☒ Y ☐ N Chart with Pt: ☒ Y ☐ N

Receiving Nurse [Signature] Date 10/11/12 Time 06:20

All areas must be completed prior to transport. If an area is not applicable N/A must be clearly marked

INITIAL ASSESSMENT FORM**Springs Memorial Hospital**PRIORITY: **3**Patient: **MCHOWELL, BRYAN A**

P#: [REDACTED]

Urgent

DOB: [REDACTED] 1957

AGE: 54YRS

Sex: M

MR#: [REDACTED]

DATE: 10/10/2012

EDP: PATEL, NARENDRA C. MD

PCP: Sharp, Frank MD

Worker's Comp:

Emp. Referred:

Presentation Time: 21:43

Triage Time: 21:55

Arrival Mode: POV-WC

Height: 6' 1" Weight: 186 lbs. 0 oz. 84.55 kgs. LMP:

Last Tetanus:

Acc By:

Chief Complaint: NAUSEA AND VOMITING-ADULT (MOD-SEVERE)

Brief Assessment: n/v since Friday. states gastric bypass 2 yrs ago

Vital Signs

T: 98.0 PO

P: 113 regular

R: 20 unlabored

BP: 106/066

O2: 96 % RA

Pain Intensity Scale: 8 / 10

Pain Location: abdomen

WEIGHT LOSS NO
ANOREXIA NO
HEMOPTYSIS NOFEVER NO
COUGH NO

KEEPING LIQUIDS DOWN NO

BALANCE NO
DISORIENTATION NO
MEDICATIONS NO
UNSTABLE NO
FALL RISK ASSESSMENT SCORE YES 10
BEST NUMBER TO CALL YES 8032874780SMOKER NO
SMOKING NO
UNK
UNK
NO

VE JUST PRIOR TO ONSET

Sudden Onset:

Pre-Hospital
Treatment:

Pediatric N/A

Assessment:

Past Medical DIABETIC

History:

Allergies: NO KNOWN ALLERGIES-Medicines: metformin, per pt. *metformin*
*500mg*Nurse Signature: *[Signature]*

TPT

Additional Notes:

2159 WK.
2252 Rm 158

Patient: MCHOWELL, BRYAN A DOB: [REDACTED] Date In: 10/10/2012

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: NCP 10/10/2012 23:23

MCHOWELL, BRYAN A is a 54 year old M that presented to the Emergency Department at 21:43 by POV-WC. The patient was triaged at 21:55 with the following vital signs: T: 98 PO, P: 113 regular, R: 20 unlabored, BP: 106/066, SPO2: 96 Amt:RA, Pain: 8 abdomen. The patient's primary care physician is Sharp, Frank MD.

Chief Complaint -- NAUSEA AND VOMITING--ADULT (MOD-SEVERE)

Exam Time: 23:27.

History obtained from: patient.

History limited by: N/A.

pt says that he has abdominal pain nausea and vomiting x 5 days he has pain in the epigastric area

Onset of symptoms was 5 day(s) ago.

Symptoms are present now.

Admits to associated abdominal pain. Relates location of pain to be worst at epigastric region of the abdomen, left upper quadrant of the abdomen.

Symptoms exacerbated by nothing.

Symptoms relieved by nothing.

REVIEW OF SYSTEMS: NCP 10/10/2012 23:29

Gastrointestinal: positive nausea, positive vomiting bright red blood, positive vomiting, positive abdominal Pain.

All (other) systems have been reviewed and are negative.

Constitutional: negative fever, negative fatigue, negative diaphoresis, negative chills.

ENT: negative difficulty swallowing, negative facial pain, negative decreased auditory acuity, negative Epistaxis.

Eyes: negative diplopia, negative blurry vision.

Respiratory: negative cough, negative shortness of breath, negative congestion.

Cardiovascular: negative orthopnea, negative dyspnea on exertion, negative chest pain.

Neurological: negative seizures, negative dizziness, negative confusion, negative altered mental status.

Musculoskeletal: negative cramps, negative back pain.

Genitourinary: negative dysuria, negative dark urine.

Endocrine: negative polydipsia, negative polyuria.

Psychological: negative frustrated, negative angry, negative anxious, negative agitated.

Integument: negative Pruritis, negative lesions.

Allergy/Immunologic: negative allergies, negative frequent infections.

PAST MEDICAL AND SURGICAL HISTORY: NCP 10/10/2012 23:30

Past Medical History: positive DIABETIC.

Past Medical and Surgical histories reviewed.

Past Surgical History: gastric by pass.

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: NCP 10/10/2012 23:31

Allergies: *NO KNOWN ALLERGIES, Allergies reviewed.

Medications: metformin, per pt, Medications reviewed.

Social History: Patient denies tobacco use. Denies alcohol use. Denies illicit drug use.

Family History has been reviewed and is not pertinent.

PHYSICAL EXAMINATION: NCP 10/10/2012 23:31

General: WD, well nourished and in NAD. Vital signs noted. Nursing documentation reviewed.

HEENT: Head/Face: Normocephalic / atraumatic. Eyes: Pupils equal, round and reactive to light.

Extraocular motion intact. Ears: External ears, canals and TM's normal bilaterally. Nose: Normal external appearance. Septum midline and intact. Pharynx: Posterior pharynx is unremarkable.

Neck: Appears normal with no JVD present. Neck is supple with no bony tenderness or palpable adenopathy.

Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.

Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.

Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass. Appearance: flat. Bowel sounds are normoactive. Abdomen is soft. Non-tender to palpation. There is no guarding. No masses are palpable. Rebound tenderness is absent. There is no organomegaly.

Back: Negative CVAT. Spine is non-tender.

Musculoskeletal/Extremity: Normal joint range of motion; no swelling or deformities. Negative cyanosis, clubbing or edema.

Skin: Skin is warm and dry with normal turgor, without lesions or rashes.

Neurologic: Alert and oriented to person, place and time. Cranial nerves 2-12 grossly intact. No motor or sensory deficits.

Lymphatic: No palpable lymphadenopathy.

Genitourinary: Deferred.

DIAGNOSTIC TEST RESULTS: NCP 10/11/2012 00:17

LABORATORY: (Refer to the laboratory submitted results report for units of concentration and reference values.)

Orders/Procedures

NCP Albumin = 3.7 reviewed as Normal

NCP Alk Phos = 87 reviewed as Normal

NCP ALT = 20 reviewed as Normal

NCP Amylase = 65 reviewed as Normal

NCP Anion Gap = 11.6 reviewed as Normal

NCP AST = 26 reviewed as Normal

NCP Baso% = 0.4 reviewed as Normal

NCP Billi Total = 0.8 reviewed as Normal

NCP BUN = 44 reviewed as Normal

Patient: MCHOWELL, BRYAN A

Date In: 10/10/2012

NCP Ca = 8.4 reviewed as Normal
NCP CKMB = 5.9 reviewed as Normal
NCP CL = 104 reviewed as Normal
NCP CO2 = 27 reviewed as Normal
NCP CPK = 332 reviewed as Normal
NCP Creat = 1.2 reviewed as Normal
NCP Eos % = 0.6 reviewed as Normal
NCP Glu = 159 reviewed as Normal
NCP HCT = 30.5 reviewed as Normal
NCP HGB = 10.1 reviewed as Normal
NCP K = 4.6 reviewed as Normal
NCP Lipase = 39 reviewed as Normal
NCP Lymph % = 17.5 reviewed as Normal
NCP MCH = 30.7 reviewed as Normal
NCP MCHC = 33.2 reviewed as Normal
NCP MCV = 92.5 reviewed as Normal
NCP Mono % = 12.3 reviewed as Normal
NCP MPV = 7.6 reviewed as Normal
NCP NA = 138 reviewed as Normal
NCP Neut % = 69.2 reviewed as Normal
NCP PLT Count = 348 reviewed as Normal
NCP RBC = 3.29 reviewed as Normal
NCP RDW = 13.6 reviewed as Normal
NCP Tot Pro = 6.8 reviewed as Normal
NCP Troponin = 6.34 reviewed as Normal
NCP Ur App = SL CLDY reviewed as Normal
NCP Ur Billi = NEG reviewed as Normal
NCP Ur Color = YELLOW reviewed as Normal
NCP Ur Glucose = NEG reviewed as Normal
NCP Ur Hema = NEG reviewed as Normal
NCP Ur Ketones = TRACE reviewed as Normal
NCP Ur LE = NEG reviewed as Normal
NCP Ur Nitrite = NEG reviewed as Normal
NCP Ur pH = 5.5 reviewed as Normal
NCP Ur Protein = NEG reviewed as Normal
NCP Ur Sp Gr = 1.020 reviewed as Normal
NCP Ur Urobili = NORMAL reviewed as Normal
NCP WBC = 8.2 reviewed as Normal

EKG: EKG interpretation by Emergency Department Physician. Time EKG Performed: 00:17.
Normal rate and rhythm. Axis normal. Intervals and durations within normal limits. No evidence
of acute ischemia or injury. Normal sinus rhythm; rate normal.

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

Radiology:

X-Ray: Interpretation by Emergency Department Physician. 3 View Flat & Upright Abdominal X-Rays – Non-specific bowel gas pattern. No subdiaphragmatic free air. No evidence of obstruction.

CONSULTATION & CRITICAL THINKING: NCP 10/11/2012 04:53

Time of consult: 04:53. First call to consultant placed at: 04:53. Case discussed with Dr. SHEALY, K. D. MD. S/He agrees that patient's condition merits admission to hospital.

CLINICAL IMPRESSION: NCP 10/11/2012 04:53

1. Abdominal Pain, Right Upper Quadrant
2. Abdominal Pain, Right Lower Quadrant
3. Unstable Angina

DISPOSITION: NCP 10/11/2012 04:54

Disposition: Dispositioned to (admission) Telemetry at 10/11/2012 04:54. Admitting Physician: SHEALY, K. D. MD.

Disposition date/time: 10/11/2012 04:54.

Certified Med Emerg: Patient's condition represents a certified medical emergency. Condition: Guarded.

Discussed care with patient. Explained findings, diagnosis, and need for follow-up care.

PHYSICIAN ORDERS

- (1) [CT ABD/PELVIS WITH CONTRAST] [NCP] sent at 10/11/2012 0:18
- (1) L COMPLETE BLOOD CT with DIFF [NCP] sent at 10/10/2012 22:00 [by: TPT, Protocol]
- (1) L AMYLASE [NCP] sent at 10/10/2012 22:00 [by: TPT, Protocol]
- (1) L LIPASE [NCP] sent at 10/10/2012 22:00 [by: TPT, Protocol]
- (1) L URINALYSIS/COMPLETE [NCP] sent at 10/10/2012 22:00 [by: TPT, Protocol]
- (1) L COMPREHENSIVE METABOLIC PROFILE [NCP] sent at 10/10/2012 22:00 [by: TPT, Protocol]
- (1) Acute Abd Series [NCP] sent at 10/10/2012 23:03
- (1) CK ISO [NCP] sent at 10/10/2012 23:23
- (1) Troponin I [NCP] sent at 10/10/2012 23:23
- (1) IV saline lock [NCP] ordered at 10/10/2012 23:23
- (1) 0.9 NS 1000 mL/hr [NCP] ordered at 10/10/2012 23:23
- (1) 12 -EKG [NCP] ordered at 10/10/2012 23:26
- (1) Oxygen 2 LNC [NCP] ordered at 10/10/2012 23:26
- (1) Cardiac Monitor [NCP] ordered at 10/10/2012 23:26
- (1) IV Zofran 4mg [NCP] ordered at 10/10/2012 23:27
- (1) IV Protonix 40 mg [NCP] ordered at 10/10/2012 23:27
- (1) IV Toradol 30 mg [NCP] ordered at 10/10/2012 23:27

Springs Memorial Hospital
800 West Meeting Street, Lancaster, SC 29720
803-286-1479

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

(1) PO Aspirin EC 325 mg [NCP] ordered at 10/11/2012 0:15

(1) Cardiovascular Custom Entry nitropatch 1/2 inches to chest wall [NCP] ordered at 10/11/2012 0:15

NARENDRA PATEL All text in this document clearly marked by NCP has been authored and legally signed by use of electronic device. 10/11/2012 04:58

Springs Memorial Hospital

RADIOLOGY REPORT

MCHOWELL, BRYAN A		SEX M	ACCOUNT NUMBER [REDACTED]
ORDERING PHYSICIAN Patel, Narendra C. MD	PT. STATUS DIS IN	LOCATION 608 1	MEDICAL RECORD NO. [REDACTED]
ATTENDING PHYSICIAN Shealy, Keith D. MD	DATE OF BIRTH [REDACTED]	AGE 54	DATE OF EXAM 10/10/2012
			RADIOLOGY NO. [REDACTED]

EXAM#	TYPE/EXAM	RESULT
000753862	RAD/ACUTE ABDOMEN SERIES	

CLINICAL HISTORY: Abdominal pain

EXAMINATION: Acute abdominal series (PA chest, AP flat and upright abdomen)

REPORT: The lungs are clear, the cardiac silhouette is within normal limits. There are no air-fluid levels. Lucency is suggested of the left hemidiaphragm which corresponds to free air noted on subsequent CT abdomen and pelvis. The bowel loops are non-obstructed. There are no suspicious soft tissue or calcific densities.

IMPRESSION: Small amount of pneumoperitoneum which was again noted on the subsequent CT abdomen and pelvis.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 10/11/2012 **
Reported By: KENNETH FOX, MD

CC: Narendra C. Patel MD

Technologist: ISHANDRA DAVIS, RT
Transcribed Date/Time: 10/11/2012 (0758)
Transcriptionist: IS.PWRSCRB
Printed Date/Time: 10/17/2012 (0657) Batch No: 1932

PAGE 1

Signed Report Printed From PCI

0343

8. **GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES (continued from page 1):**

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or intern(s).

I agree and understand that all physicians (including fellows, residents, and interns), dentists, oral surgeons, and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further understand that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

I have been informed of the treatment procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by such physician and/or one or more additional physicians, fellows, residents, interns, and employees of the Facility. I understand that one or more physicians, fellows, residents, and/or interns at the Facility may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment.

patient initials
I consent to the photographing or videotaping, including appropriate portions of my body, for medical and medical record documentation purposes, provided said photographs or videotapes are maintained and released in accordance with protected health information regulations.

9. **ADVANCE DIRECTIVE ACKNOWLEDGEMENT:**

Federal law requires that patients be provided information about their rights to make advance health care decisions, including a Living Will, Durable Medical Power of Attorney or designation of a surrogate decision maker for healthcare decisions. If you have already completed any of these documents, please inform your physician and the Facility. **Please check one:**

- ☒ I have executed an advance directive and have supplied a copy to the Facility.
☐ I have executed an advance directive and have been requested to supply a copy to the Facility.
☐ I have reviewed the directive(s) on file with this Facility and it is / they are my current directive(s).
☐ I have not executed an advance directive. I have received information about advance directives from this Facility.
☐ I have not executed an advance directive. I have requested advance directive information from this Facility.
☐ I have not executed any advance directives, and I do not wish to receive information about advance directives from this Facility.

10. **RESEARCH STUDIES:**

Please check one:

- ☒ No ☐ Yes Are you currently a participant in any research study or project: *If yes, please briefly describe what is being studied (drug, medical device or other)* _____
Who can the Facility contact with questions about the study? _____

11. **SMOKING CESSATION INFORMATION:**

- ☒ Upon admission, I received the Smoking Cessation Information Packet, which includes information on: health risks associated with smoking, community resources for smoking cessation programs and health risks associated with second hand smoke. If I have further interest in smoking cessation programs and education, I will request additional information from the facility staff or my physician.

The undersigned certifies that s/he has read the foregoing, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient as their agent to execute the above.

Patient's Signature or Legal Representative		Date	Time
Relationship to Patient		Interpreter, if Utilized	Date
Witness Signature	Date	Time	Telephone Consent, Second Witness Signature
			Date
			Time

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment

ADM-1701G (Rev. 01/10, 05/12)

Page 2 of 2

Patient Label

MCHOWELL, BRYAN A
SPRINGS MEMORIAL ER
54Y
10/10/12 Patel, Narendra C. MD

0344



30NT

1. ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY:

I hereby assign and authorize payment directly to the Facility, and to any facility-based physician, all insurance benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third party, payable by any party, organization, et cetera, to or for the patient unless the account for this Facility, outpatient visit or series of outpatient visits is paid in full upon discharge or upon completion of the outpatient series. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until the account is paid in full. I understand that I am responsible for any charges not covered by my insurance company.

I understand that I am obligated to pay the account of the Facility in accordance with the regular rates and terms of the Facility. If I fail to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, I agree to pay all collection agency fees, court costs and attorney's fees. I also agree that any patient or guarantor overpayments on the above Facility visit may be applied directly to any delinquent account for which I or my guarantor is legally responsible at the time of the collection of the overpayment. I consent for the Facility to appeal on my behalf any denial for reimbursement, coverage, or payment for services or care provided to me.

2. NURSING CARE:

The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and me at my expense. The Facility is hereby released from any and all liability arising from the fact that I am not provided private duty care by the Facility.

3. EMTALA:

The Facility is obligated to treat medical emergencies regardless of my ability to pay. Therefore, if I or my guarantor have a medical emergency or if I am a pregnant woman in labor, I have the right to receive, within the capabilities of this Hospital's staff and facilities, an appropriate medical screening examination, necessary stabilizing treatment, and, if medically necessary, an appropriate transfer to another hospital, even if I cannot pay or do not have medical insurance or am not eligible to receive Medicare or Medicaid.

4. PRIVATE ROOM DIFFERENCE (Inpatient):

I agree and understand that if I request and receive a private room, I am responsible for the difference between the entire room rate and the semi private room rate.

5. PERSONAL VALUABLES:

I understand that the Facility maintains a safe for the safekeeping of money and valuables, and the Facility shall not be liable for the loss or damage to any articles of personal property unless said articles are deposited with the Facility in the safe and receipts are issued describing said items. At no time shall the Facility be responsible for more than \$500 for said deposited items.

6. WEAPON / EXPLOSIVES / DRUGS:

I understand and agree that if the Facility at any time believes there may be a weapon, explosive device, biohazard material, any type of illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Facility may search my room and belongings, confiscate any of the above items that are found, and dispose of them as it determines appropriate, including delivery of any item to law enforcement authorities.

7. NOTICE OF PRIVACY PRACTICES:

Required pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA), I acknowledge that I have received a copy of the Facility's Notice of Privacy Practices. I hereby consent to the use and disclosure of my protected health information as described in the Notice of Privacy Practices. This will include all of my protected health information generated during hospitalization and outpatient treatment at the Facility, including but not limited to treatment for mental health, drug and alcohol abuse, communicable diseases such as HIV/AIDS, developmental disabilities, genetic testing, and other types of treatment received.

8. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES:

I hereby voluntarily consent for treatment / admission to the Facility. I permit the Facility and its employees, physicians, fellows, residents, interns, and others involved in my care to treat me in ways they judge to be beneficial to me. I understand that I have the right to ask questions and to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests.

(continued on page 2)

Inpatient / Outpatient Conditions of Admission
and Consent to Medical Treatment

ADM-1701G (Rev. 01/10, 05/12)

Page 1 of 2

Patient Label

MCHOWELL, BRYAN A
SPRINGS MEMORIAL ER54Y 1270575
10/10/12 Patel, Narendra C. MD

0345

**SPRINGS MEMORIAL HOSPITAL
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

1 of 3 pages

Springs Memorial Hospital recognizes the rights and responsibilities of patients and provide impartial access to treatment or accommodations that are available or medically indicated, without regard to race, creed, sex, national origin, color, handicap, age, religion or source of payment for care. It is recognized that any specific procedure or service is always subject to modification, depending on the circumstances of particular case.

PART 1: As a patient you have the right to:

1. Have the hospital promptly notify a family member/representative and your physician of your admission to the hospital.
2. Considerate, respectful care at all times and under all circumstances with recognition of personal dignity.
3. Personal and informational privacy as indicated below:
 - To wear appropriate personal, religious or other symbolic items which do not interfere with diagnostic procedures or treatment.
 - To be interviewed/examined in surroundings which assure reasonable visual and auditory privacy, including:
 - a. the attendance of a person of your own sex during certain parts of a physical exam, treatment or procedure performed a health professional of the opposite sex;
 - b. not to remain disrobed longer than is required for completing the medical purpose that required the disrobing.
 - To expect discrete discussion or consultation of your case, and that persons not directly involved in your care will not be present without your permission.
 - To have your medical record read only by those directly involved in your treatment or in the monitoring of its quality and by others only with your written permission or that of your legally-authorized representative.
 - To expect that all communication and other records pertaining to your care, including source of payment for treatment, be treated as confidential.
 - To expect request a transfer to another room if another patient or visitor is unreasonable disturbing you.
4. Expect reasonable safety with regard to hospital practices and environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
5. Be free from physical restraints and drugs that are used for restraint or for coercion, discipline, convenience, or retaliation by staff. Restraint is to be used only when less restrictive interventions have been ineffective.
6. Know the identity and professional status of those providing services to you and to know the physician or other practitioner primarily responsible for your care, including; a) any professional relationships among those treating you, b) the relationship to any other health care or educational institution involved in your care. Your participation in clinical training programs or data gathering for research purposes is voluntary.
7. Obtain, from the practitioner responsible for your care, complete and current information concerning your diagnosis (to the degree known), treatment, alternatives, risks and prognosis in terms and language you can reasonable be expected to understand. Should it be medically inadvisable to you the information, it will be made available to your legally authorized representative.
8. Access people outside the hospital by means of visitors, and verbal and written communication.
9. Access to an interpreter, as necessary if you do not speak or understand English or if you are hearing or speech impaired.
10. Reasonable informed participation in decisions involving your health care, including; a) advance directive to which the hospital must adhere, b) clear, concise explanations of your condition, all proposed technical procedures, possible risk to mortality, serious side effects, problems related to recover, success probabilities and probable person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research/educational projects that affect your care or treatment, c) pain management, d) the person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or treatment. You have the right to refuse to partic

MCHOWELL, BRYAN A

SPRINGS MEMORIAL ER

54Y

10/10/12 Patel, Narendra C. MD

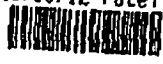


ect your care
not be

subjected to any procedure without your voluntary, competent and understanding consent or that of your legally authorized representative.

1. Request that Springs Memorial Hospital's Medical Ethics Committee review any ethical issues of your case, especially should there be a disagreement concerning your care. Consultation request may be made by phone, letter or personal contact with the Chief of Staff through Springs Memorial Hospital Executive Office at extension 1481.
12. Consult with a specialist at your own request and expense.
13. Refuse treatment within the confines of the law and be informed of the medical consequences of your actions. When refusal of treatment prevents the provision of appropriate care in accordance with professional standards, the relationship with you may be terminated upon reasonable notice.
14. Receive complete explanation of the need for transfer to an accepting facility and alternatives to transfer prior to transfer.
15. Be informed by the practitioner responsible for your care (or his designee) of any continuing health care requirements following your discharge from the hospital.
16. Expect reasonable continuity of care, advanced knowledge of appointments; times, physicians and locations.
17. Request and receive an itemized, detailed explanation of your total bill for services rendered in the hospital regardless of the source of payment for you care.
18. Timely notice prior to termination of eligibility for reimbursement by any third-party payor for the cost of your care.
19. To be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.
20. The right to pain management.
21. The right to access protective and advocacy services.
22. To have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
23. Explanation of the hospital's rules and regulations with regard to your conduct.
24. The right to have reasonable expectations of care and services and have the facility address those expectations in a timely, reasonable, and consistent manner.
5. You have the right to access information contained in your clinical record as quickly as the hospital record keeping system permits.
26. To be informed of the internal complaint/grievance process. To file a complaint / grievance the patient/patient's representative must inform the hospital staff. If you do not feel the issue has been resolved promptly by the staff present or available, please contact Administration at extension 1481, Monday - Friday, 8:00am - 5:00pm. During other hours, please call the operator at extension 0 to request that the nursing supervisor record the complaint. Administration will investigate and resolve your complaint to your satisfaction and/or in an appropriate manner following the mechanism for processing patient complaints located in the Administrative Policy Manual.
27. You have the right to lodge a grievance with the State licensure agency directly, regardless of whether you have first used the hospital's grievance process. The address for the SC state licensure agency is the Division of Health Licensing at 2600 Bull street, Columbia, SC 29201 or you may call: 803-545-4370.
28. Public concern(s) regarding patient safety and/or quality care at SMH, may be reported to our internal contacts as defined in the internal complaint/grievance process (See patient rights # 26) or to the Joint Commission on Accreditation of Healthcare Organizations at 630-792-5000.
29. Your Rights under the "Hospital Patient Safety Act": You have the right to be informed that the attending physician is the person responsible for your care while in the hospital and the attending physician may change during your hospitalization depending on the type of care or services required. You also have the right to be informed that medical students, interns, or resident physicians may be participating in your patient care, may be making treatment decisions, or may be participating in or performing any surgery on you.

All clinical staff, clinical trainees, medical students, interns, and resident physicians of the hospital shall wear badges clearly stating their names, their department, and their title or trainee titles.

MCHOWELL, BRYAN A
 SPRINGS MEMORIAL ER
 54Y [REDACTED] MDW [REDACTED]
 10/10/12 Patel, Narendra C. MD


If at any time you request that a nurse call your attending physician regarding your personal medical care, the nurse shall place a call to the attending physician or his or her designee to inform him or her of your concern. If you are able to communicate with and desire to call your attending physician or designee, upon your request, the nurse must provide you with the telephone number

and assist you in placing the call. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance.

If you have personal medical care concerns, you may access prompt assistance via the patient assistance system by picking up the phone and dialing 0 for the hospital operator and telling them that you have an urgent patient care concern. A call will be placed immediately to the administrator on call who shall promptly assess, or cause to be assessed, the urgent patient care concern and cause the patient care concern to be addressed.

PART II: As a patient, you and your family have the responsibility to:

1. Give accurate and complete health information concerning your present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health.
2. Report any changes in your condition to the responsible practitioner.
3. Follow the rules and regulations; as explained to you, concerning patient care and your conduct as a patient.
4. Request further information concerning anything you do not understand.
5. Follow the treatment plan developed with the practitioner and express concerns related to your ability to follow the proposed course of treatment.
6. Accept the outcomes of your refusal to follow the treatment plan or instructions provided by your practitioner.
7. Be considerate of other patients and hospital personnel by avoiding unnecessary noise, smoking or causing distractions, and, by respecting others' property including that of the hospital.

The PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES has been explained to me and a copy has been provided to me.

MCHOWELL, BRYAN A
 SPRINGS MEMORIAL ER
 54Y [REDACTED] MDW [REDACTED]
 10/10/12 Patel, Narendra C. MD


[Signature]
 Patient or legally authorized representative

10/10/12
 Date

[Signature]
 Witness

10/12/12
 Date

(Continued from Front)

6) ADDITIONAL RISKS OR RISK FACTORS SPECIFIC TO THIS PATIENT:

7) GENERAL INFORMATION: Required pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- By signing consent, you are consenting to the hospital's use and disclosure of protected health information about you for treatment, payment and health care operations.
- The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review the Notice before signing this consent.
- The terms of the Notice of Privacy Practices are subject to change. You may request a revised copy from the hospital's Admissions or Medical Record Departments.
- You have the right to request that the hospital restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.
- You also have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Patient's Acknowledgment and Consent

I understand that no guarantee or warranty (including the implied warranties of merchantability and fitness) applies to the blood or blood products, which may be supplied to me. I understand that the testing for infectious diseases including Hepatitis and HIV (AIDS) is not performed by the Hospital and I hold the hospital, its employees and agents harmless against any liability whatsoever should I contract an infectious disease through the transfused product(s).

I have read (have had read to me) the above consent for the transfusion of blood or blood products. I understand the factors bearing on the decision whether to authorize a transfusion of blood or blood products. All my questions have been answered to my full satisfaction. I hereby consent to such transfusion(s) as my physician(s) attending me may decide is/are necessary or advisable in the course of my treatment.

Patient's Signature or Legal Representative <i>[Signature]</i>	Date 10/12/12	Time 10:30 am
Relationship to Patient	Interpreter, if utilized	
Witness' Signature <i>[Signature]</i>	If Telephone Consent, Second Witness' Signature	
Physician's Signature <i>[Signature]</i>	Date 10/12/12	Time 09:30 am

Patient's Refusal

I have read (have had read to me) the above consent for the transfusion of blood or blood products. I understand the risks, benefits or alternatives bearing on the decision whether or not to authorize a transfusion of blood or blood products. All my questions have been answered to my full satisfaction. I hereby refuse to give consent to such transfusion(s) as my physicians attending me have decided is/are necessary or advisable in the course of my treatment. I hold the hospital, its employees and agents harmless against any liability whatsoever should I experience health consequences of my refusal based on my informed consent.

Patient's Signature or Legal Representative	Date	Time ☐ am ☐ pm
Relationship to Patient	Interpreter, if utilized	
Witness' Signature	If Telephone Consent, Second Witness' Signature	
Physician's Signature	Date	Time ☐ am ☐ pm

LABORATORY
Transfusion of Blood & Blood Components
Consent / Refusal

SPRINGS MEMORIAL HOSPITAL

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Addressograph

MCHOWELL, BRYAN A
SPRINGS MEMORIAL IN
54Y
10/11/12 Shealy, Keith D. MD



0349

1) A TRANSFUSION OF BLOOD and BLOOD COMPONENTS:

Your physician may determine that you are in need of a blood transfusion. This consent form provides basic information concerning this product and, if signed by you, authorizes the Hospital to administer the transfusion of blood / blood products that your physician may order and has informed you about below.

2) DONOR SOURCES:

The types of blood products in terms of the donor sources are:

- Homologous Blood: Blood from a volunteer donor pool;
- Autologous Blood: Blood donated by you for your own use;
- Designated Donor Blood: Blood donated by others specifically for your use.

Each source has risks or limitations associated with them. Designated donor and autologous blood are only available through advanced planning, your physician's determination of the likelihood of your need for transfusion(s), and your clinical condition in terms of being able to donate blood in advance (for autologous units). When available, autologous and designated donor products will be used first. These units may be reserved for you for a fixed and specific period of time before they expire. In the event that the designated and/or autologous blood product is insufficient to meet your transfusion needs, homologous blood products from the Hospital's usual supply will be used. You will not be notified of the identity of the donors of homologous blood.

3) PROCEDURE:

Blood and blood products are introduced into one of your veins, commonly in the arm. Depending upon the physician's assessment of what you need, the transfusion may be of whole blood, packed red blood cells, or some other blood component. The amount of blood and blood products transfused is a judgment the physician will make based upon your particular needs. The product(s) to be transfused will be supplied by a blood and blood product supplier (a blood bank) to the Hospital. The Hospital will then perform cross matching procedures to assure compatibility with your own blood. In an emergency, it may become necessary to use blood products on an Emergency release basis before compatibility can be fully determined.

4) RISKS:

It is not uncommon for minor and temporary reactions to occur. These include a slight bruise, swelling or local infection where the needle enters your skin. Other minor reactions to the transfusion product include headache, fever, and mild skin reactions such as itching or rash. More serious reactions, including kidney failure, anemia and heart failure, can be fatal, however serious reactions are rare.

The blood bank that obtains blood from donors performs testing that includes screening for infectious diseases that are determined by our blood suppliers to assure the safest possible blood supply including, Hepatitis and Human Immunodeficiency Virus (HIV, the virus that causes AIDS). However, current testing technology cannot detect all possible harmful pathogens that can cause infectious diseases. Hence, there are two (2) known significant risks involved with homologous and designated donor transfusions:

- The more common such complication is Hepatitis, a viral infection of the liver. Hepatitis is a serious disease, often requiring a lengthy treatment and recuperative period. It can cause death. However, the likelihood of contracting Hepatitis from a transfusion is low with a statistical incidence of 1 in 100,000.
- The more serious complication is Acquired Immune Deficiency Syndrome (AIDS). AIDS is a serious disease, requiring lifelong treatment and may be fatal. The likelihood of contracting AIDS through properly tested transfusions is uncommon with a statistical incidence of 1 in every 1,000,000.

5) ALTERNATIVES:

Your physician has discussed the risks and benefits of this procedure, and the alternatives to a transfusion including the risks of those alternatives with you.

(Continued on Back)

LABORATORY
Transfusion of Blood & Blood Components
Consent / Refusal

SPRINGS MEMORIAL HOSPITAL

MCHOWELL, BRYAN A

MCHOWELL, BRYAN A

MCHOWELL, BRYAN A

00000000

10/11/12 Shealy, Keith D. MD



MCHOWELL, BRYAN A

SPRINGS MEMORIAL IN

54Y 10/11/12 Shealy, Keith D. MD

10/11/12 Shealy, Keith D. MD



10/11/12 Shealy, Keith D. MD



MCHOWELL, BRYAN A

SPRINGS MEMORIAL IN

10/11/12 Shealy, Keith D. MD



10/11/12 Shealy, Keith D. MD



MCHOWELL, BRYAN A

SPRINGS MEMORIAL IN

10/11/12 Shealy, Keith D. MD



RUN DATE: 10/17/12
RUN TIME: 0910

SPRINGS MEMORIAL HOSPITAL, INC.

800 W. Meeting St
Lancaster, SC 29720

Telephone:

(803) 286-1480

Fax: (803) 286-1371

DISCHARGE SUMMARY DO NOT DESTROY

PAGE 1

Name: MCHOWELL, BRYAN A

Age/Sex: 54/M

Attend Dr: Speight, Otis D. MD

Reg: 10/16/12

Acct#: [REDACTED]

Unit#: [REDACTED]

Status: DEP ER

Location: ER

Disch:

Wristband #

E. EARL JENKINS, MD

LABORATORY MEDICAL DIRECTOR

CHEMISTRY

-----GENERAL CHEMISTRY-----

Day Date Time	1 OCT 16 1935	Reference	Units
--> SODIUM	141 10/16/12 1951	(135-145)	mmol/L
		Verified Date	Time
--> POTASSIUM	4.0 10/16/12 1951	(3.6-5.0)	mmol/L
		Verified Date	Time
--> CHLORIDE	106 10/16/12 1951	(101-111)	mmol/L
		Verified Date	Time
--> CARBON DIOXIDE	29 10/16/12 1951	(21-31)	mmol/L
		Verified Date	Time
--> BUN	9 10/16/12 1959	(7-18)	mg/dL
		Verified Date	Time
--> GLUCOSE, RANDOM	136 10/16/12 1951	(70-100)	mg/dL
		Verified Date	Time
--> CREATININE	1.0 10/16/12 1959	(0.5-1.2)	mg/dL
		Verified Date	Time
--> CALCIUM	9.3 10/16/12 1951	(8.4-10.2)	mg/dL
		Verified Date	Time
--> ANION GAP	10.0 10/16/12 1951	(8-16)	mmol/L
		Verified Date	Time
--> BILI TOTAL	0.4 10/16/12 1959	(0.2-1.0)	mg/dL
		Verified Date	Time
--> TP	6.9 10/16/12 1959	(6.7-8.2)	gm/dL
		Verified Date	Time
--> ALB	3.5 10/16/12 1959	(3.2-5.5)	gm/dL
		Verified Date	Time
--> ALB/GLOB RATIO	1.0 10/16/12 1959	(1.0-)	
		Verified Date	Time
--> ALKALINE PHOS	92 10/16/12 1959	(42-121)	IU/L
		Verified Date	Time
--> AST/SGOT	22 10/16/12 1959	(10-42)	IU/L
		Verified Date	Time
--> AMYLASE	94 10/16/12 1959	(25-115)	U/L
		Verified Date	Time

** CONTINUED ON NEXT PAGE **

0352

RUN DATE: 10/17/12
RUN TIME: 0910

SPRINGS MEMORIAL HOSPITAL, INC.
800 W. Meeting St
Lancaster, SC 29720
Telephone: (803) 286-1480 Fax: (803) 286-1371
DISCHARGE SUMMARY DO NOT DESTROY

PAGE 2

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend-Dr: Speight, Otis D. MD Reg: 10/16/12
Acct#: Unit#: Status: DEP-ER Location: ER Disch:
Wristband #:

CHEMISTRY

CHEMISTRY

GENERAL CHEMISTRY (continued)

Day 1
Date OCT 16
Time 1935

Reference Units

Test	Result	Reference	Units
LIPASE	49	(5-57)	U/L
	10/16/12		Verified Date
	1959		Time
ALT/SGPT	20	(10-60)	IU/L
	10/16/12		Verified Date
	1959		Time

** CONTINUED ON NEXT PAGE **

0353

RUN DATE: 10/17/12
RUN TIME: 0910

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 3

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371
DISCHARGE SUMMARY DO NOT DESTROY

Name: MCHOMELL, BRYAN A Age/Sex: 54/M Attend Dr: Speight, Otis D. MD Reg: 10/16/12
Acct#: Status: DEP-ER Location: ER Disch:
Wristband:

E. EARL JENKINS, MD

LABORATORY MEDICAL DIRECTOR

HEMATOLOGY

-----COMPLETE BLOOD COUNT-----

Day Date Time	1 OCT 16 1935	Reference	Units
-> WBC	6.3 10/16/12 1945	(2.8-11.6)	K/mm3 Verified Date Time
-> RBC	3.48 10/16/12 1945	(3.80-5.9)	M/mm3 Verified Date Time
-> HGB	10.7 10/16/12 1945	(12.0-18.0)	gm/dL Verified Date Time
-> HCT	31.7 10/16/12 1945	(37.0-52.0)	% Verified Date Time
-> MCV	91.2 10/16/12 1945	(80-99)	fL Verified Date Time
-> MCH	30.8 10/16/12 1945	(27-34)	PG Verified Date Time
-> MCHC	33.8 10/16/12 1945	(33-36)	gm/dL Verified Date Time
-> RDW	15.3 10/16/12 1945	(11.5-15.4)	% Verified Date Time
-> PLT	384 10/16/12 1945	(130-420)	K/mm3 Verified Date Time
-> MPV	7.9 10/16/12 1945	(6.8-10.6)	fL Verified Date Time
-> LYMPH %	18.6 10/16/12 1945	(11-51)	% Verified Date Time
-> MONO %	12.6 10/16/12 1945	(2-14)	% Verified Date Time
-> NEUT %	66.6 10/16/12 1945	(36-80)	% Verified Date Time
-> EOS %	1.7 10/16/12 1945	(0-10)	% Verified Date Time
-> BASO %	0.5 10/16/12 1945	(0-1.5)	% Verified Date Time

** CONTINUED ON NEXT PAGE **

0354

RUN DATE: 10/17/12
RUN TIME: 0910

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 4

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371
DISCHARGE SUMMARY DO NOT DESTROY

Name: MCHOWELL, BRYAN A. Age/Sex: 54/M Attend Dr: Speight, Otis D, MD Reg: 10/16/12
Acct# [REDACTED] Status: DEP ER Location: ER Disch:
Wristband #

Cancelled List

1016:U000555 CAN. Col1: 10/16/12:1923 Recd: (R#02690370) Speight, Otis D.
Ordered: UA
Comment: PATIENT DISCHARGED

** END OF REPORT **

0355

Patient: MCHOWELL, BRYAN A DOB: [REDACTED] Date In: 10/10/2012

Adult Assessment 10/11/2012 00:16 JCI

Room Assignment: Patient assigned to room ED8. Patient arrived in room ambulatory. Patient moved to room at 23:25. Time of primary assessment: 23:25.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Bedrails are up to protect patient from fall. Bed height is at the lowest position. Call light is within reach and patient or family was instructed on use.

Pain: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the PATIENT COMPLAINING OF ABD PAIN..

Brief Assessment: Patient is alert and oriented x 3. Respirations are unlabored. Skin is warm and dry, vascular status intact.

Neurological: Alert, oriented to person, place and time. Glasgow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway clear and respiratory effort unlabored. Patient denies cough. Breath sounds are clear bilaterally to auscultation.

Gastrointestinal: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Patient localizes pain to generalized abdomen. Patient describes no emesis.

Genitourinary: Denies dysuria, frequency, or burning with urination. Denies discharge from genitalia.

Musculoskeletal: Denies musculoskeletal pain, numbness or tingling. No swelling or deformity noted. Distal pulses intact. Full ROM of extremities. No ecchymosis noted.

Integumentary: Skin is warm, dry, and intact without lesions, rashes or wounds. Turgor is normal.

Reassessment: 10/11/2012 05:52 JCI

Brief Reassessment: The patient was reassessed at 05:05. PATIENT UP AMBULATING TO RESTROOM AND GI BLEED. DR. SHEALY NOTIFIED AND GAVE ORDERS. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry.

Nursing Diagnosis 10/11/2012 00:16 JCI

Abdominal GI: Fluid volume deficit identified 10/10/2012 23:25. Goal to resolve is: TO MAINTAIN FLUID AND ELECTROLYTE BALANCE..

Patient: MCHOWELL, BRYAN A DOB: [REDACTED] Date In: 10/10/2012

Treatments 10/11/2012 00:09 JC1

Cardiac Monitor initiated at 10/10/2012 23:30 by JC1. [Written][NCP]:

Oxygen 2 LNC initiated at 10/10/2012 23:30 by JC1. [Written][NCP]:

IV saline lock started to the R- forearm, with a 20 gauge catheter, Heplock, 1 attempt initiated at 10/10/2012 23:30 by JC1. [Written][NCP]:

IV Zofran 4mg in the right forearm, given for therapeutic reasons initiated at 10/10/2012 23:35 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 00:00 [JC1] - No adverse drug reaction noted. Patient teaching was performed related to medications given. States that nausea has improved. - JC1

IV Protonix 40 mg in the right forearm, given for therapeutic reasons initiated at 10/10/2012 23:35 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 00:00 [JC1] - No adverse drug reaction noted. Patient teaching was performed related to medications given. - JC1

IV Toradol 30 mg in the right forearm, given for therapeutic reasons initiated at 10/10/2012 23:35 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 00:00 [JC1] - No adverse drug reaction noted. Patient teaching was performed related to medications given. Says the pain has improved. - JC1

0.9 NS 1000 mL/hr in the right forearm, given for hydration reasons initiated at 10/10/2012 23:30 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 01:00 [JC1] - IV stopped at 10/11/2012 01:00. - JC1

12 -EKG initiated at 10/11/2012 00:15 by JC1. [Written][NCP]:

PO Aspirin EC 325 mg initiated at 10/11/2012 00:23 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 01:00 [JC1] - No adverse drug reaction noted. Patient teaching was performed related to medications given. - JC1

Cardiovascular Custom Entry nitro patch 1/2 inches to chest wall initiated at 10/11/2012 00:23 by JC1. [Written][NCP]:

Reassessed at 10/11/2012 01:00 [JC1] - No adverse drug reaction noted. Patient teaching was performed related to medications given. - JC1

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

Disposition 10/11/2012 05:54 JCI

Admit: Patient left the department at 10/11/2012 06:09. Patient's disposition is: ADMIT-TELEMETRY. Patient transported by stretcher. IV infusing during transport. Continuous monitoring in place during transport to include cardiac. Continuous oxygen administration. Vital signs taken at 05:55 were: T: 97.8 PO, P: 83 and is regular, R: 18 and unlabored, BP: 118/71, O2 Sat: 99 on 2 L, O2 delivered by N.C., cardiac monitor shows: normal sinus rhythm, pain level is 0 on a 1-10 scale - denies pain. Patient states pain has improved. Belongings taken by the patient. PATIENT SITTING UP IN BED RESTING QUIETLY. RESPIRATIONS EVEN AND NONLABORED. NO DISTRESS NOTED. PATIENT DENIES PAIN. VSS. REPORT CALLED TO 6TH FLOOR NURSE. PATIENT TAKEN TO ROOM 608.-JC/RN

Report was given at 10/11/2012 06:09. Person receiving report was M.WARD,RN.

JONATHON COUSAR RN All text in this document clearly marked by JCI has been authored and legally signed by use of electronic device. 10/11/2012 06:11

DRAFT

Springs Memorial Hospital
800 West Meeting Street, Lancaster, SC 29720
803-286-1479

DRAFT

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

Acuity

Department: CT	5
Department: Labs	5
Department: X-Ray	5
Disposition type: ADMIT-TELEMETRY	30
Adult Assessment	20
Neurological	5
Vital Signs	5
Total Points:	75

IV Charging

Location: in the right forearm

Name	Reason	Init	Stopped	Minutes	Codes
0.9 NS 1000 mL/hr	Hydration	23:30	01:00	90	IVHYEA (96361)
IV Zofran 4mg	T/D/P	23:35	23:35	N/A	INJIV (96374)
IV Protonix 40 mg	T/D/P	23:35	23:35	N/A	IVPEA (96375)
IV Toradol 30 mg	T/D/P	23:35	23:35	N/A	IVPEA (96375)

Other Charges/Procedures

Name	Ack Time	Init Time	Host Time	Code
12 -EKG	23:30	00:15	N/A	ER EKG
Cardiac Monitor	23:30	23:30	N/A	BPMON
ED LEVEL 3	N/A	N/A	N/A	LEV3

Acuity Ranges

Level 1 1 - 29 Level 2 30 - 39

Level 3 40 - 80 Level 4 81 - 124

Level 5 125 - Level 0 0 - 0

DRAFT**0350 DRAFT**

DRAFT

Springs Memorial Hospital
800 West Meeting Street, Lancaster, SC 29720
803-286-1479

DRAFT

Patient: MCHOWELL, BRYAN A DOB: [REDACTED]

Date In: 10/10/2012

DIAGNOSTICS

User	Snd	Src	Host Time	Qty	Description	Phys
NCP	Y	W	10/10/2012 23:23	1	CK ISO	PATEL, NARENDRA C. MD
Comment:						
NCP	Y	W	10/10/2012 23:23	1	Troponin I	PATEL, NARENDRA C. MD
Comment:						
NCP	Y	W	10/10/2012 23:03	1	Acute Abd Series	PATEL, NARENDRA C. MD
Comment:						
REASON FOR EXAM?: ABDOMINAL PAIN						
COMMENT?:						
TPT	Y	P	10/10/2012 22:00	1	L COMPREHENSIVE METABOLIC PROFILE	PATEL, NARENDRA C. MD
Comment:						
TPT	Y	P	10/10/2012 22:00	1	L COMPLETE BLOOD CT with DIFF	PATEL, NARENDRA C. MD
Comment:						
ISOLATION:: U						
TPT	Y	P	10/10/2012 22:00	1	L AMYLASE	PATEL, NARENDRA C. MD
Comment:						
TPT	Y	P	10/10/2012 22:00	1	L LIPASE	PATEL, NARENDRA C. MD
Comment:						
TPT	Y	P	10/10/2012 22:00	1	L URINALYSIS/COMPLETE	PATEL, NARENDRA C. MD
Comment:						
NCP	☐	W		1	Amylase Body	PATEL, NARENDRA C. MD
Comment:						
SPECIMEN COMMENT::						

TREATMENTS

User	Src	Order Time	Description	Ack	Initiated	Host Time	Phys
NCP	W	10/10/2012 23:27	IV Zofran 4mg				PATEL, NARENDRA C. MD
Comment:							
Location of IV:							
Reason for IV:							

DRAFT

DRAFT

0360

DRAFT

DRAFT

Springs Memorial Hospital
800 West Meeting Street, Lancaster, SC 29720
803-286-1479

Patient: MCHOWELL, BRYAN A DOB: [REDACTED] Date In: 10/10/2012

NCP	W	10/10/2012 23:27	IV Protonix 40 mg				PATEL, NARENDRA C. MD
Comment:							
Location of IV:							
Reason for IV:							
NCP	W	10/10/2012 23:27	IV Toradol 30 mg				PATEL, NARENDRA C. MD
Comment:							
Location of IV:							
Reason for IV:							
NCP	W	10/10/2012 23:26	Oxygen 2 LNC				PATEL, NARENDRA C. MD
Comment:							
NCP	W	10/10/2012 23:26	12 -EKG				PATEL, NARENDRA C. MD
Comment:							
NCP	W	10/10/2012 23:26	Cardiac Monitor				PATEL, NARENDRA C. MD
Comment:							
NCP	W	10/10/2012 23:23	IV saline lock				PATEL, NARENDRA C. MD
Comment:							
IV LOCATION:							
ANGOICATH:							
EQUIPMENT USED:							
NUMBER OF ATTEMPTS:							
NCP	W	10/10/2012 23:23	0.9 NS 1000 mL/hr				PATEL, NARENDRA C. MD
Comment:							
Location of IV:							
Reason for IV:							

DRAFT

DRAFT

0361

**EMERGENCY DEPARTMENT
ABUSE / NEGLECT SCREEN**

Springs Memorial Hospital

Date In: 10/10/2012

Time: _____

Name: MCHOWELL, BRYAN A

Age: 54YRS DOB: [REDACTED] 1957 Sex: M

EDP: PATEL, NARENDRA C. MC PCP: Sharp, Frank MD

✓ Please check appropriate box(es).

The following are Signs / Symptoms, but not limited to, Abuse / Neglect.

☐ CHILD

☐ ELDER

☐ PARTNER

- ☐ Evidence of bodily harm, cuts, burns, crying hopelessly, bruises, or injuries that do not fit explanation / incompatible with history.
- ☐ Obvious illness that requires medical / dental care, which has been left untreated.
- ☐ Genital injury or disease.
- ☐ Injury not properly cared for.
- ☐ Unable to care for self, take medications properly, etc.
- ☐ Over medicated by caregiver.
- ☐ Unwillingness to communicate.
- ☐ Inadequate shelter, heating, running water, electricity.
- ☐ Lack of supervision.
- ☐ Inappropriate confinement.
- ☐ Other: _____

- ☐ The following agency has been notified (include the name and time of notification.)

Name: _____ Time: _____

☐ CPS

☐ APS

☐ Law Enforcement

☐ Other: _____

Nurse Signature: _____

Please refer to hospital policies and procedures manual for further clarification.
Follow proper procedure for reporting any Abuse / Neglect to appropriate agency.

Height: 6ft. 1in.	Weight: 84.55 kg	Source: Stated	☐ Pregnant ☐ Breastfeeding
Allergies: *NO KNOWN ALLERGIES-			

Note: If the ellipsis (...) is seen at the end of the list, please refer to the patient record for additional items

ADMISSION			DISCHARGE		
Source ☐ Patient ☐ Nursing Home ☐ Previous Admission ☐ H&P ☐ Copied from Patient's Labeled Meds ☐ Patient's Pharmacy: _____ ☐ Other: _____ (name) ☐ Patient Provided & Verified Medication List Personal Meds: ☐ Sent to Pharmacy ☐ Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With ☐ Patient or ☐ Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Indication For Use	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:
Patient is Knowledgeable About Home Meds: ☐ Yes ☐ No					
metformin			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
per pt			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	

List New Medications to be taken

Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications:

Vaccination Decision (Risk Assessment completed on admission)

☐ Pneumococcal vaccine	☐ Indicated	☐ Not Indicated	☐ Administer vaccine per protocol
☐ Influenza vaccine	☐ Indicated	☐ Not Indicated	☐ Administer vaccine per protocol

ADMISSION RECONCILIATION		DISCHARGE RECONCILIATION	
Date/Time	☐ READ BACK of a: ☐ Telephone ☐ Verbal Order	Date/Time	☐ READ BACK of a: ☐ Telephone ☐ Verbal Order
Physician Name/Nurse Signature & Title		Physician Name/Nurse Signature & Title	
Date/Time/Ordering Physician Signature:		Date/Time/Ordering Physician Signature:	
Transcribed: Date/Time/Signature/Title:		Transcribed: Date/Time/Signature/Title:	
Noted: Date/Time/Admission Nurse/Title/Initials:		Noted: Date/Time/Admission Nurse/Title/Initials:	

Medication Reconciliation Springs Memorial Hospital

NAME: MCHOWELL, BRYAN A DOB: AGE: 54
 MR#: DATE IN: 10/10/2012
 EDP: PATEL, NARENDRA C. MD PCP: Sharp, Frank MD
 Referral Physician SHEALY, K. D. MD

Height: 6ft. 1in.	Weight: 84.55 kg	Source: Stated	☐ Pregnant ☐ Breastfeeding
Allergies:	*NO KNOWN ALLERGIES-		
Note: If the ellipsis (...) is seen at the end of the list, please refer to the patient record for additional items			

ADMISSION			DISCHARGE		
Source ☐ Patient ☐ Nursing Home ☐ Previous Admission ☐ H&P ☐ Copied from Patient's Labeled Meds ☐ Patient's Pharmacy: _____ ☐ Other: _____ (name) ☐ Patient Provided & Verified Medication List Personal Meds: ☐ Sent to Pharmacy ☐ Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With ☐ Patient or ☐ Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Indication For Use	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:
metformin			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
per pt			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	
			☐ Yes ☐ No (time) First Dose: @	☐ Yes ☐ No	

List New Medications to be taken

Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications:

Vaccination Decision (Risk Assessment completed on admission)

☐ Pneumococcal vaccine
☐ Influenza vaccine

☐ Indicated
☐ Indicated

☐ Not Indicated
☐ Not Indicated

☐ Administer vaccine per protocol
☐ Administer vaccine per protocol

ADMISSION RECONCILIATION		DISCHARGE RECONCILIATION	
Date/Time	☐ READ BACK of a: ☐ Telephone ☐ Verbal Order	Date/Time	☐ READ BACK of a: ☐ Telephone ☐ Verbal Order
Physician Name/Nurse Signature & Title		Physician Name/Nurse Signature & Title	
Date/Time/Ordering Physician Signature:		Date/Time/Ordering Physician Signature:	
Transcribed: Date/Time/Signature/Title:		Transcribed: Date/Time/Signature/Title:	
Noted: Date/Time/Admission Nurse/Title/Initials:		Noted: Date/Time/Admission Nurse/Title/Initials:	

Medication Reconciliation Springs Memorial Hospital

NAME: MCHOWELL, BRYAN A

DOB: [REDACTED]

AGE: 54

MR#: [REDACTED]

DATE IN: 10/10/2012

EDP: PATEL, NARENDRA C. MD

PCP: Sharp, Frank MD

Referral Physician

SHEALY, K. D. MD

MCHOWELL, BRYAN A ER 10/10/12
SPRINGS MEMORIAL Patel, Narendra C. MD
SAY [REDACTED] MD

Patient Name



608

Inpatient Criteria Met Yes _____ No _____

Obs _____ IP _____

Reason met admission criteria:

1. _____
2. _____

Admitting Doctor: Dr. Shetty Time: 0515

Diagnosis: Abdominal / Epigastric pain / GI bleed

Code status:

Full Code ☒

DNR ☐

Admit to:

Telemetry ☒

Med/Surg ☐

Peds ☐

ICU ☐

CCU ☐

SPRINGS MEMORIAL HOSPITAL

800 West Meeting Street

Lancaster, SC 29720

ADMISSION FORM

PATIENT DEMOGRAPHICS

ACCOUNT NO. [REDACTED] ADMISSION DATE 10/11/12 MEDICAL RECORD NO. [REDACTED]
 ROOM/BED 608/1 ADMISSION TIME 0545 FINANCIAL CLASS MEDICAID HMO'S
 TYPE ADM IN DISCH DATE 10-15 DISCH TIME SS# [REDACTED] LOC/SVC MAC
 PREF LANGUAGE ENGLISH INTERP. PHONE

PATIENT NAME MCHOWELL, BRYAN A
 STREET 7822 VAN WYCK RD
 CITY/STATE/ZIP LANCASTER, SC 29720-1698
 RELIGION

DOB [REDACTED] 57 AGE 54 SEX M RACE W
 HOME PHONE (803) 287-4780 CELL
 COUNTY LANCASTER
 MARITAL STATUS DIVORCED

PATIENT EMPLOYER

NAME UNEMPLOYED
 STREET
 CITY/STATE/ZIP
 PHONE

PERSON TO NOTIFY

NAME MCHOWELL, WAYNE
 STREET UNK
 CITY/STATE/ZIP LANCASTER, SC 29720
 PHONE (803) 804-4426 RELATIONSHIP OTHER REL

GUARANTOR/RESPONSIBLE PARTY

NAME MCHOWELL, BRYAN A
 STREET 7822 VAN WYCK RD
 CITY/STATE/ZIP LANCASTER, SC 29720-1698
 PHONE (803) 287-4780 SOCIAL SECURITY # [REDACTED]

NEXT OF KIN

NAME MCHOWELL [REDACTED]
 STREET [REDACTED]
 CITY/STATE/ZIP LANCASTER, SC 29720-1698
 PHONE (803) 287-4780 RELATIONSHIP OTHER REL

GUARANTOR EMPLOYER

AME UNEMPLOYED
 STREET
 CITY/STATE/ZIP
 PHONE

ACCIDENT/ARRIVAL/PHYSICIAN DATA

ACCIDENT DATE 10/10/12 TIME
 ARRIVAL MODE FAMILY VEHICLE
 ATTEND DR. Shealy, Keith D. MD
 ADM/PAM DR. Shealy, Keith D. MD

INSURANCE

ADDRESS UNITED HEALTHCARE-MCD
 P O BOX 8207

POLICY

[REDACTED]

GROUP

KINGSTON

SUBSCRIBER

STATE ZIP CODE PHONE
 MCHOWELL, BRYAN A
 NY 12402 (800) 366-7304

REASON FOR VISIT GI BLEED; ABD. PAIN
 ACCIDENT TYPE ONSET DATE OF SYMPTOMS

COMMENT DSNDT

ADMIT CLERK jclifton

PATIENT DIAGNOSIS

PATIENT PROCEDURES

CONSULTATIONS

PHYSICIAN'S SIGNATURE

RUN DATE: 10/11/12
RUN TIME: 1555
RUN USER: FAN.DUFBO

Springs Memorial Hosp Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 1

INITIAL NUTRITION CONSULT

Patient: MCHOWELL, BRYAN A

Account #: [REDACTED]

Admit Date: 10/11/12

Status: ADM IN

Attending: Shealy, Keith D. MD

Age/Sex: 54 M

Unit #: [REDACTED]

Location: 6NS

Room/Bed: 608-1

**** INITIAL NUTRITION CONSULT ****

NUTRITIONAL ASSESSMENT:

Age: 54 Sex: M

Height (ft): 6

Weight (lbs): 186

BMI (Body Mass Index): 24.5

Height (in): 1

Weight (oz):

BMI CATEGORY: Healthy

Height (cm): 185.42

Weight (kg): 84.368080

Adjusted BMI:

Diet: DIET AMERICAN DIABETIC ASS

Supplement:

% Intake: 33

Pertinent Medications: IVF 100 ML/HR

% Intake:

Nutritionally Related Lab Values (with Dates):

: GLU 159 - DM

ALB 3.7 - ADEQUATE PRO-STORES

DIAGNOSIS/NUTRITION PROBLEM:

1. INADEQUATE ORAL INTAKE R/T ALTERED GI FX AEB DECREASED INTAKE X 1 WEEK DUE TO N/V WITH GI BLEED
2. NOTE: PT WITH LONG-TERM WT LOSS FROM 2010 GASTRIC BYPASS SURGERY
- 3.

INTERVENTION: LIBERALIZE DIET

GOAL:

Meet nutritional needs of 2525

kcal/day (30 kcal/Kg).

Meet nutritional needs of 84

gm pro/day (1 gm/Kg).

Meet nutritional needs of 2425

ml fluid/day (29 ml/Kg).

INTERVENTION:

GOAL:

INTERVENTION:

GOAL:

INTERVENTION:

GOAL:

Follow/Up in: 4-7 days.

Nutrition Consult Completed By: FAN.DUFBO DUFFELL-HOFFMAN, BOB

Date Completed: 10/11/12

Time Completed: 1555

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

HISTORY AND PHYSICAL

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	57	SEX:	M
Pt STATUS:	ADM IN	RM NUMBER:	608-1
UNIT NUMBER:	M000532122	ADM DATE:	10/11/12
ACCT NUMBER:	D006340976	D/C DATE:	

Dictated Report By: Shealy, Keith D. MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

PRESENT ILLNESS: The patient, a 54-year-old white male, who is status post gastric bypass. He presents with a 1-week history of epigastric discomfort, nausea and vomiting. He notes that on the evening of admission, he became extremely weak and was unable to stand. He was subsequently taken to the emergency room, where he developed burgundy-colored blood per rectum. The patient was subsequently admitted for monitoring and treatment.

ALLERGIES: NO KNOWN ALLERGIES.

SOCIAL HISTORY: The patient does not smoke or drink.

MEDICATIONS:

1. Metformin 1 g p.o. b.i.d.
2. Aspirin 81 mg p.o. q.a.m.

PAST MEDICAL HISTORY: The patient is status post bilateral carpal tunnel and left rotator cuff surgeries. He is status post gastric bypass. He has a history of diabetes type 2.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION:

General: The patient is a slim white male, in no acute distress.
HEENT: Revealed tympanic membranes to be clear. Pharynx clear.
Neck: Supple.
Lungs: Clear.
Heart: Reveals a regular rate and rhythm.
Abdomen: Reveals normal bowel sounds. It is soft.
Extremities: Clear.
Neurologic Exam: Grossly intact.

IMPRESSION:

1. Gastrointestinal bleed.
2. Diabetes.
3. Elevated troponins.

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:56 by STEVENS, JOANN

Page 1 of 2

0368

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

HISTORY AND PHYSICAL

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	██████████57	SEX:	M
Pt STATUS:	ADM IN	RM NUMBER:	608-1
UNIT NUMBER:	M000532122	ADM DATE:	10/11/12
ACCT NUMBER:	D006340976	D/C DATE:	

Dictated Report By: Shealy, Keith D. MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

PLAN: We will place n.p.o. and begin IV of normal saline. We will give Protonix 40 mg IV q.12 hours. Consult Carolina Heart Specialists and Catawba GI. We will obtain serial CPKs and EKGs.

Print CC:

Fax CC:

S Job #: SMH59987841

D Job #: 6109001

MT: ██████████

PHYSICIAN: Keith D. Shealy, MD
ELECTRONICALLY SIGNED

SHEK :
REPORT #: 1011-0018
DATE/TIME DICTATED: 10/11/12 - 0747
DATE/TIME TRANSCRIBED: 10/11/12 - 0956
DATE/TIME ELECTRONICALLY SIGNED: 10/12/12 - 0707

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:56 by STEVENS, JOANN

Page 2 of 2

0369

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	57	SEX:	M
PT STATUS:	DIS IN	RM NUMBER:	608-1
UNIT NUMBER:		ADM DATE:	10/11/12
ACCT NUMBER:		D/C DATE:	10/15/12
PROCEDURE DATE:	10/11/12		

Dictated Report By: Mark A. Ciminelli, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

CARDIOLOGY CONSULTATION

HISTORY: In summary, the patient is a 54-year-old white male with no prior cardiac history. We had seen him in 2010, at that time with hypotension provoked by dehydration after his gastric bypass surgery. He now comes in with weakness, fatigue, anorexia multiple episodes of nausea, vomiting. He is found to have mildly elevated CPK with normal troponins, and because of this, Cardiology consultation is requested. He complains occasionally has palpitations without syncope. He has not had chest pain suggesting angina. He also denied dyspnea on exertion, PND, orthopnea, or ankle edema.

PAST HISTORY: Positive for gastric bypass, diabetes, hypertension, hypercholesterolemia, GI bleed, anxiety with depression, cardiac arrhythmia.

FAMILY HISTORY: Positive for coronary artery disease.

SOCIAL HISTORY: Reveals he is a nonsmoker, nondrinker.

MEDICATIONS: Prior to admission include metformin.

ALLERGIES: HE HAS NO KNOWN ALLERGIES TO MEDICATION.

PHYSICAL EXAMINATION:

Vital Signs: Include a blood pressure 106/66, pulse 100, respirations 18.

HEENT: Reveals normal conjunctivae and sclerae.

Neck: Supple. Trachea is central. No thyromegaly. Carotids 2+. No bruits. No JVD.

Chest: Clear to P and A.

Heart: Reveals a regular rhythm. Normal S1, S2. There is a soft systolic murmur in left lower sternal border.

Abdomen: Shows no tenderness, mass, pulsations, or organomegaly.

Extremities: Reveal no tenderness or edema.

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:56 by STEVENS, JOANN

Page 1 of 3

0370

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	[REDACTED]	RM NUMBER:	608-1
UNIT NUMBER:	[REDACTED]	ADM DATE:	10/11/12
ACCT NUMBER:	[REDACTED]	D/C DATE:	10/15/12
PROCEDURE DATE:	10/11/12		

Dictated Report By: Mark A. Ciminelli, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

LABORATORY WORK: Includes CBC, white count 8.2, hemoglobin 10.1, hematocrit 30.5 with normal indices. Electrolytes are normal. BUN is mildly elevated at 44 suggesting some element of dehydration. First CPK is mildly elevated with normal MB. Multiple troponins are negative. EKG is entirely normal.

IMPRESSION: At this time is patient admitted with nausea, vomiting, dehydration with mildly elevated CPK with normal MB and normal troponins as well as normal EKG with no chest pain.

RECOMMENDATIONS: We will check a 2-D echo to assess any structural heart disease. If normal, it is likely he has mildly elevated CPK. This probably does not suggest acute myocardial ischemia. Would continue IV fluids and other medications as ordered.

Print CC:

Fax CC:

S Job #: SMH59990833

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	[REDACTED]	RM NUMBER:	608-1
UNIT NUMBER:	[REDACTED]	ADM DATE:	10/11/12
ACCT NUMBER:	[REDACTED]	D/C DATE:	10/15/12
PROCEDURE DATE:	10/11/12		

Dictated Report By: Mark A. Ciminelli, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

D Job #: 6109039
MT: 82739

PHYSICIAN: Mark A. Ciminelli, MD
ELECTRONICALLY SIGNED

CIMM :
REPORT #: 1011-0025
DATE/TIME DICTATED: 10/11/12 - 0942
DATE/TIME TRANSCRIBED: 10/11/12 - 1107
DATE/TIME ELECTRONICALLY SIGNED: 10/16/12 - 0902

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:56 by STEVENS, JOANN

Page 3 of 3

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SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

ECHOCARDIOGRAPHIC REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	[REDACTED]	SEX:	M
PT STATUS:	[REDACTED]	RM NUMBER:	608-1
UNIT NUMBER:	[REDACTED]	ADM DATE:	10/11/12
ACCT NUMBER:	[REDACTED]	D/C DATE:	10/15/12
PROCEDURE DATE:	10/11/12		

Dictated Report By: Mark A. Ciminelli, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

REASON FOR EXAM: Elevated CPK.

LA 3.9, AO 3.6, LV 5.2. Technically adequate M-mode, 2-D Doppler study.

1. Left atrium is normal in size.
2. The aortic root is normal in size. The aortic valve appears trileaflet and displays normal motion. There is no echo or Doppler evidence for aortic stenosis or incompetence.
3. Mitral valve appears normal in structure and motion. There is no echo or Doppler evidence for mitral stenosis or incompetence.
4. Left ventricle appears normal in size and wall thickness. There are no segmental wall motion abnormalities, and overall systolic function appears preserved with an ejection fraction estimated at 65%.
5. Right-sided chambers appear normal in size. Trace tricuspid incompetence is detected by Doppler which is likely physiologic.
6. There is no pericardial effusion.

CONCLUSION: Normal M-mode, 2-D Doppler study.

Print CC:

Fax CC:
Keith Shealy, MD

S Job #: SMH59996798

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:57 by STEVENS, JOANN

Page 1 of 2

0373

D Job #: 6109075
MT: 552353

PHYSICIAN: Mark A. Ciminelli, MD
ELECTRONICALLY SIGNED

CIMM :
REPORT #: 1011-0049
DATE/TIME DICTATED: 10/11/12 - 1207
DATE/TIME TRANSCRIBED: 10/11/12 - 1307
DATE/TIME ELECTRONICALLY SIGNED: 10/16/12 - 0902

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/17/12-06:57 by STEVENS, JOANN

Page 2 of 2

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Springs Memorial Hospital
PROGRESS NOTES

MCHOWELL, BRYAN 'A
 SPRINGS MEMORIAL IN

10/11/12 Shealy, Keith D. MD



DATE & TIME

10/11/12

0830

LMS

Smith Initiated
 Smith MT

[Handwritten signature]

10-11

3:30 pm

Q4

Present Consult dictated
 Review for review of records
 & plan for or what agreed

[Handwritten signature]

10-12

1:50 pm

Q4

See separate note
 EGD done
 findings ① 2 large Gastric ulcers
 ② PPI IV. Clear lig for wound
 Close monitoring Hgb

[Handwritten signature]

PROGRESS NOTES

RUN DATE: 10/17/12
 RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.
 800 W. Meeting St
 Lancaster, SC 29720

PAGE 1

Telephone: (803) 286-1480 Fax: (803) 286-1371
 *****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend OR: Shealy, Keith D. MD Reg: 10/11/12
 Acct#: [REDACTED] Status: DIS IN Location: 6NS 608-1 Disch: 10/15/12
 Wristband #: 42137

E. EARL JENKINS, MD
 LABORATORY MEDICAL DIRECTOR

FINGER STICK GLUCOSE RESULTS

Day Date Time	5 OCT 15 0519	2356	1601	4 OCT 14 1057	0430	0012	3 OCT 13 1604	Reference	Units
--> FINGER ST GLUC	137 H 10/15/12 0613	119 10/15/12 0033	157 H 10/14/12 1649	132 H 10/14/12 1140	107 10/14/12 0633	204 H 10/14/12 0334	199 H 10/13/12 1632	(60-130)	MG/DL Verified Date Time
Day Date Time	3 OCT 13 1103	0505	0037	2 OCT 12 1939	1621	1615	1049	Reference	Units
--> FINGER ST GLUC	128 10/13/12 1137	96 10/13/12 0543	131 H 10/13/12 0126	226 H 10/13/12 0122	>400 PH 10/15/12 1354	>400 PH 10/15/12 0353	117 10/12/12 1213	(60-130)	MG/DL Verified Date Time
Day Date Time	2 OCT 12 0508	2331	1 OCT 11 1823	1051				Reference	Units
--> FINGER ST GLUC	147 H 10/12/12 0549	132 H 10/11/12 2359	216 H 10/11/12 1850	113 10/11/12 1119				(60-130)	MG/DL Verified Date Time

** CONTINUED ON NEXT PAGE **

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 2

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371

*****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D MD Reg: 10/11/12
Acct#: Status: DIS IN Location: GAS 608 Disch: 10/15/12
Wristband #: 42137

E. EARL JENKINS, MD
LABORATORY MEDICAL DIRECTOR

CHEMISTRY

---GENERAL CHEMISTRY---

Day	3	2	1	-1					
Date	OCT 13	OCT 12	OCT 11	OCT 10					
Time	0730	1655	0538	2208	2208	2208	Reference	Units	
-> SODIUM	140			138			(135-145)	mmol/L	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2229					
-> POTASSIUM	4.2			4.6			(3.6-5.0)	mmol/L	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2229					
-> CHLORIDE	109			104			(101-111)	mmol/L	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2229					
-> CARBON DIOXIDE	29			27			(21-31)	mmol/L	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2229					
-> BUN	10 D			44 H			(7-18)	mg/dL	
	10/13/12			10/10/12			Verified Date	Time	
	0813			2235					
-> GLUCOSE, RANDOM	110 H	328 H		159 H			(70-100)	mg/dL	
	10/13/12	10/12/12		10/10/12			Verified Date	Time	
	0806	1730		2229					
-> CREATININE	0.8			1.2			(0.5-1.2)	mg/dL	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2235					
-> CALCIUM	8.4			8.4			(8.4-10.2)	mg/dL	
	10/13/12			10/10/12			Verified Date	Time	
	0813			2240					
-> ANION GAP	6.2 L			13.6			(8-16)	mmol/L	
	10/13/12			10/10/12			Verified Date	Time	
	0806			2229					
-> BILI, TOTAL				0.8			(0.2-1.0)	mg/dL	
				10/10/12			Verified Date	Time	
				2235					
-> TP				6.8			(6.7-8.2)	gm/dL	
				10/10/12			Verified Date	Time	
				2235					
-> ALB				3.7			(3.2-5.5)	gm/dL	
				10/10/12			Verified Date	Time	
				2235					
-> ALB/GLOB RATIO				1.2			(1.0-)		
				10/10/12			Verified Date	Time	
				2235					
-> ALKALINE PHOS				87			(42-121)	IU/L	
				10/10/12			Verified Date	Time	
				2235					
-> AST/SGOT				26			(10-42)	IU/L	
				10/10/12			Verified Date	Time	
				2235					
-> CPK		253		332 H			(22-269)	IU/L	
		10/11/12		10/10/12			Verified Date	Time	
		0602		2347					

** CONTINUED ON NEXT PAGE **

0377

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 3

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371

*****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D, MD Reg: 10/11/12
Acct#: Status: DIS IN Location: GMS 608-1 Disch: 10/15/12
Wristband #: 42137

CHEMISTRY

CHEMISTRY

-----GENERAL CHEMISTRY (continued)-----

Day	3	2	1	-1			
Date	OCT 13	OCT 12	OCT 11	OCT 10			
Time	0730	1655	0538	2208	2208	2208	Reference Units
-> CKMB			4.4 10/11/12 0608	5.9 10/10/12 2355			(0.6-6.3) ng/ml Verified Date Time
-> TROPONIN I-ED			0.01(a) 10/11/12 0654				(0-0.49) ng/ml Verified Date Time
-> TROPONIN I			0.01(b) 10/11/12 0608				(0-0.49) ng/ml Verified Date Time
-> AMYLASE				65 10/10/12 2235			(25-115) U/L Verified Date Time
-> LIPASE				39 10/10/12 2235			(5-57) U/L Verified Date Time
-> ALT/SGPT				20 10/10/12 2235			(10-60) IU/L Verified Date Time

NOTES: (a) 10/11/12 0653:
TROPONIN I-ED previously reported as: 6.34 H ng/ml
See also (b)
(b) NOTE: Reference ranges for Troponin I have been set to
diagnose AMI with sensitivity of approximately 90% and
specificity at 95%. Values <0.50 can be associated with AMI
and other conditions of myocardial injury. Refer to memo
sent on December 28, 2011 to all physicians.

** CONTINUED ON NEXT PAGE **

0378

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 4

800 W. Meeting St
Lancaster, SC 29720

Telephone:

(803) 286-1480

Fax: (803) 286-1371

*****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A

Age/Sex: 54/M

Attending Dr: Shealy, Keith D MD

Reg: 10/11/12

Acct#: [REDACTED]

Status: DIS IN

Location: 6NS

608-1

Disch: 10/15/12

Wristband #: 42137

CHEMISTRY

CHEMISTRY

-----SPECIAL CHEMISTRY-----

Day Date Time		Reference	Units
1 OCT 11 0538			
--> VITAMIN B12	389 10/11/12 1050	(180-914)	pg/ml Verified Date Time
--> FERRITIN	51.0 10/11/12 1050	(24-336)	ng/ml Verified Date Time
--> SERUM IRON	55 10/11/12 1050	(35-150)	ug/dl Verified Date Time

** CONTINUED ON NEXT PAGE **

0379

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 5

800 W. Meeting St
Lancaster, SC 29720
Telephone: (803) 286-1480 Fax: (803) 286-1371
*****Discharge Report Do Not Discard*****

Name: MCHOMELL, BRYAN A Age/Sex: 54/M Attend. Dr: Shealy, Keith D. MD Reg: 10/11/12
Acct#: Status: DIS IN Location: 6NS 608-1 Disch: 10/15/12
Wristband #: 42137

E. EARL JENKINS, MD
LABORATORY MEDICAL DIRECTOR

HEMATOLOGY

COMPLETE BLOOD COUNT

Day	5	4	3	2	Reference	Units
Date	OCT 15	OCT 14	OCT 13	OCT 12		
Time	0129	1720	0245	1540	0730	2250 0745
--> WBC	4.3	5.0	4.2	4.2	3.2	(2.8-11.6) k/mm3
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> WBC		4.9	3.7			(4.8-10.8) k/mm3
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> RBC	2.93 L	2.85 L	2.85 L	2.85 L	2.45 L	(3.80-5.9) M/mm3
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> RBC		2.96 L	3.10 L			(4.70-6.10) M/mm3
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> HGB	9.0 L	8.9 L	8.8	8.9	7.7	(12.0-18.0) gm/dL
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> HGB		9.0 L	9.3 L			(14.0-18.0) gm/dL
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> HCT	27.0 L	26.2 L	26.0	25.8	22.4	(37.0-52.0) %
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> HCT		27.2 L	28.1 L			(42.0-52.0) %
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> MCV	92.0	91.8	91.5	90.2	91.5	(80-99) fL
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> MCV		91.9	90.5			(80.0-94.0) fL
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> MCH	30.6	31.3	30.7	31.0	31.3	(27-34) PG
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> MCH		30.4	29.9			(27.0-31.0) PG
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> MCHC	33.3	34.1	33.6	34.4	34.2	(33-36) gm/dL
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> MCHC		33.1	33.0			(32.0-36.0) gm/dL
		10/14/12	10/13/12			Verified Date
		0344	0746			Time
--> RDW	14.5	14.5	15.0	15.2	14.0	(11.5-15.4) %
	10/15/12	10/14/12	10/13/12	10/12/12	10/12/12	Verified Date
	0219	1739	1551	2303	0748	Time
--> RDW		14.1	14.2			(11.5-14.5) %
		10/14/12	10/13/12			Verified Date
		0344	0746			Time

CONTINUED ON NEXT PAGE

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 6

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371
*****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D. MD Reg: 10/11/12
Acct#: Status: DIS IN Location: 6NS 608-1 Disch: 10/15/12
Wristband #: 42137

HEMATOLOGY

-----COMPLETE BLOOD COUNT (continued)-----

Day Date Time	5 OCT 15 0129	4 OCT 14 1720	3 OCT 13 0245	2 OCT 12 1540	1 OCT 11 0730	Reference	Units
--> PLT	256 10/15/12 0219	284 10/14/12 1739	225 10/14/12 0344	253 10/13/12 1551	234 10/13/12 0746	(130-420)	K/mm3 Verified Date Time
--> MPV	8.2 10/15/12 0219	8.0 10/14/12 1739		7.8 10/13/12 1551		(6.8-10.6)	f1 Verified Date Time
--> MPV			7.9 10/14/12 0344		7.4 10/13/12 0746	(7.4-10.4)	f1 Verified Date Time
--> LYMPH %	33.1 10/15/12 0219	24.6 10/14/12 1739		20.2 10/13/12 1734		(11-51)	% Verified Date Time
--> LYMPH %			25.5 10/14/12 0344			(20.0-51.0)	% Verified Date Time
--> MONO %	12.3 10/15/12 0219	13.1 10/14/12 1739		13.2 10/13/12 1734		(2-14)	% Verified Date Time
--> MONO %			9.8 10/14/12 0344			(2.0-11.0)	% Verified Date Time
--> NEUT %	51.3 10/15/12 0219	59.5 10/14/12 1739		63.9 10/13/12 1734		(36-80)	% Verified Date Time
--> NEUT %			64.7 10/14/12 0344			(42.0-75.0)	% Verified Date Time
--> EOS %	2.6 10/15/12 0219	2.4 10/14/12 1739		2.0 10/13/12 1734		(0-10)	% Verified Date Time
--> BASO %	0.7 10/15/12 0219	0.4 10/14/12 1739		0.7 10/13/12 1734		(0-1.5)	% Verified Date Time
--> ***MAN DIFF***							
--> POLY			66 10/14/12 0605		71 10/12/12 0810	(42-75)	% Verified Date Time
--> LYMPH			20 10/14/12 0605		21 10/12/12 0810	(20-51)	% Verified Date Time
--> MONOCYTE			10 10/14/12 0605		3 10/12/12 0810	(2-11)	% Verified Date Time
--> EOS			4 10/14/12 0605		5 10/12/12 0810	(0-10)	% Verified Date Time
--> PLTEST			NORMAL 10/14/12 0605		NORMAL 10/12/12 0810	(N)	Verified Date Time

** CONTINUED ON NEXT PAGE **

RUN DATE: 10/17/12
 RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 7

800 W. Meeting St
 Lancaster, SC 29720
 Telephone: (803) 286-1480 Fax: (803) 286-1371
 *****Discharge Report-Do Not Discard*****

Name: MCHOWELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D MD Reg: 10/11/12
 Acct#: Wristband #: 42137 Status: DIS IN Location: 6NS 608-1 Disch: 10/15/12

Day Date Time	5 OCT 15 0129	4 OCT 14 1720	3 OCT 13 1540	2 OCT 12 0745	Reference	Units
=> RBC MORPHOLOGY		NORMAL 10/14/12 0605		(c) (N) 10/12/12 0810	Verified Date Time	
=> HYPO				(1) H (NORMAL) 10/12/12 0810	Verified Date Time	
=> ANTISO				(1) H (NORMAL) 10/12/12 0810	Verified Date Time	

Day Date Time	1 OCT 11 0538	-1 OCT 10 2208	Reference	Units
=> HBC	6.8 10/11/12 0554	8.2 10/10/12 2218	(2.8-11.6)	K/mm3 Verified Date Time
=> RBC	2.76 L 10/11/12 0554	3.29 L 10/10/12 2218	(3.80-5.9)	M/mm3 Verified Date Time
=> HGB	8.6 L 10/11/12 0554	10.1 L 10/10/12 2218	(12.0-18.0)	gm/dL Verified Date Time
=> HCT	25.6 L 10/11/12 0554	30.5 L 10/10/12 2218	(37.0-52.0)	% Verified Date Time
=> MCV	92.6 10/11/12 0554	92.5 10/10/12 2218	(80-99)	fL Verified Date Time
=> MCH	31.1 10/11/12 0554	30.7 10/10/12 2218	(27-34)	PG Verified Date Time
=> MCHC	33.6 10/11/12 0554	33.2 10/10/12 2218	(33-36)	gm/dL Verified Date Time
=> RDW	13.9 10/11/12 0554	13.6 10/10/12 2218	(11.5-15.4)	% Verified Date Time
=> PLT	301 10/11/12 0554	348 10/10/12 2218	(130-420)	K/mm3 Verified Date Time
=> MPV	7.9 10/11/12 0554	7.6 10/10/12 2218	(6.8-10.6)	fL Verified Date Time
=> LYMPH %		17.5 10/10/12 2218	(11-51)	% Verified Date Time

NOTES: (c) ABNORMAL

** CONTINUED ON NEXT PAGE **

RUN DATE: 10/17/12
 RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 8

800 W. Meeting St
 Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371
 *****Discharge Report-Do Not Discard*****

Name: MCHOMELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D MD Reg: 10/11/12
 Acct#: Status: DIS IN Location: GNS 608-1 Disch: 10/15/12
 Wristband #: 42137

HEMATOLOGY

-----COMPLETE BLOOD COUNT (continued)-----

Day Date Time	1 OCT 11 0538	-1 OCT 10 2208	Reference	Units
-> MONO %	12.3 10/10/12 2218		(2-14)	% Verified Date Time
-> NEUT %	69.2 10/10/12 2218		(36-80)	% Verified Date Time
-> EOS %	0.6 10/10/12 2218		(0-10)	% Verified Date Time
-> BASO %	0.4 10/10/12 2218		(0-1.5)	% Verified Date Time
-> ***MAN. DIFF***	10/11/12 0543			Verified Date Time
-> POLY	66 10/11/12 0656		(42-75)	% Verified Date Time
-> LYMPH	20 10/11/12 0656		(20-51)	% Verified Date Time
-> MONOCYTE	12 H 10/11/12 0656		(2-11)	% Verified Date Time
-> EOS	1 10/11/12 0656		(0-10)	% Verified Date Time
-> BASO	1 10/11/12 0656		(0-1.5)	% Verified Date Time
-> PLTEST	NORMAL 10/11/12 0656		(N)	Verified Date Time
-> RBC MORPHOLOGY	NORMAL 10/11/12 0656		(N)	Verified Date Time

** CONTINUED ON NEXT PAGE **

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.
800 W. Meeting St
Lancaster, SC 29720
Telephone: (803) 286-1480 Fax: (803) 286-1371
*****Discharge Report-Do Not Discard*****

PAGE 9

Name: MCHOMELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith, D. MD Reg: 10/11/12
Acct#: Status: DIS IN Location: GMS 608-1 Disch: 10/15/12
Wristband #: 42137

E. EARL JENKINS, M.D.
LABORATORY MEDICAL DIRECTOR

URINE/FECES

Day Date Time	I OCT 11 0220	Reference	Units
-> UR. APPEARANCE	SL CLDY H 10/11/12 0224	(CL)	Verified Date Time
-> URINE COLOR	YELLOW 10/11/12 0224	(YELLOW)	Verified Date Time
-> UR SPEC GRAV	1.020 10/11/12 0224	(1.005-1.030)	Verified Date Time
-> URINE GLUCOSE	NEG 10/11/12 0224	(NEG)	mg/dL Verified Date Time
-> URINE BILIRUBIN	NEG 10/11/12 0224	(NEG)	Verified Date Time
-> URINE KETONE	TRACE H 10/11/12 0224	(NEG)	Verified Date Time
-> URINE BLOOD	NEG 10/11/12 0224	(NEG)	Verified Date Time
-> URINE PH	5.5 10/11/12 0224	(5.0-8.5)	Verified Date Time
-> URINE PROTEIN	NEG 10/11/12 0224	(NEG)	Verified Date Time
-> UR UROBILINOGEN	NORMAL 10/11/12 0224	(NORMAL)	E.U./dL Verified Date Time
-> UR LEUK ESTER	NEG 10/11/12 0224	(NEG)	Verified Date Time
-> URINE NITRITE	NEG 10/11/12 0224	(NEG)	Verified Date Time

** CONTINUED ON NEXT PAGE **

0384

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 10

800 W. Meeting St
Lancaster, SC 29720

Telephone: (803) 286-1480 Fax: (803) 286-1371
*****Discharge Report-Do Not Discard*****

Name: MONOWELL, BRYAN A Age/Sex: 54/M Attend Dr: Shealy, Keith D. MD Reg: 10/11/12
Acct#: Status: DIS IN Location: 6NS 608-1 Disch: 10/15/12
Wristband #: 42137

E. EARL JENKINS, M.D.
LABORATORY MEDICAL DIRECTOR

SEND OUTS

Day Date Time	1 OCT 11 0538	Reference	Units
-> FOLATE, RBC	(d) 10/12/12 1949	(>280)	Verified Date Time

NOTES: (d) >1000
UNITS OF MEASURE: ng/mL RBC

Test performed at QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER, GA 30084-6802
Director: WILLIAM M MILLER, MD

** CONTINUED ON NEXT PAGE **

0385

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 11

800 W. Meeting St

Lancaster, SC 29720

Telephone:

(803) 286-1480

Fax: (803) 286-1371

*****Discharge Report-Do Not Discard*****

Name: MCLEWELL, BRYAN A

Age/Sex: 54/M

Attend Of: Shealy, Keith D. MD

Reg: 10/11/12

Acct#:

Status: DIS IN

Location: 6NS

608-1

Disch: 10/15/12

Wristband #: 42137

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
>	10/11/12	1300	12:MR000597BR	NARES		F	<none>

E. EARL JENKINS, M.D.

LABORATORY MEDICAL DIRECTOR

MICROBIOLOGY

ROUTINE MICROBIOLOGY

Collection Date: 10/11/12

Source: NARES

> MRSA SCREEN Final 10/13/12

PRELIM SPECIMEN STATUS:

FINAL RESULT:

VERIFIED DATE/TIME: 10/13/12 - 1814

NO GROWTH AFTER APPROXIMATELY 24HRS.

NEGATIVE FOR MRSA

> MRSA SCREEN Preliminary (changed)

PRELIM SPECIMEN STATUS:

VERIFIED DATE/TIME: 10/12/12 - 1139

NO GROWTH AFTER APPROXIMATELY 24HRS.

** CONTINUED ON NEXT PAGE **

0386

RUN DATE: 10/17/12
RUN TIME: 0658

SPRINGS MEMORIAL HOSPITAL, INC.

PAGE 12

Telephone:

800 W. Meeting St
Lancaster, SC 29720
(803) 286-1480 Fax: (803) 286-1371
*****Discharge Report Do Not Discard*****

Name: MCHOWELL, BRYAN A
Acct#: [REDACTED]
Wristband #: 42137

Age/Sex: 54/M
Status: DIS IN

Attend Dr: Shealy, Keith D, MD
Location: 6NS 608-1

Reg: 10/11/12
Disch: 10/15/12

E. EARL JENKINS, M.D.
LABORATORY MEDICAL DIRECTOR

BLOOD BANK

COLLECTED: Oct 12, 2012 10:20am

ABO/RH.
ANTIBODY SCREEN
CROSSMATCH

O Neg
NEGATIVE

10/12/12 1108

10/12/12 1108

LPC
LPC

12LS42888 LPC O Neg Comp? Y

10/12/12 1115

12GM91914 LPC O Neg Comp? Y

10/12/12 1115

10/12/12 1113 jjordao2

UNIT(S) READY FOR TRANSFUSION.

CALLED TO BELINDA JETER.

ISSUED and TRANSFUSED PRODUCTS

COLLECTED: Oct 12, 2012 10:20am

Trans Date Product	Unit#	Status	Volume	Bld Type	Comp?
LPC	12GM91914	ISSUED	250 cc	O Neg	Y
BAN: Y CAN: N FFPAN: N PLTAN: N AAN: N					
INDICATORS? Y INFORMED CONSENT? Y					
Y - YES N - NO/NOT APPLICABLE					
LPC	12LS42888	ISSUED	250 cc	O Neg	Y
BAN: Y CAN: N FFPAN: N PLTAN: N AAN: N					
INDICATORS? Y INFORMED CONSENT? Y					
Y - YES N - NO/NOT APPLICABLE					

Cancelled List

1011:H00069R CAN. Coll: 10/11/12-0515 Recd: - (R#02686375) Shealy, Keith D.
Ordered: PBC
Comment: DONE IN TH ER

1011:C00101R CAN. Coll: 10/11/12-0515 Recd: - (R#02686375) Shealy, Keith D.
Ordered: CREA
Comment: DONE IN TH ER

1012:H00091R CAN. Coll: 10/12/12-1500 Recd: - (R#02687165) Shealy, Keith D.
Ordered: CBC H
Comment: CANCEL PER DR. PER MONINA TORRES

1013:H00074R CAN. Coll: 10/13/12-1700 Recd: - (R#02687918) Culp, Steven M H
Ordered: CBC/AUTO DIFF
Comment: ADDED TO H28

1013:H00029R CAN. Coll: 10/13/12-2300 Recd: - (R#02687721) Shealy, Keith D.
Ordered: CBC H
Comment: Cancelled via OE: ENTERED IN ERROR

1015:H00030R CAN. Coll: 10/15/12-1700 Recd: - (R#02688929) Culp, Steven M H
Ordered: CBC/AUTO DIFF
Comment: Cancelled via OE: PATIENT DISCHARGED

** END OF REPORT **

Springs Memorial Hospital

RADIOLOGY REPORT

MCHOWELL, BRYAN A		SEX M	ACCOUNT NUMBER [REDACTED]
ORDERING PHYSICIAN Patel, Narendra C. MD	PT. STATUS DIS IN	LOCATION 608 1	MEDICAL RECORD NO. [REDACTED]
ATTENDING PHYSICIAN Shealy, Keith D. MD	DATE OF BIRTH [REDACTED] 1957	AGE 54	DATE OF EXAM 10/11/2012
		RADIOLOGY NO.	

EXAM#	TYPE/EXAM	RESULT
000753867	CT/ABD/PELVIS WITH CONTRAST	

CLINICAL HISTORY: Abdomen pain, status post gastric bypass

EXAMINATION: CT abdomen and pelvis with

REPORT: Images were obtained through the abdomen and pelvis with oral and IV contrast.

Is a trace pericardial effusion. No pleural effusion is noted. There is mild scarring or atelectasis in the left lung base. Extensive postsurgical changes are seen in the upper abdomen consistent with gastric bypass. No adrenal masses are identified. The gallbladder is somewhat distended with no stone identified. A tiny hypodensity is seen within the liver which may relate to a cyst routine hemangioma. There are bilaterally symmetric nephrograms. No free air is identified. No findings are seen to suggest a bowel obstruction. The appendix is unremarkable. No free fluid is identified within the pelvis. There is a linear tract containing air and contrast extending posterolaterally from the gastric anastomosis into an air and contrast filled fluid collection measuring 5.3 x 3.5 cm. There is surrounding soft tissue thickening and inflammation extending to the left hemidiaphragm. The spleen appears early displaced by this collection. There is possible linear communication with this structure inferiorly to the splenic flexure of the colon. Overall the findings are most concerning for postsurgical leak from the gastric anastomosis with resultant air and contrast-filled collection posterior lateral to the spleen which either abuts or demonstrates early fistulization to the splenic flexure of the colon. Excluded gastric pouch appears fluid-filled but otherwise unremarkable. No findings are seen to suggest gastric outlet obstruction. There is postsurgical distortion of the left abdominal mesentery with mild edema surrounding multiple mesenteric vessels.

IMPRESSION:

1. Post surgical changes of previous gastric bypass with a linear tract of air and contrast extending posterior laterally to a fluid and air collection measuring 5.3 x 3.5 cm which may also communicate with the splenic flexure of the colon. These findings are most concerning for postsurgical leak from the gastric anastomosis with possible early fistulization to the splenic flexure of the colon. Correlation with surgical history and GI surgery consultation recommended.
2. No evidence of bowel obstruction, free air, or free fluid.
3. Somewhat distended gallbladder no stone identified.

Springs Memorial Hospital

RADIOLOGY REPORT

NAME MCHOWELL, BRYAN A		SEX M		
ORDERING PHYSICIAN Patel, Narendra C. MD		PT. STATUS DIS IN		
ATTENDING PHYSICIAN Shealy, Keith D. MD		DATE OF BIRTH 1957	AGE 54	LOCATION 608 1
		DATE OF EXAM 10/11/2012		RADIOLOGY NO.

EXAM#	TYPE/EXAM	RESULT
000753867	CT/ABD/PELVIS WITH CONTRAST	
	<Continued>	

Preliminary report by Vision Radiology. Case discussed with Dr. Patel at 3:59 a.m.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 10/11/2012 **
Reported By: JULIE S. WEBSTER, MD

CC: Narendra C. Patel MD

Technologist: ISHANDRA DAVIS, RT

Transcribed Date/Time: 10/11/2012 (0747)

Transcriptionist: IS.PWRSCRB

Printed Date/Time: 10/17/2012 (0657) Batch No: 1933

PAGE 2

Signed Report Printed From PCI

0389

MCHOWELL, BRYAN

54 years
Male

Room: 608

Technician: JMF

Vent. rate 64 bpm
PR interval 144 ms
QRS duration 86 ms
QT/QTc 430/443 ms
P-R-T axes 48 33 64

ID: [REDACTED]

12-Oct-2012

5:02:12

SPRINGS MEM

Normal sinus rhythm
Normal ECG

MCHOWELL, BRYAN A

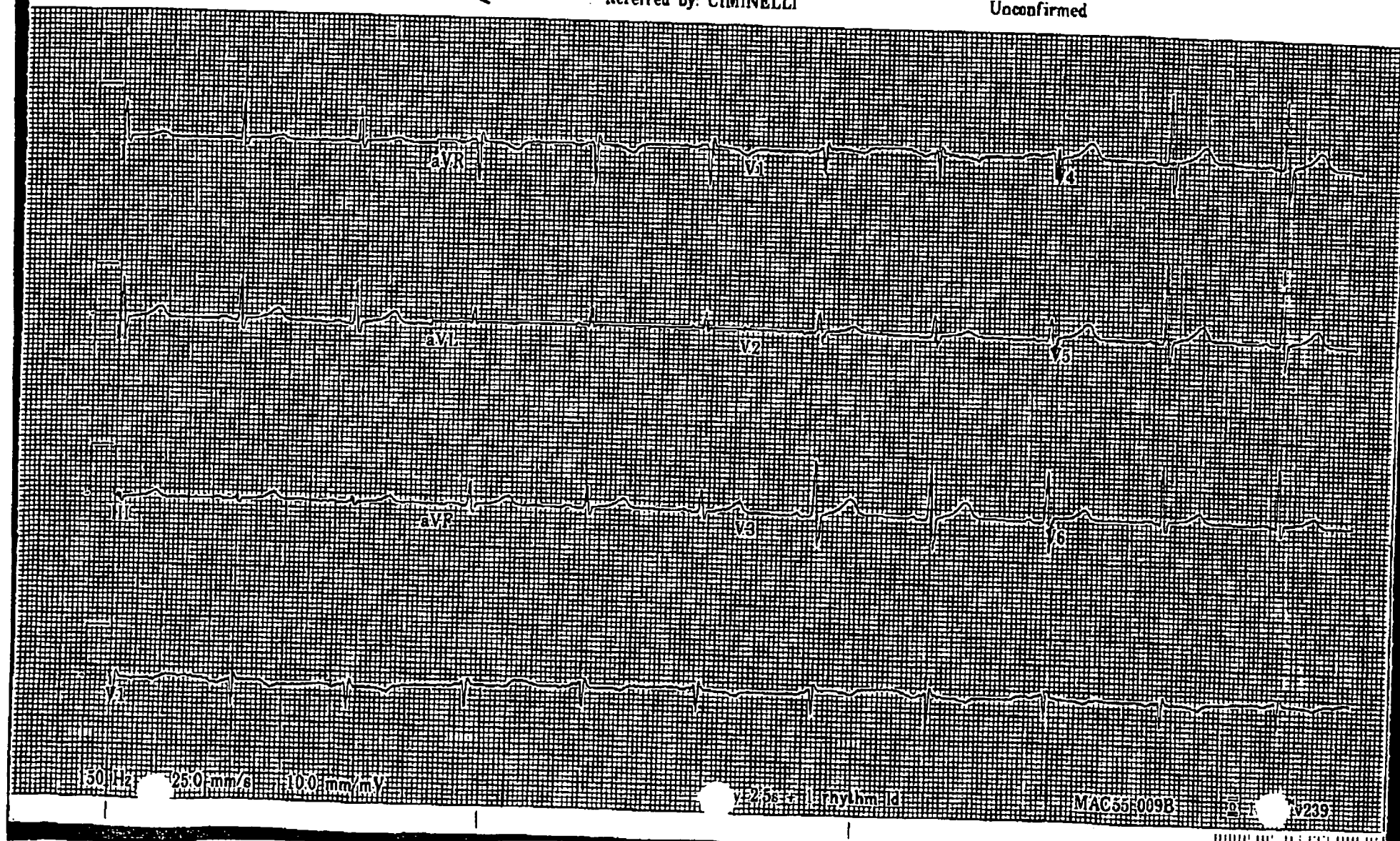
10/11/12 Shealy, Keith D. MD



0390

Referred by: CIMINELLI

Unconfirmed



ID:

11-Oct-2012 0:11:47

SMH ER#1

Vent. rate 80 bpm
PR interval 138 ms
QRS duration 78 ms
QT/QTc 372/429 ms
P-R-T axes 45 20 56

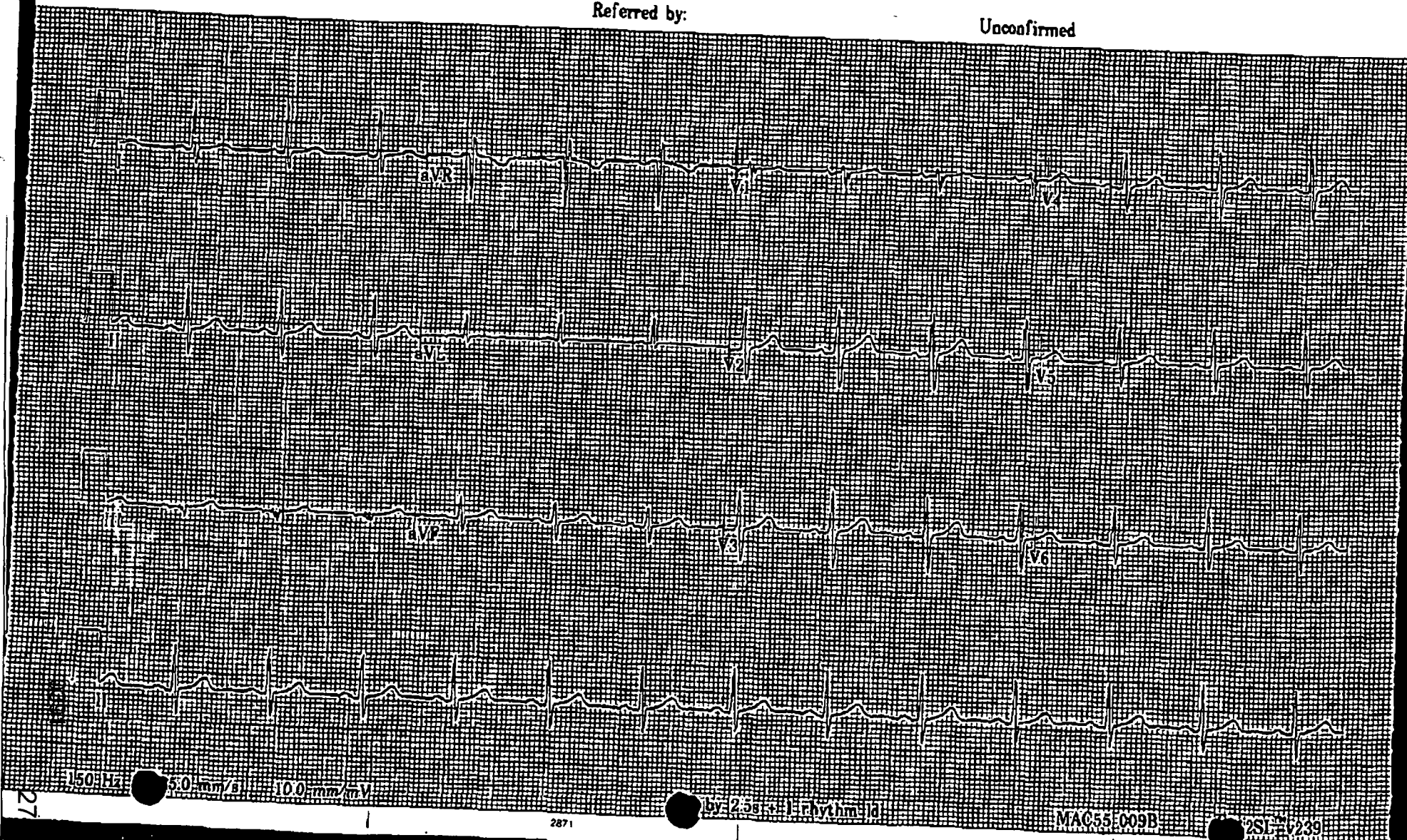
Normal sinus
Normal ECG

.hm

25/10/12

Referred by:

Unconfirmed



150 Hz 50 mm/s 10.0 mm/mV

by 250+1 rhythm ID

MAC55009B

2SL-V239

mchowell, bryan

ID:

11-Oct-2012 0:11:47

SMH ER01

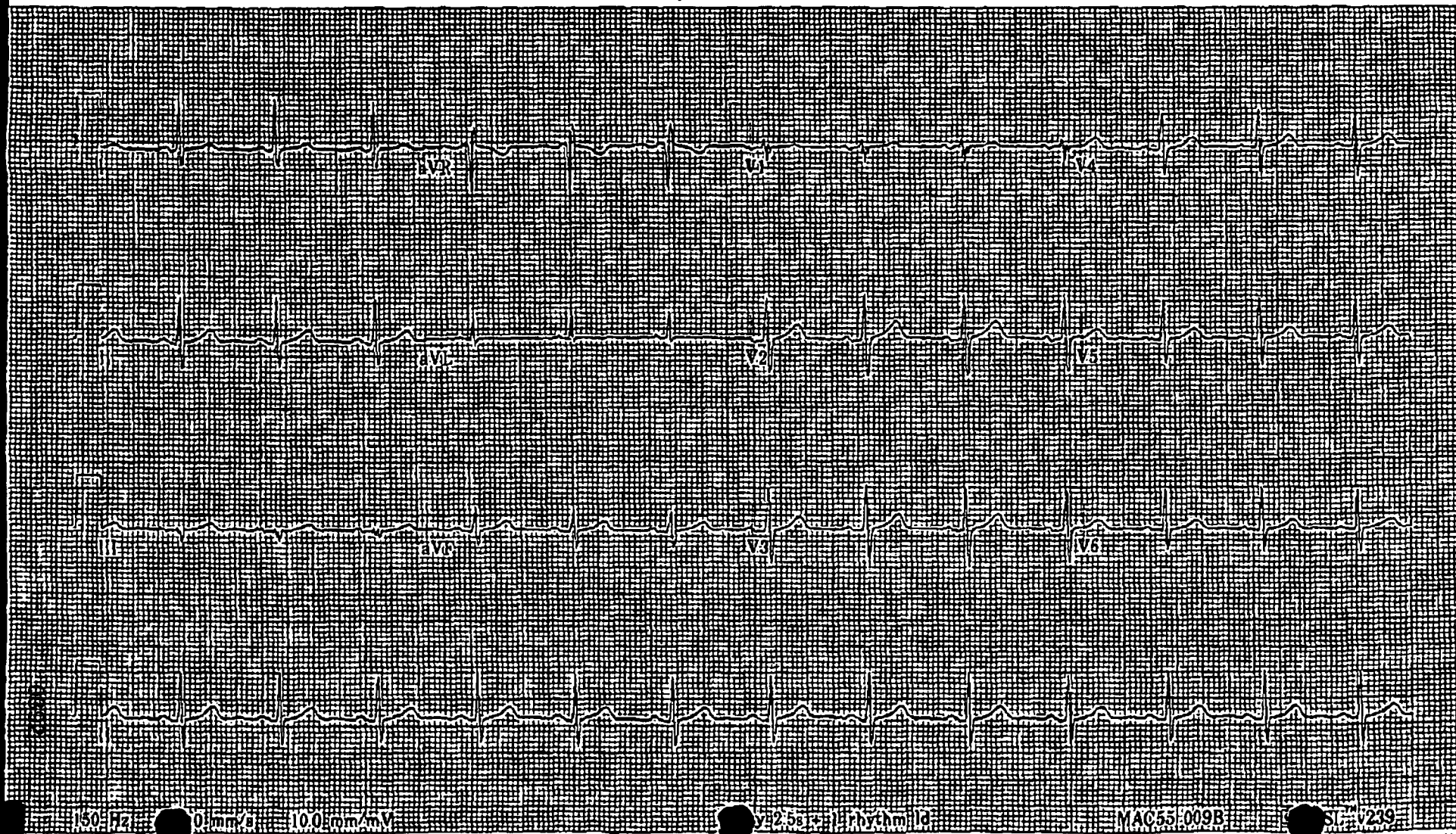
Vent. rate 80 bpm
PR interval 138 ms
QRS duration 78 ms
QT/QTc 372/429 ms
P-R-T axes 45 20 56

Normal sinus rhythm
Normal ECG

cdm

Referred by:

Unconfirmed



150 Hz

0.1 mV

100 mm/s

V25a + 1 Rhythm 10

MAC55-009B

SL V239

SPRINGS MEMORIAL HOSPITAL
Lancaster, South Carolina

Page 1

HOME MEDICATIONS REPORTED BY PATIENT ON ADMISSION

Acct #	Patient Name	Rm#	Unit#	Age/Sex	Adm Date	Attending Physician
	MCHOWELL, BRYAN A	608-1		54/M		Shealy, Keith D. MD

Allergies: No Known Drug Allergy
WEIGHT: 185 lbs 16.00 oz 84.368 Kg

HEIGHT: 6 ft 1.00 in 185.42 cm

HOME MEDICATION	Dose/Route/Frequency	Last Taken Amt Date Time	Recorded User Date & Time
Metformin Hydrochloride (Glucophage)	1000 MG PO BID		DR. SHEK 10/15/12 0712
Tramadol (Ultram)	50 MG PO QID PRN		DR. SHEK 10/15/12 0712
Omeprazole	20 MG PO BID		DR. SHEK 10/15/12 0712
Ferrous Sulfate (Iron)	325 MG PO BID		DR. SHEK 10/15/12 0712

** Send Copy of this form to Pharmacy **

Name of Nurse sending this form to PHA: _____

Date: _____ Time: _____

PERMANENT CHART COPY - Place in Home Medication Section - DO NOT DISCARD

**SPRINGS MEMORIAL HOSPITAL
GASTROINTESTINAL LAB**

MCHOWELL, BRYAN A

SPRINGS MEMORIAL IN

54Y

10/11/12 Shealy, Keith D. MD



Height left lin Weight 185

ALLERGIES

NKDA

GENERIC SUBSTITUTION PERMITTED UNLESS INITIALED HERE

DATE
&
TIME

ENDOSCOPY REQUEST AND PROCEDURE FORM

I. Procedure

10/11/12
@
A) Panendoscopy OLV - Weight loss

B) Colonoscopy

C) Panendoscopy & Dilatation

D) ERCP

E) DSW KVO

II. Pre-medication

Intraprocedure medication

A) Demerol

B) Valium

C) Versed

D) Fentanyl

III. Medical History

IV. Allergies

V. Physical Exam

Heart:

Lungs:

Abdomen:

_____ Have explained procedure, risks, and benefits of procedure to patient.

_____ Patient able to undergo IV Sedation.

_____ Patient able to undergo procedure prescribed.

_____ May discharge patient from GI lab when post-procedure criteria are met.

_____ Follow up with MD in _____

M.D.

USE BALL POINT PEN ONLY

RUN DATE: 10/17/12
RUN TIME: 0656
RUN USER: jsteve02

Springs Memorial PCI *LIVE* for jsteve02
ORDER RECORD

PAGE 1

PATIENT MCHOWELL, BRYAN A
ORDERED BY Shealy, Keith D. MD
OTHER PROV

ACCT NO [REDACTED] UNIT NO [REDACTED]
ENTERED BY: jcousar 10/11/12 0515

ORDER NO. 1011-0015

CATEGORY ADM

PROCEDURE ADMIT - Admit Patient (order set data)
PRIORITY ROUTINE QUANTITY

STATUS TRA
FOR DATE 10/11/12 FOR TIME

SIGNED BY

1 Shealy, Keith D. MD

10/11/12 0604

AUDIT TRAIL

- 1 10/11/12 0515 Order ENTER in OM
- 2 10/11/12 0515 Ordering Doctor: Shealy, Keith D. MD
- 3 10/11/12 0515 Order Source: T.O. ReadBack/Verify
- 4 10/11/12 0604 Signed by Shealy, Keith D. MD
- 5 10/11/12 1357 order viewed from Provider Order Management
- 6 10/17/12 0656 order viewed

Send DISCHARGE notice for patients moving between Acute Care units and 7NS or TCU.

ADMITTING DIAGNOSIS: ABDOMINAL PAIN/EPIGASTRIC AND GI BLEED

Inpatient/OBS: Admit as Inpatient

Admit Location: Telemetry

Patient Condition: Good

Press <F9> for lookup choices.

**SPRINGS MEMORIAL HOSPITAL
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

1 of 3 pages

Springs Memorial Hospital recognizes the rights and responsibilities of patients and provide impartial access to treatment or accommodations that are available or medically indicated, without regard to race, creed, sex, national origin, color, handicap, age, religion or source of payment for care. It is recognized that any specific procedure or service is always subject to modification, depending on the circumstances of particular case.

PART 1: As a patient you have the right to:

1. Have the hospital promptly notify a family member/representative and your physician of your admission to the hospital.
2. Considerate, respectful care at all times and under all circumstances with recognition of personal dignity.
3. Personal and informational privacy as indicated below:
 - To wear appropriate personal, religious or other symbolic items which do not interfere with diagnostic procedures or treatment.
 - To be interviewed/examined in surroundings which assure reasonable visual and auditory privacy, including:
 - a. the attendance of a person of your own sex during certain parts of a physical exam, treatment or procedure performed a health professional of the opposite sex;
 - b. not to remain disrobed longer than is required for completing the medical purpose that required the disrobing.
 - To expect discrete discussion or consultation of your case, and that persons not directly involved in your care will not be present without your permission.
 - To have your medical record read only by those directly involved in your treatment or in the monitoring of its quality and by others only with your written permission or that of your legally-authorized representative.
 - To expect that all communication and other records pertaining to your care, including source of payment for treatment, be treated as confidential.
 - To expect request a transfer to another room if another patient or visitor is unreasonable disturbing you.
4. Expect reasonable safety with regard to hospital practices and environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
5. Be free from physical restraints and drugs that are used for restraint or for coercion, discipline, convenience, or retaliation by staff. Restraint is to be used only when less restrictive interventions have been ineffective.
6. Know the identity and professional status of those providing services to you and to know the physician or other practitioner primarily responsible for your care, including; a) any professional relationships among those treating you, b) the relationship to any other health care or educational institution involved in your care. Your participation in clinical training programs or data gathering for research purposes is voluntary.
7. Obtain, from the practitioner responsible for your care, complete and current information concerning your diagnosis (to the degree known), treatment, alternatives, risks and prognosis in terms and language you can reasonable be expected to understand. Should it be medically inadvisable to you the information, it will be made available to your legally authorized representative.
8. Access people outside the hospital by means of visitors, and verbal and written communication.
9. Access to an interpreter, as necessary if you do not speak or understand English or if you are hearing or speech impaired.
10. Reasonable informed participation in decisions involving your health care, including; a) advance directive to which the hospital must adhere, b) clear, concise explanations of your condition, all proposed technical procedures, possible risk to mortality, serious side effects, problems related to recover, success probabilities and probable person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research/educational projects that affect your care or treatment, c) pain management, d) the person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research educational projects that affect your care or treatment. You have the right to refuse to participate in any such activity. You will not be

MCHOWELL, BRYAN A

SPRINGS MEMORIAL IN

54Y

10/11/12 Shealy, Keith D. MD



0396

subjected to any procedure without your voluntary, competent and understanding consent or that of your legally authorized representative.

11. Request that Springs Memorial Hospital's Medical Ethics Committee review any ethical issues of your case, especially should there be a disagreement concerning your care. Consultation request may be made by phone, letter or personal contact with the Chief of Staff through Springs Memorial Hospital Executive Office at extension 1481.
12. Consult with a specialist at your own request and expense.
13. Refuse treatment within the confines of the law and be informed of the medical consequences of your actions. When refusal of treatment prevents the provision of appropriate care in accordance with professional standards, the relationship with you may be terminated upon reasonable notice.
14. Receive complete explanation of the need for transfer to an accepting facility and alternatives to transfer prior to transfer.
15. Be informed by the practitioner responsible for your care (or his designee) of any continuing health care requirements following your discharge from the hospital.
16. Expect reasonable continuity of care, advanced knowledge of appointments; times, physicians and locations.
17. Request and receive an itemized, detailed explanation of your total bill for services rendered in the hospital regardless of the source of payment for your care.
18. Timely notice prior to termination of eligibility for reimbursement by any third-party payor for the cost of your care.
19. To be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.
20. The right to pain management.
21. The right to access protective and advocacy services.
22. To have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
23. Explanation of the hospital's rules and regulations with regard to your conduct.
24. The right to have reasonable expectations of care and services and have the facility address those expectations in a timely, reasonable, and consistent manner.
25. You have the right to access information contained in your clinical record as quickly as the hospital record keeping system permits.
26. To be informed of the internal complaint/grievance process. To file a complaint / grievance the patient/patient's representative must inform the hospital staff. If you do not feel the issue has been resolved promptly by the staff present or available, please contact Administration at extension 1481, Monday - Friday, 8:00am - 5:00pm. During other hours, please call the operator at extension 0 to request that the nursing supervisor record the complaint. Administration will investigate and resolve your complaint to your satisfaction and/or in an appropriate manner following the mechanism for processing patient complaints located in the Administrative Policy Manual.
27. You have the right to lodge a grievance with the State licensure agency directly, regardless of whether you have first used the hospital's grievance process. The address for the SC state licensure agency is the Division of Health Licensing at 2600 Bull street, Columbia, SC 29201 or you may call: 803-545-4370.
28. Public concern(s) regarding patient safety and/or quality care at SMH, may be reported to our internal contacts as defined in the internal complaint/grievance process (See patient rights # 26) or to the Joint Commission on Accreditation of Healthcare Organizations at 630-792-5000.
29. Your Rights under the "Hospital Patient Safety Act": You have the right to be informed that the attending physician is the person responsible for your care while in the hospital and the attending physician may change during your hospitalization depending on the type of care or services required. You also have the right to be informed that medical students, interns, or resident physicians may be participating in your patient care, may be making treatment decisions, or may be participating in or performing any surgery on you.

All clinical staff, clinical trainees, medical students, interns, and resident physicians of the hospital shall wear badges clearly stating their names, their departments, and their job or trainee titles.

If at any time you request that a nurse call your attending physician regarding your personal medical care, the nurse shall place a call to the attending physician or his or her designee to inform him or her of your concern. If you are able to communicate with and desire to call your attending physician or designee, upon your request, the nurse must provide you with the telephone number

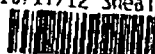
and assist you in placing the call. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance.

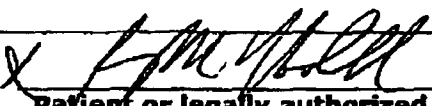
If you have personal medical care concerns, you may access prompt assistance via the patient assistance system by picking up the phone and dialing 0 for the hospital operator and telling them that you have an urgent patient care concern. A call will be placed immediately to the administrator on call who shall promptly assess, or cause to be assessed, the urgent patient care concern and cause the patient care concern to be addressed.

PART II: As a patient, you and your family have the responsibility to:

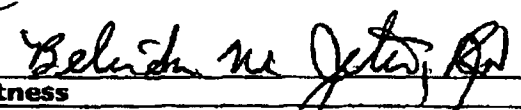
1. Give accurate and complete health information concerning your present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health.
2. Report any changes in your condition to the responsible practitioner.
3. Follow the rules and regulations, as explained to you, concerning patient care and your conduct as a patient.
4. Request further information concerning anything you do not understand.
5. Follow the treatment plan developed with the practitioner and express concerns related to your ability to follow the proposed course of treatment.
6. Accept the outcomes of your refusal to follow the treatment plan or instructions provided by your practitioner.
7. Be considerate of other patients and hospital personnel by avoiding unnecessary noise, smoking or causing distractions, and, by respecting others' property including that of the hospital.

The PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES has been explained to me and a copy has been provided to me.

MCHOWELL, BRYAN A
SPRINGS MEMORIAL IN
54Y [REDACTED] MD
10/11/12 Shealy, Keith D. MD


X 
Patient or legally authorized representative

10/11/12
Date


Witness

10/11/12
Date

SPRINGS MEMORIAL HOSPITAL

VALUABLES POLICY

MCHOWELL, BRYAN A
SPRINGS MEMORIAL IN [REDACTED]
54Y [REDACTED] MDW [REDACTED]
10/11/12 Shealy, Keith D. MD



ADDRESSOGRAPH

1. Valuables retained by the patient while in the hospital are retained at their own risk and the hospital will accept no responsibility in the event items are lost, misplaced, stolen, etc.
2. Upon patient request, valuables will be secured by the hospital and must always be placed in a hospital approved valuables envelope clearly documenting contents, witnesses, signatures of patient, etc.
3. Valuables may include, but are not limited to, jewelry, money, glasses, dentures, contacts, glass eyes, electronic equipment, clothing, etc.
cell phone
4. Eyewear and dentures are items used daily by the patient. Steps should be taken by the patient and family to help ensure the safety of these items. Eyewear if not needed can be secured in a valuables envelope or sent home with the family and or significant other. A denture cup is provided on admission for safe keeping of your dentures.

The above policy has been explained to me in a language I understand and I agree to abide by it.

Refer to Administrative Policy V-1 (attached).

Patient signature

[Signature]

Date

10/11/12

Witness signature

Date

Staff signature

Belinda M. Jeter

Date

10/12/12

MCHOWELL, BRYAN A
SPRINGS MEMORIAL IN
54Y [REDACTED] MDW [REDACTED]
10/11/12 Shealy, Keith D. MD
[Barcode]

BE SAFE

BED RAILS SERVE MANY PURPOSES FOR PATIENTS

- Upper rails are helpful for patients to hold on to while sitting on the side of the bed and again as they stand up. They also contain controls for raising and lowering the bed.
- Rails can prevent patients from rolling off the bed.
- Rails should not be lowered unless you check with the nurse.
- Keep the bed in the low position for safety reasons

ENVIRONMENTAL SAFETY

- Please report any fluid spills that you are aware so that we may get them cleaned up as quickly as possible.
- Patients may become tangled in the IV tubing. Call for assistance prior to getting out of bed.
- Keep the room as clear of clutter and unnecessary items as possible.

SAFETY PRECAUTIONS

- Certain medications (pain medications or medications to help patients rest) may have been given to you or your loved one. These medications may cause drowsiness, dizziness, or unsteadiness. Please call the nurse for assistance when getting out of the bed.
- Keep needed items within reach-telephone, water pitcher, tissues, eyeglasses, etc.
- Please use any assistive devices such as canes or walkers when walking in your room or hallways.
- Ask your nurse for a bedside commode to assist in your toileting needs if you have difficulty ambulating to the bathroom.
- Bed alarms are available for patients at risk for falling. Ask your nurse for a bed alarm if you feel that you or your loved one may attempt to get out of bed unassisted.

ASK FOR HELP

- The call light should always be within reach. If it is not, ask someone to place it within reach.
- Always use your call light if you need help getting up or assistance with the bathroom.
- Never hesitate to press the call light again if you or your loved one needs assistance. That is what we are here for.

FOOTWEAR

- Non-slip shoes and non-skid socks (with rubber on the bottom) should be worn whenever out of bed.
- DO NOT wear socks, stockings, and knitted house shoes on bare floors.

EDUCATION FOR PATIENTS AND FAMILIES

- By providing this information to our patients and their families, we can be successful in preventing falls.
- Please feel free to ask for any other information regarding falls and your loved ones safety.

I have read the educational information above and acknowledge my understanding. I have also been given the opportunity to ask any questions that I may have regarding this.

Patient/Caregiver Signature

[Signature]

Date

10/11/12

PREVENTING FALLS IN THE HOSPITAL FOR PATIENTS AND THEIR FAMILIES

Falls account for a significant amount of injuries in hospital patients. We, at Springs Memorial Hospital, want to keep our patients safe. If you are a family member of a patient, you can assist us in protecting your loved ones from a fall. By taking some simple but important precautions, we can help provide a safer environment for our patients and your loved ones. Your nurse will review this important information with you and please feel free to ask any questions.

Upon admission, your nurse will perform a thorough assessment to determine your risk for falling. Certain factors can contribute to the risk of falling. These include confusion, weakness or decreased mobility, a history of falls, bowel or bladder urgency, certain medications that can cause drowsiness or dizziness, and patients over 60 years old.

If your loved one has a history of falls, please notify your nurse. Also, a family member or caregiver may want to consider staying with the patient during their hospitalization.

If your nurse determines that you are at high risk for falling, a red leaf will be placed on your door and you will receive a red wristband to wear during your hospital stay. These two indicators alert the hospital staff that you are at risk for falling and special attention will be provided to ensure your safety.

Please take a moment to review the safety suggestions on the attached sheet. With your help and involvement in the patient's care, we can prevent falls and **BE SAFE**. Your nurse will ask you and/or your caregiver to sign this information sheet to acknowledge your understanding of these important safeguards. Our main goal is to provide the best possible care to our patients and meet their needs in a safe environment. Once again, please **SPEAK UP** and ask any questions that you may have.

SPRINGS MEMORIAL HOSPITAL

INFORMED CONSENT

AUTHORIZATION AND CONSENT TO SURGERY, ANESTHETIC AND OTHER MEDICAL SERVICES

1. The undersigned patient or authorized representative of the patient authorizes and consents to the performance of the following surgery or procedure in Springs Memorial Hospital, Inc. (herein referred to as Hospital)

panendoscopy with moderate sedation

Upon himself or herself or _____, to be performed under the direction of the undersigned physician/surgeon and such associates, partners, assistants or designees as may be selected by such physician/surgeon to perform such surgery or procedure.

It is recognized that, during the course of the surgery or procedure, unforeseen conditions may necessitate additional or different procedures or services than those set forth above; and the above named physician/surgeon and such associates, partners, assistants or designees selected by such physician/surgeon are authorized and requested to perform such procedures as are, in such physician's/surgeon's professional judgement, necessary and desirable.

Consent is hereby granted to the administration of such anesthetics as may be considered necessary or advisable by the person responsible for such service with the exception of: _____

It is understood that, during any surgery or procedure, certain risks and complications may occur. The below-listed risks and complications have been fully explained; and it is understood the listed risks are among other risks and complications inherent in any surgery or procedure when anesthesia, medications, blood, surgical instruments and human judgement are required.

- (a) Cardiac arrest, irregular heart beat or heart attack, with possible loss of life.
- (b) Blood loss requiring blood transfusion (s).
- (c) Emboli (blood clot) traveling to the lungs, to the brain or the extremities.
- (d) Subsequent infection which could require additional treatment such as abscess, wound infection, pneumonia.
- (e) Injury to adjacent organs (parts of body close to those directly being operated upon).
- (f) Allergic reaction.
- (g) Other complications and risks to my operation are: perforation

Date: _____ Time: _____

- (h) Complications of anesthesia including moderate sedation could include drug reactions, loss of ability to maintain airway or other factors including a possibility of brain damage or even death. Different options for sedation were discussed.

5. Consent is hereby granted for the disposal by Hospital authorities of any tissues, organs, non-viable fetus or other parts of the body which may be removed during the course of the operation or procedure.
6. Should the above surgery or procedure be for sterilization or result in sterilization, it is understood the result will be that the undersigned patient may not be able to cause conception, conceive or bear children. The undersigned patient or authorized representative of the patient and the spouse of the patient, release from any and all liability which may arise as a result of the above surgery or procedure, the Hospital, its nurses and employees, together with all physicians/surgeons in any way connected with said surgery or procedure and agree to repay any damages including attorney fees sustained by the Hospital nurses, employees or physicians/surgeons as a result of any damages claimed or obtained by any person as a result of this surgery or procedure.

I understand that the practice of medicine and surgery is not an exact science, and no guarantees have been made to me with regard to this operation.

7. The undersigned patient or authorized representative of the patient and the spouse of the patient, when required, represent that the signing of this informed consent acknowledges the Informed Consent has been read by them or it has been read to them and that such Consent is understood and that the possible risks, complications and benefits that can result from the surgery or procedure are understood.

WITNESS

WITNESS

DATE

TIME

PATIENT OR AUTHORIZED PERSON

RELATIONSHIP IF SIGNED BY AUTHORIZED PERSON

SPOUSE

PHYSICIAN/SURGEON OBTAINING CONSENT

0402

MCOWELL, BRYAN A
SPRINGS MEMORIAL IN
54Y
10/11/12 Shealy, Keith D. MD

RELEASE FROM ACTS OR NON-ACTS AGAINST ADVICE

Date _____

I, _____, having been fully advised by _____ and/or by
D. _____ as to their opinion as to what is best for my health and welfare do hereby _____

I am fully aware of the risk involved by my following this course against the advice of my physician and hospital; I hereby relieve the hospital, its nurses and employees, together with all physicians, in any way connected with my care, of any and all liability for damages which may arise as a result of not following the advice of physician and hospital. I hereby further agree to indemnify the hospital, its nurses, employees, together with all physicians, in any way connected with my care, and agree to repay any damages sustained as a result of this act or non-act against advice. I, further, understand and intend that this release shall be binding upon my heirs, executors, administrators, and assigns. I have read the foregoing consent and fully understand it, and the fact that I am acting against advice is true and correct.

WITNESS

PATIENT

WITNESS

DATE _____

TIME _____ A.M. or P.M.

CONTRIBUTION OF ANATOMICAL GIFT TO TAKE EFFECT UPON DEATH OF DONOR

Date _____

Pursuant to the South Carolina Uniform Anatomical Gift Act (S. C. Code 52-711 et seq.) I _____
do hereby authorize and direct the retention, preservation, donation and/or transportation of the following anatomical
gifts: _____

This is to certify that this authorization is voluntary motivated exclusively by humanitarian instincts, and made without expectation of reward or compensation of any kind. I therefore RELEASE and surrender any and all claims which I may have now or in the future against my physician, the hospital and its employees as a result of this contribution.

I make this contribution to _____ (1)
I understand further and intend that this release shall be binding upon my heirs, executors, administrators and assigns.

WITNESS (2)

PATIENT/DONOR

WITNESS

OTHER RESPONSIBLE PERSON (5)

DATE _____

TIME _____ A.M. or P.M.

RELATIONSHIP

(1) This gift may be made to a named donee or to the attending physician. If attending physician is donee he may not participate in the procedure for removing or transplanting a part. (2) The law requires that this document be signed in the presence of two witnesses who must witness it in the presence of the donor. (3) This can be anyone who signs at donor's direction in his presence and in the presence of two witnesses.

PHOTOGRAPHS

I hereby grant permission to _____ who has fully explained the purpose for taking photograph
of _____ and hereby do/do not authorize the publishing of such photographs.

WITNESS

SIGNATURE

WITNESS

RELATIONSHIP TO PATIENT

DATE _____

TIME _____ A.M. or P.M.

CONSENT FOR POSTMORTEM EXAMINATION

_____ bearing relationship of _____, next of kin to the
deceased person, _____ consent to necropsy with retention and examination of tissue with the
exception of _____

WITNESS

SIGNATURE

WITNESS

DATE _____

0403



CONT

***Females between the ages of 12 and 55 years must also complete the
Consent and Release for Child-Bearing Age Females Form***

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F XR#: _____

COMPUTERIZED AXIAL
TOMOGRAPHY WITH CONTRAST

MR#: _____ Procedure: _____

Your doctor has requested an Imaging procedure that requires the use of radiographic contrast media which will be injected into your blood stream and allows various internal body parts and systems to be seen on x-ray. This contrast solution is associated with potential risks. **Most patients experience no adverse or unusual effects from contrast solution use.** An evaluation of your responses to the questions on the "Contrast Media Questionnaire" will help us determine whether you are in the group of people who have a higher known risk of reaction. These questions help determine whether you may be allergic to iodine, a component of contrast solutions, or need additional interventions. Even if you do not fall into this category, you may still experience a reaction.

Other potential complications associated with contrast media injection include contrast being injected or leaking into tissues surrounding the vein. Please inform the technologist immediately if you develop heat, pain, itching, redness and/or swelling at the injection site.

You may experience a temporary warm sensation, nausea and vomiting, or a strange taste in your mouth. These do not require treatment. Allergic-type reactions, although rare, may include itching, hives (raised skin reactions), swelling of the lips and eyes, sneezing, shortness of breath, disturbances of your heart rhythm, lowered blood pressure or seizures. The most severe reactions, which are extremely rare, may include shock, kidney failure, and cardiac (heart) arrest.

The nature, purpose, benefits, side effects, likelihood of achieving goals, potential problems that might occur during recuperation, risks for not receiving the proposed care, treatment, and services, and alternatives of the proposed procedure(s) have been explained to me. I feel I have adequate knowledge and sufficient time upon which to base my informed consent to the procedure and the use of contrast media. I have had an opportunity to ask any questions which I may have and they have been answered fully to my satisfaction. I herein consent to the procedure and the use of contrast media.

Patient's Signature or Legal Representative		Date	Time
		10/11/12	0050
Relationship to Patient	Interpreter, if Utilized	Date	Time
Witness Signature	Date	Time	If Telephone Consent, Second Witness Signature
	10/11/12	0050	
Attending Physician			Date

Radiology

Contrast Media Consent Form

RAD-1703 W 04/07 (Rev. 06/09, 06/11)

Page 1 of 1

WHITE - Medical Record

CANARY - Patient Film Jacket

Patient Label

MCHOWELL, BRYAN A
SPRINGS MEMORIAL
S4Y [REDACTED] MDW
ER 10/10/12
Patel, Narendra C. MD

0404



"QUEST"

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F XR#: _____
MR#: _____ Procedure: COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST BUN: 44 Creatinine: 1.2 Date Drawn: _____
_____ GF12-63
NORMAL VALUES NORMAL VALUES

Please complete the following: (compare to Medication Reconciliation form completed by patient - RAD-1301)

- 1) Is the patient taking any drug containing metformin (e.g., Glucophage, Avandamet, Glucovance, etc.) Metformin
Last dose (date): 10/10/12 20:0 If YES, follow hospital protocol.
- 2) Is this the patient's first administration of radiographic contrast media? ☐ YES ☒ NO
- 3) Previous adverse reaction after an exam with contrast other than sensation of heat, flushing or a single episode of nausea or vomiting? _____
- 4) History of allergy to: (Check Box)
☐ Analgesics ☐ Penicillin ☐ Sulfonamides
☐ Iodine ☐ Shellfish ☐ Other Medications: _____
- 5) Any other allergies? ☐ YES ☒ NO If YES, list: _____
- 6) History of: ☐ Asthma ☐ Anaphylaxis? (Check Box)
- 7) Heart attack within last 8 weeks? ☐ YES ☒ NO
- 8) ☐ Cardiac Arrhythmia? or ☐ Unstable Angina (Check Box)
- 9) History of other heart problems: (Check Box)
☐ Cardiogenic Shock ☐ Heart Valve Disorders ☐ Pericarditis
☐ Congestive Heart failure ☐ Hypertensive Heart Disease ☐ Pulmonary Heart Disease
☐ Cor Pulmonale (Right heart failure) ☐ Hypertensive Heart and Renal Disease ☐ Renal Failure
☐ Other CV disease: _____
- 10) History of other medical problems? (Check Box)
☐ Sickle-cell anemia ☐ Respiratory failure ☐ Multiple Myeloma ☐ Cancer
☐ Kidney problems ☒ Diabetes mellitus ☐ General severe debility
- 11) Radiation or chemotherapy and previous surgeries? ☐ YES ☒ NO (*A YES answer does not justify medical necessity)

Patient Identification and Procedure Verification:

- ☒ Patient positively identified using two unique identifiers: ID _____ Technologist Initials
☒ Written order for procedure matches exam requisition: ID _____ Technologist Initials

BUN / Creatinine values documented / reviewed: ID

(Technologist initials)

If BUN / Creatinine values are out of range, or the patient has answered YES to any of the above questions, the information has been reviewed by a physician and permission has been obtained to inject:

Physician Name _____ Technologist Initials _____ Date _____ Time _____

Type of contrast media: ISOVUE 370 Amount of contrast media: 100 ML

Documented review of, contrast media agent and dose:

Physician Signature [Signature] Date _____ Time _____

If Physician unavailable - Dual Signature (Radiologic Technologist(s), Registered Nurse - per policy):

Signature _____ Title _____ Date _____ Time _____

Signature _____ Title _____ Date _____ Time _____

Injection site: RFA Time of Injection: 0223 ☒ AM ☐ PMReinjection # _____ Repuncture # _____ Extravasation? ☐ YES ☒ NOAdverse Reaction ☐ YES ☒ NO *If yes, type of reaction: _____

*Adverse Drug Reactions must also be documented through the Pharmacy Department.

Radiology

Contrast Media Questionnaire Form

RAD-1704

Page 1 of 1

11/06 (Rev. 06/09, 01/12, 03/12, 04/12)

WHITE - Medical Records CANARY - Patient's Film Jacket

Patient Label

MCHOWELL, BRYAN A

ER 10/10/12

SPRINGS MEMORIAL Patel, Narendra C. MD

54Y [REDACTED] MDN



0405.20

X-Ray # _____ MR # _____

BUN: 44 Creatinine: 1.2 Date Drawn: 10/10/12

POST IODINATED CONTRAST MEDIA INSTRUCTIONS

I am taking medication that contains metformin hydrochloride (such as Glucophage®, Glucovance™, Metaglip™ or Avandamet®), which my doctor has prescribed for the treatment of my diabetes (high blood sugar) or other medical condition. I understand that taking one of the drugs listed above in addition to the contrast media that will be given for this x-ray procedure can cause a serious medical problem related to kidney function. To prevent this problem, I must follow the instructions below:

1. I cannot take medication that includes metformin hydrochloride (Glucophage®, Glucovance™, Metaglip™ or Avandamet®) for 48 hours after the x-ray. I understand that I can still take all of my other medications, unless instructed otherwise by my physician.
2. I must make arrangements with my regular doctor to control my diabetes (blood sugar) during the 48 hours that I cannot take diabetes medicine.
3. During the 48 hours after my x-ray, I must drink plenty of fluids.
4. I must follow my doctor's instructions to have blood drawn to check my kidney function 48 hours after my exam. This appointment will be arranged by my doctor's office.
5. My regular doctor will decide to resume my diabetes medication if my kidney function is normal. Otherwise, my doctor may continue with other diabetes medicine.

I have read and understand the above information.

[Signature]
Patient Signature

10/11/12
Date

TECHNOLOGIST MUST COMPLETE BELOW

Dr. Patel ^{INTER} ~~office~~ was notified that the patient above had an imaging examination that required contrast media and resulted in the patient discontinuing the above mentioned medication (containing metformin hydrochloride).

Ishandra Davis RT(R)
Technologist

10/11/12
Date

Additional comments:

RADIOLOGY

POST IODINATED CONTRAST MEDIA INSTRUCTIONS

100-RAD-2200 (10/05)

WHITE - Facility

ADDRESSOGRAPH/PATIENT LABEL

MCHOWELL, BRYAN A ER 10/10/12
SPRINGS MEMORIAL Patel, Narendra C. MD
54Y 57 MON



0406

PAGE 1

Age/Sex: 54 M
Unit #: [REDACTED]
Location: 6NS
Room/Bed: 608-1

NAME OF PHYSICIAN: AMIV
DATE: 10/12/12
TIME: 1218

Occurred	10/12/12 1217	GI FINRE	FINLEY, RENEE M	RN
Recorded	10/12/12 1218	GI FINRE	FINLEY, RENEE M	RN



30R

Procedure Name Parotidectomy with moderate sedation Date 10/12/12

1. To Be Completed By Patient Care Area After Patient Admitted:

Patient Identity Confirmed Using 2 Identifiers ☒ Yes ☐ N/A Initials/Time AA 1220
 Informed Consent Confirmed ☒ Yes ☐ N/A Initials/Time AA 1220
 Completed History and Physical and Update ☒ Yes ☐ N/A Initials/Time AA 1220
 Site is Marked By Procedure Physician ☒ Yes ☐ N/A Initials/Time AA 1220
 Alternative to Site Marking: Site Identified by: ☐ Special Armband ☐ Obvious Defect ☐ Dressing ☐ Other

2. Prior to Entering Procedure Room or Administration of Anesthesia RN or Imaging Technologist Confirms:

Patient Identity Confirmed Using Two Identifiers ☒ Yes ☐ N/A
 Procedure Confirmed with Patient or Patient Representative ☒ Yes ☐ N/A
 Procedure Site Marked and Confirmed With Consent ☒ Yes ☐ N/A
 Consent: All information Matches to Patient ☒ Yes ☐ N/A
 Orders Completed (date and time checked): ☒ Yes ☐ N/A
 History and Physical and Update Completed (date and time checked): ☒ Yes ☐ N/A
 Pre-anesthesia Assessment Completed (date and time checked): ☒ Yes ☐ N/A
 Radiological Images; Lab; Diagnosis Testing (available and matched to patient ID) ☒ Yes ☐ N/A
 Blood/Blood Products: Confirmed Necessity or Availability ☒ Yes ☐ N/A
 Resource Availability Matched to Patient and Planned Procedure: medications; equipment; supplies; implants; ☒ Yes ☐ N/A
 Sterility of Supplies and Instrumentation Confirmed ☒ Yes ☐ N/A Initials/Time AA 1220

3. Fire Risk Assessment: Assign a 1 for Yes, 0 for No; total score of all three criteria indicates risk level below

Procedure site or incision above the xiphoid or airway procedure Yes=1 ☒ No=0
 Oxygen source (face mask/nasal cannula; LMA; ET tube) Yes=1 ☒ No=0
 Ignition source (Uni-polar cautery, laser, fiber-optic light) Yes=1 ☒ No=0
 Total Score: 3 Initials/Time AA 1220

Score of 1 or 2 - Low Risk with Potential to Convert: **Initiate Routine Protocol:**
 * Use ESU pencil holder, utilize laser standby mode; * Standby mode for fiber-optic light source when not in use
 * Alcohol based prep solution to dry 3 minutes * Remove volatile solution from sterile field as soon as possible
 * Prevent pooling of prep solution * CO₂ Fire Extinguisher readily available

Score of 3 - Initiate High Risk Fire Protocol: **Initiate All Protocol Above, In Addition To:**
 * Use Wet Sponges * Saline/Water available for fire suppression
 * Electro-cautery settings minimized, use BI-polar if possible * Syringe of saline available for procedures in oral cavity
 * Room air mixed with O₂ at lowest concentration when face masked; nasal cannula in use
 * Minimize O₂ concentration under drapes

4. Procedure Time-Out: Stop all activities. Time-out must be performed immediately prior to start of procedure

Patient Identity Confirmed Using 2 Identifiers ☒ Yes ☐ No 2nd Procedure ☐ Yes ☐ No
 Consent: All Information Matches to Patient ☒ Yes ☐ N/A ☐ Yes ☐ N/A
 Site Marked, Stated and Viewed by Procedure Team (circle): ☒ Right ☐ Left ☒ N/A ☐ Right ☐ Left ☐ N/A
 Pre-Procedure Antibiotics Administered ☒ Yes ☐ N/A ☐ Yes ☐ N/A
 Fire Safety Efforts Communicated Within Team ☒ Yes Initials/Time AA 1220 ☐ Yes Initials/Time
 Team Completed Time Out and Verbalized Agreement/Concerns ☒ Yes ☐ N/A Initials/Time AA 1220 ☐ Yes Initials/Time
 Team Members Participating: Initials AA Initials AA Initials AS Initials Initials Initials
 Team Members Participating: Initials Initials Initials Initials Initials Initials

5. Procedure Sign Out-RN Confirms with Physician Prior to Leaving Procedure Room:

Name of Operative Procedure Confirmed by Surgeon as compared to consent ☒ Yes ☐ No
 Specimens identified and labeled: ☒ Yes ☐ N/A
 Communication of Sponge, Sharp and Instruments Counts ☐ Yes ☒ N/A
 Hemodynamic Safety Concerns Communicated: ☐ Yes ☒ N/A
 Team member reviews any key concerns for recovery and management of patient: Initials/Time AA 1231

Signature, Title, and Initials of Personnel Documenting on this Form

Signature	Title	Initials	Date	Time
<u>[Signature]</u>	<u>[Title]</u>	<u>AA</u>	<u>10/12/12</u>	<u>1220</u>
Signature	Title	Initials	Date	Time
Signature	Title	Initials	Date	Time
Signature	Title	Initials	Date	Time

Patient Label

 MCHOWELL, BRYAN A
 SPRINGS MEMORIAL IN
 54Y
 10/11/12 Shealy, Keith D. MD

Surgical Site Fire Risk Assessment

To Be Completed by the Surgical Team

Assign a 1 for Yes and a 0 for No; Total score of all three criteria indicates risk level and appropriate protocol:

	Yes	No
Procedure site or incision above the xiphoid or airway procedure		
Open oxygen source (face mask/nasal cannula; LMA or ET tube)		
Ignition source (Uni-polar cautery; laser and/or fiber-optic light)		
Total Score		

Scoring:

3	High Risk
2	Low Risk with potential to convert to High Risk
1	Low Risk

FIRE RISK PROTOCOLS

Score 1 or 2 Low Risk

Fuel

- ✓ Observe alcohol-based prep drying times (minimum of 3 minutes); use minimal amount of solution. Do not drape patient until flammable prep is fully dried
- ✓ Do not allow pooling of any prep solution (including under the patient)
- ✓ Remove volatile solutions from sterile field as soon as possible after use

Ignition Source

- ✓ Check all electrical equipment before use
- ✓ Protect all heat sources when not in use (Cautery pencil holster; power equipment, laser in standby mode)
- ✓ Activate heat source only when activated tip is in line of sight
- ✓ De-activate heat sources before tip leaves surgical site
- ✓ CO₂ fire extinguisher is readily available

Score 3 High Risks Surgical Team Initiate All Protocols Above, In Addition:

- ✓ Use of wet sponges
- ✓ Basin/bowl of sterile water or saline available for fire suppression
- ✓ Syringe full of saline available for procedures in oral cavity
- ✓ Use Electrosurgical Unit pencil holder, utilize laser standby mode; standby mode for fiber optic light source when not in use
- ✓ Electrocautery setting should be minimized, use Bi-polar if possible
- ✓ Use MAC Circuit of oxygen administration initially at FIO₂ of 30% using fresh gas flows at least 12 L/min.



ADULT CLINICAL NUTRITION THERAPY PROTOCOL

A qualified dietitian will determine the calorie and protein requirements of the patient. The needs will be based on BW or adjusted BW goals and disease state or diagnosis that qualifies for disease specific care.

BMI	Category	Obesity Adjustment
Below 18.5	Underweight	Adjust weight if BMI > 25
18.5 - 24.9	Normal	Current wt - IBW = x(y) + IE
25 - 29.9	Overweight	y = 0.25 (female)
30 - 39.9	Obese (WHO Obesity Class I & II)	x = 0.32 (male)
> or = 40	Morbidly Obese (WHO Obesity Class III)	

Adjust IBW for amputation:
 AKA 12% Foot 2% Whole Arm 6%
 BKA 7% Hand 1% Whole Leg 19%
 Adjust IBW for Paralysis:
 Paraplegia 7%
 Quadriplegia 12%

Adjusting BMI
 Weight (E) = Weight C / (1-P)

Weight (E) (lbs)
 *705
 ht(inc)*ht(inc)
 E = estimated
 C = current (post amput)
 P = % of amputation

The dietitian will mark the section that reflects the calorie and protein needs.

General Needs	Calories	Protein
Weight loss	25 kcal/kg	1g/kg
Weight maintenance	30 kcal/kg	1g/kg
Weight gain	35 kcal/kg	1.5 g/kg
Repletion	45 kcal/kg	2 g/kg
Pregnancy without disease complications	28 kcal/kg + 300 kcal/day	1 g/kg + 10 g/day
Pregnancy with disease complications	Disease state kcal/kg + 300 kcal/day	Disease state g/kg + 10 g/day
Major Surgery (excision of large tumors, entering a body cavity etc, AKA, BKA, operating on chest, cranium, abdomen or pelvic, cavity, gastric bypass)	35 kcal/kg	1.5g/kg
Minor Surgery/Fractures (simple operations, laparoscopic procedures e.g. anything to do with joints like TKA/R, THA/R, fractures)	33 kcal/kg	1.3g/kg
Severe Sepsis (systemic)	35 kcal/kg	1.5 g/kg
Non-severe sepsis (catheter related)	33 kcal/kg	1.3g/kg
COPD/Resp Failure	35 kcal/kg	1.5 g/kg
Pneumonia	35 kcal/kg	1.5 g/kg
Intubated	25 kcal/kg	1.5 g/kg
Cancer/AIDS	40 kcal/kg	1.5 g/kg
Renal	- CRF/RI 32 kcal/kg - ARF 32 kcal/kg - Hemodialysis/Intermittent PD 35 kcal/kg - Cont. Amb. PD (CAPD) 28 kcal/kg	1.2g/kg 1.2g/kg 1.4 g/kg 1.2g/kg
Liver Disease/Cirrhosis/Alcohol Abuse	35 kcal/kg	1.5g/kg
If ascites present: 1g Na diet & 1500cc/day fluid restrictions		If ammonia > 100 then give 0.6g/kg
Pancreatitis Acute	35 kcal/kg	1.5 g/kg
Pancreatitis Chronic	35 kcal/kg	1.5 g/kg
Crohn's Disease/Ulcerative Colitis	35 kcal/kg	1.5 g/kg
Stage I Pressure Ulcer	Kcal based on wt & disease	1.5 g/kg
State II - IV Pressure Ulcer	35 kcal/kg	1.5 g/kg

A qualified dietitian will determine the fluid needs of the patient & mark the section that reflects the fluid needs:

General needs: 50 years old or older	[(BW (kg) - 20) * 15 mls/kg] + 1500 mls H2O
General needs: Less than 50 years old	[(BW (kg) - 20) * 20 mls/kg] + 1500 mls H2O
Congestive Heart Failure (Active or PMH)	25 mls H2O/kg

MCHOWELL, BRYAN A
 SPRINGS MEMORIAL IN
 54Y
 10/17/72 Shealy, Keith D. MD

ADULT CLINICAL NUTRITION THERAPY PROTOCOL

Protein Stores	Alb (g/dL)	Prealb (mg/dL)	Protein g/kg	If protein stores are mod. or severely depleted, protein needs will be increased to 1.8g/kg with the exception of patients with renal failure who are not on dialysis.
Severely depleted	< 2.1	< 7	1.8	
Mod. Depleted	2.1 - 2.7	7 - 12	1.5	

Upon receiving a consult the dietitian will review the medical record for needed labs. If necessary nutrition-related lab values are not available, the dietitian will order one or more labs for a baseline.

Laboratory Test	Indication/Reason	Monitoring Frequency
CBC, BMP, Pre-Albumin	Required on every patient for general nutritional assessment	3 days
BMP	Repleting Electrolytes	1 day
Ammonia	Liver disease	2 days
Magnesium and Phosphorus	Renal disease and/or TPN ordered	1 day
Triglycerides	TPN ordered	3 days

Route of Nutrition Administration

A LIP will determine the route of nutrition administration. A qualified dietitian will provide recommendations for oral, enteral, or parental routes of nutrition administration as necessary. The clinical nutrition therapy protocol will be followed for determining patient calorie, protein, and fluid needs regardless of route of nutrition administration.

Oral Nutrition Protocol

Dietitian may make changes to the oral diet consistent with the following indications:

Downgrade diet consistency for the following indications

- Partial or complete edentulism
- Per patient request
- Suspected aspiration from altered mental status, CVA/TIA, dementia, head trauma or Parkinson's disease
- Impaired motor skills from altered mental status, CVA/TIA, head or body trauma, or Parkinson's disease
- Respiratory Distress

Upgrade diet consistency in concurrence with a speech therapist when swallowing indications are present

Upgrade diet consistency for non-swallowing related indications

Change therapeutic diets as indicated by clinical status

Eliminate food allergens from the diet

Eliminate food from a patient's diet for religious or cultural preferences

Cater to general preferences within therapeutic diet

Initiate calorie counts if estimated meal intake is < 50%.

MCHOWELL, BRYAN A
SPRINGS MEMORIAL IN
54Y
10/11/12 Shealy, Keith D. MD

PHARMACY

Enteral Nutrition Protocol (Attachment I)

Parenteral Nutrition Protocol (Attachment II)

Procedure:

1. This protocol will be activated when a specific order is written, a nutrition-risk screening trigger is found, a qualifying admission diagnosis, NPO/Clear Liquid diet status, vent notification, or a length of stay situation is identified by a qualified dietitian.
2. Upon receiving a consult and verifying LIP orders or nutrition-risk triggers, a qualified dietitian will order any additional labs. The dietitian will also determine calorie, protein, and fluid requirements for the patient and mark the appropriate section.
3. The dietitian will then select appropriate nutrition therapies, based on identified needs and the oral, enteral and parenteral protocols, and write nutrition orders to implement these therapies.
4. The Dietitian will write a nutrition order in the physician order section. The dietitian's signature will be appended with "per protocol". This will allow for communication of the administered nutritional support for the patient back to the physician.
5. Reassessments will be performed as dictated by policy/protocol.

Signature: [Signature] per Protocol Date: 10/11/12 Time: 1556

MSX020

INTERDISCIPLINARY CARE PLAN / NUTRITION

DATE AND TIME	GOALS	BY DATE OF	INTERVENTION	REVISION OR REVIEW DATE	GOALS CONT.	INITIALS	STOP
10/17/72 1536	1. Meet nutritional needs ☒ 2. Tolerate PO, EN PN _____ 3. Assess safety of swallow _____ 4. Provide education on diet _____	DISCHARGE	☐ change diet ☐ dbl portions ☐ supplements ☐ preferences ☐ EN ☐ PN ☐ NPO ☐ monitor intake ☒ 1:1 assist ☒ calorie count ☐ weekly wts (TCU specific) ☐ medication recs ☐ lab work ☐ rec correct lytes ☐ ST eval ☐ defer to pt and family wishes ☐ education ☐ other _____				

Signature

[Handwritten Signature]

MCHOMELL, BRYAN A
 SPRINGS MEMORIAL IN
 54Y ☐ MCM ☐
 10/11/72 Stealy Keith D. MD

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	██████/57	SEX:	M
PT STATUS:	DIS IN	RM NUMBER:	608-1
UNIT NUMBER:	██████████	ADM DATE:	10/11/12
ACCT NUMBER:	██████████	D/C DATE:	10/15/12
PROCEDURE DATE:	10/14/12		

Dictated Report By: Vimal P. Amin, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

REFERRING DOCTOR: Keith Shealy, MD.

REASON FOR CONSULTATION: GI bleeding.

HISTORY: The patient is a 54-year-old gentleman with one-week history of abdominal pain, nausea, some weight loss, and had history of black dark stools with maroon-colored stools, now in need for blood transfusion because the hemoglobin dropped down from 10 to 8.6, and also with history of previous gastric surgery. However, has no other major GI symptoms except weight loss, abdominal pain, and nausea. Had some diarrhea and dark stools.

PAST MEDICAL HISTORY: Hypertension, diabetes, history of colon polyps. Last colonoscopy a year ago, with diverticular disease and small hemorrhoids, previous history of endoscopy 2-1/2 years ago gastric bypass surgery, and had esophagitis with Barrett's esophagus, and had a left hand surgery, carpal tunnel surgery, rotator cuff surgery, and gastric bypass.

ALLERGIES: NONE.

PRESENT MEDICATIONS: Numerous per chart.

SOCIAL HISTORY: History of no smoking or alcohol use.

REVIEW OF SYSTEMS: Per chart.

PHYSICAL EXAMINATION:

General: Awake, responsive, not in distress.
Vital Signs: Stable. Afebrile.
HEENT: Moderate pallor. No jaundice.
Neck: Supple.
Chest: Clear. S1, S2, regular. No murmurs or gallops.
Abdomen: Soft, nontender. Good bowel sounds. No masses.
Extremities: Does not reveal any edema, cyanosis, clubbing.

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 10/29/12-17:23 by GASKIN, DIANNE

Page 1 of 3

0413

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCROWELL, BRYAN A	AGE:	54
DATE OF BIRTH:		SEX:	M
PT STATUS:		RM NUMBER:	608-1
UNIT NUMBER:		ADM DATE:	10/11/12
ACCT NUMBER:		D/C DATE:	10/15/12
PROCEDURE DATE:	10/14/12		

Dictated Report By: Vimal P. Amin, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

Skin: Does not reveal any ulcers, nodules, or cancers.

LABORATORY DATA: Low hemoglobin 8.6, MCV of 92, platelet count normal at 301.

IMPRESSION: Acute blood-loss anemia with melena.

PLAN/RECOMMENDATION: Agree with proton pump inhibitor, endoscopy. Risks, benefits, alternatives have been discussed with the patient and family.

I would like to thank Dr. Shealy for allowing me to participate in care of this patient.

Print CC:

Fax CC:
Keith Shealy, MD

S Job #: SMH60055781

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

CONSULTATION REPORT

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	12/03/57	SEX:	M
PT STATUS:		RM NUMBER:	608-1
UNIT NUMBER:		ADM DATE:	10/11/12
ACCT NUMBER:		D/C DATE:	10/15/12
PROCEDURE DATE:	10/14/12		

Dictated Report By: Vimal P. Amin, MD
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

D Job #: 6109525
MT: 1100272

PHYSICIAN: Vimal P. Amin, MD
ELECTRONICALLY SIGNED

AMIV :
REPORT #: 1014-0031
DATE/TIME DICTATED: 10/14/12 - 1025
DATE/TIME TRANSCRIBED: 10/14/12 - 2234
DATE/TIME ELECTRONICALLY SIGNED: 10/17/12 - 1304

CC:

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

PHYSICIAN PROGRESS NOTE

PATIENT NAME: MCHOWELL, BRYAN A
DATE OF BIRTH: 12/03/57
PT STATUS: DIS IN
ACCT NUMBER: [REDACTED]
UNIT NUMBER: [REDACTED]

AGE: 54
SEX: M
RM NUMBER: 608-1
ADM DATE: 10/11/12
D/C DATE: 10/15/12
DOS: 10/14/12

Dictated Note By: Steven M Culp, MD
Dictated Date/Time: 10/14/12/ 1006
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

SUBJECTIVE: No new complaints.

OBJECTIVE:
Vital Signs: Afebrile. Vital signs stable.
Lungs: Clear.
Heart: Regular rhythm and rate.
Abdomen: Benign.
Extremities: Unchanged.

LABS: Hemoglobin is 9.0, blood sugars 199, 204, and 107.

ASSESSMENT: Peptic ulcer disease with ulcers x3 noted. We will continue on IV proton pump inhibitors per GI. Monitor hemoglobin. Discontinue telemetry at this point. Resume metformin as his diet is back to normal now.

Print CC:

Fax CC:

S Job #: SMH60055504

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 12/04/12-14:05 by GASKIN, DIANNE

Page 1 of 2

0416

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street
Lancaster, SC 29720
803-286-1658

PHYSICIAN PROGRESS NOTE

PATIENT NAME:	MCHOWELL, BRYAN A	AGE:	54
DATE OF BIRTH:	12/03/57	SEX:	M
PT STATUS:	DIS IN	RM NUMBER:	608-1
ACCT NUMBER:		ADM DATE:	10/11/12
UNIT NUMBER:		D/C DATE:	10/15/12
		DOS:	10/14/12

Dictated Note By: Steven M Culp, MD
Dictated Date/Time: 10/14/12/ 1006
Attending Physician: Shealy, Keith D. MD
Family Physician: Sharp, Frank MD
Primary Care Physician: Sharp, Frank MD

D Job #: 6109517
MT: 552353

Steven M Culp, MD
ELECTRONICALLY SIGNED

CULS :
REPORT #: 1014-0033
DATE/TIME DICTATED: 10/14/12 - 1006
DATE/TIME TRANSCRIBED: 10/14/12 - 1016
DATE/TIME ELECTRONICALLY SIGNED: 11/07/12 - 0735

Springs Memorial Hospital
PROGRESS NOTES

MCHOWELL, BRYAN A
 SPRINGS MEMORIAL IN [REDACTED]
 54Y [REDACTED] MD [REDACTED]
 10/11/12 Shealy, Keith D. MD


DATE & TIME

10/13/12
 12⁰⁰

OT
 Pt was pmtg back/payroll Mar last evening
 Denies old pain
 T98² BP 144/66 HR 65
 abd: soft nondistended
 Wgt 9.5
 T98: Gastric ulcer
 at present / blood work normal
 S/P gastric bypass
 Plm. normal chest
 monitor Hx; if stable has 10/14
 needs outpt. sept 4000

10/14/12
 10³⁰

OT
 p gi normal ltr; no old pain
 BP 133/70 HR 87 T98⁰
 abd: soft nondistended
 Wgt 9.0
 T98: Gastric ulcer
 Plm - stable
 Plm will hold off on colonoscopy
 S/P in office 2-3 weeks

PROGRESS NOTES

SPRINGS MEMORIAL HOSPITAL
800 West Meeting Street Lancaster, SC 29720
REGISTRATION FORM

PATIENT DEMOGRAPHICS

COUNT NO. [REDACTED] ADMISSION DATE 08/19/14 MEDICAL RECORD NO. [REDACTED]
ROOM/BED [REDACTED] ADMISSION TIME 1230 FINANCIAL CLASS MEDICAID HMO'S
TYPE PRE SDC DISCH DATE [REDACTED] DISCH TIME [REDACTED] SS# [REDACTED] LOC/SVC RAD
PREFERRED LANGUAGE FOR DISCUSSING HEALTHCARE ENGLISH
INTERPRETER [REDACTED] PHONE [REDACTED]

PATIENT NAME MCHOWELL, BRYAN A DOB [REDACTED] AGE 56 SEX M RACE W
STREET 7822 VAN WYCK RD HOME PHONE (803)287-4780 CELL
CITY/STATE/ZIP LANCASTER, SC 29720-1698 COUNTY LANCASTER
RELIGION [REDACTED] MARITAL STATUS DIVORCED

PATIENT EMPLOYER

PERSON TO NOTIFY

NAME UNEMPLOYED
STREET [REDACTED]
CITY/STATE/ZIP [REDACTED]
PHONE [REDACTED]

NAME MCHOWELL, [REDACTED]
STREET 7822 VAN WYCK RD
CITY/STATE/ZIP LANCASTER, SC 29720-1698
PHONE (803)287-4780 RELATIONSHIP DAUGHTER

GUARANTOR/RESPONSIBLE PARTY

NEXT OF KIN

NAME MCHOWELL, BRYAN A
STREET 7822 VAN WYCK RD
CITY/STATE/ZIP LANCASTER, SC 29720-1698
PHONE (803)287-4780 SOCIAL SECURITY # [REDACTED]

NAME [REDACTED]
STREET [REDACTED]
CITY/STATE/ZIP [REDACTED]
PHONE [REDACTED] RELATIONSHIP [REDACTED]

GUARANTOR EMPLOYER

ACCIDENT/ARRIVAL/PHYSICIAN DATA

E UNEMPLOYED
STREET [REDACTED]
CITY/STATE/ZIP [REDACTED]
PHONE [REDACTED]

ACCIDENT DATE 08/19/14 TIME [REDACTED]
ARRIVAL MODE [REDACTED]
ATTEND DR. Lehman, William L. MD
ADM/FAM DR. Sharp, Frank MD

INSURANCE
ADDRESS

POLICY # [REDACTED]

GROUP # [REDACTED]
CITY

SUBSCRIBER
STATE ZIP CODE PHONE

WELLCARE HEALTH PLANS-
PO BOX 31224

TAMPA

MCHOWELL, BRYAN A
FL 33631-3224 (888)588-9842

REASON FOR VISIT LEFT SHOULDER SPRAIN/PAIN

ADMIT CLERK

ACCIDENT TYPE ONSET DATE OF SYMPTOMS COMMENT PSCAL / NO BD / AUTH # A059850363-73222

PATIENT DIAGNOSIS

PATIENT PROCEDURES

CONSULTATIONS

PHYSICIAN'S SIGNATURE

0419

MCHOWELL,BRYAN A Discharge 08/19/2014 1 Lehman,William L. MD

Gender : Male

Age : 56

Claim Type (Medicare APC - HOPD)

99 Other

APC Overall Claim Disposition

4 Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only pre-payment edits.

APC Claim Edit

0027 OCE- Only incidental services reported. (CR)

APC Bill Type

13X Hospital Outpatient

APC Condition Code

9999 No/Unknown Condition Code

APC Detailed CPT Procedures

23350-LT Injection shoulder arthrography/ CT/MRI arthg; (-LT Left side of body)

APC: 19900 - Incidental services packaged into APC rate

Rptd Units: 1

REV: 9999 - No Rev Code entered; partial OCE edits only

Status: N - Items and Services packaged into APC rates.

08/19/2014 FOXKE

Dx Reason for Visit

8408 Sprain of shoulder and upper arm

Primary Diagnosis

8408 Sprain of shoulder and upper arm

Secondary Diagnoses

E9289 Unspecified environmental and accidental causes

E8499 Injury or poisoning occurring at/in unspecified place

72610 Unspecified disorder of bursa and tendons in shoulder region

71591 Osteoarthritis, unspecified whether generalized or localized, shoulder region

ICD-9-CM Procedures

8832 Contrast arthrogram

08/19/2014 FOXKE

CPT-4 five-digit codes and/or nomenclature are copyright 2012 American Medical Association.

2014-08-14 14:28

1 >>

P 1/1

COSA-Carolina Orthopaedic Surgery Associates • 6237 Carolina Commons, FORT MILL SC 29707-6019

MCHOWELL, BRYAN A

Imaging Order

08/05/2014

To Provider	From Provider
Phone: 8-5 → 9-22	WILLIAM L. LEHMAN, JR
Fax:	RM
auth# A059890363-73222	134 Professional Park Dr
	ROCK HILL, SC 29732-1178
	Phone: (803) 329-3130
	Fax: (803) 329-2911

Imaging Order Information

Diagnosis	• Glenoid labrum tear ICD-9: 840.8: Sprains and strains of other specified sites of shoulder and upper arm
Order Name	Orders Included: 1 Glenoid labrum tear ICD-9: 840.8: Sprains and strains of other specified sites of shoulder and upper arm • MR ARTHROGRAM, SHOULDER Note to Imaging Facility: mr arthrogram left shoulder Metal in body?: N Patient claustrophobic?: N Possibility of Pregnancy?: N
Notes	Springs 8-19 12:00 arrival

Patient Information

Patient Name	MCHOWELL, BRYAN A
Sex - DOB - Age	
Address	7822 VAN WYCK ROAD LANCASTER, SC 29720-1898
Phone	H: (803) 287-4780
Primary Insurance	WELL CARE SC (MEDICAID HMO) ID: [REDACTED] Policy Holder: MCHOWELL, BRYAN A
Secondary Insurance	None recorded

Electronically Signed by: WILLIAM L. LEHMAN, JR, MD

WILLIAM L. LEHMAN, JR

MCHOWELL, BRYAN A

SPRINGS MEMORIAL SDC

56Y [REDACTED] MDW [REDACTED]

08/19/14 Lehman, William L. M



0421

SPRINGS MEMORIAL HOSPITAL

INFORMED CONSENT

AUTHORIZATION AND CONSENT TO SURGERY, ANESTHETIC AND OTHER MEDICAL SERVICES

1. The undersigned patient or authorized representative of the patient authorizes and consents to the performance of the following surgery or procedure in Springs Memorial Hospital, Inc. (herein referred to as Hospital)

Left Shoulder Arthrogram

Upon himself or herself or _____, to be performed under the direction of the undersigned physician/surgeon and such associates, partners, assistants or designees as may be selected by such physician/surgeon to perform such surgery or procedure.

2. It is recognized that, during the course of the surgery or procedure, unforeseen conditions may necessitate additional or different procedures or services than those set forth above; and the above named physician/surgeon and such associates, partners, assistants or designees selected by such physician/surgeon are authorized and requested to perform such procedures as are, in such physician's/surgeon's professional judgement, necessary and desirable.
3. Consent is hereby granted to the administration of such anesthetics as may be considered necessary or advisable by the person responsible for such service with the exception of: _____
4. It is understood that, during any surgery or procedure, certain risks and complications may occur. The below-listed risks and complications have been fully explained; and it is understood the listed risks are among other risks and complications inherent in any surgery or procedure when anesthesia, medications, blood, surgical instruments and human judgement are required.

(a) Cardiac arrest, irregular heart beat or heart attack, with possible loss of life.

(b) Blood loss requiring blood transfusion (s).

(c) Emboli (blood clot) traveling to the lungs, to the brain or the extremities.

(d) Subsequent infection which could require additional treatment such as abscess, wound infection, pneumonia.

(e) Injury to adjacent organs (parts of body close to those directly being operated upon).

(f) Allergic reaction.

(g) Other complications and risks to my operation are: _____

Date: _____ Time: _____

- (h) Complications of anesthesia including moderate sedation could include drug reactions, loss of ability to maintain airway or other factors including a possibility of brain damage or even death. Different options for sedation were discussed.

5. Consent is hereby granted for the disposal by Hospital authorities of any tissues, organs, non-viable fetus or other parts of the body which may be removed during the course of the operation or procedure.

Would the above surgery or procedure be for sterilization or result in sterilization, it is understood the result will be that the undersigned patient may not be able to cause conception, conceive or bear children. The undersigned patient or authorized representative of the patient and the spouse of the patient, release from any and all liability which may arise as a result of the above surgery or procedure, the Hospital, its nurses and employees, together with all physicians/surgeons in any way connected with said surgery or procedure and agree to repay any damages including attorney fees sustained by the Hospital nurses, employees or physicians/surgeons as a result of any damages claimed or obtained by any person as a result of this surgery or procedure.

I understand that the practice of medicine and surgery is not an exact science, and no guarantees have been made to me with regard to this operation.

I, the undersigned patient or authorized representative of the patient and the spouse of the patient, when required, represent at the signing of this informed consent acknowledges the Informed Consent has been read by them or it has been read to them and that such Consent is understood and that the possible risks, complications and benefits that can result from the surgery or procedure are understood.

WITNESS

WITNESS

DATE

TIME

PATIENT OR AUTHORIZED PERSON

RELATIONSHIP IF SIGNED BY AUTHORIZED PERSON

SPOUSE

0422

SDC 08/19/14
SPRINGS MEMORIAL Hospital, William L. M
56Y
MON

MCOWELL, BRYAN A

If at any time you request that a nurse call your attending physician regarding your personal medical care, the nurse shall place a call to the attending physician or his or her designee to inform him or her of your concern. If you are able to communicate with and desire to call your attending physician or designee, upon your request, the nurse must provide you with the telephone number

and assist you in placing the call. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance.

If you have personal medical care concerns, you may access prompt assistance via the patient assistance system by picking up the phone and dialing 0 for the hospital operator and telling them that you have an urgent patient care concern. A call will be placed immediately to the administrator on call who shall promptly assess, or cause to be assessed, the urgent patient care concern and cause the patient care concern to be addressed.

PART II: As a patient, you and your family have the responsibility to:

1. Give accurate and complete health information concerning your present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health.
2. Report any changes in your condition to the responsible practitioner.
3. Follow the rules and regulations, as explained to you, concerning patient care and your conduct as a patient.
4. Request further information concerning anything you do not understand.
5. Follow the treatment plan developed with the practitioner and express concerns related to your ability to follow the proposed course of treatment.
6. Accept the outcomes of your refusal to follow the treatment plan or instructions provided by your practitioner.
7. Be considerate of other patients and hospital personnel by avoiding unnecessary noise, smoking or causing distractions, and, by respecting others' property including that of the hospital.

The PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES has been explained to me and a copy has been provided to me.

MCHOWELL, BRYAN A
 SPRINGS MEMORIAL SDC
 56Y MDW
 08/19/14 Lehman, William L. M



for E. W. M. S.
 Patient or legally authorized representative

8/19/14
 Date

CPhipps Smiles
 Witness

8/19/14
 Date

SPRINGS MEMORIAL HOSPITAL
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

1 of 3 pages

Springs Memorial Hospital recognizes the rights and responsibilities of patients and provide impartial access to treatment or accommodations that are available or medically indicated, without regard to race, creed, sex, national origin, color, handicap, age, religion or source of payment for care. It is recognized that any specific procedure or service is always subject to modification, depending on the circumstances of particular case.

PART 1: As a patient you have the right to:

1. Have the hospital promptly notify a family member/representative and your physician of your admission to the hospital.
2. Considerate, respectful care at all times and under all circumstances with recognition of personal dignity.
3. Personal and informational privacy as indicated below:
 - To wear appropriate personal, religious or other symbolic items which do not interfere with diagnostic procedures or treatment.
 - To be interviewed/examined in surroundings which assure reasonable visual and auditory privacy, including:
 - a. the attendance of a person of your own sex during certain parts of a physical exam, treatment or procedure performed a health professional of the opposite sex;
 - b. not to remain disrobed longer than is required for completing the medical purpose that required the disrobing.
 - To expect discrete discussion or consultation of your case, and that persons not directly involved in your care will not be present without your permission.
 - To have your medical record read only by those directly involved in your treatment or in the monitoring of its quality and by others only with your written permission or that of your legally-authorized representative.
 - To expect that all communication and other records pertaining to your care, including source of payment for treatment, be treated as confidential.
 - To expect request a transfer to another room if another patient or visitor is unreasonable disturbing you.
4. Expect reasonable safety with regard to hospital practices and environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
5. Be free from physical restraints and drugs that are used for restraint or for coercion, discipline, convenience, or retaliation by staff. Restraint is to be used only when less restrictive interventions have been ineffective.
6. Know the identity and professional status of those providing services to you and to know the physician or other practitioner primarily responsible for your care, including; a) any professional relationships among those treating you, b) the relationship to any other health care or educational institution involved in your care. Your participation in clinical training programs or data gathering for research purposes is voluntary.
7. Obtain, from the practitioner responsible for your care, complete and current information concerning your diagnosis (to the degree known), treatment, alternatives, risks and prognosis in terms and language you can reasonable be expected to understand. Should it be medically inadvisable to you the information, it will be made available to your legally authorized representative.
8. Access people outside the hospital by means of visitors, and verbal and written communication.
9. Access to an interpreter, as necessary if you do not speak or understand English or if you are hearing or speech impaired.
10. Reasonable informed participation in decisions involving your health care, including; a) advance directive to which the hospital must adhere, b) clear, concise explanations of your condition, all proposed technical procedures, possible risk to mortality, serious side effects, problems related to recover, success probabilities and probable person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research/educational projects that affect your care or treatment, c) pain management, d) the person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research educational projects that affect your care or treatment. You have the right to refuse

MCHOWELL, BRYAN A

You will not be

SPRINGS MEMORIAL SDC

56Y MDW

08/19/14 Lehman, William L. M



0424



Notice of Patient Rights and Responsibilities

You have the right to:

- Be treated in a dignified and respectful manner and to receive reasonable responses to reasonable requests for service.
- To effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy to understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- Pain management.
- Accommodation for your religious and other spiritual services.
- To access, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- To have a family member, friend or other support individual to be present with you during the course of your stay, unless that person's presence infringes on others' rights, safety or is medically contraindicated.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan, discharge planning and having your family and personal physician promptly notified of your admission.
- Select providers of goods and services to be received after discharge.
- Refuse care, treatment or services in accordance with law and regulation and to leave the facility against advice of the physician.
- Have a surrogate decision-maker participate in care, treatment and services decisions when you are unable to make your own decisions.
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during recuperation from proposed care, treatment and service and any reasonable alternatives to the care, treatment and services proposed.
- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Participate in or refuse to participate in research, investigation or clinical trials without jeopardizing your access to care and services unrelated to the research.
- Know the names of the practitioner who has primary responsibility for your care, treatment or services and the names of other practitioners providing your care.
- Formulate advance directives concerning care to be received at end-of-life and to have those advance directives honored to the extent of the facility's ability to do so in accordance with law and regulation. You also have the right to review or revise any advance directives.
- Be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- An environment that is safe, preserves dignity and contributes to a positive self-image.
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion or retaliation; and to have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety.
- Access protective and advocacy services and to receive a list of such groups upon your request.

Patient Rights and Responsibilities

ADM-1901GCER-SC

Page 1 of 2

04/11 (Rev. 08/12, 07/13, 04/14)

Patient Label

MCHOWELL, BRYAN A

SPRINGS MEMORIAL SDC

56Y MDW

08/19/14 Lehman, William L. M



0425

MCHOWELL, BRYAN A

M

Lehman, William L. MD

REG SDC RAD

Lehman, William L. MD

56 08/19/2014

EXAM#	TYPE/EXAM	RESULT

000872943	RAD/IR RAD ARTHROGRAM SHOULDER	

CLINICAL HISTORY: Left shoulder pain

EXAMINATION: Fluoroscopic guided left shoulder arthrogram.

REPORT: Informed consent was obtained. The patient was placed in the supine position on the fluoroscopic table and proper entrance site verified with fluoroscopy. The skin was marked with indelible ink. The area was cleaned and prepped in a sterile fashion and anesthetized with 1% lidocaine without epinephrine. A 22-gauge spinal needle was introduced into the joint space and an approximate 12 mL mixture of normal saline, Isovue, and gadolinium were introduced without difficulty. The needle was subsequently removed. There were no immediate postprocedural complications. The patient was sent to MRI.

IMPRESSION: Successfully performed left shoulder arthrogram.

Electronically signed by: Fox, Kenneth MD
Signed on 08/19/2014 13:07:35

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/19/2014 **
Reported By: KENNETH FOX, MD

CC: William L. Lehman MD

Technologist: CARLA COYE RAD TECH
Transcribed Date/Time: 08/19/2014 (1311)
Transcriptionist: IS.PWRSCRB
Printed Date/Time: 08/19/2014 (1534) Batch No: 1982

PAGE 1

Signed Report

MCHOWELL, BRYAN A

M

Lehman, William L. MD

REG SDC RAD

Lehman, William L. MD

56

08/19/2014

EXAM#	TYPE/EXAM	RESULT
000872942	MRI/MRI SHOULDER LEFT WITH CONT	

AN ADDENDUM IS INCLUDED ON THIS REPORT

ADDENDUM

ADDENDUM: 000872942 MRI/SHLW

ADDENDUM:

IMPRESSION #2 should read as follows

IMPRESSION:

2. Mild tendinopathy of the supraspinatus and infraspinatus tendons.

Reported By: KENNETH FOX, MD
Transcribed: 08/22/2014 (1321) RAD.HAYVI

REPORT

CLINICAL HISTORY: Left shoulder pain with decreased range of motion, previous surgery

EXAMINATION: MRI left shoulder arthrogram

REPORT: Multiplanar, multisequence MR imaging was obtained of the left shoulder after arthrogram.

Surgical anchors present within the humeral head. Postsurgical changes of previous subacromial decompression. No abnormal marrow signal to suggest fracture. Mild tendinopathy of the supraspinatus and infraspinatus tendons. No rotator cuff tear. The biceps tendon is normally positioned within the bicipital groove. There is blunting of the anterior labrum which may be postsurgical, correlation with history recommended. No full-thickness labral tear. Mild degenerative arthrosis of the glenohumeral joint.

IMPRESSION:

1. Postsurgical changes as above with no evidence of rotator cuff tear.
2. Mild tendinopathy of the supraspinatus and tinnitus tendons.
3. Blunting of the anterior labrum which may be postsurgical, correlation recommended.

PAGE 1

Department Copy

(CONTINUED)

MCHOWELL, BRYAN A

M

Lehman, William L. MD

REG SDC RAD

Lehman, William L. MD

1957 56

08/19/2014

EXAM#	TYPE/EXAM	RESULT

000872942	MRI/MRI SHOULDER LEFT WITH CONT	

<Continued>

AN ADDENDUM IS INCLUDED ON THIS REPORT

Electronically signed by: Fox, Kenneth MD

Signed on 08/19/2014 13:48:45

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/19/2014 **

Reported By: KENNETH FOX, MD

CC: William L. Lehman MD

Technologist: JONATHAN SCOTT, RT(R)

Transcribed Date/Time: 08/19/2014 (1352)

Transcriptionist: IS.PWRSCRB

Printed Date/Time: 08/22/2014 (1326) Batch No: 1982

PAGE 2

Department Copy

Springs Memorial Hospital
Lancaster, SC 29720
RADIOLOGY REPORT

NAME		SEX	ACCOUNT NUMBER
REFERRING PHYSICIAN		PT. STATUS	MEDICAL RECORD NO.
ATTENDING PHYSICIAN	DATE OF BIRTH	AGE	DATE OF EXAM
			RADIOLOGY NO.

Springs Memorial Hospital
Lancaster, SC 29720
RADIOLOGY REPORT

NAME		SEX	ACCOUNT NUMBER
ORDERING PHYSICIAN		PT. STATUS	MEDICAL RECORD NO.
ENDING PHYSICIAN	DATE OF BIRTH	AGE	RADIOLOGY NO.
		DATE OF EXAM	





Rock Hill
1075 Bayshore Dr.
Rock Hill, SC 29732
803.329.4685
Fax 803.329.4683

Fort Mill
105 Ben Casey Dr.
Suite 127
Fort Mill, SC 29708
803.802.5855
Fax 803.802.5869

York
1514 E. Alexander Love Hwy
Suite 116
York, SC 29732
803.628.2220
Fax 803.628.2224

Indian Land
6237 Carolina Commons Dr
Suite 305
Indian Land, S.C. 29707
803.802.5505
Fax 803.802.5520

PLAN OF CARE

Date of Visit: 12-04-13 Name: McHowell, Bryan Acct #: XXXXXXXXXX
Location: Palmetto Rehab Date of Birth: XXXXXX 1957 Date of Onset: 11-06-13
Referral Source: William L. Lehman, Jr., M.D. Certification Period: 12-04-13 - 01-03-14

Diagnosis:

840.8 SPRAIN SHOULDER/ARM NEC
719.41 Shoulder Joint Pain

ASSESSMENT:

This 55 yo male reports he had left shoulder surgery 10/31/13 (small RTC repair and decompression). The patient originally injured the shoulder in 2012. He is now referred to PT to restore his AROM and function, according to his protocol. Precautions explained in detail to the patient. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient.

REHAB POTENTIAL:

The patient's rehab potential is excellent.

PLAN:

Initiate therapy 2 times per week for the next 10 weeks for the following treatments:

The patient's treatment will include electrical stimulation, Hot/Cold Pack, manual therapy, self management and therapeutic exercises.

OBJECTIVE FINDINGS:

Objective Findings	Side	Initial	Last	Current	Goal	Comment
DASH		38.25				
Shoulder Flexion AROM L						
Shoulder Abduction AROM L						
Shoulder Internal Rotation AROM L						
Shoulder External Rotation AROM L						
Shoulder Flexion PROM L		154				
Shoulder Abduction PROM L						
Shoulder Internal Rotation PROM L						
Shoulder External Rotation PROM L		58				
Shoulder Flexion MMT L						
Shoulder Abduction MMT L						

Shoulder Internal Rotation MMT L						
Shoulder External Rotation MMT L						

12/4/13 No TTP. Pt not using a sling. He was using his arm according to his pain level/ per activity. Functional deficits include sleeping on the left, lifting, reaching, working, home improvements.

GOALS:

Short Term Goals	Timeframe	Result	Comment
Independent with home exercises program in 2 weeks	2 weeks		
Pain is decreased 25% in 2 weeks.	2 weeks		

Long Term Goals	Timeframe	Result	Comment
IADL performance in related activities is improved to prior level of function.	Discharge		
Improved functional outcome score 60%.	Discharge		
Increase AROM to WNLs.	Discharge		
Recreational performance in related activities is improved to prior level of function.	Discharge		
Reduce pain to 0-2/10 level	Discharge		
Return patient to full work duties.	Discharge		
Return patient to maximum safe function.	Discharge		

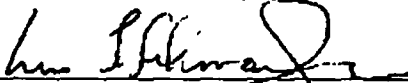
Functional Reporting

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Jay Burdette, PT

This document has been electronically signed on 12-05-13 by Jay Burdette, PT Lic# SC5454


William L. Lehman, M.D.

12/05/2013

Date

I certify the need for these services furnished under this plan of treatment while under my care.

Please sign the above plan of care for Bryan McHowell, and return to:

Palmetto Rehab
6237 Carolina Commons Drive Ste 305
Indian Land, SC 29707-6014

Phone: (803) 802-5505 Fax: (803) 802-5520

Employment Information

Star Food Products, Inc.
2050A Willow Springs Lane
Burlington, NC 27216

Employee # 51-794 (For Official Use Only)

Copy of Driver's License & Social Security Card REQUIRED

Name: Bryan A. McKone
Street: 7622 VAN WYCK RD
Town: LANCASTER
State: SC Zip: 29720
County: LANCASTER
Date of Birth: [REDACTED] 57
Driver's License #: [REDACTED] Social Security #: [REDACTED]
Cell Phone: 603-287-4780 Home Phone: [REDACTED]
Email Address: bking56@yahoo.com

Who to contact in case of an emergency:

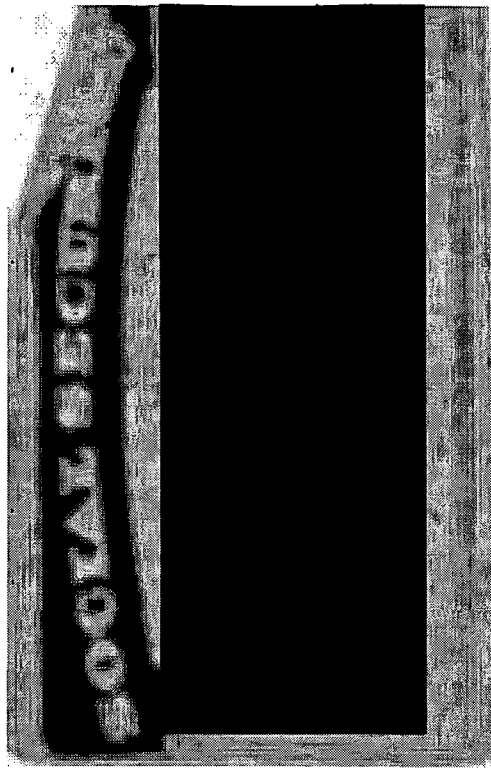
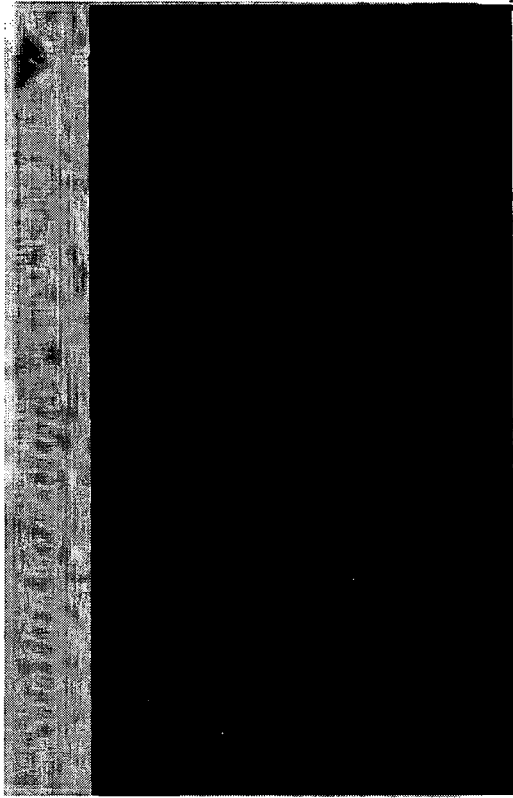
Name: WANDA McKone
Street: [REDACTED]
Town: LANCASTER
State: SC Zip: 29720
Date of Birth: [REDACTED]
Home Phone: 603-804-4426
Cell Phone: [REDACTED]
Relation to you: brother

(OFFICE TO FILL OUT THE FOLLOWING INFORMATION)

Start Date: 2/3/12
Position: SALESMAN
Salaried or Hourly:
Full Time: ☒ Part Time: ☐
Rate of Pay: \$600.00 per week for two week then we go to
Special Instruction: STRAIGHT COMMISSION 8% MFG AND 5.5% DOLLER 3%
on Dollar product

Employee's Signature: [Signature] Date: 2-7-12
Manager's Signature: [Signature] Date: 2/7/12

In accordance with my signature I fully agree to the terms and conditions of my employment set forth before me which are incorporated within the employee package provided to me by Star Food Products, Inc.



Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 819, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 819 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 819 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 819 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 819, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. <u>Bryan A.</u> Last name <u>McHawell</u>		
2 Your social security number <u>[REDACTED]</u>		
3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ☐		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>5</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>5</u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>		Date <u>2-7-12</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



Salads and Spreads

Star Food Products, Inc.

Employee Warning Notice

Employee Information

Employee Name: Bryan McHowell
Employee ID: 510
Manager: Stephen Laney

Date: 4/25/12
Job Title: Route Salesman
Department: Sales

Type of Warning

First Warning

Second Warning

Final Warning

Type of Offense

Tardiness/Leaving Early

Absenteeism

Violation of Company Policies

Substandard Work

Violation of Safety Rules

Rudeness to Customers/Coworkers

Other: _____

Details

Description of Infraction: Upon visiting the Piggly Wiggly in Lancaster, SC, Norman Mabry visited F.D. + D.G. in the same vicinity and found complete lack of rotation + no recovery was made. For example: in the F.D. the butter had starting from the back to the front, May, June, July, September. In the D.G. the Eggs were found in the same fashion, May 7th, May 14th, May 24th, May 30th.

Plan for Improvement: There is no reason for not rotating it is apart of Star Food's policies, and procedures! There is no gray area in this matter! Bryan will concentrate more to make sure all stores are ~~rotated~~ rotated!

Consequences of Further Infractions: Any further violations of this nature there will be disciplinary action that could lead up to possible termination!

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

4-25-12

Manager Signature

Date

4-25-12

Witness Signature (if employee understands warning but refuses to sign)

Date

4-25-12



A Galaxy of Fine Foods

Golf Shirt Order Form

Date 3/23/2012

Name Bryan McHowell

Route # 510

Shirt Description	Price*	M / L**	Color	Size	Quantity
Short Sleeve Silk Touch Sport Shirt w/logo (K500) (L500)	\$15.44	M	Red	XL	1
	\$15.44	M	Cool Grey	XL	2
	\$15.44	M	Navy	XL	2
Short Sleeve Silk Touch Sport Shirt w/logo & pocket (K500P)	\$17.44		Red		
	\$17.44		Cool Grey		
	\$17.44		Navy		
Long Sleeve Silk Touch Sport Shirt w/logo (K500LS) (L500LS)	\$20.34		Red		
	\$30.34		Cool Grey		
	\$20.34		Navy		
Long Sleeve Silk Touch Sport Shirt w/logo & pocket (K500LSP)	\$21.42		Navy		

of payroll deductions 10 2 3 4 5 6 please circle one

The above prices are full price. Add tax to your purchase and divide by 2. The company pays half and you pay half of the first five shirts ordered (both types combined). If you order more, you are responsible for the entire cost.

*Sizes above XL are slightly higher in price

** M for Mens and L for Ladies

Send completed form to Carol / Birmingham, AL
have any questions, please call Carol at 800-783-9640 ext. 108

This section to be completed by corporate office

Date Ordered

4/10/2012

Date Received

4/24/2012

Date Sent Out

4/25/2012

0437

PMAS 90 Launcher

Modules Task View Help

Modules Search

MAS 90

- Webzone
- Web Resources
- Modules
 - Library Master
 - General Ledger
 - Accounts Receivable
 - Main
 - Reports
 - Period End
 - Setup
 - Custom Reports
 - Accounts Payable
 - Payroll
 - Main
 - Reports
 - Direct Deposit
 - Period End
 - Setup
 - Custom Reports
 - Inventory Management
 - Sales Order
 - Purchase Order
 - Bill of Materials
 - Bank Reconciliation
 - Visual Integrator
 - FAS Link
 - Custom Office

Payroll - Main

Employee Maintenance

Payroll Data Entry

Payroll Tax Calculation

Payroll Data Entry Audit Report

Payroll Register

PPM Employee Maintenance

Employee No. 54-0000056 Last Name McIlwain First Name Bryan A

Voluntary Deduction Maintenance

Ded Code Description Ded Rate Ded Goal Deduction Type

05 Health-Side 451.44 100% Automatic Employee Contribution

Ded Month 1 Ded Month 2 Ded Month 3 Ded Y-1-0 Ded Y-1-0 Ded Balance

165.24 .00 .00 165.24 2643.84 .00 Fixed Amount

Ded Description	Type	Calc Method	Auto	DYD	YTD	Goal	Balance
05 Health-Side	Calculation	Fixed Amount	Y	45.15	86.70	.00	.00
05 Health-Side	Calculation	Fixed Amount	Y	102.29	164.99	.00	.00
12 Dental-Child	Calculation	Fixed Amount	Y	17.55	107.55	.00	.00
GA Vol-ly Ded	Deductions	Fixed Amount	Y	.00	42.45	42.45	.00

Accept ?

Accept Cancel ?

PPM 54-0000056 07/04/2012

Help Topics

Morning Reporting Sales Reports Taxes Setup

Star Food Products, Inc. (SFP)

Start Index Microsoft MAS 90 Launcher Web Cross and B Microsoft Excel PPM Employee Ma Voluntary Deduction

07/04/2012 10:37 AM

P. O. Box 1479, Burlington, NC 27217-1479
Phone: (336) 227-4079
Fax: (336) 227-2109

Star Food Products, Inc.

Fax

To: Renaissance

From: Bridget Terry, Ext. 112

Fax: 317-889-0413

Pages: 2

Phone

Date: 3/29/2012

Re: Bryan McHowell

CC:

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

• Comments:



RenaissanceSM

Eligibility Enrollment/Update

Social Security Number [REDACTED]

Group Name: Stack Food

Group#/Subgroup# [REDACTED]

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: ☒ New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits

Group Transfer

Rate Code Change

Change is for:

From: Group/Subgroup#

To: Group/Subgroup#

From: To:

Effective Date of Change

☐ Subscriber

☐ Dependent

Subscriber Information (please complete for all enrollments/updates:)

Subscriber Name (First)

(MI) (LAST)

Bryan

A McHowell

Street Address

7822 VAN WYCK RD

☐ Check here if this is a new address Status*

City

State

ZIP Code

☐ Active ☐ COBRA

☐ Retiree ☐ Surviving

LANCASTER

SC

29720

Birth Date

Date of Hire

Coverage Effective Date

[REDACTED] 1957 02-03 2012 05-01 2012

Enrollment Corrections to Information (please fill in for spouse/dependents for first time enrollment or corrections)

SPOUSE First Name and MI (Last Name if different)

Date of Birth

Social Security Number

N/A

[REDACTED]

[REDACTED]

Status* ☐ Legal ☐ Surviving

DEPENDENT #1 First Name and MI (Last Name if different)

Date of Birth

Social Security Number

[REDACTED]

[REDACTED]

Status* ☐ IRS ☒ Surviving ☐ Disabled

DEPENDENT #2 First Name and MI (Last Name if different)

Date of Birth

Social Security Number

[REDACTED]

[REDACTED]

Status* ☐ IRS ☒ Surviving ☐ Disabled

DEPENDENT #3 First Name and MI (Last Name if different)

Date of Birth

Social Security Number

[REDACTED]

[REDACTED]

Status* ☐ IRS ☒ Surviving ☐ Disabled

DEPENDENT #4 First Name and MI (Last Name if different)

Date of Birth

Social Security Number

[REDACTED]

[REDACTED]

Status* ☐ IRS ☐ Surviving ☐ Disabled

Employee name

Bryan A. McHowell

Employee ID

510

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature

Bryan A. McHowell

Date

3-22-12 0440

* * * Communication Result Report (Mar. 29. 2012 2:05PM) * * *

1} Star Foods
2}

Date/Time: Mar. 29. 2012 2:03PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1937	Memory TX	13178890413	P. 2	OK	

Reason for error
 mm. 1} Hang up or line fall
 2} No answer
 3} Exceeded max. E-mail size
 E. 2} Busy
 E. 4} No facsimile connection

P. O. Box 1478, Burlington, NC 27217-1478
 Phone: (336) 217-4070
 Fax: (336) 217-4109

Star Food Products, Inc.

Fax

To: Renaissance	From: Bridget Terry, Ext. 112
Fax: 317-859-0413	Pages: 2
Phone:	Date: 3/28/2012
Fax: Bryan McQueen	CC:

☐ Urgent ☐ For Review ☐ Please Callback ☐ Please Reply ☐ Please Reply

* Comments:



RenaissanceSM

Eligibility Enrollment/Update

Group Name Star Food Products, Inc.

Social Security Number [REDACTED]

Group/Subgroup# 7524

(Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information))

Type of Update: New Enrollment ☐ Reinstatement ☒ Change/Correction to Information ☐ Termination of Benefits ☐

Group Transfer From: Group/Subgroup# To: Group/Subgroup# Rate Code Change From: To: Effective Date of Change Change is for: Subscriber ☐ Dependent ☐

Subscriber Information (please complete for all enrollments/updates)

First Name Bryan MI A Last Name Mc Howell

Street Address 7822 VAN WYCK RD. Check if New Address ☐

City LANCASTER State SC ZIP Code 29720 e-mail address bbyking.sc@yahoo.com

Status: Active ☒ COBRA ☐ Retiree ☐ Surviving ☐ Job Title

Birth Date [REDACTED] MM/DD/YYYY Date of Hire 02/03/2012 MM/DD/YYYY Coverage Effective Date MM/DD/YYYY

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections)

SPOUSE First Name N/A MI Last Name if different

Birth Date MM/DD/YYYY SSN Status: Legal ☐ Surviving ☐

DEPENDENT #1 First Name [REDACTED] MI Last Name if different

Birth Date MM/DD/YYYY SSN Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #2 First Name [REDACTED] MI Last Name if different

Birth Date MM/DD/YYYY SSN Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #3 First Name [REDACTED] MI Last Name if different

Birth Date MM/DD/YYYY SSN Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #4 First Name MI Last Name if different

Birth Date MM/DD/YYYY SSN Status: IRS ☐ Surviving ☐ Disabled ☐

Employee Name Bryan A. McHowell Employee ID 510

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature [Signature] Date 6/29/12

0442

02/2008

[ABOUT US](#) [CONTACT US](#)[GroupAccess](#)[Health & Dental Plans](#)[Health & Wellness](#)[Forms & Materials](#)[Find a Doctor](#)[GroupAccess > Replacement ID Cards > ID Card Confirmation](#)You are signed in as Starfoodlic [SIGN OUT](#)[Order More ID Cards](#)[Return to Contact Information](#)

Replacement ID Card Order Confirmation

Your request for ID Cards for the following members has been submitted. The cards will be mailed to the company's address and should arrive within 5 to 7 business days.

Subscriber Name	Contract Number	# of ID Cards Ordered	Lost or Stolen?
BRYAN MCHOWELL	[REDACTED]	3	No

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My Computer My Recent Places

My Documents My Favorites

10/28 Employee Maintenance

Employee No: 514000796 Job Name: McDonald Emp Name: Bryan A.

Le Mail: 2 Wages 3 Checks

Sort Field: SALE Soc. Sec. No. [REDACTED] Ending: [REDACTED]

Address: 7822 Van Wyck Rd

Zip Code: 29720

City: Lenoir City

Phone No: (803) 287-4780

Birth Date: [REDACTED]

Mar. Date: 02/03/92

Termination Date: [REDACTED]

Retirement Date: [REDACTED]

Emergency Information Phone No: (803) 904-4111

Voluntary Deduction Maintenance

Ded. Code	Description	Ded. Rate	Ded. End	Deduction Type
02	Health Care	98.30	00	Automatic
Ded. Month 1: Ded. Month 2: Ded. Month 3: Ded. Q 1 Q: Ded. P 1 Q: Ded. Balance:				
.00 .00 .00 .00 .00 .00 (Fixed Amount)				

Ded. Description	Type	Calc. Method	Alloc.	QTD	YTD	End	Balance
05 Health Sales	Contribution	Fixed Amount	Y	.00	.00	.00	.00

2:45 PM

Thru 03/24



**Blue Cross Blue Shield
of Alabama**

APPLICATION FOR ENROLLMENT

SSN: [REDACTED]

NAME: MR. BRYAN MCHOWELL

MAILING ADDRESS: 7822 VAN WYCK RD.
LANCASTER, South Carolina 29720

GENDER: Male

PHONE NUMBER: (803) 287-4780

MARITAL STATUS: Divorced

EMPLOYEE NUMBER: 57-796

DATE OF BIRTH: [REDACTED] 1957

SOCIAL SECURITY NUMBER: [REDACTED]

E-MAIL ADDRESS:

GROUP: 45784 - MRS. STRATTON'S SALADS, INC.

☒ MEDICAL COVERAGE SELECTED ☐ DENTAL COVERAGE SELECTED

DIVISIONS

HEALTH:

DENTAL:

HEALTH WITH DENTAL RIDER:

GROUP ADMINISTRATOR CONTACT INFORMATION

Bridget Terry
2050A Willow Springs Lane
Burlington NC 27217
(336)227-4079



**Blue Cross Blue Shield
of Alabama**

APPLICATION FOR ENROLLMENT

SSN: [REDACTED]

DEPENDENTS ELIGIBLE UNDER THIS CONTRACT

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

RELATIONSHIP: Daughter

SSN: [REDACTED]

GENDER: Female

☒

MEDICAL COVERAGE

☐

DENTAL COVERAGE SELECTED

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

RELATIONSHIP: Other - null

SSN: [REDACTED]

GENDER: Female

☒

MEDICAL COVERAGE

☐

DENTAL COVERAGE SELECTED

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

RELATIONSHIP: Daughter

SSN: [REDACTED]

GENDER: Female

☒

MEDICAL COVERAGE

☐

DENTAL COVERAGE SELECTED

NAME OF MEMBER ENTITLED TO MEDICARE BENEFITS



Blue Cross of Alabama

APPLICATION FOR ENROLLMENT

SSN: [REDACTED]

COORDINATION OF BENEFITS INFORMATION

STUDENT EXTENSION CERTIFICATION

CURRENT BLUE CROSS COVERAGE



APPLICATION FOR ENROLLMENT

SSN: [REDACTED]

SIGNATURE SECTION

☐

I waive my right to benefits and do not wish to enroll.

☒

I apply for the Group Health Benefits Certificate or Group Agreement for which I am eligible. My application is subject to the terms and conditions of the agreement between my Group (my employer or other organization through which I am applying for coverage) and you (Blue Cross and Blue Shield of Alabama). If you accept this application, you will send me an ID card. My Group's contract with you is made up of 1) my Group's application to you; 2) the Group Health Benefits plan, as described in the Summary Plan Description; and 3) any written amendments to the Summary Plan Description. My contract with you is made up of these three items and this and any later application by me to you. My coverage will be through this contract. I name my Group as my group agent or remitting agent. I ask my Group to pay you directly and I give my Group the right to deduct my part of your fees from my pay (if applicable). Everything I say in this application is true. I give up all rights to benefit coverage if I have not told the complete truth everywhere in this application. You may take back any monies paid for me or my family and pay no more if you find I did not tell the complete truth. I understand that any misrepresentation is fraud and will be pursued to the fullest extent allowed by law including all compensatory and punitive damages as well as costs and attorney's fees. Coverage will not begin until you accept this application in writing.

If you do not accept my application, the only thing you have to do is to return any fees I paid. You may pay providers directly for services to me. I ask my doctor, hospital or anyone else to give all medical records of me or my family to you. You may release those records to anyone necessary in order to administer the contract. This applies to anyone I have listed or added. This begins now and continues as long as you need to process any of our claims.

I will cooperate with you. If you need information about other health policies I have, including payments by them, I will give it to you. If you need information to help you subrogate (substitute for me or a family member) or be reimbursed, I will give it to you.

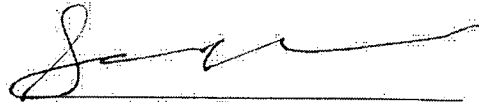
By submitting this application, I acknowledge that I have read and understand the Important Disclosure Notice printed on the next page.

I understand that if I did not enroll within 30 days of my initial eligibility or as a special enrollee, I am a late enrollee and will be required to serve an 18 month exclusion period (unless otherwise stated by your plan) for pre-existing conditions. Effective for plan years that begin on and after October 1, 2010, pre-existing condition exclusions will not apply to applicants and dependents under the age of 19.

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 no other material.

December 2nd, 2016



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Shelby G. Hapeshis #74731
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